Lewisham Local Care Partners Strategic Board
Date: 28 July 2022, 16.00-17.00 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Dr Jacky McLeod and Dr Pinaki Ghoshal

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes of the previous BBB/LHCP meeting held on 7 June 2022 (for approval)**	Verbal/ Enc 1	Chair		16.00-16.05 5 mins
2.	**Terms of Reference (ToR) – for approval**	Encs 2 & 3	Chair/All/Ashley O'Shaughnessy	Approval	16.05-16.10 5 mins
	Delivery				
3.	**Fuller review: Implications for Lewisham**	Enc 4	Ceri Jacob/Ashley O'Shaughnessy	Update	16.10-16.20 10 mins
4.	**Developing the Lewisham LCP Plan**	PRES	Sarah Wainer	Approval	16.20-16.30 10 mins
5.	**Finance & efficiencies update**	Enc 5	Michael Cunningham	Discussion	16.30-16.40 10 mins
6.	**LBL Council Finance update**	Enc 6	Abdul Kayoum	Discussion	16.40-16.45 5 mins
	Governance				
7.	**Risk Register - overview**	Enc 7	Tatianna Wanyanga	Note	16.45-16.50 5 mins
	Place Based Leadership				
8.	**Any Other Business** - **Future meeting dates for 2022/23** - **Draft Agenda for next meeting in August 2022 (seminar session)**				16.50-17.00 10 mins

	- **Forward Planner**				
	Papers for information				
	Top Level Governance Structure				

NHS
South East London
Clinical Commissioning Group

Lewisham Borough Based Board / Shadow LCP

Minutes of the meeting held on 7 June 2022 at 14.00 hrs

Via MS Teams

Present:

Borough Based Board Members

Martin Wilkinson (MW)	Borough Director (Chair)
Dr Faruk Majid (FM)	Borough CCG GP Lead
Anne Hooper (AH)	Borough Lay Member
Pinaki Ghoshal (PG)	Executive Director for Children & Young People, Lewisham Council
Dr Catherine Mbema (CMb)	Public Health Consultant

Lewisham Health and Care Partners Members

Sarah Wainer (SW)	Director of System Transformation, NHS SEL CCG
Tom Brown (TB)	Executive Director for Community Services, Lewisham Council
Dr Simon Parton (SP)	Lewisham LMC Representative

In attendance

Lizzie Howe (LH)	Corporate Governance Lead Lewisham (Minutes)
Charles Malcolm-Smith (CMS)	People & Provider Development Lead SEL CCG
Dr Jacky McLeod (JMc)	Clinical Care Professional Lead
Sam Gray (SG)	SLaM
Michael Kerin (MK)	Healthwatch representative

Rachael Crampton (RC)	Population Health
Erfan Kidia (EF)	Medicines Optimisation team

Apologies:

Marzena Zoladz, Healthwatch representative
Sandra Iskander, Programme Director, Strategic Development, Lewisham & Greenwich NHS Trust
Colin Stears, Managing Partner, PCN Representative
Sam Hawksley, Voluntary Sector
Prad Velayuthan, Chief Executive OHL
Dr Helen Tattersfield, PCN Clinical Representative
Vanessa Smith, SLaM

		Actioned by
1.	**Welcome, apologies for absence and DOI.** The Chair welcomed attendees to the meeting and noted it would be a Shadow LCP Board for this meeting. Apologies for absence noted. No declarations of interest amended or expressed.	
2.	**Minutes from the previous meeting held on 12 April 2022 and 10 May 2022** JMc had advised the following minor amendments to the 10 May 2022 Minutes detailed in the combined pdf meeting pack: p.17 **'A** model employer**'** p.20 broader thing **that** can mobilise people **rather than** repeated bits of insight work p.22 JMC added a Chat comment **about the proposals, suggesting focus** on men's mental health **also** consideration of cost of living crisis Libraries proposal **- what is the usage demographic? does it cover those most at need?**	

	These were agreed for inclusion by the Chair. The Minutes of the previous meeting held on 12 April 2022 and 10 May 2022 were noted as a correct record. **The Board approved the Minutes of the previous meeting held on 12 April 2022 and 10 May 2022.**	
3.	**Evaluation of the Lewisham Population Health Management approach so far** Rachael Crampton, Programme Manager for Population Health, presented the agenda item. Presentation shared on screen. RC advised she would also email the pack round to attendees after the meeting. RC spoke about examples of projects so far and future ways Health Intent could be used. There are a number of Cerner dashboards, can also build them in-house. A good example of a Cerner one is the Gestational Diabetes one. It can look at all women pregnant detailing over a number of years, looks at date of delivery, did they have a follow up check, a quick and easy list. Can call patients in if need to. Simple and easy to use dashboard, in operation for some time. There are some other diabetes dashboards. Frailty example, can case find people based on criteria. Can filter by different demographics. Elective waiting list is similar, can look at by clinical area, e.g. who is on the list. Filter those waiting over a certain amount of weeks. Limos team in house dashboard. Can look at whole population, annual medication review and who to prioritise. EK commented on CCG Meds Optimisation team as well. Core20plus work noted, criteria noted. One of the filters is BAME. Vulnerable factors also included (e.g. alcohol abuse etc.). can be used to prioritise health checks. Next stage is to agree indicators for five clinical areas. About 200,000 vulnerable patients in Lewisham, will be refined further over next 4-6 weeks. Working with LBL 0-19 service review and new services, what areas and outcomes. Data science work. Adult social care data uploaded to test useability, see how it fits into health intent. Looking at triggers and trends as to care being required, over a number of years. Eventually segment into 2 groups, one group who will need a package of care next 12 -18 months, then those who might need one in the longer term, aim is to keep them independent for longer, look at what services they access. Reliable prediction model is the aim.	

	Have 4 data sources and a Covid 19 dashboard as well, this was particularly important at one point, detailed vaccination uptake by cohorts of people. Work on Vital5 noted. Mental health work example detailed. Prevalence and severity of those in that cohort. Also seen where we do not have any data as well. Need to tackle and improve that. Inequalities in recording V5 risk factors noted. Alcohol recording far less in some cohorts, perhaps conversation which is not being had. Make every contact count approach, focus and prioritise. SP advised he was keen to look at actions not just the data. Signposting to appropriate groups. RC said missing data is one of the topics discussed, need to look at forum and processes for that. MW noted mental health transformation programme work, it is about closing the loop. JMc said it would be helpful to look at how we collect and utilise the data, with the Gestational Diabetes example, are providers looking at actions, how does it feed back into the learning cycle. Helpful to have a robust system for handover, reminder on the screen for testing etc, workforce is the challenge, not about closing gaps in data, how do we as providers come together and buy in and have a complete data set. Also for providers to be brought in for delivering. How do we strategically get behind this. RC replied it was a constant conversation, there are two types of projects, but not driven or pushed by anyone lately. Fundamental to understand why these women do not have their follow ups, look for the root cause. Dashboard is a safety net in the process. JMc said it was about data for improvement and to be fed back. Need a more seamless approach. RC commented there are lots of tools with Health Intent which we are not fully utilised yet, not had the drive behind it. There are prompts for lots of ideas. It is a small team, need to manage the flow. Generic tools are there and could be utilised for strategic use. JMc commented on thinking about it the other way round, how can this data support, not stand alone, support priority workstreams. Better learning cycle for clinicians. SW advised need much more of an LCP strategic view. Check activity has had the desired effect. RC commented on deep dive into Vital5, hypertension work. Detailed patients on the blood pressure register but with no reading within the last	

	year. Validation work is required, some practical examples though of Vital5 work. Take it forward maybe with PCN Fellows or Clinical Leads. Linking in with clinical teams, coding work noted. RC happy to attend future meetings and provide updates. **The Board noted the update.**	
4.	**Lewisham Joint Medicines Policy** Erfan Kidia presented the agenda item. EK gave the background to the policy which was agreed in 2014, a joint policy with integrated working. It will form part of the working going forward to the ICS. It is a unique policy. EK advised it had established the Limos team, introduced caring for trainers, specialist pharmacy service report highlighted problem of blister packs, recommends a multi-agency approach to tackling health and social care issue, whole range of issues noted. CQC Nice guidance SC1 definitions of using blister packs, need to check each patient's needs. Policy has been updated, lot of changes in H&SC landscape, removed references to domiciliary care key changes, removal of MUR inclusion criteria, medicines training for care staff in accommodation, responsibility for community pharmacist to refer request to Limos, references to Disability Act replaced by the Equality Act 2010. Also changes to medicines support pathway, it is quite a long document but there is also a glossary. EK mentioned the discharge medicines pathway and the introduction to meds assessment tool. The policy is unique to Lewisham. London Procurement Partnership (LPP) looking to implement this in their own areas, will share policy and tools with them. Lewisham are ahead of the curve on integrated working. JMc advised she was happy with the policy and supported it, had an implementation question around buy in from community pharmacies, key areas for improvement and close the gaps. EK advised implementation would be achieved through an SLA, new specification with the policy as well. It disincentives community pharmacists from requesting 7 day blister packs and incentives them to use the tool, can detail adjustments under the Equality Act, patient review MCA for at least 12 months, community pharmacists in Lewisham agreed to the changes, role of practice pharmacists also noted. **The Board noted the update and supported the policy.**	

5.	**Clinical Care Professional Portfolios update** Charles Malcolm-Smith presented the agenda item. The recruitment process is not yet completed, appointments made to some of the roles. JMc appointed as the CCP Lead, Jessica Ong for LD and autism, Magda Branker for CYP and Maternity, Esther Appleby for Cancer, Emma Nixon for Frailty, Ravi Sharma for Planned Care Population health Management and Inequalities. Hopefully on appointment to the Mental Health role shortly. Other portfolios still to be filled. Public health is out to recruitment for someone to work with population health. MW advised will send further information out when it is available. JMc spoke about understanding visibility in the system and supporting workstreams and our main priorities. MW advised roles will link in not just to CCG but the system. CMS advised yes, roles will be visible and fully integrated into the work programmes. FM mentioned the need to keep momentum in Lewisham and have key conversations. JMc agreed and asked for an action to be recorded to reflect conversations and meetings required. **Action:** to ensure key conversations and meetings take place. **The Board noted the update.**	
6.	**LCP Priorities** Sarah Wainer presented the agenda item. SW updated following on from previous meetings held to identify key areas for the LCP. Existing partnership group had been asked to consider priorities, SW has been speaking to CMb about programmes, need more than just a scattergun of workstreams, identified already some duplication and overlap of resources, normally an overarching strategy, then our priorities but in this situation of having data and activity but perhaps not as well focused or coordinated. New partnership to use this opportunity to stay really focussed on 3 or 4 key things, priorities in the recovery plan noted. Look at how we match data with areas we need to work on. How we align the data, what is out message to the public, staff and practitioners across the system.	

	SP mentioned priorities and LA colleagues, pandemic backlog, workforce issues, access for patients, for him it is not clinical outcomes but one where partners in our system are truly working together. How do we develop a working relationship with care colleagues, perhaps as a target for the next 12 months. SW agreed yes, a sensible suggestion, those to date have focused on a specific cohort for example. JMc felt the SEL template would be good to use, we know what the big areas are, opportunities to support the most vulnerable, how in Lewisham social determinants are influenced, target resources to those most at risk, e.g. mental health or those at risk of premature death, how do other parts of the system communicate with colleagues, need joined up conversations around bigger areas. MW agreed, settle on 4 or 5 things you want to do. SW also agreed yes, but we never seem to settle on anything. MW felt it was down to what we put our weight behind. It needs to speak to all partners. AH advised she appreciated all the comments, should use committees especially the People's Partnership one to embed the Lewisham voice. MK felt it led into discussions around the the ToR and users/citizens voice, gets to the heart of some of the discussions about priorities. SP said we should work/aim towards all partners committed to a seamless journey through the system, need to demonstrate it is an integrated system. MW said it links in with ways of working as well, enablers for priority setting. Can utilise time in July meeting to discuss co-production. SW said it's about how the group speaks as one, needs all parts of the system are aligned. JMc stated it would be good to have next steps set out. SEL inequalities work noted, share with the public, use documents, something to work with. **The Board noted the update.**	
7.	**Nominations and selection for Co-Chair roles** CMS presented the agenda item. At the previous meeting the arrangements for an interim Co-Chair arrangement had been agreed, until November 2022. Nominations were requested to achieve a balance of leadership. Nominations had closed at 12.00 hrs today. LH had received 2 nominations, Dr Jacky McLeod and Pinaki Ghoshal.	

	MW requested comments in Chat to show endorsement or objections/ comments could be submitted before Friday as well. JMc welcomed the nomination, had been GP in area dfor nearly 30 years, involved in commissioning for nearly 9 years, more than just a clinician, used to working at system level. PG advised he worked in LA children's health area, feels it is under focussed. FM noted there were 2 excellent candidates, will complement each other and be an asset for Lewisham, he endorsed both of them. SP agreed with both nominations as well. MW reminded attendees to place comments in the Chat to show agreement. CMb agreed with nominations as well. **The Board approved the nominations.**	
8.	**Lewisham H&CP business** MW gave background, first ICB Board meeting is to be held in public on 1 July, looking to ratify ICB/ICS documents there. Looking for comments today on our ToR. Place Executive Lead has now been announced to partners, but has not been issued to staff as yet.. An appointment has been made. CMS advised Ceri Jacob had been appointed as the Executive Place Lead wef 1 July for Lewisham. MW advised he was in Lewisham until the end of June. Draft Terms of Reference (ToR) for Strategic Board (LCP Committee of ICB) – for agreement CMS asked if the group were happy with the naming of the Board, felt Strategic Board would reflect what we want it to be, community representation connection noted. SP thought rationale was each borough to have a ToR with template document acting as a framework to cut and paste to Lewisham ToR? MW advised it was the SEL draft, plan is to get comments today. We will not rewrite the document, but consider comments and feed them back by Friday. The ToR is based on ICB delegation. SP advised needed to make sure it reflected the needs of the borough, more in favour of fluid ToRs, maybe	

	include dealing with inequalities as everything we do, theme of the ToR maybe. Also commented on name issue as it was similar to a GP provider group, do not want people to be confused. MW said proposal is Lewisham Strategic Board and one of ICB/ICS principles is inequalities. AH said she understood it was an SEL template and commented on Section 2a engagement with communities, Lewisham governance pack could maybe add "see appendix A" and have an appendix to the template. JMc mentioned accountability and delegation, could see accountability but not sure about delegation, expect something linking us to place executive group in point 4. Clinical co-chair does not have a direct link, something about flow and information of work. Second point in decision making, needs to maybe show what it required to carry a vote. Core members of PEG does not show primary care, how does this feed in. Working online for some time, but perhaps in person meetings to be considered? So people and public can engage. Name, something simple, maybe Lewisham Together. Help people to understand what we are doing. SP commented name might be copyright due to Lambeth Together. MK said he supported simplicity, noted included HealthWatch and community and public representative, quorum of strategy board detailed but not one of the key voices, symbolism is important, if important to have the voice there, should be included in the quorum. PEC element is to be finalised, co-production should be at all levels of the system. Perhaps wider appendix could give a steer on this. Public voice is there at the strategic level. MW said have strived to ensure all paths are represented. Can look at the membership there, noted both voices are missing. Primary care, maybe Ashley O'Shaughnessy initially in that role, reflect on how it operates in practice. Quoracy, yes can reflect on that, can be issues with a larger number but important to represent the patient voice. With regards to JMc 4.1 point, it is a bit limiting, noted AH appendix A point. MK stated transparency was important. SP mentioned the Primary Care Leaders group meetings held Wednesdays pm, need to feed into ICB agreement, think how Lewisham can feed into that group, suggestion of 3 representatives of 1 x PCN, 1 x Federation and 1 x GP representative. Consider health care partners feedback, noted it is not a decision making group noted.	

	Next steps, MW and CMS will work on updating ToR and send it around again, needs to be virtually signed off before Friday. Aim for July meeting, governance pack in draft, maybe refine and bring it back in September as well. There are gaps in the Strategic Board, social care provider representative needed linking in with Tom Brown and Kenny Gregory. Also HealthWatch representative will be MK. MW is chasing LGT for comment. Looking to update names in the next week or two. **The Board noted the comments and proposed Terms of Reference.**	
9.	**Any Other Business (AOB)** - Future meeting dates 2022/23 MW advised looking for 1hr for initial meeting. Comments in Chat, LH will arrange the July date. Low previous public attendance noted, perhaps think about this for the July meeting and how to increase numbers. JMc stated shared vision strategy is an urgent priority, some prompt action needed. MW suggested perhaps think about a roadmap showing first year priorities. SP commented maybe a face to face meeting to discuss strategy. MW agreed, perhaps for later on August/September time. - Draft agenda for first short meeting (to be held in public) of the Strategic Board in July 2022 including: • Terms of Reference ratification in public • Acceptance of ICB Delegation agreement • Update on governance and ways of working including Citizen and Community Engagement (SEL Framework and update on local proposals and structures) - LC Partnerships SW spoke about evaluation of LC Partnerships, this were affected during COVID, meetings were set up by neighbourhood co-ordinators. SW and Amanda Lloyd have been advised meetings are less well attended. Proposal is for better local networking around PCN's, need a multi-disciplinary approach, pause local care networks as not well attended, review	

	neighbourhood working and recommendations from the Fuller report, will consult with PCN's, community care, what we need to do going forward. Do need to address how people work together, will go out for comments. Future process to be assessed. SP felt the meetings did well for DWP and housing working, some meetings do need more GP engagement, maybe not step it down, it has taken time to develop relationships. SW said maybe not pause, continue where working well, need to look at resourcing, need to review it. JMc commented on quality and improvement methodology perspective, understanding between groups what works and what are the blockers, keen to keep investment in relationships, what works well, what could we improve, want to create visibility, how strategic the work is and outcomes to be delivered, need a proper evaluation. SW said it was different depending on which GP was leading them, better face to face but with refreshments, some meetings became side-tracked, and COVID had an impact, zoom option did not appear popular. Will take what co-ordinators are seeing, undertake a review, also look at who attends them, what drives the agendas, there were no formal agendas, it was open invitations, maybe not strategic links to another activity. Look at how communication went on. JMc said there was a need to understand budget and learning. SW advised she would send message back to co-ordinators to carry on at present. MW closed meeting with thanks to FM, JMc and other clinical leads and partners for their help and support in Lewisham. The Chair thanked everyone for their attendance and closed the meeting at 16.05 hrs.	
10.	**Date of next meeting:** July 2022 (to be held in public) – exact date and time to be advised.	

Lewisham Local Care Partnership Strategic Board

Terms of Reference Cover Sheet

Item 2
Enclosure 2

Title:	**Terms of Reference:** **Lewisham Local Care Partnership Strategic Board**
Meeting Date:	**28 July 2022**
Author:	Charles Malcolm-Smith, People & Provider Development Lead, Lewisham System Transformation Team
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	The committee is asked to agree the draft terms of reference for the Lewisham Local Care Partnership Strategic Board	Update / Information	
		Discussion	
		Decision	***x***
Summary of main points:	The attached terms of reference are presented to the Local Care Partnership (LCP) Strategic Board acting for ratification. The draft terms of reference were reviewed by the Strategic Board in shadow form at its meeting on 7th June 2022, and agreed amendments were submitted to the South East London ICB Board. The LCP will be a committee of the ICB, and the ICB Board have approved these terms of reference.		
Potential Conflicts of Interest	None identified		

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

	Equality Impact	None identified Challenging inequality has been identified as a key part of being an effective place-based partnership in Lewisham
	Financial Impact	None identified
Other Engagement	Public Engagement	No public engagement to date
	Other Committee Discussion/ Engagement	Shadow Strategic Board ICB Board

		BBB/LHCP seminar
Recommendation:	To agree the draft terms of reference for the Lewisham Local Care Partnership Strategic Board	

NHS South East London Integrated Care Board

Lewisham Local Care Partnership Strategic Board

Terms of Reference

28 July 2022

1. Introduction

1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership Strategic Board [the "board"] is established as a committee of the ICB 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

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 Strategic Board.

2. Purpose

2.1. The board is responsible for the effective discharge and delivery of the place-based functions[1]. The board is responsible for ensuring:

a. The place contribution to the ICB's agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the

[1] As defined by the South East London Integrated Care Board

Local Care Partnership to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

b. The Local Care Partnership can secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.

c. The Local Care Partnership plays a full role in securing at place the four key national objectives of ICSs, aligned to ICB wide objectives and commitments as appropriate.

d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

3. Duties

3.1. **Place-based leadership and development:** responsibility for the overall leadership and development of the 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 LCP also needs to support the Place lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.

3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the 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 as required. The LCP 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 Local Care Partnership.

3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP 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 the 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 LCP complies with all legal requirements, that risks are proactively identified, escalated and managed

4. Accountabilities, authority and delegation

4.1. The LCP Strategic Board is accountable to the Integrated Care Board of the SEL Integrated Care System.

4.2. Through the Place Executive Lead, this board will have delegated responsibility for the commissioning of local services including:

- Primary care commissioning
- Community services commissioning
- Client group commissioning
- Medicines Optimisation related to community based care
- Continuing Healthcare

4.3. The committee will be the prime committee for discussion and agreement for its agreed specific local delegated funding and functions and will work as part of South East London ICS.

4.4. The Place Executive Lead will have responsibility for the management of delegated local budgets and will be held accountable for ensuring budgets are delivered on plan.

