

**Bexley Wellbeing Partnership
meeting held in public**

14:00 – 16:00, Thursday 20th October 2022
The Black Prince Suite, Holiday Inn Bexley
Black Prince Interchange, Southwold Road
Bexley DA5 1ND

Chair: Dr Sid Deshmukh

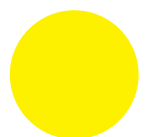
Agenda

No.	Item	Paper	Presenter	Time
Opening Business				
1	Introductions and apologies		Chair	14:00
2	(i) Declarations of Interest (ii) Minutes of the Meeting 21 st July 2022 (iii) Matters Arising	A B	Chair Chair Chair	14:03
Public Forum				
3	Public Questions		Chair	14:05
Decisions				
4	Bexley Primary Care Delivery Group – Terms of Reference	C	Dr Clive Anggiansah/ Diana Braithwaite	14:10
5	Urgent Care Procurement – Recommendations	D	Erica Bond	14:20
6	Bexley Place Proposal – This item has been withdrawn.	E	Stuart Rowbotham	
Assurance				
7	Executive Place Directors Update	Verbal	Stuart Rowbotham	14:45
8	Performance Assurance Report	F	Alison Rogers/ Graham Tanner	14:55
9	Bexley Primary Care Networks Enhanced Access Services	G	Graham Tanner	15:10
10	System Risk Register	H	Carol Berry	15:30
11	Month 5 Finance – Reports (i) Place (ii) South East London	I	Julie Witherall	15:35
Public Forum				
12	Public Questions			15:45
Closing Business				
13	Any other business			15:55

14	Glossary	J	
15	Date of the next meeting: Thursday 24 th November 2022, Venue to be confirmed.		
For Information			
16	Memorandum of Understanding: South East London Integrated Care Board and Bexley Local Care Partnership	K	
17	Executive Place Directors Decisions – Report	L	
18	Bexley Local Care Partnership Committee Decisions – Report	M	

Presenters

- Stuart Rowbotham, Executive Place Director (Bexley), NHS South East London Integrated Care Board/Director of Adult Health & Social Care, London Borough of Bexley Council
- Dr Clive Anggiansah, Clinical Lead – Primary & Community Care
- Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care Board
- Eric Bond, Programme Lead (Bexley & Greenwich), NHS South East London Integrated Care Board
- Primary Network Representatives: APL, Clocktower, Frogna and North Bexley
- Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Carol Berry, Corporate Governance Lead (Bexley), NHS South East London Integrated Care Board
- Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board
- Graham Tanner, Associate Director – Primary Care, NHS South East London Integrated Care Board



ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list – 20.10.2022

Name of the meeting: Bexley Wellbeing Partnership Committee

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

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

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

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

Dr Richard Money	Chair, Bexley Local Medical Committee	<ol style="list-style-type: none"> 1. GP Partner, Station Road Surgery 2. Director, Chair & Stakeholder Bexley Health Ltd 3. Director & Shareholder Bexley Neighbourhood Care 4. GP Trainer Bexley 5. Chair, Local Medical Committee (LMC) ### 		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		

Robert Shaw	Director of System Development	<ol style="list-style-type: none"> 1. My youngest sons mum is a founding Director at Get It Right First Time (GIRFT) 2. Fund raising for Barts and UCLH Cancer charities ### 		
Alison Rogers	Acting Director of Integrated Commissioning	Nothing to declare.		

ITEM: 2(ii)
Enclosure: B

Bexley Local Care Partnership Committee
Inaugural meeting held in public
Thursday, 21st July 2022
Rooms G04, G05 & G06, Ground Floor, Civic Offices, 2 Watling Street,
Bexleyheath DA6 7AT
(and via Microsoft Teams)

Present:

Name	Title and organisation
Iain Dimond (ID) – Acting Chair	Chief Operating Officer – Oxleas NHS Foundation Trust
Stuart Rowbotham (SR)	Place Based Director (Bexley), NHS South East London Integrated Care Board/Director of Adult Social Care, London Borough of Bexley
Raj Matharu (RaM) (<i>via MS Teams</i>)	Chair, Local Pharmaceutical Committee
Dr Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
Dr Miran Patel (MP) (<i>via MS Teams</i>)	Clinical Lead – PCN – APL
Dr Nisha Nair (NN)	Clinical Lead – PCN – Clocktower
Dr Pandu Balaji (PB) (<i>via MS Teams</i>)	Clinical Lead – PCN – Frognaal
Dr Surjit Kailey (SK)	Clinical Lead – PCN – North Bexley
In Attendance:	
Diana Braithwaite (DB)	Borough Director – Operations (Bexley), NHS SEL Integrated Care Board (NHS SEL ICB)
Robert Shaw (RS) (<i>via MS Teams</i>)	Director of System Development (Bexley & Greenwich), NHS SEL ICB
Abi Mogridge (AM)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Saby Ghosh (SG)	Volunteer for Healthwatch Bexley deputising for Rikki Garcia
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Sarah Burchell (SaB)	Director of Adult Health Services – Bexley Care, Oxleas NHS FT
Sandra Iskander (SI) (<i>via MS Teams</i>)	Assistant Director of Performance & Information LGT
Dr Clive Anggiansah (CA)	Bexley Local Care Partnership Clinical and Care Professional Lead - Primary & Community Care
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	LCP Engagement Project Manager, LBB
Basirat Sadiq (BS) (<i>via MS Teams</i>)	Director of Improvement, Dartford & Gravesham NHS Trust
Sarah Birch (SB)	Head of Primary Care Development, NHS SEL ICB
Alison Rogers (AR)	Acting Director of Integrated Commissioning, NHS SEL ICB
Julie Witherall (JW)	Associate Director – Finance (Bexley), NHS SEL ICB