5. Membership and attendance

5.1. Core members of the board will be the following]:

a. Local Care Partnership Place Executive Lead
b. Executive Director for Community Services (DASS), London Borough of Lewisham
c. Executive Director for Children & Young People, London Borough of Lewisham
d. Director of Public Health, London Borough of Lewisham
e. Healthwatch representative
f. Voluntary, community and social enterprise (VCSE) representation x 2
g. South London & Maudsley NHS FT – Executive organisational representative
h. Lewisham & Greenwich NHS Trust – Executive organisational representative
i. Primary Care x 2 representatives (of which 1 is representative from PCNs)
j. Social care provider representative
k. Community/public representative
l. Clinical & Care Professional Lead
m. One Health Lewisham – Executive organisational representative

Primary care core members will be drawn from Lewisham practices and PCNs, of which one by agreement may be from the Local Medical Committee (LMC). If LMC is not proposed as a core member by primary care then the LMC would be given observer status as a non-voting member.

6. Chair of meeting

The chair and deputy chair of the board will be appointed by the board from the core membership. These appointments will be made in keeping with the aim of ensuring a balance of leadership from across the partnership.

6.1. At any meeting of the board the chair or deputy chair if present shall preside.

6.2. 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 board is at least 50% of members of which the following must be present

- Local Care Partnership Place Executive Lead
- Executive Director for Community Services (DASS), London Borough of Lewisham
- Executive Director for Children & Young People, London Borough of Lewisham
- Director of Public Health, London Borough of Lewisham
- Voluntary, community and social enterprise (VCSE) representation x 1
- South London & Maudsley NHS FT – Executive organisational representative
- Lewisham & Greenwich NHS Trust – Executive organisational representative
- Primary Care x 1 representatives
- Healthwatch representative or Community/public representative

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 board 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 board 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 board will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the Local Care Partnership. Any decision made by vote will be passed by a simple majority of those in attendance. In the event of a tie the chair of the meeting may cast a second vote. Core members 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 board 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 board 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 board will report on its activities to ICB Board. 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 board; 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.

11. Committee support

11.1. The LCP will provide business support to the board. 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.

12. Review of Arrangements

12.1. The board 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.

Lewisham Local Care Partnership Strategic Board

Primary Care Terms of Reference Cover Sheet

Item 2
Enclosure 3

Title:	Lewisham Primary Care Group Terms of Reference		
Meeting Date:	28 July 2022		
Author:	Chima Olugh, Primary Care Commissioning Manager		
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead		
Purpose of paper:	The purpose of this paper is to present the revised and updated Terms of Reference (ToR) of the Lewisham Primary Care Group to the Local Care Partnership (LCP) Strategic Board for ratification.	Update / Information	
		Discussion	
		Decision	X
Summary of main points:	As part of the development of the South East London (SEL) Integrated Care System, the ICB has a mandate and an arrangement of delegation with the Local Care Partnerships (LCP) for the planning, delivery and associated decision-making for primary care and out of hospital services including general practice. The Lewisham Primary Care Group (the Group) formerly known as the Lewisham Primary Care Operational Group has been established as a sub-group of LCP Strategic Board (and is accountable to the Board). The Group needs to ensure there are effective, safe and efficient arrangements in place in order to carry out its responsibilities. The purpose of the Group and how it intends to carry out its functions are contained in the attached draft ToR. The ToR set out the core membership, the remit, responsibilities and reporting arrangements of the Group. The ToR will be reviewed initially after six months and then on an annual basis thereafter. The ToR was agreed and supported by the Group at it meeting held on 21 July 2022.		
Potential Conflicts of Interest	None identified.		
	Bexley		**Bromley**	

Relevant to the following Boroughs	**Greenwich**		**Lambeth**	
	Lewisham	**X**	**Southwark**	
	Equality Impact	None identified.		
	Financial Impact	There are no immediate financial implications.		
Other Engagement	Public Engagement	No public engagement to date.		
	Other Committee Discussion/ Engagement	Lewisham Primary Care Group.		
Recommendation:	The Board is asked to approve the draft Terms of Reference of the Lewisham Primary Care Group.			

South East London Integrated Care System

NHS South East London

South East London Integrated Care Board

Lewisham Primary Care Group

Terms of Reference

V1.1

July 2022

Approved by	The Local Care Partnership Strategy Board
Date approved	
Name and title of originator/author	Chima Olugh, Primary Care Commissioning Manager
Effective date	July 2022
Review date	January 2023
Target audience	Members of the Lewisham Primary Care Group
Stakeholders engaged in development	Members of the Lewisham Primary Care Group and The Local Care Partnership Strategy Board

Version Control and Document Review Information

Version	Summary of changes	Date	Author/Reviewer
1.0	Initial Draft	18/07/2022	Chima Olugh, Primary Care Commissioning Manager
1.1	Updated following feedback from members of the Group at the July 21 meeting.	21/07/2022	Chima Olugh, Primary Care Commissioning Manager

Terms of Reference

1. Introduction

1.1 As part of the development of the South East London (SEL) Integrated Care System, the ICB has agreed a mandate and an arrangement of delegation with each of the Local Care Partnerships (LCP) for the planning, delivery and associated decision-making for primary care and out of hospital services including general practice.

1.2 The Lewisham Primary Care Group (the Group) has been established as a sub-group of the Local Care Partnership Strategic Board.

1.3 The group will have effective, safe and efficient arrangements for the discharge of the delegated functions related to primary care. This includes, but is not limited to, GP practices and/or organisations providing core general and primary medical services (GMS/PMS/APMS), Primary Care Networks (PCN) and out of hours GP services.

1.4 In time, when the ICB takes on further delegated responsibilities related to pharmaceutical, general ophthalmic dental services the Terms of Reference will be reviewed to include these services.

2. Purpose

2.1 The purpose of the Group is to enable primary medical services to develop and thrive in Lewisham by providing the right strategic and operational forum to develop commissioning plans and commissioning opportunities for the development and delivery of high quality local primary care services.

2.2 Oversee and co-ordinate the delegated arrangements and ensure delivery of the delegated functions in line with the statutory framework.

2.3 Bring together the right people to consider, challenge, guide and oversee the planning and delivery of primary medical services in Lewisham.

2.4 Ensure its arrangements align with the requirements as detailed in the Delegation Agreement between NHS England and the ICB.

3. Remit and Responsibilities

The key remit and responsibilities of the group are to:

3.1 Oversee the implementation, development and transformation of local primary care delivery and quality improvement in order to drive primary care developments in line with national guidance, Integrated Care System priorities and local need.

3.2 Provide leadership and oversight for the mobilisation of integrated primary care services and assurance of primary care service delivery, focused on the needs of the local population. It will enable the functions of the LCP to be undertaken in the context of a desire to commission primary care services to maximise the quality, efficiency, productivity and value for money for Lewisham citizens.

3.3 Provide advice and guidance on local workstreams and programmes to ensure these achieve rapid and dynamic change. This will include advice on proposals relating to

investment, finance, commissioning, delivery and performance management, to enable a consistent approach with commissioners.

3.4 Support commissioners to make transactional contractual decisions within the scope of their remit and the scope of the London Standard Operating Procedures.

3.5 Provide the right strategic, operational and environmental conditions for contractual and transformational primary medical services topics to be considered in a timely manner, and informed recommendations for decision made to the LCP.

3.6 Provide oversight, assurance, support and delivery of the vision and some of the key elements within the Next steps for integrating primary care: Fuller Stocktake report.

3.7 Provide assurance to the LCP and ICB for the accountability of a resilient general practice that delivers high quality services within Lewisham.

3.8 Understand the NHS and London Borough of Lewisham resources available and direct those resources to support the delivery of high quality primary care services and integration with other services as appropriate.

3.9 Assure itself that any service change reflects the views and experience of Lewisham citizens, service users and member practices.

3.10 Support and monitor quality improvement and effectiveness of primary care provision, including to inform continuous improvements.

3.11 Identify risks and issues relating to primary care and monitor mitigations escalating risks to the LCP as appropriate.

3.12 Support the LCP Strategic Board to coordinate a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies.

3.13 Ensure successful initiatives are sustainable and rolled out across primary care, and/or close down unsuccessful ineffective initiatives.

3.14 Support the enabler workstreams for workforce, working at scale, resilience, estates and IT systems.

3.15 Promote learning that can be shared with other providers and programmes.

3.16 Other ancillary activities that are necessary in order to exercise the delegated functions.

4. Objectives

The Group aims to:

4.1 Enable a place where partners can identify and use learning and transformational projects to support the delivery and access of primary care services.

4.2 Be transformational and innovative when challenging the delivery of primary care services to ensure a reduction of unwarranted variation in Lewisham and the delivery of high-quality patient care.

4.3 Ensure services are whole population focused and geographically coherent; serving natural recognised communities; planned against a deep understanding of that population's needs, accessible and focused on prevention and a reduction in health inequalities.

4.4 Work collaboratively with Lewisham Council and other partners to ensure that commissioning, strategic planning and measures of success are aligned and conducted jointly where appropriate.

5. Key success criteria of the group will include:

5.1 The enablement of a primary care system that is sustainable, accessible, proactive, transformative, coordinated and provides value for money.

5.2 Investment in primary care with clear and tangible patient outcomes and a reduction in health inequalities.

5.3 A motivated and fit for purpose primary care workforce.

6. Membership

6.1 The membership of the Group is outlined below.

6.2 Other ICB staff, stakeholders and providers to be invited to attend meetings as appropriate dependent on agenda items.

6.3 Members who are unable to attend should ensure they sent a deputy on their behalf.

	Role	Organisation
a.	Community Representative (Chair)	ICB
b.	Associate Director of Primary Care	ICB
c.	Clinical and Care Professional Lead for Primary Care	ICB
d.	Primary Care Commissioning Manager	ICB
e.	Assistant Director of Medicines Optimisation	ICB
f.	Quality Lead	ICB
g.	Primary Care Nurse Lead	ICB
h.	Local LMC Representative	LMC
i.	Healthwatch Representative	HW
j.	SEL Primary Care Team Lead	ICB
k.	Public Health Lead	PH
l.	CEPN Training Hub Lead	TH

7. Role of the Chair

7.1 The Chair of the Group will be a Community Representative on the LCP Strategic Board.

7.2 At any meeting of the Group the Chair or a nominated deputy shall preside.

8. Accountability and reporting arrangements

8.1 The Group is accountable to the LCP Strategic Board.

8.2 The Group will advise and assure the LCP on Lewisham specific decisions.

8.3 The Group will report on its activities to the LCP.
In addition, any accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities coordinated by the Group; and any actions agreed to be implemented.

9. Conflicts of Interest

9.1 Any Conflicts of Interest (real or perceived) will be managed in accordance with the ICB's Standards of Business Conduct and Conflict of Interest Policy.

9.2 Compliance will be overseen by the Chair of the Group.

10. Meeting frequency and attendance

10.1 The Group will meet monthly and no less than 8 meetings should take place each year. Meetings should take place at least 2 weeks before the LCP to enable any recommendations to be made at the earliest opportunity.

10.2 Members are responsible for identifying a suitable deputy to attend in their place should they be unable to attend.

10.3 Guests and/or subject matter experts can be invited to all or part of the meetings by any member, when appropriate, to assist and inform specific agenda item discussions. The Chair and Associate Director of Primary Care should be notified in advance of any guest or subject matter experts attending the meeting.

11. Quorum

11.1 The quorum for a meeting of the Group shall be at least 50% of the members to ensure sufficient numbers of the members are engaged. The Group will reach conclusions by consensus.

12. Decision-making

12.1 The aim of the Group will be to achieve consensus decision-making wherever possible.

13. Administration

13.1 Administrative support will be responsible for completing minutes of meetings and action log trackers.

13.2 Draft minutes with the Chair's approval will be circulated to members together with a summary of actions within five working days of the meeting.

13.3 Notes of meeting should be made available to the LCP for onward reporting as required.

14. Monitoring adherence to the Terms of Reference

14.1 The Chair will be responsible for ensuring the Group abides by these terms of reference.

15. Policy and Best Practice

15.1 The Group will operate within the framework of the ICB's local policies including Standards of Business Conduct, Conflict of Interest Policy and Procurement Strategy where these relate to the discharge of its functions.

15.2 The Group will enact its responsibilities as set out in these Terms of Reference in accordance with the Nolan Principles for Standards in Public Life.

16. Review arrangements

16.1 The Group shall undertake a self-assessment and evaluation of its effectiveness on an annual basis.

16.2 The Terms of Reference will be reviewed initially after six months and then on an annual basis thereafter.

Lewisham Local Care Partnership Strategic Board
Fuller Report Cover Sheet

Item 3
Enclosure 4

Title:	Next steps for integrating primary care: Fuller Stocktake Report; Implementation of the recommendations across Lewisham
Meeting Date:	28 July 2022
Author:	Ashley O'Shaughnessy, Associate Director of Primary Care (Lewisham)
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	The purpose of this paper is to introduce the Fuller Stocktake Report and consider how we collectively take forward its recommendations across the Lewisham system	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	The publication of 'next steps for integrating primary care: Fuller Stocktake report' creates a new vision and case for change for integrating primary care. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system. At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around three essential offers: 1. **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it; 2. **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions; 3. **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention. To further support the implementation of these ambitions, the report **makes recommendations on the tasks and activities that are best delivered at different levels of scale** across each ICS. There are **eight themes for ICS/local action** within the Framework, many of which the Lewisham system are already progressing across the primary care portfolio and wider work programme.		

	These themes are set out in the attached slide pack alongside an initial assessment of what this means for us in Lewisham including what we already have in place/alignment with existing workstreams, what the gaps are and recommended delivery routes.			
Potential Conflicts of Interest	None identified			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	**X**	**Southwark**	
	Equality Impact	To be considered as part of our local implementation plan		
	Financial Impact	To be considered as part of our local implementation plan		
Other Engagement	Public Engagement	This is a specific theme for action and will be considered as part of our local implementation plan		
	Other Committee Discussion/ Engagement	This is the first full conversation in Lewisham on the report and its recommendations. Discussions/engagement with wider stakeholders/committees will be considered as part of our local implementation plan		
Recommendation:	The Board is asked to note and discuss the content of the attached slide pack and in particular, consider how we collectively take forward the next steps that have been identified			

South East London Integrated Care System

Next steps for integrating primary care: Fuller Stocktake Report; Implementation of the recommendations across Lewisham

22nd July 2022

V1.0 – FINAL

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

Summary of the Fuller report - how the model of primary care needs to change to improve our population's health and wellbeing

The publication of **'next steps for integrating primary care: Fuller Stocktake report'** creates a new vision and case for change for integrating primary care. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system.

At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around three essential offers:

1. **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it;
2. **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions;
3. **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.

To further support the implementation of these ambitions, the report **makes recommendations on the tasks and activities that are best delivered at different levels of scale** across each ICS.

There are **eight themes for ICS/local action** within the Framework, many of which the Lewisham system are already progressing across the primary care portfolio and wider work programme.

These are set out on the following slides alongside an initial assessment of what this means for us in Lewisham including what we already have in place/alignment with existing workstreams, what the gaps are and recommended delivery routes.

Fuller Stocktake report – summary of key actions for ICSs

The Fuller Stocktake Report includes a framework for shared action, setting out **15** actions for ICSs, DHSC, NHS England and HEE.

The 8 actions specifically for ICSs are:

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	**What's already in place / alignment with existing workstreams**	**Where are the gaps?**	**Recommended delivery route**
1. Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices. This should be for all patients clinically assessed as requiring urgent care, where continuity from the same team is not a priority. Same-day access for urgent care would involve care from the most clinically appropriate local service and professional and the most appropriate modality, whether a remote consultation or face to face.	GP Federation streaming and urgent care service at the Lewisham Hospital UCC *(no funding currently identified to continue this)* GP Federation Clinical Assessment Service, directly managing requests from 111 *(currently funded till September 2022)* Urgent Community Response service GP Home visiting service pilot (full procurement underway) Implementation of the new PCN Enhanced Access service Ask First App being used by most practices which includes symptom checker and triage functionality to direct patients to the most appropriate service, in the appropriate timeframe	There is no coordinated approach/plan across all partners currently in place and no local group specifically focussed on this work at present Clearer interface needed with 111, LAS and GP out of hours services Need to consider potential role of wider primary care services i.e. pharmacy, dental, optometry Consider need for refreshed public engagement/communication campaign to support patients to use the right service	Local UEC (unplanned care) Board working closely with the SEL UEC Board

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
3. Enable all PCNs to evolve into integrated neighbourhood teams, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn from all sectors. Secondary care consultants – including, for example, geriatricians, respiratory consultants, paediatricians and psychiatrists – should be aligned to neighbourhood teams with commitments reflected in job plans, along with members of community and mental health teams. With teams collocated within neighbourhoods, to extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests. At place level, bring together teams on admissions avoidance, discharge and flow – including urgent community response, virtual wards and community mental health crisis teams. Focus on community engagement and outreach, across the life course. Proactively identify and target individuals who can benefit from interventions in neighbourhoods, committing to delivering neighbourhood teams first for Core20PLUS5 populations by April 2023. Co-ordinate vaccinations, screening and health checks at place level, in accordance with national standards.	4 Neighbourhood Care coordinators in post Procurement of single APMS care home contract underway Virtual Ward Programme underway Health inequalities programme recently launched Voluntary sector Crisis Café to launched on the 1st September Hospital Social Prescribing Scheme provides links back into the community. Home First programme underway to deliver discharge and flow improvement Core20PLUS5 analysis underway through local population health programme Risk profiling and MDT working part of local PMS Premium Partnership wide immunisation group already in place (remit includes covid vaccinations) and updated action plan currently being developed	There is no coordinated approach/plan across all partners currently in place and no local group specifically focussed on this work at present For an integrated neighbourhood, the scope of collaboration should include all primary care sectors such as community pharmacy alongside community, social care and acute (physical and mental health)	To be owned strategically by the Place Executive Group where all partners are represented Task and finish group to be convened as part of the Community and Home Alliance

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
4. Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams, across their functions including digital, data, intelligence and quality improvement, HR, finance, workforce plans and models, and estates. Specifically put in place sufficient support for all PCN clinical directors and multi-professional leadership development, and protected time for team development. Baseline the existing organisational capacity and capacity for primary care, across system, place and neighbourhood levels, to ensure systems can undertake their core operational and transformation functions.	Partnership-wide Population Health & Care board, one public estate group and Digital Delivery group already in place Clinical Effectiveness South East London (CESEL) programme underway. Currently primary care focussed only so need to consider how this might expand to cover all partners Expecting a continuation of PCN Development funding for 22/23	There is no coordinated approach/plan across all partners currently in place for quality improvement, workforce, HR, finance Interoperability capability requires further development There is no structured and agreed plan in place to support PCN clinical director and multi-professional leadership development	To be owned strategically by the Place Executive Group where all partners are represented Lewisham Primary Care Group to work with SEL Primary Care Coordination Group
5. Develop a primary care forum or network at system level, with suitable credibility and breadth of views, including professional representation. Ensure primary care is represented on all place-based boards	PCN Forum already in existence, bringing together PCN clinical directors, LMC and GP Federation PCN, GP Federation and LMC representation confirmed on LCP Strategic Board	Current PCN forum is General Practice only so needs to be expanded to DOPs and wider partners Local Primary Care Clinical and Care Professional role still vacant	Lewisham Primary Care Group

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
6. Embed primary care workforce as an integral part of system thinking, planning and delivery. Improve workforce data. Support innovative employment models and adoption of NHS terms and conditions. Support the development of training and supervision, recruitment and retention and increased participation of the workforce, including GPs.	PCNs progressing well with recruitment and utilisation of Additional Roles Reimbursement Scheme (ARRS) staff including pharmacists, social prescribers, care coordinators and first contact physiotherapists Strong local Training Hub in place, as part of wider SEL model	Consistent workforce data across all providers at a Lewisham level	To be owned strategically by the Place Executive Group where all partners are represented with specific task and finish group convened to lead the work Work closely with the SEL People Board on SEL wide initiatives

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
10. Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care, taking a 'one public estate' approach and maximising the use of community assets and spaces.	Every PCN in SEL has an estates and clinical plan A long standing Lewisham Partnership Estates Group brings together system wide stakeholders and reports into the Lewisham Care Partnership. Includes representatives from the Council, NHS providers, NHS property services and One Public estates Significant investment in the Waldron as a community hub and other key assets Securement of s106 funding to support local schemes Partners are working together (one public estate) to share property plans and to identify potential solutions for the need	Overarching Lewisham estates plan that is consistent with SEL wide estates plans	Local estates group will continue to coordinate activity and report to the LCP, working closely with the SEL Estates Team and Group

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
12. Create a clear development plan to support the sustainability of primary care and translate the framework provided by *Next steps for integrated primary care* into reality, across all neighbourhoods. Ensure a particular focus on unwarranted variation in access, experience and outcomes. Ensure understanding of current spending distribution across primary care, compared with the system allocation and health inequalities. Support primary care where it wants to work with other providers at scale, by establishing or joining provider collaboratives, GP federations, supra-PCNs or working with or as part of community mental health and acute providers. Tackle gaps in provision, including where appropriate, commissioning new providers in particular for the least well-served communities.	PMS premium services already offered to GMS practices to ensure equity Clinical Effectiveness South East London (CESEL) programme underway to support reduction in variation Borough wide GP Federation well established and two PCNs are also 'super practices', with merged core contracts Procurement of new Enhanced GP provision to homeless services recently completed and service live as of 1st July 2022	There is no overarching, structured plan currently in place at present although work is underway in various areas Need to review practice participation in DESs, LESs and LISs to assess any gaps for the local population and inform plans to address	Lewisham Primary care group

Fuller Stocktake report – summary of key actions for ICSs

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36*	What's already in place / alignment with existing workstreams	Where are the gaps?	Recommended delivery route
13. Work alongside local people and communities in the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, taking into account demographic and cultural factors.	Can build on the successes and learning from the COVID vaccination outreach programme Strong stakeholder engagement in the redevelopment of the Waldron and the North Lewisham Community Forum. Need to consider alignment to the health inequalities programme. Commitment from LCP board on approach to community engagement: • **Support citizens and communities to exercise power** by creating the conditions where all individuals can contribute equally • **Build trust** through purposeful and consistent efforts to foster relationships and act on feedback received • **Provide people with opportunities** to participate by focusing on reducing current barriers (including around language, resources and cultures) to engagement • **Work together** to achieve more with what we have recognising limits on the funding, time and capacity available	Work to develop community engagement and involvement across the LCP underway.	People's Partnership under development

Fuller Stocktake report – summary of key actions for NHS England, DHSC and HEE

The Fuller Stocktake Report includes a framework for shared action, setting out **15** actions for ICSs, DHSC, NHS England and HEE.

The 7 actions specifically for NHS England, DHSC and HEE are:

Action *Numbering below reflects numbering in the Fuller report framework for action pages 34-36)*	Actions for NHS England, DHSC, HEE
2. Assist systems with integration of primary and urgent care access, specifically looking at the role of NHS 111, and considering the development of new metrics and standards on urgent and routine access, and introduce as planned, the new patient-reported experience measure for access to general practice.	NHS England
7. Include primary care as a focus in the forthcoming national workforce strategy to support ICSs to deliver this report (NHS England). Recognising this is not currently funded, commit to future rollout of the NHS Staff Survey in primary care. Examine further flexibilities, and better communicate existing flexibilities, in the Additional Roles Reimbursement Scheme. Specifically consider, with DHSC and HEE, how the scheme should operate after March 2024, including the role of ICSs in working with national colleagues and PCNs in delivering it. Review the GPs Performers List to enable other appropriately qualified clinicians to contribute more easily as part of the primary care workforce.	DHSC with NHS England and HEE
8. Pivot to system leadership as the primary driver of primary care improvement and development of neighbourhood teams in the years ahead. Move to greater financial flexibility for systems on primary care. Bring together existing national primary care funding wherever practicable. Beyond 2023/24, maximise system decision-making on any future discretionary investment, beyond DDRB and pay uplifts.	NHS England
9. Improve data flows including by (i) solving the problem of data-sharing liability, issuing a revised national template; (ii) working with system suppliers on extract functionality; (iii) improving data to support access (actions 1 and 2 above), and (iv) helping to identify population cohorts to be targeted by neighbourhood teams.	NHS England
11. DHSC and NHSE should provide additional, expert capacity and capability to help offer solutions to the most intractable estates issues, and practical support to work through them, as well as building ICS estates expertise. DHSC and NHSE should consider what flexibilities and permissions should be afforded to systems to allow shaping and influencing of the physical primary care estate, including through reviewing the Premises Cost Directions. DHSC should ensure that primary care estate is central in the next iteration of the Health Infrastructure Plan.	DHSC and NHS England
14. In support of systems, **set out how the actions highlighted for NHS England will be progressed.**	NHS England
15. DHSC and NHS England should rapidly undertake further work on the **legislative, contractual, commissioning, and funding framework** to enable and support new models of integrated primary care. This work should also consider how to improve equity in distribution of resource and ultimately improve health outcomes.	DHSC and NHS England

Next steps

- Agree approach to implementation and oversight and identify associated system leads and resources to drive delivery
- Socialise the Fuller Report and implementation approach more broadly with local partners
- Ensure Fuller Report recommendations are integrated into local strategies and delivery plans across the partnership as appropriate
- Continue to implement existing programmes where they already aligned to the Fuller report

References – further information

Full report can be found at: https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/

PPL have developed a free and independent resource to support discussions at a System, Place, Primary Care Network and Neighbourhood level in responding to the findings of the Fuller Stocktake report – please contact ashley.oshaughnessy@selondonics.nhs.uk for a copy

Lewisham Local Care Partnership Strategic Board
Finance Cover Sheet

Item 5
Enclosure 5

Title:	**Borough Finance & Efficiencies Report – Month 2**
Meeting Date:	**28 July 2022**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update on the financial position to the LCP Strategic Board.	Update / Information	
		Discussion	**X**
		Decision	

Summary of main points:

This paper comprises two elements, firstly the key financial messages for Lewisham borough to month 2, including commentary on current year efficiencies and the outlook for future years.

The second element is the month 2 financial report for South-East London CCG as a whole. This is presented as Appendix A to the paper.

Key Financial Messages - Lewisham

The borough is reporting a breakeven position to the end of month 2 and is in line with all the other boroughs in achieving break even. There are some relatively small overspends on prescribing (£69k) and CHC (£46k) which are offset by underspends in other areas mainly other programme (£98k).

The borough has a total efficiency target for 2022/23 of £2.623m which equates to circa 3% of the delegated borough budget. This comprises an NHS wide 1.1% tariff efficiency, 1.4% convergence adjustment as set out in the budget paper to the Lewisham Borough Based Board on 10th May 2022, and circa 0.5% to support achievement of financial balance across the Southeast London health system.

This paper sets out how current year efficiencies will be delivered and briefly outlines the approach that will be necessary for identifying and delivering savings for 2023/24 and beyond.

Key Financial Messages – South East London CCG

- Appendix A 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 reviewed 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.

Potential Conflicts of Interest	Not applicable

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

	Equality Impact	Not applicable
	Financial Impact	The report sets out the financial position of the CCG and Lewisham Borough for the period to Month 2.
Other Engagement	Public Engagement	Not applicable
	Other Committee Discussion/ Engagement	The month 2 financial position has been discussed at Planning and Delivery Group and Lewisham Borough Senior Management Team.
Recommendation:	The Board is asked to note the financial position at month 2, and the position on efficiencies for the current and future years.	

1. Key Financial Messages - Lewisham

NHS
South East London
Clinical Commissioning Group

- The borough is reporting a breakeven position to the end of month 2 on a year to date budget of £24.4m and is in line with all the other boroughs in achieving break even. The forecast outturn to the end of quarter 1 shows that the borough will remain within its allocated budget.

- There are some relatively small overspends on prescribing (£69k) and CHC (£46k) which are offset by underspends in other areas mainly other programme (£98k). Overspends on prescribing and CHC appear to be activity driven, although it is too early in the year to conclusively identify any expenditure trends on these budgets. The detail will continue to be reviewed, to ensure that risks can be appropriately managed and mitigated in year.

- The borough has a total efficiency target for 2022/23 of £2.623m which equates to circa 3% of the delegated borough budget. This comprises an NHS wide 1.1% tariff efficiency, 1.4% convergence adjustment as set out in the budget paper to the Lewisham Borough Based Board on 10th May 2022, and a further circa 0.5% (£469k) in order to support achievement of financial balance across the South East London health system. The borough has identified how these efficiencies will be achieved, but it is important that the actions required to deliver the efficiencies where appropriate are monitored in year to ensure plans are delivered.

- Whilst the required efficiencies for 2022/23 have been identified, the efficiencies challenge for 2023/24 and beyond is likely to again be in the range 2.5% to 3% of the delegated budget subject to being confirmed by planning guidance. This scale of efficiencies on a recurrent basis is going to be very challenging to achieve, and it is therefore important that planning for service redesign and reform is started as early as possible in the current year, in order to identify efficiencies and have a plan for delivery in future years.

- The current year position on efficiencies is set out on the following slide.

1. Current Year Efficiencies- Lewisham

NHS South East London Clinical Commissioning Group

2022/23 Lewisham Borough - Efficiencies Summary

Budget Area	Efficiency Requirement	Efficiency Plans Identified	Commentary
	£'000	£'000	
Prescribing	944	944	Prescribing efficiency has been set across the 6 boroughs on a consistent basis and reflecting benchmarked opportunity based on the 5 core areas of self care/OTC, low value medicines, nutrition,specials, and blood glucose testing strips. This equates to £744k for Lewisham with a further £200k identified through local Lewisham initiatives.
CHC	501	501	As with prescribing the approach to CHC has been applied on a consistent basis across boroughs. For Lewisham the efficiency has mainly (£400k) been identifed by adjusting budgets to reflect activity levels set at month 10 2021/22 levels of activity, with the balance to be achieved through price managment in line with tariff uplift assumptions.
Other Acute	23	23	This comprises £10k from managing budgets within tariff efficiency 1.7%, with the remainder from a review of uncommitted budgets.
Corporate	194	194	This is a pay related efficiency target reflecting the running cost allowance for the CCG having been frozen for 2021/22 and 2022/23. Achievement for 2022/23 has been identified through vacancy management through the year.
Other Community	197	197	This comprises £87k from managing budgets within tariff efficiency 1.7%, with the remainder from a review of uncommitted or discretionary budgets.
Mental Health	61	61	Identified through achieving NHS prescribed tariff eficiency across a range of MH contracts.
Other Primary Care	234	234	Realignment of historical budgets mainly relating to primary care access advice.
Efficiency Stretch - all areas	469	469	This reflects an additional stretch in addition to start budgets, and has been identified through a combination of recurrent and non recurrent measures across all budget areas.
Total	**2,623**	**2,623**	

- The efficiencies summarised above are largely identified without impacting service provision, reflecting that in some instances they result from fortuitous budget management, and therefore ought to be achievable at minimal risk. The exception is prescribing which requires an implementation plan to be successfully deployed and the local Lewisham medicines management team is progressing this through practice visits and the medicines optimisation scheme.

- Whilst service provision is protected in the current year, as referenced on the previous slide, the efficiency challenge for 2023/24 is likely to continue on a scale of between 2.5% to 3%, and therefore in order to continue to protect services, a system wide approach to planning for 2023/24 and beyond will be required to ensure efficiencies are delivered through service redesign.

Appendix A

SEL CCG Finance Report

Month 2 2022/23

Quarter 1 Accounts

Contents

NHS
South East London
Clinical Commissioning Group

1. Executive Summary

NHS
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

South East London Clinical Commissioning Group

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

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

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

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

3. Key Indicators

South East London Clinical Commissioning Group

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

4. Financial Position

South East London Clinical Commissioning Group

- 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 it BAU budgets at the end of Month 3 with a **£132k** forecast overspend against its reclaimable Covid budgets.

5. Budget Overview

South East London Clinical Commissioning Group

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	20	127	2,929	117	158	123	335,537	**339,010**	-	**339,010**
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	**56,988**	-	**56,988**
Mental Health Services	1,474	1,668	1,054	3,128	944	869	73,512	**82,647**	-	**82,647**
Continuing Care Services	3,914	3,873	4,224	5,011	3,280	3,211	-	**23,513**	-	**23,513**
Prescribing	5,489	7,535	5,403	6,261	6,378	5,182	106	**36,355**	-	**36,355**
Other Primary Care Services	518	559	416	581	284	166	3,020	**5,544**	-	**5,544**
Other Programme Services	1,366	3,203	2,175	2,249	2,692	3,418	9,576	**24,678**	-	**24,678**
Delegated Primary Care Services	5,885	8,565	7,528	11,709	8,745	9,320	1,156	**52,909**	-	**52,909**
Corporate Budgets	490	804	743	922	637	695	4,795	**9,086**	-	**9,086**
Total Year to Date Budget	**20,869**	**35,834**	**27,128**	**31,259**	**24,373**	**24,043**	**467,225**	**630,730**	**-**	**630,730**

	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 Actual										
Acute Services	20	127	2,929	117	158	123	335,537	**339,010**	0	**339,010**
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	**56,988**	-	**56,988**
Mental Health Services	1,454	1,688	1,114	3,183	932	878	73,446	**82,693**	-	**82,693**
Continuing Care Services	3,900	3,833	4,213	5,094	3,326	3,164	-	**23,530**	-	**23,530**
Prescribing	5,519	7,629	5,480	6,245	6,447	5,170	106	**36,596**	-	**36,596**
Other Primary Care Services	518	559	416	581	284	166	3,020	**5,544**	-	**5,544**
Other Programme Services	1,398	3,109	2,031	2,167	2,594	3,442	9,610	**24,350**	84	**24,434**
Delegated Primary Care Services	5,885	8,565	7,529	11,709	8,746	9,319	1,155	**52,909**	-	**52,909**
Corporate Budgets	462	824	762	881	631	722	4,828	**9,110**	(0)	**9,110**
Total Year to Date Actual	**20,869**	**35,834**	**27,128**	**31,259**	**24,373**	**24,043**	**467,224**	**630,730**	**84**	**630,814**

Month 2

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance										
Acute Services	-	-	-	-	-	-	-	**-**	(0)	**(0)**
Community Health Services	-	-	-	-	-	-	-	**-**	-	**-**
Mental Health Services	20	(20)	(60)	(55)	12	(9)	67	**(46)**	-	**(46)**
Continuing Care Services	14	40	11	(83)	(46)	47	-	**(17)**	-	**(17)**
Prescribing	(30)	(94)	(76)	16	(69)	13	-	**(241)**	-	**(241)**
Other Primary Care Services	0	(0)	0	(0)	-	0	(0)	**(0)**	-	**(0)**
Other Programme Services	(32)	94	144	82	98	(24)	(34)	**328**	(84)	**244**
Delegated Primary Care Services	0	0	(0)	(0)	(0)	0	1	**0**	-	**0**
Corporate Budgets	28	(20)	(18)	40	6	(27)	(33)	**(24)**	0	**(24)**
Total Year to Date Variance	-	-	-	-	-	-	-	**-**	**(84)**	**(84)**

- 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.

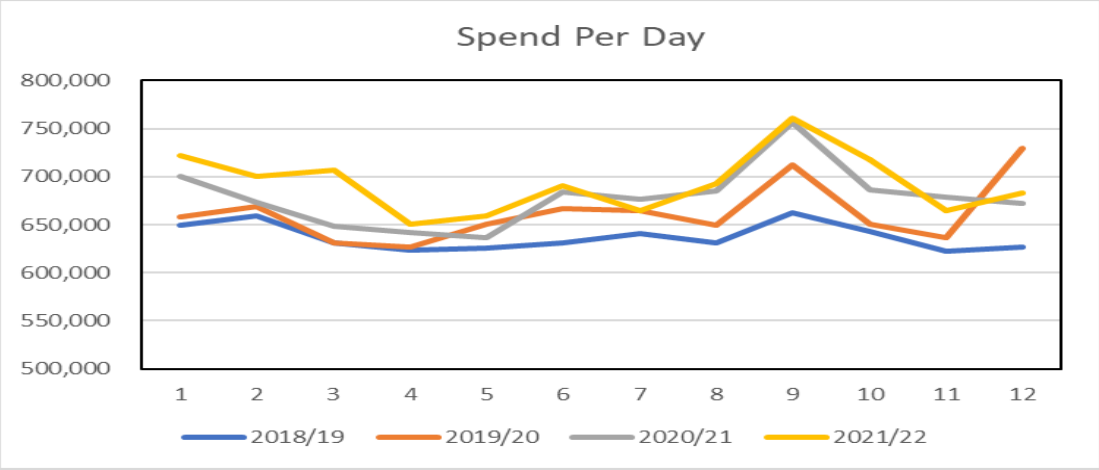
6. Prescribing

NHS
South East London
Clinical Commissioning Group

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

NHS
South East London
Clinical Commissioning Group

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

South East London Clinical Commissioning Group

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

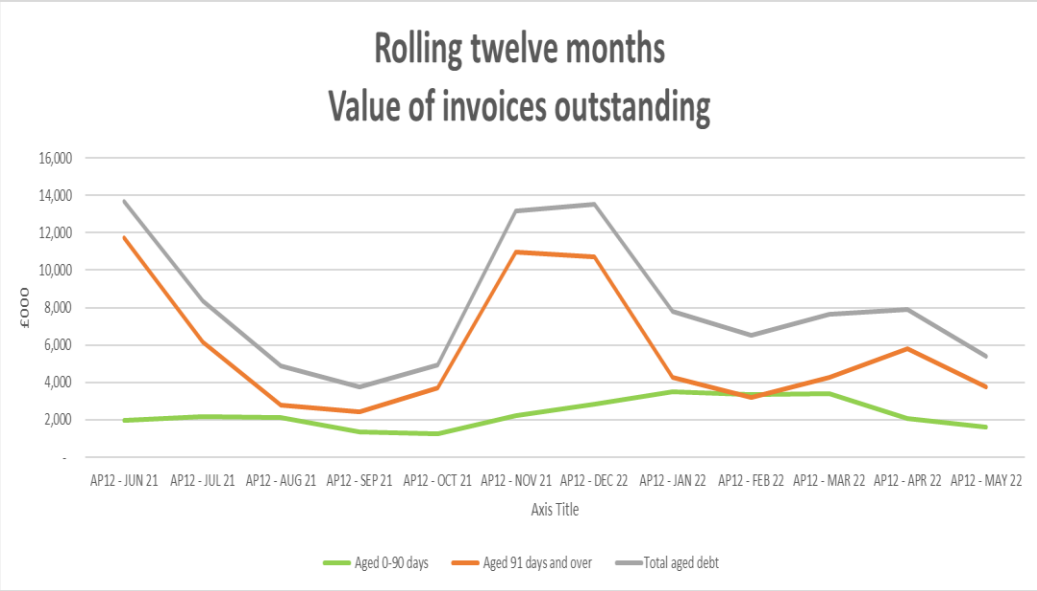
- The largest area of saving is the 'other programme services' budget line. The £15.76m highlighted below is driven by two main areas:
  - Circa £7.0m relates to a reduction in start budgets, identified following a review of 2022/23 funding arrangements; and
  - £7.0m (£3.0m borough and £4.0m central budgets) relates to the additional savings agreed by the CCG/ICB to contribute to ICS financial balance. This will be allocated to budget lines once the individual elements of the savings plans are finalised.

- The corporate budget savings (£2.7m) reflect the efficiencies required to fund the cost of pay increments and the anticipated 2022/23 pay award. This has been reflected in all directorate budgets as a vacancy savings factor, whilst recurrent solutions are identified.

Savings By Budget Area	Total Requirement £'000s
Acute Services	822
Community Health Services	2,595
Mental Health Services	601
Continuing Care Services	3,429
Prescribing	3,162
Other Primary Care Services	208
Other Programme Services	15,761
Delegated Primary Care Services	-
Corporate Budgets	2,727
Total Year to Date Actual	**29,305**

Savings By Borough	Total Requirement £'000s
Bexley	2,013
Bromley	3,841
Greenwich	2,891
Lambeth	2,555
Lewisham	2,623
Southwark	1,963
South East London	13,419
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

South East London Clinical Commissioning Group

- The Maximum Cash Drawdown (MCD) as at Month 2 after accounting for payments made on behalf of the CCG by the NHS Business Authority (largely relating to prescribing expenditure) is £869m.

- In June we have drawn down the total available cash to ensure we can pay as many creditors as possible, before the dissolution of the CCG on 30th June.

- At Month 2, the CCG has drawn down 67.9% of the available cash compared to the budget cash figure of 66.7%. The additional cash represents payment of invoices approved as part of the year-end process. The CCG expects to utilise its cash limit in full by the end of the reporting period.

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

	AP1 - APR 21	AP2 - MAY 21	AP3 - JUN 21	Total
	Actual	Actual	Forecast	Forecast
	£'000	£'000	£'000	£'000
Balance bfwd	**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)

South East London Clinical Commissioning Group

- 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.