Dr Prem Anand (PA) (via MS Teams)

Erica Bond (EB) (via MS Teams)

Faith Abiola-Ellison (FA-E) (via MS Teams)

Programme Lead, NHS SEL ICB
Senior Project Manager (Bexley/Greenwich)
Project Manager (Lewisham)

Ricardo Green (RG)

Business Support Administrator, NHS SEL ICB (Bexley)

Sue Wright (notes)

Business Support Lead (Bexley), NHS SEL ICB

Members of the public:

Cllr Richard Diment (RD)

Councillor, London Borough of Bexley

Cllr June Slaughter (JS)

Councillor, London Borough of Bexley

Apologies:

Dr Sid Deshmukh (SD) - **Chair**

Governing Body, GP Lead (Bexley), NHS SEL ICB

Keith Wood (KW)

Lay Member (Bexley), NHS SEL ICB

Sue Symmons (SS)

Clinical Site Lead, Dartford & Gravesham NHS Trust

Rikki Garcia (RG)

Chair, Healthwatch Bexley

Stephen Kitchman (SK)

Director of Children's Services, LBB

Dr Mike Robinson (MR)

Interim Director of Public Health, LBB

Carol Berry (CB)

Corporate Governance Lead (Bexley), NHS SEL ICB

Yolanda Dennehy (YD)

Assistant Director of Adult Social Care, LBB

Rylla Baker (RB)

Chief Executive Officer, Hurley Group

Dr Richard Money (RiM)

Chair, Local Medical Committee

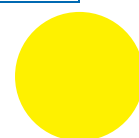
Dorothy Muir (DM)

Consultant, MinervaAlta Consultancy

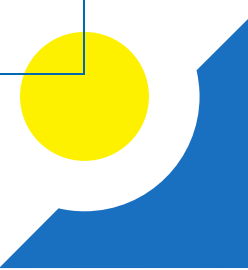
NOTES

No.	Section	Action by
1.	Introductions and apologies Introductions were made and apologies noted.	Chair
2.	Declarations of Interest Iain Dimond, Chief Operating Officer – Oxleas NHS Foundation Trust , noted that 2 items on the agenda required decisions where there were conflicts of interest: <ul style="list-style-type: none">• Item 6 - Recommissioning Urgent Care Services.• Item 7 - Enhanced Access to Primary Care Services.	ID
3.	Public Questions No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.	ID
4.	Bexley Local Care Partnership – Terms of Reference (ToR) Stuart Rowbotham, Place Based Director (Bexley), NHS SEL CCG/Director of Adult Social Care, London Borough of Bexley , explained that, when the ICS came into existence on 1 July 2022, arrangements were required to be made around the governance of the various new committees. This particular committee is a prime committee of the ICB at SEL level and the 6 SEL boroughs were provided with a standard set of terms of reference which then had to be adapted to reflect local arrangements. The basis of our	SR

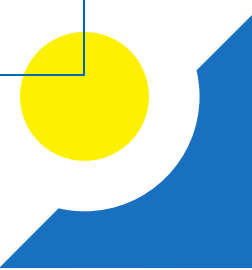
	<p>Memorandum of Understanding dating back some 4/5 years was incorporated into these Bexley ToR and a piece about delegation to place was added.</p> <p>The Independent Member post is currently out to recruitment. In addition, Hurley Group has requested not to participate in the LCP Committee in the future and, on behalf of the committee, SR formally recognised Hurley Group's support to Bexley residents. This will be updated in the ToR. Action: DB.</p> <p>For accuracy on section 5.2, RaM would like "Chair, Local Pharmacy Committee" amended to "Local Pharmaceutical Committee under the NHS Regulations". Action: DB.</p> <p>The committee was asked to adopt the ToR in the knowledge that they were approved at the inaugural meeting of the NHS South East London Integrated Care Board on 1st July 2022.</p> <p>The Bexley Local Care Partnership Committee VOTED to formally adopt the ToR for this committee.</p>	
5.	<p>Bexley Local Care Partnership – Branding Proposal</p> <p>Aysha Awan, Head of Communications & Engagement (Bexley), presented 2 proposals for brand and logo for the Bexley Local Care Partnership (LCP). The aim of branding project is to:</p> <ul style="list-style-type: none"> • Create an identity for the LCP and raise awareness of the LCP amongst residents.. • Promote the work that the LCP does and highlight the benefits of joint working for the local population. • Formalise the partnership with a co-ordinated look and feel of all communications, that are shared by the partnership across the Bexley community logo and name. <p><u>Concept 1</u> – This proposed logo is aimed to be both warm, positive and bright and consisted of hearts. It was felt that this was the weakest of the 2.</p> <p><u>Concept 2</u> – this B design visually represents the geographical shape of the borough (with the river running through it). A few members were unable to decipher the river so it was agreed that the colour should be strengthened to make the river stand out more. A lot of members felt the B would be more relevant to Bexley.</p> <p>The microsite will house all relevant information about the partnership and signpost residents to services that exist on their doorstep. We will promote the work of each partner and ultimately instil trust of the partnership amongst residents of Bexley. AA's team has been engaging with focus groups, community, local care partners, the voluntary sector and a cross-section of the public. Work will now be carried out regarding strong messaging.</p> <p>Members were asked to choose which logo design they preferred, the majority of whom chose Concept 2, subject to the colour being strengthened and the river made more visible. Action: AA to ask</p>	AA