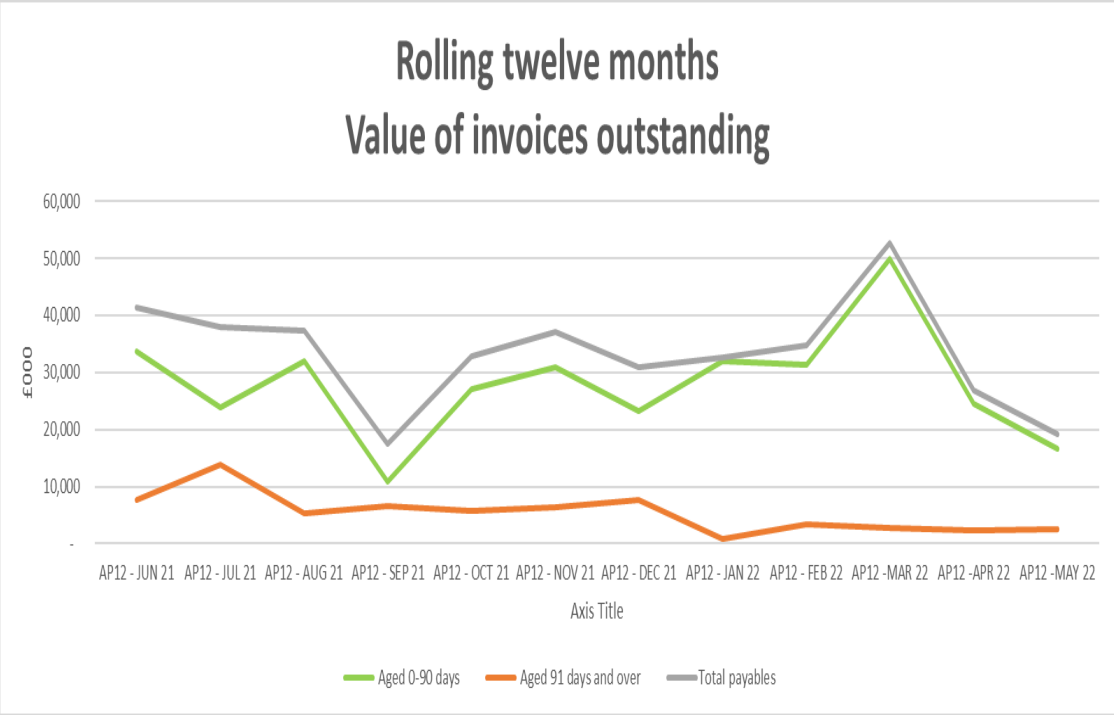
	2022/23 AP2 - MAY 22		2022/23 AP1 - APR 22		2022/23 Year to date		2020/21 Outturn	
	Number	£000	Number	£000	Number	£000	Number	£000
Non-NHS Payables:								
Total Non-NHS trade invoices paid in the month	4,017	66,221	4,177	87,061	8194	153,282	57,544	904,328
Total Non-NHS trade invoices paid within target	3,922	65,285	4,086	86,235	8008	151,519	55,833	886,421
Percentage of non-NHS trade invoices paid within targe	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%

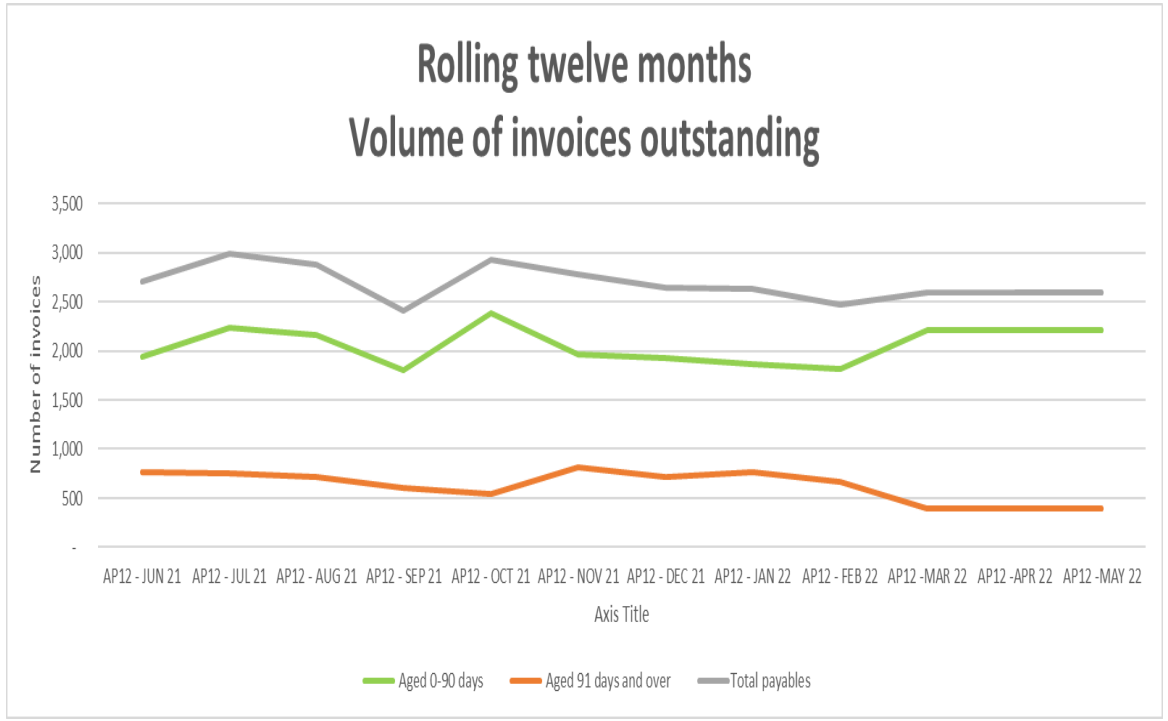
12. Creditors Position

South East London Clinical Commissioning Group

- 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.





Lewisham Local Care Partnership Strategic Board

Lewisham Council Finance Cover Sheet

Item 6
Enclosure 6

Title:	Financial Monitoring Report 2021/22 Outturn
Meeting Date:	28th July 2022
Author:	Abdul Kayoum
Executive Lead:	Kathy Freeman

Purpose of paper:	To provide an update on the financial position to the LCP Strategic Board.	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	This report presents the financial outturn for the 2021/22 financial year. The report covers the outturn position on the Council's General Fund, Dedicated Schools Grant, Housing Revenue Account, Collection Fund and Capital Programme. The Council-wide outturn for General Fund activities is an overspend of £25.7m.This position consists of Covid related expenditure or income foregone of £25.2m which is met entirely by Covid grant funding which leaves a business as usual remaining overspend of £0.5m.		
Potential Conflicts of Interest	None		

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

	Equality Impact	None
	Financial Impact	None
Other Engagement	Public Engagement	None
	Other Committee Discussion/ Engagement	Previously considered by Executive Management Team at LBL and Public Accounts Select Committee

Recommendation:	None

Mayor and Cabinet

Financial Outturn Report 2021/22

Date: Wednesday 15 June 2022

Key decision: No

Class: Part 1

Ward(s) affected: None Specific

Contibutors: Executive Director for Corporate Resources

Outline and recommendations

This report presents the financial outturn for the 2021/22 financial year.

The report covers the outturn position on the Council's General Fund, Dedicated Schools Grant, Housing Revenue Account, Collection Fund and Capital Programme.

The Council-wide outturn for General Fund activities is an overspend of £25.7m.This position consists of Covid related expenditure or income foregone of £25.2m which is met entirely by Covid grant funding which leaves a business as usual remaining overspend of £0.5m.

The Housing Revenue Account (HRA) has a surplus of £1.6m which enables a reduction in the budgeted drawdown from HRA reserves.

The Dedicated Schools Grant (DSG) is currently forecasted to overspend by a cumulative £10.4m at the end of the financial year (£5.4m in 2021/22 with £5m brought forward from 2020/21).

The General Fund Capital Programme spend is £42.2m, which is 67% of the revised budget of £66.3m and the HRA Capital Programme spend is £82.8m, which is 70% of the budget of £115.9m. The unspent budget is largely due to delayed expenditure on the programme with the budget transferred into 2022/23.

At the 31 March, 92.4% of council tax due had been collected which remains (2.6% or £4.2m) adrift of the targeted level, at the same date, 94% of business rates due had been collected which remains (5% or £2.8m) adrift of the targeted level. Collection activities continue alongside billing for the new financial year in 2022/23.

The Council routinely sets aside funding in the accounts for uncollectable debt consistent with the policies audited by the external auditors. In recent years these balances have not been cleared down and the older debts written off. The report notes the amount fully provided for of £42m to be written off, the majority under delegation, but with Mayor and Cabinet approval sought for £1m of individual debts each over £50k.

Timeline of engagement and decision-making

February 2022 – Budget Report 2022/23 to Mayor and Cabinet

15 June 2022 – Financial Outturn report 2021/22 to Mayor and Cabinet

1. EXECUTIVE SUMMARY

1.1 This report sets out the financial outturn for 2021/22 at the end of March 2022. The report compares the final outturn position to the position reported as part of the budget report to Mayor and Cabinet in February. The key areas to note are as follows:

1.2 There is a forecast overspend of £0.5m against the Directorates' net general fund revenue budget, after the application of £25.2m Covid grant funding to support the local authority's response to the Covid pandemic. This is a £2.4m improvement on the position reported to Mayor and Cabinet in February as part of the Budget Report for 2022/23. The improvement is explained in detail in paragraph 4.2.

1.3 The Council has received £18.7m of covid funding in 2021/22 which alongside £12.4m of covid funding carried forward from 2020/21 totals £31.1m. This funding has been used to cover £25.2m of expenditure incurred or income forgone with £5.5m of grant funding unspent. Of the unspent £5.5m, £4.4m is Local Authority Support Grant or Contain Outbreak Management Fund which is ringfenced to use against the ongoing impact of Covid in 2022/23. The remaining £1.1m relates to grants which were ringfenced for specific activity or expenditure and for which the Council has not incurred the full value of qualifying expenditure to meet the level of grant awarded, this will be returned to the relevant funding bodies in 2022/23. This is set out in more detail in section 5 of the report.

1.4 The Housing Revenue Account (HRA) has a surplus of £1.6m after several favourable movements close to year end. This is set out in more detail in section 12 of the report.

1.5 The Dedicated Schools Grant (DSG) following the high needs secondary transfer process is currently forecast to overspend by a cumulative £10.4m at the end of the financial year (£5.4m in 2021/22 with £5m brought forward). This is set out in more detail in section 13 of the report.

1.6 The General Fund Capital Programme spend as at 31 March 2022 is £42.2m, which is 67% of the revised budget of £66.3m which was approved at Mayor and Cabinet in February. The HRA Capital Programme spend as at 31 March 2022 is £82.8m, which is 70% of the budget of £115.9m revised and approved at Mayor and Cabinet in February. The unspent budget is largely due to delayed expenditure on the programme with the budget slipped into 2022/23. This is set out in more detail in section 14 of the report.

1.7 As at 31 March, 92.4% of council tax due had been collected which remains (2.6% or £4.2m) adrift of the targeted level. At the same date, 94% of business rates due had been collected which remains (5% or £2.8m) adrift of the targeted level. This is set out in more detail in section 15 of the report.

2. PURPOSE AND RECOMMENDATIONS

2.1 The purpose of this report is to set out the financial outturn for 2021/22 providing a comparison to the financial position reported to Mayor and Cabinet as part of the Budget Setting report, as part of the preparation of the draft financial statements underway to be available for audit from the 1 July 2022.

2.2 Mayor and Cabinet are asked to:

2.2.1 Note the Outturn Position for 2021/22, including the utilisation of Covid funding to mitigate expenditure incurred or income forgone as a result of Covid, as summarised in section 4 with additional detail in the subsequent sections of the report.

2.2.2 Note, as part of routine financial year closing work, the proposed write-off of debts under delegation as detailed in section 16.

2.2.3 Agree the proposed write off of the specific debts each over £50k as detailed in section 16 with supporting detail in Appendix C.

3. POLICY CONTEXT

3.1 This financial position demonstrates the impact of the very severe financial constraints which have been imposed on Council services with the cuts made year on year, despite the increasing demand to deliver services to the borough's residents.

3.2 The Council's strategy and priorities drive the Budget with changes in resource allocation determined in accordance with policies and strategy. The Council launched its current Corporate Strategy in 2018, with seven corporate priorities as stated below:

3.3 Corporate Priorities

- **Open Lewisham** - Lewisham will be a place where diversity and cultural heritage is recognised as a strength and is celebrated.
- **Tackling the housing crisis** - Everyone has a decent home that is secure and affordable.
- **Giving children and young people the best start in life** - Every child has access to an outstanding and inspiring education, and is given the support they need to keep them safe, well and able to achieve their full potential.
- **Building and inclusive local economy** - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.
- **Delivering and defending health, social care and support** - Ensuring everyone receives the health, mental health, social care and support services they need.
- **Making Lewisham greener** - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.
- **Building safer communities** - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

3.4 Values are critical to the Council's role as an employer, regulator, and securer of services and steward of public funds. The Council's values shape interactions and behaviours across the organisational hierarchy, between officers, and members, between the council and partners and between the council and citizens. In delivering our duties, we are guided by the Council's four core values:

- We put service to the public first
- We respect all people and all communities

- We invest in employees
- We are open, honest, and fair in all we do.

3.5 The Council's strong and resilient framework for prioritising action has served the organisation well in the face of austerity and on-going cuts to local government spending. This continues to mean, that even in the face of the most daunting financial challenges facing the Council and its partners, we continue to work alongside our communities to achieve more than we could by simply working alone.

3.6 This joint endeavour helps work through complex challenges, such as the pressures faced by health and social care services, and to secure investment in the borough, for new homes, school improvements, regenerating town centres, renewed leisure opportunities and improvement in the wider environment. This work has and continues to contribute much to improve life chances and life opportunities across the borough through improved education opportunities, skills development and employment. There is still much more that can be done to realise our ambitions for the future of the borough; ranging from our work to support housing supply and business growth, through to our programmes of care and support to some of our most vulnerable and troubled families.

3.8 The pace, scope and scale of change has been immense: the pandemic has demanded agility, creativity, pace, leadership, organisational and personal resilience, strong communications and an unerring focus on the right priorities. The service and finance challenges arising from Covid are now blending with the wider economic implications of a decade of austerity, the trading changes arising from Brexit, and now the impacts arising from other global events (e.g. war in Ukraine, Covid lock downs in China, extreme climate events in India, etc..) impacting the supply of energy, goods and services and driving up inflation.

3.9 Within the Council, the impact of the Covid pandemic is felt acutely across all of our service areas and throughout the year we have been grappling with real challenges in how we keep services running for our residents and how we protect the most vulnerable. Across the borough, residents are looking afresh at our borough, their neighbourhoods, and seeing where they live through new eyes.

3.10 While we do not yet fully understand what all of the long-term implications of Covid will mean for the borough, there have been many clear and visible impacts of the pandemic on our residents, Lewisham the place and also the Council. We know that coronavirus has disproportionately affected certain population groups in Lewisham, matching patterns that have been identified nationally and internationally: older residents, residents born in the Americas & the Caribbean, Africa or the Middle East & Asia, and residents in the most deprived areas of the borough have considerably higher death rates. We know that more Lewisham residents are claiming unemployment benefits compared to the beginning of this year and that food insecurity has increased in the borough.

4. GENERAL FUND OUTTURN POSITION

4.1 The Council is reporting an overspend on general fund activities of £25.7m. This includes Covid related expenditure or income foregone of £25.2m which is met by Covid grant funding and a general fund 'Business as Usual' (BAU) overspend of £0.5m.

Table 1 – General Fund Outturn Position

General Fund	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Children & Young People	59.0	64.0	**5.0**	4.4	0.6	0.4
Community Services	81.8	96.5	**14.7**	13.4	1.3	2.9
Housing, Regeneration and Public Realm	22.5	26.7	**4.2**	4.8	(0.6)	(0.4)
Corporate Resources	33.1	35.4	**2.3**	2.5	(0.2)	0.1
Chief Executives	11.2	10.7	**(0.5)**	0.1	(0.6)	(0.1)
Directorate Totals	**207.6**	**233.3**	**25.7**	**25.2**	**0.5**	**2.9**
Covid-19 Government Grant Income - Applied	N/A	(25.2)	**(25.2)**	(25.2)	0.0	0.0
Corporate Items	35.5	35.5	**0.0**	0.0	0.0	0.0
Net Revenue Budget	**243.1**	**243.6**	**0.5**	**0.0**	**0.5**	**2.9**

4.2 The Business as Usual movement since the position reported to Mayor and Cabinet in February is detailed below by Directorate:

- Children and Young People: £0.2m adverse movement due to additional expenditure on Transport Services.
- Community Services: £1.6m favourable movement due to winter package costs being less than had being forecast.
- Housing, Regeneration and Public Realm: £0.2m favourable movement due to lower tonnage levels within Waste Services.
- Corporate Resources: £0.3m favourable movement due to staffing vacancies and minor underspends across the service.
- Chief Executives: £0.5m favourable movement due to staffing vacancies and prudent budget management.

4.3 As in previous years, any overspend in service budgets must be funded through the use of corporate provision budgets where there is capacity, or the use of reserves. For 2021/22 we were able to fund the BAU overspend from provisions without an unplanned drawing down of reserves.

5. COVID GRANT FUNDING AND UTILISATION

5.1 The Council had available £31.1m of Covid grant funding to utilise against relevant expenditure incurred or income foregone as a result of Covid. The £31.1m consisted of

£12.4m of grant funding carried forward from 2020/21 (as per the grant conditions) and £18.7m of further grant awarded in 2021/22.

Table 2 – Covid Grants Received to cover Service Expenditure

Funding Description	2020/21 Remaining Allocation	2021/22 Allocation	Total Across Both Years
Grants with Carry Forwards into 2022/23	**£m**	**£m**	**£m**
Covid-19 Local Authority Support Grant (Tranches 1 to 5)	7.8	10.0	17.8
Sales, Fees and Charges Income – (Tranche 4)	0.0	1.2	1.2
Contain Outbreak Management Fund	4.2	2.6	6.8
Sub Total Per Annum	**12.0**	**13.8**	**25.8**

Funding Description	2020/21 Remaining Allocation	2021/22 Allocation	Total Across Both Years
Ringfenced Funding - To be used in 2021/22 or paid back to awarding body	**£m**	**£m**	**£m**
Local Election	0.0	0.1	0.1
Sport England Leisure Relief Funding	0.1	0.1	0.2
Community Asymptomatic Testing	0.0	0.4	0.4
Community Champions	0.3	0.2	0.5
LA Practical Support Funding	0.0	0.6	0.6
Clinically Extremely Vulnerable Grant	0.0	0.6	0.6
Workforce recruitment and retention	0.0	2.9	2.9
Sub Total Per Annum	**0.4**	**4.9**	**5.3**
Totals	**12.4**	**18.7**	**31.1**

5.2 The outturn position shows the utilisation of £25.2m of Covid funding in 2021/22 to offset General Fund Covid expenditure or income forgone as per the table below. The £4m of Covid-19 Local Authority Support grant can be used in 2022/23 to offset the impact of legacy covid expenditure or income forgone whereas the Contain Outbreak Management Fund carry forward can only be used against specific qualifying expenditure. £0.4m of Community Champions funding, £0.5m of LA Practical Support funding and £0.2m of Clinically Extremely Vulnerable Grant will be repaid as the grants have strict conditions around eligible expenditure. Lewisham has unused elements of these grants which have to be repaid as the level of qualifying expenditure that has arisen is less than the total grant value and these grants cannot be used against general expenditure incurred as a result of Covid.

Table 3 – Covid Grant Utilisation

Funding Description	Total Across Both Years	Included within Outturn	Used by Non General Fund	Available to use
Grants with Carry Forwards into 2022/23	**£m**	**£m**	**£m**	**£m**
Covid-19 Local Authority Support Grant (Tranches 1 to 5)	17.8	13.8	0.0	(4.0)
Sales, Fees and Charges Income – (Tranche 4)	1.2	1.2	0.0	0.0
Contain Outbreak Management Fund	6.8	6.0	0.4	(0.4)
Sub Total Per Annum	**25.8**	**21.0**	**0.4**	**(4.4)**

Funding Description	Total Across Both Years	Included within Outturn	Used by Non General Fund	To be Repaid
Ringfenced Funding - To be used in 2021/22 or paid back to awarding body	**£m**	**£m**	**£m**	**£m**
Local Election	0.1	0.1	0.0	0.0
Sport England Leisure Relief Funding	0.2	0.2	0.0	0.0
Community Asymptomatic Testing	0.4	0.4	0.0	0.0
Community Champions	0.5	0.1	0.0	(0.4)
LA Practical Support Funding	0.6	0.1	0.0	(0.5)
Clinically Extremely Vulnerable Grant	0.6	0.4	0.0	(0.2)
Workforce recruitment and retention	2.9	2.9	0.0	0.0
Sub Total Per Annum	**5.3**	**4.2**	**0.0**	**(1.1)**
Totals	**31.1**	**25.2**	**0.4**	**(5.5)**

6. SAVINGS

6.1 The tables below shows a summary savings delivery position at the end of 2021/22. There are £5.5m of undelivered savings for 2020/21 (which have been largely mitigated by covid funding – for this financial year only) with a detailed breakdown provided in appendix A and £8m of undelivered savings for 2021/22 with a detailed breakdown provided in Appendix B. This non delivery is included within the reported outturn position above and these savings will need to be delivered in 2022/23.

Table 4 - Savings Delivered in 2021/22

2020/21 Savings	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Unachieved	Covered by Covid Grants
	£m	**£m**	**£m**	**£m**
Chief Executive Directorate	-	-	-	-

2020/21 Savings	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Unachieved	Covered by Covid Grants
	£m	£m	£m	£m
Children and Young People Directorate	1.4	0.0	1.4	1.4
Community Services Directorate	3.7	0.8	2.8	2.8
Corporate Resources Directorate	0.9	0.8	0.2	0.2
Housing, Regeneration and Public Realm Directorate	2.2	1.0	1.2	0.8
Total	**8.1**	**2.6**	**5.5**	**5.1**

2021/22 Savings	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Unachieved
	£m	£m	£m
Chief Executive Directorate	0.8	0.8	0.0
Children and Young People Directorate	2.6	2.5	0.1
Community Services Directorate	12.3	5.7	7.2
Corporate Resources Directorate	2.2	1.5	0.7
Housing, Regeneration and Public Realm Directorate	3.1	3.1	0.0
Cross Cutting	1.5	1.5	0.0
Total	**22.6**	**15.2**	**8.0**

7. CHILDREN AND YOUNG PEOPLE

7.1 The Children and Young People's directorate is showing a business as usual overspend of £0.6m after the application of £4.4m Covid grant funding and £3m of one off corporate funding. The table below shows the variances by Division:

Table 5 – Children and Young People Directorate Outturn

Children and Young People Directorate	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Children's Social Care	41.6	50.2	8.6	3.4	5.2	4.2
Corporate Funding Adjustment	0.0	(3.0)	(3.0)	0.0	(3.0)	(3.0)
No Recourse to Public Funds	2.6	1.2	(1.4)	0.0	(1.4)	(0.8)
Education Services	11.1	13.6	2.5	1.0	1.5	0.0
Families, Quality & Commissioning	6.2	4.5	(1.7)	0.0	(1.7)	0.0
Schools	(2.5)	(2.5)	0.0	0.0	0.0	0.0
Total	**59.0**	**64.0**	**5.0**	**4.4**	**0.6**	**0.4**

7.2 **Children's Social Care:** £1m adverse position from the position reported to Mayor and Cabinet in February. The number of Children Looked After (CLA) in March 2022 was 475, an increase from 459 in December, this increase in numbers reflects the increasing need and costs of supporting these Children. For context there were 479 CLA's in April 2021. Another key pressure is £1m of additional staffing over and above the budgeted level due to additional demands on the service, this has been funded as part of the MTFS process for 2022/23. There continues to be a pressure on the Section 17 payments element within Children's Social Care. The pressure on Children Looked After was partially mitigated by associated income from the Unaccompanied Asylum Seeking Children (UASC) grant funding which funds expenditure incurred supporting these children.

7.3 **Reserves:** Unchanged, £3m of one off planned corporate funding to mitigate the expected level of pressure in 2021/22, to provide the Directorate with time to deliver against the 2020/21 overspend reduction measures as part of the sufficiency strategy.

7.4 **No Recourse to Public Funds:** An overall underspend of £1.4m which partially offsets the pressure on Children's Social Care. It should be noted that the final outturn position showed a further underspend of £0.6m compared to the position reported to Mayor and Cabinet as part of the budget report in February, reflecting a continuation in the reduced demand for the service.

7.5 **Education Services:** The final outturn position shows a pressure of £1.5m against the budget. The transport service is forecast to overspend by £1.4m (after £1.75m was added to the budget in 2021/22), the increase in transport costs is linked to the ongoing pressure on the high needs budget, see Dedicated Schools Grant (DSG) section 13 of the report. The pressure has been further exacerbated by an increase in costs for fuel, driver shortages and other inflationary pressures. An internal Transport board is reviewing the use of both in house provision and taxi service. Elsewhere within the service there is a

£0.6m pressure on Education Psychology and Children with Complex Need largely mitigated by underspends across the rest of the service.

7.6 **Families, Quality and Commissioning:** The service has an underspend of £1.7m, during 2021/22. The service has been undergoing transformation which has led to the appointment of new staff and a number of posts being vacant for extended periods of the financial year. In light of the wider pressures on the directorate, management action has been taken to minimise expenditure to mitigate some of the pressures across Children's Social Care and Education. It should also be noted that there has been reduced spend in some areas such as youth justice due to delays in the justice system as a result of covid.

7.7 **Schools:** Unchanged from the position reported as part of the budget report in February in terms of any immediate impact on the General Fund.

8. COMMUNITIES

8.1 The Communities Directorate is showing a business as usual overspend of £1.3m after the application of £13.4m Covid grant funding. The table below shows the variances by Division:

Table 6 – Community Services Directorate Outturn

Community Services	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Adults' Social Care	61.3	74.2	**12.9**	8.4	4.5	3.5
Integrated Commissioning	7.7	6.1	**(1.6)**	0.0	(1.6)	0.0
Public Health	(0.8)	1.3	**2.1**	2.1	0.0	(0.3)
Communities, Partnerships and Leisure	10.0	11.5	**1.5**	2.6	(1.1)	(0.2)
Culture, Learning and Libraries	3.6	3.4	**(0.2)**	0.3	(0.5)	(0.1)
Total	**81.8**	**96.5**	**14.7**	**13.4**	**1.3**	**2.9**

8.2 **Adult Social Care and Integrated Commissioning:** There is a net favourable movement of £0.6m across these Services since the projected outturn was reported to Mayor and Cabinet in February (the services are best viewed together due to the links between the two). There were significant improvements on Adult Social Care due to £1m of winter placement demand not being realised and £0.7m of additional Workforce Recruitment and

Retention funding being available to fund existing costs within the forecast. This improvement along with other minor underspends has enabled Adult Social Care to fund the strategic service redesign work on the Empowering Lewisham programme, aimed at improving outcomes for residents in Lewisham. The cause of the remaining net £2.9m pressure is due to undelivered savings with care package budgets.

8.3 **Public Health:** The grant has been fully spent on Public Health expenditure.

8.4 **Communities, Partnerships and Leisure:** An improvement of £0.9m since the position reported to Mayor and Cabinet as part of the budget report in February. Following a review of eligible expenditure within the forecast the Council has been able to utilise £0.4m Clinically Extremely Vulnerable (CEV) grant, with £0.2m returned to awarding body due to the lack of qualifying eligible expenditure. The remainder of the improvement is due to the forecast requirement for £0.4m of contribution to the London Wide Mortality Management Scheme-Wave 2 not materialising due to the level of contributions made in the prior year being sufficient.

8.5 **Culture, Learning and Libraries:** An improvement of £0.4m since the position reported to Mayor and Cabinet due to £0.2m staffing vacancies across the Libraries service and previously forecast expenditure of £0.2m being eligible for funding from the COMF covid grant.

9. HOUSING, REGENERATION AND PUBLIC REALM

9.1 The Housing, Regeneration and Public Realm Directorate is showing a business as usual underspend of £0.6m after the application of £4.8m Covid grant funding. The table below shows the variances by Division:

Table 7 – Housing, Regeneration and Public Realm Directorate Outturn

Housing, Regeneration and Public Realm	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Strategic Housing	3.6	5.7	**2.1**	1.8	0.3	0.0
Public Realm	18.1	19.5	**1.4**	2.7	(1.3)	(0.6)
Regeneration	0.0	0.6	**0.6**	0.2	0.4	0.3
Planning	0.8	0.9	**0.1**	0.1	0.0	(0.1)
Total	**22.5**	**26.7**	**4.2**	**4.8**	**(0.6)**	**(0.4)**

9.2 **Strategic Housing:** £0.3m adverse movement from the position reported to Mayor and Cabinet in February due to the increased numbers of service users within Temporary Accommodation in the later part of 2021/22, a trend that is growing and expected to continue into 2022/23. The overspend (covered by covid funding) is due to the cost of temporary accommodation.

9.3 **Public Realm:** £0.7m favourable movement due to improvements in Street and Environmental Services. The tonnage levels were lower than forecast and a £0.1m rebate was received from Bywaters (Recycling contract). Covid grant funding is being used to mitigate income pressures across parking services, street markets, commercial and garden waste. The business as usual underspend is due to a net income contribution on moving traffic contraventions which is reinvested into the concessionary fares and restricted Highways and Transport budgets in line with the legislation.

9.4 **Regeneration:** £0.1m adverse movement due to a lower level of salary recharge to capital for active schemes than had previously been forecast, the remainder of the pressure is due to a change in the plans on the Copperas Street project.

9.5 **Planning:** £0.1m adverse movement due to income incorrectly categorised earlier in 2021/22 which has since been reallocated.

10. CORPORATE RESOURCES

10.1 The Corporate Resources Directorate is showing a business as underspend of £0.2m after the application of £2.5m Covid grant funding. The table below shows the variances by Division:

Table 8 – Corporate Resources Directorate Outturn 2021/22

Corporate Resources	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Assurance	2.7	2.6	**(0.1)**	0.0	(0.1)	(0.1)
Financial Services	5.5	5.3	**(0.2)**	0.0	(0.2)	(0.1)
Resident & Business Services	18.0	20.5	**2.5**	2.5	0.0	0.2
IT & Digital Services	7.6	7.7	**0.1**	0.0	0.1	0.1
Reserves	(0.7)	(0.7)	**0.0**	0.0	0.0	0.0
Total	**33.1**	**35.4**	**2.3**	**2.5**	**(0.2)**	**0.1**

10.2 **Assurance:** The position is unchanged from the reported position in the budget report in February.

10.3 **Financial Services:** An improvement of £0.1m since the position reported to Mayor and Cabinet in February due to various small movements across the service including a reduction in expenditure on recruitment than previously forecast.

10.4 **Residents and Business Services:** An £0.2m improvement on the business as usual position since the position reported to Mayor and Cabinet in February due to lower than expected in year expenditure on utilities. There has been also been a £0.5m improvement on income which has meant that £0.5m of Covid grant required is no longer required to

mitigate the anticipated shortfall. The pressures mitigated by Covid grant funding are arising from the closure of courts which restricted the Council's ability to take enforcement action and collect debts.

10.5 **IT and Digital Services:** The position is unchanged from the reported position in the budget report.

10.6 **Reserves:** Unchanged position with a planned drawdown relating to Insurance of £0.7m.

11. CHIEF EXECUTIVE'S

11.1 The Chief Executive's Directorate is showing a business as usual underspend of £0.6m after the application of £0.1m Covid grant funding. The table below shows the variances by Division:

Table 9 – Chief Executive's Directorate Outturn

Chief Executive's	Net budget	Outturn Full Year	Forecast Variance Over/ (Under)	Covid-19 related Variance	Business as Usual Outturn Over/ (Under)	Projected Outturn in Budget report Over/ (Under)
	£m	£m	£m	£m	£m	£m
Assistant Chief Executive	7.3	7.1	**(0.2)**	0.0	(0.2)	(0.2)
Law, Governance & Elections	3.9	3.6	**(0.3)**	0.1	(0.4)	0.1
Total	**11.2**	**10.7**	**(0.5)**	**0.1**	**(0.6)**	**(0.1)**

11.2 **Assistant Chief Executive:** No change to the position reported underspend to Mayor and Cabinet as part of the budget report in February. It should be noted that Transformation costs of £0.4m and £0.2m of Programme Management Office (PMO) costs have been met within the outturn position enabling this funding to be kept in reserve to be used in future years. The £0.6m business as usual improvement that has enabled this is due to £0.4m of staffing vacancies following a restructure and £0.2m of reduced expenditure across the service.

11.3 **Law, Governance and Elections:** An improvement of £0.5m since the position reported to Mayor and Cabinet in January due to staffing vacancies across the financial year as well as some minor unspent budgets across Legal Services.

12. HOUSING REVENUE ACCOUNT (HRA)

12.1 The table below shows the HRA Outturn Position. There are several key movements within the reported position which are detailed below:

Table 10 – HRA Outturn 2021/22

Housing Revenue Account	Net budget	Forecast Outturn	Variance Over / (Under)
	£m	£m	£m
Housing, Regeneration and Public Realm – Housing	15.2	14.8	**(0.4)**
Lewisham Homes & Repairs & Maintenance	38.3	48.1	**9.8**
Resources	1.8	1.9	**0.1**
Centrally Managed Budgets	(55.3)	(66.4)	**(11.1)**
Total	**0.0**	**(1.6)**	**(1.6)**

12.2 **Housing, Regeneration and Public Realm (Housing) –** The £0.4m underspend is due to additional hostel income of £0.2m, underspends on rehousing and lettings of £0.1m and other small underspends across the service of £0.1m. There is an underspend of £1.5m on the service however this will need to be carried forward as allocations for strategic housing and development initiatives have been committed.

12.3 **Lewisham Homes & Repairs & Maintenance Repairs & Maintenance –** The pressure is due to repairs and maintenance expenditure over and above the budget figures, this has arisen due to the volume of repairs requests on the service and repair/material costs being higher than anticipated.

12.4 **Resources** – The net impact on these budgets is a minor overspend of £0.1m.

12.5 **Centrally Managed Budgets -** There is a significant income target from the charging of major works at properties owned by leasehold tenants, currently work undertaken on a leaseholder's property is charged to them upon completion, as opposed to in advance based on estimates. At 31 March, there was a shortfall of £11.3m against the income target with no significant leasehold charges raised for 2021/22. It is anticipated that the totality of these works will be billed in 2022/23, Lewisham Homes are planning to move to billing in advance as oppose to in arrears on leaseholder works from April 2022.

12.6 The income shortfall of £11.3m is mitigated by the following underspends/income received to leave a surplus of £11.1m:

- £6.7m lower revenue contribution to capital than was budgeted, see paragraph 12.8 for further detail.
- A reduction in the forecast interest charges of £1.1m due to the reduction in capital expenditure reducing the need for any external borrowing as well as a lower cash return on investment (CRI) of 3.24% as oppose to the budgeted 4%.
- An additional income of £0.7m from tenant's rents and service charges due to void levels being lower than the budgeted rates.
- An underspend on the energy budget of £0.5m.
- Other underspends of £0.9m.
- Bad debt impairments charged to the HRA were close to budget following the additional contribution to provisions to cover the impact of the Thames Water refunds.

- Additional grant of £9.5m for the removal of Aluminium Composite Material (ACM) cladding (capital programme) has recently been negotiated and agreed with Department for Levelling Up, Housing and Communities (DHLUC (May 2022) following completion of the removal and replacement work at Hatfield & Gerrard house.
- A receipt of £3m from the decent homes programme.
- For both of the above items, the related expenditure has been incurred across the previous financial years (as well as 2021/22), as part of the HRA capital programme. The works were from revenue contributions to capital, receiving this funding enables a lower drawdown from HRA reserves in 2021/22, compared to the budget (see paragraph 12.8), effectively recompensing the HRA reserve for costs funded in prior years.

12.7 Lewisham Homes final capital expenditure was £48.9m against the general capital allocations re-profiled budget of £58.2m (was £78.8m). This is a forecast underspend of £9.3m against the re-profiled programme (or £29.9m against the original allocation). In addition, the development programme costs were £34.0m against a re-profiled allocation of £50.2m. These have combined to result in £6.7m reduction in the forecasted revenue capital contribution.

12.8 The HRA budgeted contribution from reserves is £46.7m. The forecasted contribution will now reduce by £3.2m (£1.6m underspend plus £1.6 carry forward for specific activities) to £43.5m. This will leave the HRA in a balanced position for financial year 2021/22.

13. DEDICATED SCHOOLS GRANT (DSG)

13.1 The table below shows the draft DSG Outturn for 2021/22 and the cumulative impact on the overall DSG position. The net deficit on the DSG is £9.1m however each of the sub blocks come with their own condition around expenditure with £1.3m set aside to fund specific challenges across the schools, central school services and early years blocks, leaving a reported deficit of £10.4m.

Table 11 – DSG Outturn

DSG 2021/22	Schools block £m	Central school services block £m	High needs block £m	Early years block £m	Total DSG allocation £m
Gross	222.8	4.3	62.1	23.4	312.5
In year Virements	(1.1)	0.0	1.1	0.0	0.0
DSG Budget	221.7	4.3	63.1	23.4	312.5
Expenditure	220.5	4.3	68.5	23.7	317.0
Virement for Term Time Only	1.2	0.0	0.0	0.0	1.2
Offset Against Prior Year Reserves	0.0	(0.1)	0.0	(1.0)	(1.1)
Total Spend	221.7	4.3	68.5	22.6	317.1
Variance	0.0	0.0	5.4	(0.8)	4.6

Table 12 – DSG Overall Position

DSG Overall	Schools block £m	Central school services block £m	High needs block £m	Early years block £m	Total DSG allocation £m
Total spend for 2021/22	221.7	4.3	68.5	22.6	317.1
DSG Variance 2021/22	0.0	0.0	5.4	(0.8)	4.6
Balance Brought Forward	(0.4)	(0.3)	5.0	(1.5)	2.9
DSG Variance 2021/22	0.0	0.0	5.4	(0.8)	4.6
Prior Year Funds Applied	0.0	0.1	0.0	1.0	1.1
Estimate of Clawback	0.0	0.0	0.0	0.5	0.5
Balance Carry Forward	(0.4)	(0.2)	10.4	(0.7)	9.1

13.2 The DSG is subdivided into four individual "blocks". Each block has specific application as defined by the Department for Education (DfE) as part of its grant conditions.

13.3 Schools Block (SB) – the schools block allowed for a transfer of £1.2m to support the Term Time Only process (as agreed by Schools forum), this has been fully spent. The balance carry forward of £0.4m has been held to provide targeted support for schools in deficit that have been adversely impacted meeting Term time only costs.

13.4 Central Schools Services Block (CSSB) - Funding allocations to Local Authorities have been reducing year on year for CSSB, through careful management actions in both 2020/21 and 2021/2022, the CSSB has a marginal surplus at the end of 2021/22 of £0.2m, which is being used to support transitional pressures for 2022/23. Children and Young Peoples are currently reviewing overall core services offer following the initial announcement of the white paper.

13.5 The high needs block overspend is £5.4m against a budget of £62.1m, this will be partially offset by a £1.1m funding transfer as agreed with Schools forum to support the pressure. This will result in a cumulative deficit of £10.4m including the deficit brought forward of £5m from 2020/21.

13.6 The Directorate is currently working towards a mitigation plan supported by Schools forum. The mitigation plan is currently in its third year of embedding which includes creating more in-house capacity both in special schools and resources basis. The position is not unique to Lewisham, we are currently commencing discussions with the Department for Education (DfE) to progress as part of the DfE safety value scheme. This is the second wave of the initiative and will include approx. 50 other LA's. The main challenges continue to be

- 0-5 year olds as more children are diagnosed with specialist need. This will require early intervention and support to prevent long term need for Education, Health and Care Plan (EHCP).
- Post 16 /Further Education, continuing increase in numbers staying on to full time /part time education up to 25.

- In borough provision, currently working with schools to create capacity to place more pupils in borough. This has included expansions to special schools and the creation of more targeted resource basis.

13.7 It should be noted that the first two bullet points reflect the underfunded nature of the high needs block since the extension of the statutory age from 5 to 18, to 0 to 25. The DfE is aware of the challenges and has provided additional funding over the last 3 years, whilst the funding is welcomed, the demand continues to outstrip the available funding. This is despite an overall reduction in pupil numbers of approx.1,500.

13.8 The Government is currently consulting on SEND changes which is expected to be followed by a SEND funding paper. The concern here is that the proposals to further support the needs of young people could again result in greater cost implications. It should be noted that there is an associated budget pressure on the General Fund for transport related costs.

13.9 Early Years Block – Unlike the other 3 blocks, funding for Early Years remains provisional until the validation of the pupil data for January, this is expected to be completed in June/July.

13.10 2020/21 – The DfE confirmed a favourable end of year position £1.5m, in agreement with schools forum, circa £1m was paid out to providers including schools to support challenges faced by covid. This was in line with the DfE expectation regarding the use of this funding.

13.11 2021/22 – The funding remains provisional until the validation process is concluded. Our initial assessment suggests overall increase in 2 year old numbers relative to DfE estimate of circa 6%. However, the 3 & 4 year old funding levels appear to have reduced by circa 3%. A potential clawback of £0.5m is anticipated. Should this be the case, then there would be an underspend of £0.3m, resulting in a cumulative position of £0.7m. Due to the nature of spend and finalisation of the funding it remains prudent to have a level of contingency to support any year on year variations.

14. CAPITAL

14.1 The revised General Fund Capital Expenditure budget approved at Mayor and Cabinet in February was £66.3m, £42.2m of expenditure has been incurred during 2021/22 which is 67% of the budget.

14.2 The HRA Capital Expenditure budget was £115.9m, £83m of expenditure has been incurred which is 70% of the budget.

14.3 The table below shows the expenditure versus budget on a scheme by scheme basis, unspent budget will be slipped into 2022/23 when it is expected the costs will be incurred.

Table 13 – Capital Outturn

2021/22 Capital Programme			Outturn	

	Revised Budget (M&C Feb 22)	Revised Budget Proposed March 2022		Spent to Date (Revised Budget)
GENERAL FUND	**£m**	**£m**	**£m**	**%**
CCTV Modernisation	1.1	1.1	0.7	61%
Leisure Schemes	3.6	3.6	2.0	57%
Schools - School Places Programme	7.2	7.2	7.5	104%
Schools – Other (Inc. Minor) Capital Works	4.6	4.6	4.7	103%
Schools – Unallocated	0.0	0.0	0.0	0%
Highways & Bridges – TfL	1.5	1.5	1.0	66%
Highways & Bridges – LBL	4.1	4.1	2.8	68%
Asset Management Programme	1.3	1.3	0.6	52%
Other AMP Schemes	1.7	1.7	1.1	65%
Unallocated AMP	0.0	0.0	0.0	0%
Broadway Theatre	2.0	2.0	0.6	28%
Catford Phase 1 – Thomas Lane Yard/ CCC	0.6	0.6	0.6	109%
Catford Station Improvements	0.1	0.1	0.1	95%
Travellers Site Relocation	0.1	0.1	0.0	42%
Lewisham Gateway (Phase 2)	3.5	3.5	0.6	17%
Beckenham Place Park (Inc. Eastern Part)	0.4	0.4	0.0	4%
Catford Town Centre	0.2	0.2	0.7	294%
Milford Towers Decant	0.3	0.3	0.3	83%
Deptford Southern Sites Regeneration	0.3	2.6	2.2	86%
Edward St. Development	12.0	12.0	4.4	37%
Lewisham Homes – Property Acquisition	3.0	3.0	3.0	100%
Achilles St Development	1.0	0.0	0.0	78%
Place Ladywell	0.8	0.8	0.5	69%
Temporary Accommodation - Mayow Rd	7.0	3.9	3.7	96%
Temporary Accommodation - Canonbie Rd	1.8	1.8	1.2	71%
Temporary Accommodation - Sydney Arms	1.0	0.0	0.0	100%
Temporary Accommodation - Morton House	0.6	0.6	0.0	6%
Temporary Accommodation - Manor Avenue	0.3	0.3	0.0	4%
Disabled Facilities Grant	1.3	1.3	1.7	126%
Private Sector Grants and Loans	0.6	0.4	0.6	141%
Other General Fund Housing Schemes	1.5	1.1	0.7	61%
Other Miscellaneous Schemes	3.1	3.2	0.8	25%
TOTAL GENERAL FUND	**66.3**	**63.1**	**42.2**	**67%**

2021/22 Capital Programme	Revised Budget (M&C Feb 22)	Revised Budget Proposed March 2022	Outturn	Spent to Date (Revised Budget)

HOUSING REVENUE ACCOUNT	**£m**	**£m**	**£m**	**%**
Building for Lewisham Programme (BfL)	50.2	50.6	33.5	66%
Decent Homes Programme	57.8	59.4	48.1	81%
Housing Management System	1.3	1.3	0.3	22%
Other Schemes	6.5	6.5	0.9	14%
TOTAL HOUSING REVENUE ACCOUNT	**115.9**	**117.7**	**82.8**	**70%**
TOTAL CAPITAL PROGRAMME	**182.1**	**180.8**	**125.0**	**69%**

15. COLLECTION FUND

15.1 **Council Tax** - The collection rate for 2021/22 was 92.4% against a target of 95% which is £4.2m below the targeted level. The billed level of income was £161.7m and the income collected was £12.3m below this level.

Table 14 – Council Tax Collected

Collection Fund	Cash Collected (cumulative)	Cash needed to meet 95% Profile	Difference between collected and 95% profile	Current Year Collection Rate%	Required Collection Rate to reach 95%	Difference %	Previous Year Collection Rate
Mar-22	149,414,401	153,611,857	(4,197,456)	92.40%	95.00%	-2.60%	92.82%

15.2 **Business Rates -** The collection rate for 2021/22 was 94% against a target of 99% which is £2.8m below the targeted level. The billed level of income was £55.4m and the income collected was £3.3m below this level.

Table 15 – Business Rates Collected

Collection Fund	Cash Collected (cumulative)	Cash needed to meet 95% Profile	Difference between collected and 95% profile	Current Year Collection Rate%	Required Collection Rate to reach 95%	Difference %	Previous Year Collection Rate
Mar-22	52,113,037	54,888,966	(2,775,929)	94.00%	99.00%	-5.00%	91.62%

16. DEBT

16.1. The Council works hard to collect the monies owed to it for services provided and, where individuals may be struggling to pay, engages early and often over extended periods to work with customers to assist them pay. Only as a last resort will the Council use enforcement and court action to collect monies owed to it.

16.2. However, as for all organisations, it is not always possible to recover all debts owed. For example, some businesses stop trading or individuals leave the Borough and cannot be traced. The Council therefore routinely sets aside funding in the accounts for uncollected debt, consistent with the policies and judgements set out and audited by the external auditors. At the 31 March 2021, the most recent audited accounts, the balance being held against uncollected General Fund debts was £93.1m.

16.3. In recent years, due to the focus on the new Finance system implementation, Finance Reorganisation as well as the impact of Covid, these balances have not been cleared down and the older debts written off. At 31 March 2022 the Council had debts owing of £126.1m, with the £93.1m provision available to cover those debts over one year old should they be deemed uncollectable or uneconomic to collect.

16.4. Following a detailed review of the Council's debt position undertaken in 2021/22 for the closing of accounts process, the following specific proposals for 2021/22 are set out below for action now. More generally, it is also the intention that this process is followed and refined each year as part of the regular monitoring reported to Members. This will ensure any older debts are critically assessed for the likelihood of recovery and action taken promptly to bring them forward for write off if that is deemed the most economically appropriate action.

16.5. It is now proposed to clear the accounts of the older debts, typically over six years old or four years in the case of Sundry debts and with some going back more than ten years, so that recovery work is concentrated on live accounts to ensure the most success in collecting monies owed to the Council.

16.6. In summary, the approach taken to derive these proposals for each category was:

- **Sundry Debt** – Debts are reviewed on a category by category basis, debts under £1k which are older than four years as well as specific debts identified as part of the year end review are proposed for write off.
- **Housing Benefit Overpayments** – Debts over six years old with no payment activity and no benefits claimed in recent years are proposed for write off.
- **Council Tax** - Those debts over six years and older are proposed for write off.
- **Business Rates** – Debts over six years old with no payments or activity on the account are proposed for write off.

16.7. This work will involve clearing the older fully provided for debts totalling £42m by writing them off against the monies already set aside for this purpose. The majority of individual debts will be cleared under delegation, in line with the Constitution which delegates authority to the Section 151 Officer to approve individual write offs of up to £50k. For those over £50k, totalling just under £1m, Mayor and Cabinet approval is sought for the write off of £1m of individual debts each over £50k.

16.8. The table below shows the levels of General Fund debt currently and where the proposed write offs by debt type will be made.

Table 16 – Council's Debt Position

General Fund Debt Summary	Amount Outstanding at 31 March 2022	Proposed Write Offs
	£	£
General Fund Sundry Debtor	21,922,842	2,141,936
Housing Benefit Overpayments	23,817,821	10,543,640
Council Tax	73,222,018	28,742,709
Business Rates	7,161,208	527,698
Total	**126,123,889**	**41,955,983**

16.9. Of the £42m proposed write offs the table below shows the write offs over £50k by category with a line by line breakdown shown in Appendix C.

Table 17 – Write Offs for debts over £50k

Write off by category of debt	Amount
	£
Sundry Debts	432,392
Housing Benefit Overpayments	428,072
Council Tax	0
Business Rates	118,084
Total	**978,548**

17. FINANCIAL IMPLICATIONS

17.1 This report concerns the projected financial outturn for 2021/22. Therefore, any financial implications are contained within the body of the report.

18. LEGAL IMPLICATIONS

18.1 The Council is under a duty to balance its budget and cannot knowingly budget for a deficit. It is imperative that there is diligent monitoring of the Council's spend and steps taken to bring it into balance.

18.2 The individual debts recommended for write off in section 16 of the report and detailed at Appendix C are presented in compliance with the delegations as set out in the Constitution:

Part 2 Articles, under Article 16, section 16.2 Key Decisions, paragraph c, point (xiv) which state;
- writing off any bad debt in excess of £50,000, unless the Council has within the last 3 years already written off debts for the person/organisation concerned totalling that amount in which case any further write off would be a key decision.

19. CRIME AND DISORDER, CLIMATE AND ENVIRONMENT IMPLICATIONS

19.1 There are no specific crime and disorder act or climate and environment implications directly arising from this report.

20. EQUALITIES IMPLICATIONS

20.1 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

20.2 There are no equalities implications directly arising from this report.

21. BACKGROUND PAPERS

Short Title of Report	Date	Location	Contact
Budget Report 2021/22	3rd March 2021 (Council)	1st Floor Laurence House	David Austin

22. REPORT AUTHOR AND CONTACT

David Austin, Director of Finance at david.austin@lewisham.gov.uk; or

Nick Penny, Head of Service Finance nick.penny@lewisham.gov.uk

APPENDIX A – 2020/21 Savings yet to be delivered

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap	Covered by Covid Grants
CHILDREN & YOUNG PEOPLE DIRECTORATE			**£'000**	**£'000**	**£'000**	**£'000**
CYP01	Lucie Heyes	More efficient use of residential placements	300	-	300	300
CYP03	Lucie Heyes	More systematic and proactive management of the market	600	-	600	600
CYP04	Lucie Heyes	Commission semi-independent accommodation for care leavers	250	-	250	250
CYP05	Lucie Heyes	Residential framework for young people. Joint SE London Commissioning Programme	200	-	200	200
Total for Children & Young People Directorate			**1,350**	**-**	**1,350**	**1,350**
COMMUNITY SERVICES DIRECTORATE			**£'000**	**£'000**	**£'000**	**£'000**
COM04	Joan Huton	Reduce costs for Learning Disability and Transitions	1,000	200	800	800
COM05	Joan Huton	Increased focus of personalisation	482	350	132	132
COM1 A	Joan Huton	Managing demand at the point of access to adult social care services	1,000	100	900	900
COM2 A	Joan Huton	Ensuring support plans optimise value for money	500	-	500	500

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap	Covered by Covid Grants
COM3 A	Joan Huton	Increase revenue from charging Adult Social Care clients	500	-	500	500
CUS06	James Lee	Bereavement Services increase income targets	67	67	-	-
RES17	James Lee	Beckenham Place Park - income generation	105	105	-	-
Total for Community Services Directorate			**3,654**	**822**	**2,832**	**2,832**
CORPORATE RESOURCES DIRECTORATE			**£'000**	**£'000**	**£'000**	**£'000**
CUS13	Mick Lear	Invest to save - improve sundry debt collection	480	480	-	-
RES01	David Austin	Benefits realisation of Oracle cloud	350	200	150	150
RES14	Brian Colyer	Corporate Estate Facilities Management Contract Insourcing	100	100	-	-
Total Corporate Resources Directorate			**930**	**780**	**150**	**150**
HOUSING, REGENERATION & PUBLIC REALM DIRECTORATE			**£'000**	**£'000**	**£'000**	**£'000**
CUS02	Zahur Khan	Income generation - increase of garden waste subscription	485	485	-	-

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap	Covered by Covid Grants
CUS04	Zahur Khan	Income generation - increase in commercial waste charges	300	-	300	300
CUS14 A	Zahur Khan	Parking service budget review	500	-	500	500
RES11	Emma Talbot	Increase in pre-application fees	100	100	-	-
RES12	Patrick Dubeck	Catford complex office rationalisation	250	250	-	
RES15	Patrick Dubeck	Commercial estate growth	500	100	400	
RES18	Zahur Khan	Electric vehicle charging points	50	50	-	-
Total for Housing, Regeneration & Public Realm Directorate			**2,185**	**985**	**1,200**	**800**
GRAND TOTAL			**8,119**	**2,587**	**5,532**	**5,132**

APPENDIX B – 2021/22 Savings yet to be delivered

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap
CHIEF EXECUTIVE DIRECTORATE			**£'000**	**£'000**	**£'000**
A-01	All	Staff productivity - arising from new ways of working better collaboration and a return on IT investment (£3m split council wide)	243	243	0
A-03	All	Corporate Transport arrangements (£100k split Council Wide) more use of electric bikes and less spend on public transport and cars	3	3	0
A-10	Jeremy Chambers	Election services	55	55	0
A-09	Salena Mulhere	Support Leadership	105	105	0
A-11	Jeremy Chambers	Legal, governance service and elections review.	340	340	0
A-01a Round 2	All	Staff productivity - arising from new ways of working, better collaboration and a return on IT investment (£1m split Council Wide)	81	81	0
Total for Chief Executive Directorate			**827**	**827**	**0**
CHILDREN & YOUNG PEOPLE DIRECTORATE			**£'000**	**£'000**	**£'000**
E-05	Angela Scattergood	Traded services with schools	50	50	0
F-12	Lucie Heyes	Housing - No Recourse to Public Funds	300	900	-600
A-12	Angela Scattergood	Rationalising Central Education Services functions	150	160	-10
A-13	Angela Scattergood	Children with complex needs (CWCN Revision)	195	133	62
A-14	Angela Scattergood	Replace Educational Psychologist locums through expanding the generic EP Team	200	214	-14
A-16	Lucie Heyes	Reduction of workforce development budget	50	50	0
B-13	Angela Scattergood	Early Years Funding Block	54	54	0
C-09	Sara Rahman	Youth Offending Service (YOS) redesign	152	152	0
C-30	Angela Scattergood	Rationalisation of Business support across Education services	70	70	0

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap
D-09	Angela Scattergood	Educational Assets	300	300	0
A-01 and A-01a	All	Staff productivity - arising from new ways of working (including learning from the Covid 19 pandemic), better collaboration and a return on IT investment	1053	390	663
A-03	All	Corporate Transport arrangements	56	56	0
E-03	All	Review discretionary sales, fees and charges and increase to the point of full cost recovery.	10	10	0
Total for Children & Young People Directorate			**2,640**	**2,539**	**101**
COMMUNITY SERVICES DIRECTORATE			**£'000**	**£'000**	**£'000**
B-04	Catherine Mbema	Smoking cessation service	221	221	0
B-05	Joan Hutton	Recharge OT and housing officer costs to the Disabled Facilities Grant	250	250	0
B-07	Liz Dart	Review of Council run events	42	42	0
B-10	James Lee	Reduction in local assemblies service	45	45	0
C-02	Joan Hutton	Adult Learning and Day Opportunities	50	50	0
E-04	Joan Hutton	Introduce charging for certain elements of self-funded care packages	82	0	82
F-01	Joan Hutton	Adult Social Care Demand management	3,000	1,200	1,800
F-06	Joan Hutton	Adults with learning difficulties and 14 - 25yrs transitions costs	760	0	760
F-09	Joan Hutton	In house services reductions - adults passenger transport	600	600	600
A-18	Liz Dart	Library and Information Service	300	300	0
B-11	Joan Hutton	Improved usage of BCF Funding across partners	1,000	1,000	0
B-12	Liz Dart	Adult Learning Lewisham - back office efficiences	96	96	0
C-12	Catherine Mbema	Weight management services	25	25	0
C-13	Catherine Mbema	Sexual and Reproductive Health Services in Primary Care	100	100	0
C-14	Catherine Mbema	Substance Misuse Cuts (Public Health Budget)	150	150	0
C-15	Catherine Mbema	Integrated Sexual and Reproductive Health Services	150	150	0
C-16	Dee Carlin	Reduction of Management overheads for the Social Inclusion and Recovery Services (Slam lewisham Community Services)	50	50	0
C-17	Dee Carlin	Re-configuration of MH Supported Housing pay - social interest group	100	0	100
C-24	Liz Dart	Culture Team Salaries & Borough of Culture	60	60	0
C-28	Dee Carlin	Supported Housing Services	169	169	0
C-29	James Lee	Crime, Enforcement & Regulation service restructure	50	50	0

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap
F-24	Joan Hutton	Adult Social Care cost reduction and service improvement programme	3,849	0	3,849
A-01 and A-01a	ALL	Staff productivity - arising from new ways of working (including learning from the Covid 19 pandemic), better collaboration and a return on IT investment	1,027	1,027	0
A-03	ALL	Corporate Transport arrangements	23	23	0
E-03	James Lee	Review discretionary sales, fees and charges and increase to the point of full cost recovery.	72	72	0
Total for Community Services Directorate			**12,271**	**5,680**	**7,191**
CORPORATE RESOURCES DIRECTORATE			**£'000**	**£'000**	**£'000**
A-04	Mick Lear	Process automation in Revs and Bens	60	40	20
A-05	Mick Lear	Revs and Bens - additional process automation	400	0	400
B-08	Mick Lear	Review the Power of Attorney service	160	160	0
B-09	Mick Lear	Reduction in the discretionary award of concessionary fares	300	300	0
D-03	Brian Colyer	Facilities management general cost reduction	50	50	0
D-04	Brian Colyer	Operational estate - security	100	100	0
D-06	Brian Colyer	Catford Campus - Estate Consolidation	438	179	259
A-01 Round 1	All	Staff productivity - arising from new ways of working, better collaboration and a return on IT investment (£3m split council wide)	522	522	0
A-03 and E-03 Round 1	All	Corporate Transport arrangements AND Review discretionary sales, fees and charges and increase to the point of full cost recovery (£250k split Council Wide)	7	7	0
A-01a	All	Staff productivity - arising from new ways of working, better collaboration and a return on IT investment (£1m split Council Wide)	174	174	0
Total Corporate Resources Directorate			**2,211**	**1,532**	**679**
HOUSING, REGENERATION & PUBLIC REALM DIRECTORATE			**£'000**	**£'000**	**£'000**
A-07	Fenella Beckman	Housing - Productivity gains	202	202	0
B-05	Fenella Beckman	Recharge OT and housing officer costs to the Disabled Facilities Grant	175	175	0
C-05	Fenella Beckman	Housing needs and procurement service review	50	50	0
C-06	Fenella Beckman	Housing needs and procurement service review	77	77	0

Ref	Director	Proposal	2021/22 Agreed Savings	2021/22 Achieved	2021/22 Gap
D-02	Patrick Dubeck	Business Rates Revaluation for the estate	40	40	0
D-06	Patrick Dubeck	Catford Campus - Estate Consolidation	236	236	0
D-07	Patrick Dubeck	Meanwhile use - Temporary Accommodation	25	25	0
E-02	Patrick Dubeck	Income from building control	15	15	0
E-07	Fenella Beckman	Housing – Increased rent for Private Sector Lease (PSL) and Private Managed Accommodation (PMA)	300	300	0
C-10	Fenella Beckman	Housing Services Review	300	300	0
E-11	Zahur Khan	Environmental Enforcement – Use of Civic Enforcement Officers	100	100	0
F-17	Zahur Khan	Road safety enforcement	250	250	0
F-20	Zahur Khan	Emission based charging for Short Stay parking	120	120	0
F-21	Zahur Khan	Road Safety Enforcement	250	250	0
A-01 & A-01a	Zahur Khan	Productivity (Additional)	969	969	0
Total for Housing, Regeneration & Public Realm Directorate			**3,109**	**3,109**	**0**
Cross-Cutting			**£'000**	**£'000**	**£'000**
B-07	All	Review of Council run events	28	28	0
E-01 / E-01a	All	Improved Debt collection	750	750	0
E-08 / E-08a	All	Contract Efficiencies – inflation management	750	750	0
Total for Cross-Cutting			**1,528**	**1,528**	**0**
GRAND TOTAL			**22,586**	**15,215**	**7,971**

APPENDIX C – Individual debts over £50k to be written off

Type	Amount £	Debtors Reason for write Off
Sundry Debt	76,030	These two invoices were issued in 2013 and 2014 to NHS England. They would have ordinarily been sent to the Trust however as Primary Care Trusts (PCTs) were disbanded in 2013 these invoices were issued to NHS England as they were managing a process to pay outstanding PCT invoices. The invoice originator and budget holder did not provide the supporting documentation requested by NHS England for these invoices to be paid.
Sundry Debt	25,084	
Sundry Debt	65,026	236 Evelyn Street – was leased for 20 years from 13/02/1997 at £8,300 pa. The same tenant also held a lease for 238 Evelyn Street. It traded as a Vietnamese restaurant although the basement was used, without consent, as a nightclub. The property was repossessed on the 06/09/2016 due to the breach of covenant (unlawful use) and significant rent arrears.
Sundry Debt	79,061	2-4 Riverpark Gardens – This property was leased comprising a shop with flat above. The tenant was unable to trade due to subsidence and the collapse of culverts and drains running under the concrete floor in the shop. Agreement for the remedy was not reached and the property was sold to Phoenix Housing on 27/03/2013.
Sundry Debt	126,368	Foxgrove Club - this was leased for 12 years from 02/07/1995 at a rent of £12k pa and thereafter the tenants remained in occupation under a Tenancy at Will, although rent arrears continued to rise. The Council began Legal action in the County Court. A Settlement Agreement was completed in 2014 under which the tenant's agreed to deliver up vacant possession in return for the rent arrears being written off. It was terminated 30/09/2015 and this is the associated write off.
Sundry Debt	60,823	Legal recommendation to write off
Housing Benefit Overpayments	84,843	These debts are now judged 'not economically viable' to persue. The debts are over six years old with no payment activity in the past six years in response to recovery actions taken and no benefits claimed in six years. Should the debtor seek to claim benefits in the future the system will highlight this and the team can chose to persue the debt again.
Housing Benefit Overpayments	61,994	
Housing Benefit Overpayments	61,380	
Housing Benefit Overpayments	58,830	
Housing Benefit Overpayments	55,938	
Housing Benefit Overpayments	52,996	
Housing Benefit Overpayments	52,091	

Type	Amount £	Debtors Reason for write Off
Business Rates	62,953	The company was registered in November 2015 and bills were issued to the registered office. No payments were received on the account. The statutory instalments were subsequently defaulted upon and recovery proceedings commenced. The Council obtained three Liability Orders and the account was passed to Newlyn and Equita for collection. The Liability Orders were returned as no goods or funds were received. The company entered into dissolution on 5 September 2017.
Business Rates	55,132	The company was registered in April 2010 and demands were issued to the registered office address. No payments were received on the account. The statutory instalments were subsequently defaulted upon and recovery proceedings commenced. The Council obtained Liability Orders and the account was passed to Ross and Roberts Ltd for collection. The Liability Orders were returned as no goods or funds were received. The case was subsequently referred to Wilkin Chapman for winding up proceedings however, a discrepancy with the account name was identified and as such, it was necessary to withdraw all previous recovery. The period of debt is now statute barred.
Total Write Off's for debts over £50k	**978,548**	

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership Strategic Board
Risk Register Cover Sheet

Item 7
Enclosure 7

Title:	**Lewisham Local Care Partners Strategic Board**
Meeting Date:	**28 July 2022**
Author:	Tatianna Wanyanga, Borough Business Support Lead
Executive Lead:	Ceri Jacob, Place Executive Director Lewisham

Purpose of paper:	The Board is asked to consider, note and agree the current set of ICS Lewisham risks.	Update / Information	**x**
		Discussion	
		Decision	

Summary of main points:	Enclosed is the ICS Lewisham risk register outlining the current set of declared risks within the Place.			
Potential Conflicts of Interest	**None.**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	**x**	**Southwark**	

	Equality Impact	N/A
	Financial Impact	N/A
Other Engagement	Public Engagement	Strategy Board documentation including the risk register are published on the organisation's website.
	Other Committee Discussion/ Engagement	1. Risks and the risk management approach is discussed at the Lewisham borough senior management meetings. 2. Risks are discussed and reviewed monthly in one to ones with risk owners/sponsors. 3. Risks are updated monthly by risk sponsors and owners. 4. Risks are discussed and reviewed at monthly SEL risk forum.
Recommendation:	The Board is asked to consider, note and agree the current set of ICS Lewisham risks.	

ICS LEWISHAM RISK SUMMARY JULY 2022	
Total number of risks	There are currently thirty documented risks in the Lewisham ICS register: - Finance x3 - Commissioning x2 - Primary Care x4 - Communications and Public Engagement x1 - Quality and Safeguarding x12 - Partnership and Systems Working x6 - Children and Young People x2
Top rated risks	Currently Lewisham has nine red RAG rated risks: - Commissioning x1 - Primary Care x4 - Quality and Safeguarding x1 - Partnership Working and System Transformation x2 - Children and Young People x1
Quality and Safeguarding	• Two new risks added relating to a lack of comprehensive administrative support and the cascading impacts. • Risk relating to lack of LeDeR Coordinator has been archived as appointment has been made. • Risk relating to lack of administrative support for the Lewisham ICS Safeguarding team has been archived and superseded by a new risk with wider scope (R11).
Finance	Two new risks were opened in June to reflect additional efficiency requirements being required at SEL and Place levels.
Commissioning	The two existing risks on the register focus on challenges associated with continuing healthcare and mental health.
Primary Care	Existing risks continue as they are along with the mitigating actions outlined in the register.
Communications	Current risk is focused on the legacy of COVID and it's impact on the ability to reach those most impacted by the pandemic.
Partnership Working and System Transformation	Risks updated to reflect progress made in establishing Place forums such as the Clinical and Care Professionals Network, although existing risks still highlight challenges in integrating systems, organisations and people within the newly formed ICS.
Children and Young People	Existing risks continue as they are along with the mitigating actions outlined in the register. Ambition is that upcoming digital tool will aid in reducing backlog of ASD/EHCP assessments.

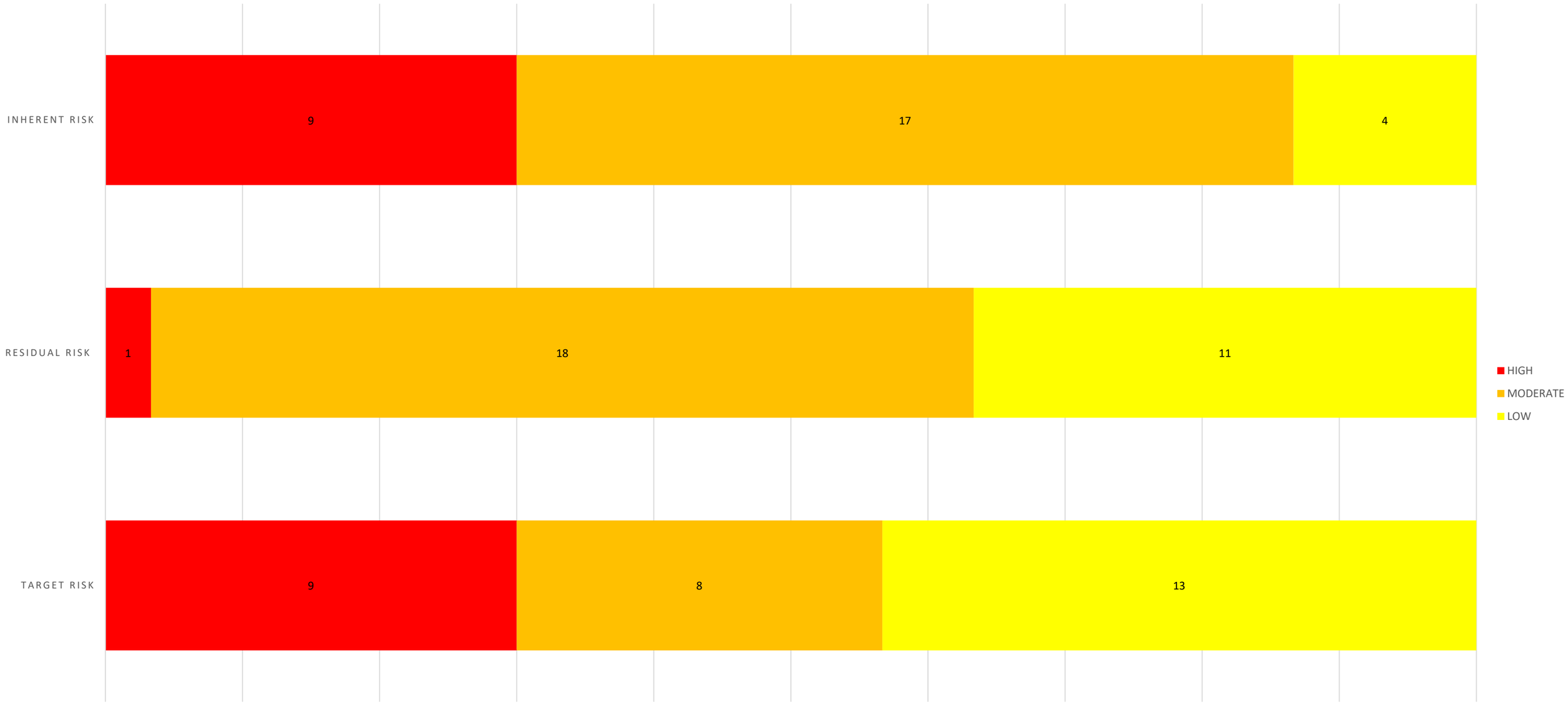
Ref	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance										
R1	Start budgets for 2022/23 have been agreed and approved by the Governing Body. These include an efficiency requirement of 2.5% required to meet the ICS resource allocation which equates to an efficiency of circa £2.2m for Lewisham Place. Whilst efficiencies have been identified to deliver the necessary reductions to recurrent expenditure run rates to meet this target, there is a risk the delegated Place budget will be exceeded unless these efficiencies can be effectively implemented through the duration of 2022/23.	3x2=6	3x2=6	2x2=4	Ceri Jacob	Michael Cunningham	• A careful and detailed budget setting process has been conducted to ensure efficiencies are deliverable and the delegated budget for 2022/23 has been signed off by budget holders as achievable. • Sound budgetary control will continue to be applied to ensure expenditure trends are monitored, and any deviations from budget are identified at an early stage.	• Monthly budget meetings. • Monthly financial closedown process. • Monthly financial reports for ICS and external reporting. • Review financial position at CHC Executive meeting. • Lewisham Senior Management Team Review.	The impacts of controls will be assessed in light of budgetary positions during 2022/23.	There are no currently identified control gaps.
R2	In addition to the 2.5% efficiency included within start budgets, the ICS has been required to agree to a further efficiency of £7m to help close the financial gap from breakeven that exists across the health system in South East London. Of this, £3m has been assigned to Places to achieve based on proportional budget shares, which for Lewisham equates to a further £469k. The Place is in the process of identifying how this further efficiency may be achieved but there is a risk that the budget will be exceeded if this further efficiency is not delivered during the year.	4x2=8	4x2=8	2x2=4	Ceri Jacob	Michael Cunningham	• All expenditure budgets are being reviewed to identify contractual commitments, and opportunities to delay or reduce discretionary expenditure, identify non recurrent savings opportunities, and to review service delivery to identify opportunities for recurrent efficiencies through service redesign. • Sound budgetary control will continue to be applied to ensure expenditure trends are monitored, and any potential efficiencies are identified at an early stage.	• Monthly budget meetings. • Monthly financial closedown process. • Monthly financial reports for ICS and external reporting. • Review financial position at CHC Executive meeting. • Lewisham Senior Management Team Review	The impacts of controls will be assessed in light of budgetary positions and in particular achievement of efficiency targets during 2022/23.	There are no currently identified control gaps.
R3	The Place's prescribing position saw volatility in price growth and activity growth during 2021/22 . For 2022/23 the Place prescribing budget is required to deliver an efficiency of £944k. Whilst the Place medicines management team has a risk assessed plan to achieve this efficiency, there is a risk the budget will be exceeded unless the plan is fully achieved.	3x2=6	3x2=6	2x2=4	Ceri Jacob	Michael Cunningham/Sarah Watene/Erfan Kola	• Sound budgetary control to ensure expenditure trends are monitored, and delivery of QIPP is measured. • The medicines management lead for the ICS and the local medicines management team are engaged in ensuring identified QIPP is delivered in 2022/23. • The ICS's Planning and Delivery Group receives regular updates on the prescribing position across the ICS. •The Medicines Optimisation Plan (MOP) is aligned to the efficiency opportunities identified and aims to incentivise the prescribing behaviour required to deliver identified efficiencies. •In addition to sound budgetary control on prescribing budgets in total, a separate template is being maintained to track delivery of identified efficiencies as well as a risk dashboard that RAG rates each opportunity and records mitigations where appropriate.	• Monthly budget meetings. • Monthly financial closedown process. • Monthly financial reports for ICS and external reporting. • Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23. • Review of prescribing position at Planning and Delivery Group. • Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible.	The impacts of controls will be assessed in light of budgetary positions during the second half of 2021/22.	The Place medicines management team did not start the year fully established but plans are in place to rectify this as soon as possible.
Commissioning										
R4	Inability to deliver revised Mental Health Long Term Plan trajectories as a result of limited access, increased demand, insufficient workforce or delivery sites, as well as digital solutions may not meet a proportion of local demand.	3x3=9	2x3=6	3x2=6	Kenny Gregory	Kenny Gregory	• Place and MH performance reporting; initial draft of system assurance dashboard presented to the MH Alliance Leadership Group in April 21. Further work to be undertaken to streamline the measures. • Latest draft of system dashboard presented to May Alliance Leaders Group. Stocktake took place in September and reviewed progress against outcomes and delivery standards. • MH investment agreed for 2021/22. •Implementation of transformation plan is underway.	Alliance data/performance review process to be established to provide local oversight and improvement actions. Performance reporting to Strategy Board.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	• Mitigation plans formulated for Red rated measures i.e.: IAPT and Physical Health Checks for SMI. • Performance and Outcomes forum to be established to review system dashboard and other key system assurance processes.
R5	Emerging financial risk in 2022/23 of high cost packages through transition.	4x4=16	4x3=12	4x3=12	Kenny Gregory	Heather Hughes	Closer CHC and Mental Health Planning required as part of the transition process. Staff resource also required to undertake faster assessments.	Risk to be reviewed at Funding and Governance Panel.	Mitigate financial risk to ICS. Strengthened partnership working with Local Authority (Lewisham Council).	Number of applications for CHC and user details.
Primary Care										
R6	There is a risk that patients may have difficulties accessing GP services in hours because of high demand and finite capacity. This will cause impacts across the wider system i.e. secondary care, 111 and may lead to adverse patient outcomes.	4x4=16	3x4=12	3x4=12	Ashley O'Shaughnessy	China Ough	•Local GP Extended Access (GPEA) service commissioned (from GP Federation) 7 days a week, 8am-8pm to provide additional capacity. Work ongoing on extended access plan ahead of new GP contract arrangements 2022/23. •The PCN Extended Hours DES is in place and operational to provide additional capacity outside of mon-fri, 8am-6.30pm. •The PCN Additional Roles Scheme (ARRS) is operational to support skill mix and additional workforce capacity. •All Practices have digital access options in place i.e. ASK NHS App / eConsult to support patient access. •GP Home visiting service pilot extended for further six months with view to procure (22/23). •Implementation of the Community Pharmacy Consultation Service to direct patients to alternative services where appropriate. •Use of practice resilience funding to support individual practices where needed (especially in regard to telephony systems). •The 2022/23 QOF Quality Improvement module, for practices and PCNs, will focus on optimising patients' access to general practice.	•Access situation and plans regularly monitored at local monthly Primary care operational group (PCOG) and SEL Primary care executive/SEL PCCC as appropriate. •PCOG chairs report submitted to Place Based Board. •Monthly contract meetings with the GP Federation to review GPEA service. •Regular activity reports received from Ask NHS App and eConsult. •Direct engagement with CQC where they identify any access issues with specific practices •Annual GP Patient Survey. •Regular meetings with Healthwatch to discuss any specific access issues. •Ongoing dialogue with local LMC.	• Usage of digital access options continues to increase. • Several practices supported through resilience funding to improve/replace telephony systems.	• Review and relaunch of updated "use the right service" public communications campaign, especially in light of current COVID environment. • Clear plan needed to manage the transition of the commissioning of GPEA services through PCNs by Oct 2022. • Consideration needed around the support available to address issues with practice phone systems. • Clear strategy in place to maximise impact of ARRS workforce.
R7	There is a risk of unwarranted variation in the quality of GP services and patient experience. This will cause impacts across the wider system i.e. secondary care, 111 and may lead to adverse patient outcomes.	4x4=16	3x4=12	2x4=8	Ashley O'Shaughnessy	China Ough	•Provision of support to individual practices through the primary care and medicines optimisation teams as needed. •A proactive approach to support practice improvements in quality, safety and patient experience including through contractual mechanisms i.e. linking the GP Patient Survey results to the PMS Premium, quality improvement domain of QoF, PCN DES/IIF. •Use of practice resilience funding to support individual practices where needed. •Ongoing dialogue with PCN Clinical Directors and GP Federation in regard to their role in reducing unwarranted variation. •Senior leadership and support in place for practice nurses through nurse consultant/advisor roles. •Support form the SEL infection control specialist nurse for Lewisham. •Support from the SEL Quality Team and new Clinical Effectiveness Team.	•Quality regularly reviewed at local monthly Primary care operational group (PCOG) and SEL Primary care executive/SEL PCCC as appropriate. •PCOG chairs report submitted to Place Based Board. •Direct engagement with CQC where they identify any quality issues with specific practices - general liaison meetings also in place. •Annual GP Patient Survey. •Regular meetings with Healthwatch to discuss any specific issues. •Regular attendance at local PCN forum. •Ongoing dialogue with local LMC.	•Several practices supported through resilience funding. •New SEL infection control specialist nurse for Lewisham now in post and local linkages being made i.e. PN nurse forum, Practice managers forum. •Generally 'good ' CQC ratings across all practices - active work in progress to support where practices are rated 'requires improvement/inadequate'.	• Development and use of a consistent SEL Primary Care quality dashboard. • Agreement on roles and responsibilities across the local Place team, SEL primary care contracting team and SEL quality team, as well as support on specific clinical areas through clinical effectiveness team.
R8	There is a risk that the new primary care workforce supported through the PCN DES ARRS funding is not optimised because a locally agreed strategy across all partners is not in place and appropriate local resource to support the programme needs to be confirmed. This will cause an impact on delivery of the PCN DES specifications and potential duplication and missed opportunity across the local system.	4x4=16	4x3=12	2x4=8	Ceri Jacob	Ashley O'Shaughnessy	•PCNs have developed and submitted their indicative workforce plans for 21/22. •GP Federation supporting PCNs with recruitment and employment of ARRS workforce. SEL agreed position for new MH ARRS roles linked to community transformation offer with 50:50 funding between PCNs and SLAM (funded from national investment monies).	•High level discussions had at PCOG. •Ongoing discussions at SEL Primary care executive and SEL Primary care leadership group. •Regular attendance at local PCN forum.	Multiple ARRS roles already recruited.	• Appropriate local resources identified and confirmed to lead and support the programme. • Clear strategy (agreed by all local partners) in place to maximise impact of ARRS workforce and avoid unwarranted duplication - to be led via Lewisham Health and Care Partners. • Clarification needed on SEL/ICS position and involvement in ARRS strategy.
R9	There is a risk that the local GP Federation may become unsustainable because they are currently only commissioned for short term rolling contracts and increasing funding is now going directly through PCNs. This will cause an impact on both current and any required future 'Place wide primary care at scale' delivery.	4x4=16	4x4=16	3x4=12	Ceri Jacob	Ashley O'Shaughnessy	• Ongoing dialogue with GP Federation and Place primary care team regarding opportunities and risks in short, medium and long term. • GP Federation part of Lewisham Health and Care Partners. • GP Federation part of Lewisham PCN Forum . • GP Federation part of SEL primary care leadership group.	• Monthly contract meetings in place with GP Federation. • Issue raised at SEL Primary care executive.	GPEA, enhanced support for care homes, HIU and GP home visiting contracts extended into 22/23.	Discussion and clarification of the role GP federations are able and likely to play in future SEL ICS model.
Communications and Public Engagement										
R10	There is a risk of not reaching the most vulnerable and impacted groups due to the Covid-19 pandemic leading to a decline in public trust and possible adverse impacts on future patient care and health of Place residents.	3x3=9	2x3=6	2x3=6	Helen Eldridge	Steve James	Lewisham has a Public Reference Group (PRG) which meets every six weeks. Engagement activity is overseen by the PEF. In addition there is a SEL wide communications and engagement team. A Lewisham Health and Care Partners communications group has now been set up aiming to strengthen liaison with partners around communications.	Engagement activity is overseen by the PEF which will will feed into the SEL assurance process.	PRG and PEF review plans and activity to meet requirements.	Considering building on joint engagement resources and activity with Lewisham Council going forward and learning from pandemic and vaccination work.
Quality and Safeguarding										
R11	No administration replacement for 0.5 WTE substantive support for the Safeguarding team (Adults and Children). This presents a risk in the MARAC pathway, Primary Care and other streams of work resulting in delay of dissemination of outputs in terms of minutes, actions and meeting arrangements. Lack of capacity and delay may impact adults at risk in Lewisham and multiagency/partner working.	3x4=12	3x4=12	1x1=1	Ceri Jacob	Fiona Mitchell	Risk escalated to Place Executive Director (C.J) and meeting to be held 14.7.22 to discuss interim solutions.	None.	Appointment of hours for administrative function to increase capacity and timely outputs of meetings.	F.M and team do not have capacity to support the function safely to reduce risk.
R12	No administration support for Local Area Coordinator for Lewisham LeDeR programme. This will result in a gap in the provision of support for this area of work in terms of organisation of meetings, recording of factual information and cascading of minutes and actions. This will result in a gap in the support provided for this area of work, learning, critical analysis and engagement with partners to improve practice.	2x3=6	2x3=6	1x4=4	Ceri Jacob	Fiona Mitchell	•Consultant Nurse Designate for Safeguarding Adults (F.M) and Joint Commissioner Lead (H.H) offering some support of this role in the development of new plans and processes in 2022 by NHSE in conjunction with SEL ICS. •Strategic plans in progress by SEL ICS. •T.B is LAC Lewisham joint commissioning. •F.M will develop a business case to support administration requirements and send to Lewisham Place Executive Director.	Existing team will attempt to support administrative function and the new LAC, however no additional capacity has been provided for this function.	Appointment of hours for administrative function to increase capacity and timely outputs of meetings.	Cascading of minutes and actions may be delayed due to lack of admin support.
R13	Risk that SEL ICS Lewisham Place does not deliver on the statutory duty to safeguard adults at risk providing clinical expertise in the management of tissue viability in all nursing homes across Lewisham including registered nursing, Learning Disability and Mental Health. The input of specialism is required at the Lewisham Community Pressure Ulcer Panel as expert knowledge and the failure of this expertise compromises the terms of the panel and S42 Enquiry for adults at risk who are vulnerable and delegated health enquiry.	3x2=6	3x2=6	1x4=4	Ceri Jacob	Fiona Mitchell	•The Safeguarding Nurse Advisor offers some support for older peoples nursing and residential homes in Lewisham and supports and Chairs the Community Pressure Ulcer Panel. •This function does not support all homes including Learning Disability and Mental Health. •Recruitment ongoing, some successful appointments made. Band 7 in place, Band 6 (x2) recruitment ongoing and LGT remodelling of service ongoing.	The Community Pressure Ulcer Panel has continued to meet virtually throughout Covid19 however some of the functions have been compromised due to factors outlined, staff absence and capacity.	Periodic reports to LSAB, Lewisham Place Strategy Board and SEL ICS.	Plans to support the business case for TVN Nurse for Lewisham, LGT internal business case agreed and investment secured, out to recruitment. Subject to this expect increased capacity in place by October 2021.
R14	It has been observed that the number of referrals from Primary Care into the Safeguarding Adult MASH and Athena (commissioned branch of Refuge) and MARAC, Concern Hub are low in comparison to other providers. The risk is that Primary Care do not have sufficient awareness of the referral pathways.	3x3=9	1x3=3	1x3=3	Ceri Jacob	Fiona Mitchell/ Alice Wu	• A jointly commissioned poster has been developed for Primary Care on coercion and control. • Lanyards in development for Primary Care for prompts and routine inquiry and domestic abuse. • A poster has been developed for display in general practices, highlighting the contact details for the Concern Hub. • The referral forms for the Concern Hub and Adult Social Care are now available DXS. • Bimonthly training for GPs on youth violence hotspots, indicators and referral pathways from the violence reduction team. • GPs have had training on the new referral pathway into Adult Social Services. GPs are offered bimonthly teaching to increase awareness of Adult Safeguarding concerns and three supervision sessions have been planned where GPs can discuss Adult Safeguarding cases. • An audit of Adult Safeguarding and domestic violence polices is due to take place this year. • Domestic abuse policy developed for Primary Care pending ratification by SEL ICS. • A seminar is being planned for GPs for the three areas identified as hot spots for child and young adult exploitation (Rushey Green, New Cross and Lewisham Central). • A new locally enhanced service for GPs will provide a £300 training budget for each adult safeguarding GP and require submission of an annual safeguarding assurance report from each practice. • Jointly commissioned IGVA agreed, SEL ICS Lewisham 12 month contract 28hrs per week, pending interviews end of June. Role to support Primary Care in domestic abuse referral and victims of domestic abuse into ATHENA. • Quarterly commission training on domestic abuse indicators referral pathways by charity Standing Together for clinicians in Primary Care.	Outlined in ongoing controls.	Increased awareness of referral pathways and recognition of safeguarding concerns.	Time pressure on GPs means that they may not be able to attend training. High turnover of GP practice staff means that expertise in Adult Safeguarding may not be maintained.
R15	No falls provision in the community to support care homes in Lewisham. Previous funded provision demonstrated the positive impact of training and specialist support in falls management and the reduction of falls in care homes 2019. Falls resulting in harm will often require safeguarding enquiry and on occasions admission to hospital resulting in harm to the patient and reputational risk.	3x3=9	3x2=6	3x2=6	Ceri Jacob	Fiona Mitchell	Minimal controls. Report on falls project input 2019 demonstrates positive impact of falls management with falls team in place. The lack of service provision posses a risk to vulnerable adults, escalated to Lewisham PlaceBased Director.	Documentation audit conducted by safeguarding nurse advisor Lewisham includes review of care home falls risk assements and subsequent care plans.	There is gap in service and matter has been escalated. Conversations ongoing about further funding. Possible monies is available within winter funding.	Gap in service provision. Escalated to Lewisham Place Executive Director.
R16	Safeguarding training needs review from a general SEL perspective and mapping across the workforce according to the 2018 Adult Safeguarding Roles and Competencies for Health Care Staff.	4x2=8	3x2=6	3x2=6	Ceri Jacob	Fiona Mitchell	Managers have access to workforce and can trigger staff to comply with training, however mapping and the quality of resources need review. Reports can be generated from workforce. LES being developed (Primary Care) across SEL.	Managers have access to workforce and can trigger staff to comply with training, however mapping and the quality of resources need review. Reports can be generated from workforce. Escalated to SB interim Director of Quality.	Service level agreement in progress for GP training in primary care assurance model.	Primary care non compliant with model.
R17	There is a risk that ICS does not deliver on statutory requirements for Children looked After as it is not aware of where CLA are placed. This is a ICS and partnership reputational risk. This risk relates to where CLA are placed.	4x3=12	3x3=9	2x2=4	Ceri Jacob	Christiane Nitsch	• Designated Professionals for CLA in post and working with LA to establish pathway. • Team have developed SOP for process. • Designated Professionals are part of the Partnership CLA Working Group for service improvement. • Annual report 2020-21 highlights issues and forms part of 2022 work plan. • Interim Director for Quality working with SEL Designated Professionals to review service specification and requirements in 6 weekly meetings. Dashboard being developed. Enduring consent is in place. Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs). • Further escalation undertaken and chased progress with Director of Childrens Social Care (April 2022). • Meeting held, agreement that LA would review their template, automatic process tool to be added on alerting ICS regarding CLA and form to instigate alert to ICS Health about CLA being place out of Borough. Regular meetings agreed (May 2022).	Statutory guidance in place.	This is a gap in service and has been escalated.	Gap in service provision. Escalated to Lewisham Place Executive Director.
R18	There is a risk that ICS does not deliver on statutory requirements for commissioning and delivery of Children looked after statutory health assessments within 20 working days. This is a ICS reputational risk. This risk relates to consent from LA Childrens Social Care.	4x3=12	3x3=9	3x1 =3	Ceri Jacob	Christiane Nitsch	• Designated Professionals for CLA in post and working with Commissioners and LA to help LA to adhere to the established pathway and statutory requirement. • KPIs and data set in place. • Monthly oversight. • Team have developed SOP for process. • Designated Professionals are part of the Partnership CLA Working Group for service improvement. • Annual report 2020-21 highlights issues. • Interim Director for Quality working with SEL Designated Professionals to review service specification and requirements in 6 weekly meetings. Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs). • Further escalation undertaken and chased progress with Director of Childrens Social Care (April 2022). • Meeting held with LA Head of Service, outcome was regular meeting to be held with relevant managers (May 2022).	Statutory guidance in place.	This is a gap in service and has been escalated.	Gap in service provision. Escalated to Lewisham Place Executive Director.

R19	There is a financial risk to Lewisham ICS related to costs of applications to the Court of protection. Risk is being driven by need to safeguard vulnerable adults and children in relation to vaccination COVID and other health best interests meeting recommendations and opposition from important others and family. Financial liability and burden of court application in relation to this matter not clear.	4x3=12	4x3=12	1x1=1	Ceri Jacob	Fiona Mitchell	Risk escalated to PlaceBased Director, Director of Quality and MCA Lead SEL ICS.	Meeting being held with Lewisham Place Executive Director week 14/2/22.	Decision on liability ownership on court costs required.	Number of applications and related court costs.
R20	The interim Medical Adviser will vacate this role from 31st May. There is currently no-one identified to handover/cover until the permanent post holder returns from leave in July / August. This results in the following risks: a) ADM / children coming up for agency decision and review will be duly delayed b) Children continue to languish in the care system c) Children may miss out on adoptive parents d) fall outside of the statutory court timescales e) reputational damage for both ICS and CSC	4X4 = 16	3x3=9	2x2=4	Ceri Jacob	Margaret Mansfield	•Adult Health Reports continue to be signed off by an interim Medical Adviser (Qualified GP). •Cases known now are covered. •Trust will seek cover for this role. •ICS will seek interim cover from other boroughs. •There is an ongoing meeting with the commissioners, LGT and Designated Nurse to assess risks / mitigations.	There are two cases due an ADM decision in September and the permanent AMA will have returned from leave and will prioritise these cases.	Identified gap in the service and this has been escalated	Gap in service provision. Escalated to Lewisham Place Executive Director and Director of Quality. There is a national shortage of AMAs or clinicians with the specialist skills necessary to complete this work.
R21	There is no Named Doctor for Children Looked After in Lewisham. Consequently, the Designated Doctor shares the role with the permanent Medical Adviser without a specific allocated time. This presents a potential conflict of interest (and contravenes statutory guidance) and impacts on the Designated Doctor and Medical Adviser's time in their core role.	3x4=12	2x3=6	1x2=2	Ceri Jacob	Margaret Mansfield	The role is currently being covered by the Designated Doctor alone but is supported by the Named Nurse CLA.	As outlined in controls.	Identified gap in the service and this has been escalated	Gap in service provision.
R22	Lewisham and Greenwich Trust do not have a Safeguarding Adult Designate in post. April 2022 have failed to appoint to substantive and/or interim placement.	3x4=12	3x4=12	1x1=1	Ceri Jacob	Fiona Mitchell	Risk escalated to Place Executive Director and Director of Quality (SEL ICS). Jo Peck (Deputy Chief Nurse LGT) currently covering post (April 2022)	Quarterly joint Safeguarding provider meeting.	Compliance with statutory function.	Safeguarding capacity.
	Partnership Working and System Transformation									
R23	The ongoing impact and legacy of the initial phase of COVID has a negative impact on health and care services provided within the community which results in an escalation of need and acuity and increases both waiting lists and ongoing costs.	4x3=12	3x3=9	3x3=9	Ceri Jacob	Sarah Wainer	The Care at Home Alliance monitors progress and performance against agreed delivery plans. Delivery groups identified for agreed priority areas including D2A, UCR, Frailty and social prescribing, provide regular updates to the Care at Home Alliance.	Care at Home Delivery Group reports to Lewisham Health and Care Partners and escalates issues and specific risks.	LHCP has adopted partnership principles and a system wide approach. This ensures each partner and organisation is effectively supported by others within the system and able to deliver services effectively.	Operational budgets and decision making remains with each sovereign organisation and there is no statutory obligation to integrated delivery.
R24	Existing funding regimes and contracting arrangements hinder the ability for Health and Care Partners to move quickly enough to transform service delivery according to identified need.	4x3=12	4x3=12	3x3=9	Ceri Jacob	Sarah Wainer	Lewisham Health and Care Partners encourage use of all financial flexibilities and new funding streams to transform and improve services. LHCP is committed to sharing funding where permitted and to taking timely decisions.	LHCP board set strategic direction for system transformation and integration to support recovery priorities and have committed to working in integrated way.	Regular escalation of barriers preventing progress reported to LHCP. Also see above.	Operational budgets and decision making remains with each sovereign organisation and there is no statutory obligation to integrated delivery.
R25	Increased activity and acuity over the winter period (COVID, flu and staff absence) adversely impacts on all parts of the system.	3x3=9	3x2=6	3x2=6	Ceri Jacob	Amanda Lloyd	•Oversight by Place Executive Group. •Additional oversight through SEL AEDB. •Anticipated additional winter funding streams. Impact of COVID declined and incidence of flu has not been as acute.	Winter Plan prepared and signed off.	Winter Plan to be prepared and signed off.	•Market capacity. •External staff resource. •Limited funding to meet all winter demands.
R26	Local Care Partnership objectives and delivery plans are not agreed or aligned across local systems and partners. Impact: This will result in delays in implementing integrated models of care, lead to duplication of work and inefficient use of resources.	4x4=16	4x3=12	2x3=6	Ceri Jacob	Sarah Wainer	•Health and Care Partners have agreed approach to be followed to determine system priorities. •Overarching governance arrangements have been agreed. •Partnership groups to be reviewed to ensure co-ordination of activities. •System priorities currently being developed and will be set out in future LCP plan.	•Regular reporting to Lewisham Health Care Partners, BBB board and SEL. •Tracking of progress against priorities by key Partnership Groups.	System understanding of priorities and activity aligned accordingly.	•Unforeseen pressure within local system. •Operational budgets and decision making remains with each sovereign organisation.
R27	Lewisham Health & Care Partners are unable to fill all agreed roles and portfolios for clinical and care professionals, and the supporting CCP network and governance arrangements, for the LCP from 1st July 2022. Impact: this will result in limited clinical input and engagement to transformation programmes leading to ineffective change and improvement.	3x3=9	3x3=9	1x3=3	Ceri Jacob	Charles Malcolm-Smith	Overall resource allocation agreed by SEL. Recruitment plans agreed by SEL.	Progress reporting on plans to SEL. Regular reporting to Lewisham Health Care Partners, BBB board and SEL.	Clarity of funding and high level areas of responsibility agreed.	Lack of capacity within clinical workforce to undertake additional roles.
R28	The voluntary and community sector (VCS) does not have the capacity to support the development and delivery of preventative approaches, support independent living or increase community resilience.	4x4=16	4x3=12	3x3=9	Ceri Jacob	Sarah Wainer	System Transformation team continues to work closely with the local authority to ensure a system wide approach and share new funding opportunities to support new approaches and activities within the VCS. New ICS structures include VCS representation. Better Care Funding provides a significant contrbution to the council VCS Main Grant Programme and this has assisited in helping to mainatain local services.	Role and funding of VCS in health and care delivery to be part of place based partnership discussions. Representation of the VCS in new placed based arrrangements. New Monitoring and Evaluation Framework for the VCS for Grant Funded schemes has been introduced and will track outcomes and impact. Demand and capcity tracker which reports to partnership as been established.	Better co-ordination of expectations on VCS across system and understanding of impact of any service changes. Use of VCS in delivering new services to provide recurrent funding and maintain their income streams.	Resourcing of the VCS (grant income) lies primarily with the local authority except where it is part of a specific contract. Decisions on recurrent funding streams lies with the Council and can only be influenced by partners.
	Children and Young People									
R29	Failure to deliver on statutory timescales for completion of EHCP health assessments. This is being driven by challenges in recruitment of community paediatricians and therapists. There is a safeguarding and reputational risk (OFSTED).	4x4=16	3x3=9	2x3=6	Caroline Heist	Paul Creech	There is a recovery plan in place. GPs are being rotated from Primary Care into community paediatrics. Paediatric Nurse in place to support medical work (non-doc work). Trust are using American recruitment agent to recruit internationally. Recovery meetings held with head of SEND. Therapists also working weekends. DCO for SEND has been appointed and will start as 0.2 fte (July) and then increase to 0.8 in Sept. DCO role will look at joint working arrangments between health and SEND, which may identify efficiencies and streamline the process. Digitisation of system may streamline EHCP process by reducing timescales. Recovery meetings held with head of SEND.	Monitoring ongoing to gauge impacts of controls.	Increase in EHCPs health assessments being completed on time.	Families not attending appointments. Appointments changed. Delayed paperwork (service user end).
R30	Failure to deliver on statutory timescales for completion of ASD health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. There is a safeguarding risk and reputational risk (OFSTED).	4x3=12	3x3=9	2x3=6	Caroline Heist	Paul Creech	There is a recovery plan in place. GPs are being rotated from Primary Care into community paediatrics. Paediatric Nurse in place to support medical work (non-doc work).	Monitoring ongoing to gauge impacts of controls.	Reduction in waiting times for assessments.	Availability of partners to undertake joint ASD assessments.

LEWISHAM ICS VISUAL RISK SUMMARY JULY 2022							
			I.H	R.R	T.R	RISK TOLERANCE	% OF TEAM RISKS IN BOROUGH REGISTER
FINANCE	R1	Risk that the delegated borough budget will be exceeded unless £2.2mil efficiencies can be effectively implemented through the duration of 2022/23.	→	→	→	MODERATE	10
	R2	Risk that the borough budget will be exceeded if additional £469k is not delivered during the year.	→	→	→	MODERATE	
	R3	Risk that the prescribing budget will be exceeded.	→	→	→	MODERATE	
COMMISSIONING	R4	Local demand may not be met due to inability to deliver revised Mental Health Long Term Plan trajectories.	→	→	→	MODERATE	7
	R5	Emerging financial risk in 2022/23 of high cost packages through transition.	→	→	→	MODERATE	
PRIMARY CARE	R6	Risk that patients may have difficulties accessing GP services 'in hours' due to high demand and finite capacity.	→	→	→	MODERATE	13
	R7	Risk of unwarranted variation in the quality of GP services and patient experience.	→	→	→	MODERATE	
	R8	Risk that the new primary care workforce supported through the PCN DES ARRS funding is not optimised.	→	→	→	MODERATE	
	R9	Risk that the local GP Federation may become unsustainable as they are currently only commissioned for short term rolling contracts.	→	→	→	LOW	
COMMS	R10	Risk of not reaching the most vulnerable and impacted groups due to the COVID19 pandemic.	→	→	→	MODERATE	3
QUALITY AND SAFEGUARDING	R11	No administration replacement for 0.5 WTE substantive support for the Safeguarding team (Adults and Children).	→	→	→	MODERATE	40
	R12	No administration support for Local Area Coordinator for Lewisham LeDeR programme.	→	→	→	MODERATE	
	R13	Risk that the SEL Lewisham ICS does not deliver on the statutory duty to safeguard adults at risk due to specialist staff shortages.	→	→	→	HIGH	
	R14	Risk that Primary Care do not have sufficient awareness of the referral pathways.	→	→	→	HIGH	
	R15	Risk of no falls provision in the community to support care homes in Lewisham.	→	→	→	MODERATE	
	R16	Safeguarding training needs review from a general SEL perspective.	→	→	→	MODERATE	
	R17	There is a risk that ICS does not deliver on statutory requirements for Children looked After as it is not aware of where CLA are placed.	→	→	→	MODERATE	
	R18	Risk that ICS does not deliver on statutory requirements for commissioning and delivery of Children looked after statutory health assessments.	→	→	→	MODERATE	
	R19	There is a financial risk to the Lewisham ICS related to costs of applications to the Court of protection.	→	→	→	MODERATE	
	R20	Temporary lack of Medical Adviser from 31st May.	→	→	→	MODERATE	
	R21	No named Doctor for Children Looked After.	→	→	→	MODERATE	
	R22	Lewisham and Greenwich Trust do not have a Safeguarding Adult Designate in post.	→	→	→	MODERATE	
PARTNERSHIP WORKING AND	R23	Risk of escalations in need and acuity and consequently waiting lists and ongoing costs due to negative impact of COVID19 on health and care services.	→	→	→	MODERATE	20
	R24	Funding regimes and contracting arrangements hinder ability for Health and Care Partners to move quickly to transform service delivery.	→	→	→	MODERATE	

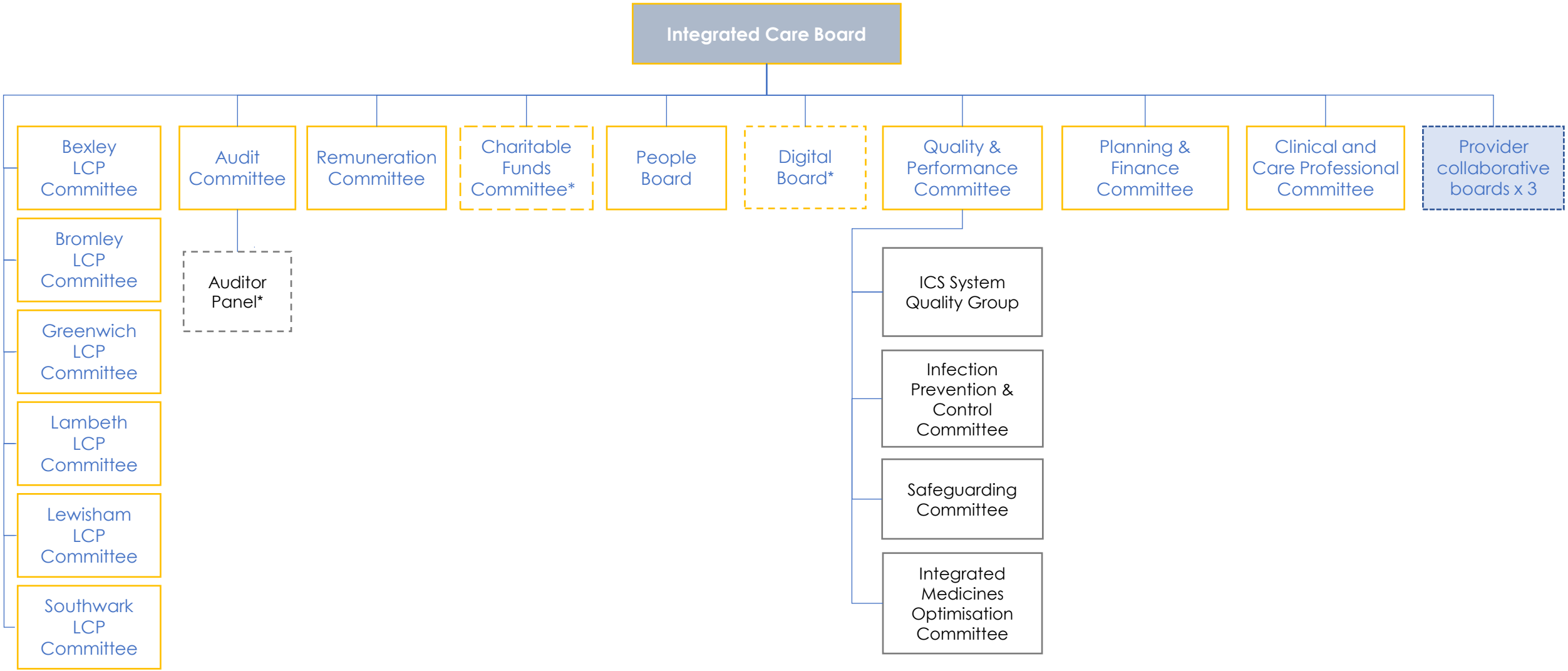
	R25	Increased activity and acuity over the winter period (COVID, flu and staff absence) adversely impacts on all parts of the system.				MODERATE	
	R26	Local Care Partnership objectives and delivery plans are not agreed or aligned across local systems and partners.				MODERATE	
	R27	Lewisham Health & Care Partners are unable to fill all the roles and portfolios for clinical and care professionals.				MODERATE	
	R28	Voluntary and community sector does not have the capacity to support development and delivery of services.				MODERATE	
CHILDREN & YOUNG PEOPLE	R29	Failure to deliver on statutory timescales for completion of EHCP health assessments.				MODERATE	**7**
	R30	Failure to deliver on statutory timescales for completion of ASD health assessments.				MODERATE	

HEAT MAP



	TARGET RISK	RESIDUAL RISK	INHERENT RISK
HIGH	9	1	9
MODERATE	8	18	17
LOW	13	11	4

South east London ICB governance structure



Notes:

* Full terms of reference to be developed. Final ToRs will be presented for approval by the ICB Board ahead of first meetings of the respective committee / board / panel.
LCP – Local Care Partnership