	<p>the agency to make the necessary changes and to share once completed.</p>	
<p>6.</p>	<p>Recommissioning Urgent Care Services</p> <p>Robert Shaw, Director of System Development (Bexley & Greenwich) and Erica Bond, Programme Lead, presented on this item. RS pointed out that there are some potential conflicts of interest on this item with GP colleagues, Hurley Group and Oxleas. EB summarised the background behind the proposal which has been brought here for approval and which needs to be implemented by April 2023. EB outlined the large amount of co-design work which has taken place involving a number of system partners and local patients to focus on the transformational themes identified due to the changing landscape and which will be incorporated in the new service specification. EB pointed out that there is a significant risk that the financial envelope will not support the existing business model, and with the PCN DES coming in this year, this may impact on how Bexley delivers urgent care.</p> <p>Members were asked to recommend to commence market development which will input into the new service specification, which aligns with the SEL ICS Schedule of Delegated Matters. ID questioned the quoracy of voting members at the meeting to make this decision in view of member conflicts and absence, as, otherwise, this can simply be discussed here and deferred to a future meeting. DB confirmed there are 3 non-conflicted voting members at this meeting who can vote – namely, SR, RaM (on behalf of Primary Care) and NK as quoracy requires 50%.</p> <p>SR queried the voting aspect of the Community and Mental Health Provider, as Oxleas are not specified in the ToR. SR referred to Clause 7.2 of the Tor which states that “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”. RS clarified that the ask here was simply to get approval to go ahead with the marketing engagement event scheduled for 25 August, following which resultant feedback would be incorporated in the service specification. RS highlighted the urgency of this in view of timelines for the procurement.</p> <p>RS pointed out that there had been various workshops and other Primary Care engagement events organised leading up to this point. DB reiterated RS’s comments by saying that the contract was due to expire and this ask for members was just to endorse that RS’s team can move to next steps which is to carry out the marketing event and therefore no formal approval is required at this point.</p> <p>SR felt that, if this initial process did not commence now, then there is the risk that the deadline would be missed. He also pointed out that the picture might be very different in 1 or 2 years’ time, but this needs to be enacted as soon as possible to ensure the best care for Bexley residents. He reiterated that the proposed new service specification has not been agreed, but that members merely needed to recommend that RS’s team can start market testing.</p> <p>AM suggested a possible re-wording of the recommendation to clarify that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting. It was suggested that there could be an urgent meeting set up in August if</p>	<p>RS/EB</p>



	<p>need be. In the meantime, SR/ID recommended that this should be sent to non-conflicted voting members for consideration and e-mail response as per Section 7.2. RS will run the event in August and feedback here in September in any event.</p> <p>The Bexley Local Care Partnership Committee APPROVED in principle the requests to:</p> <ul style="list-style-type: none"> (i) Commence <i>Market Development</i> with the Local Care Partnership and receive feedback and recommendations. (ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters. (iii) Whilst noting that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting. <p>Non-conflicted voting members to be asked to consider the proposal via email. Action: DB.</p>	
7.	<p>Enhanced Access to Primary Care Services</p> <p>Diana Braithwaite, Borough Director – Operations (Bexley) outlined the National Programme:</p> <ul style="list-style-type: none"> (i) NHS England launched the Primary Care Network contract Directed Enhanced Service (DES) for Enhanced Access on 31st March 2022. (ii) From 1st October 2022, Primary Care Networks (PCNs) will be required to provide Enhanced Access between the hours of 6.30pm and 8.00pm Mondays to Fridays and between 9.00 am and 5.00 pm on Saturdays. This is the ‘Network Standard’. (iii) Enhanced access arrangements aim to remove variability across the country and are designed to improve patients understanding of, and access to, available services. (iv) The enhanced access hours that are offered to patients must utilise the full multidisciplinary team, and offer a range of general practice services, including ‘routine’ services such as screening, vaccinations and health checks, in line with patient preference and need. Enhanced access hours should be delivered by a multidisciplinary team of healthcare professionals, including GPs, nurses and the <u>Additional Roles Reimbursement Scheme</u> (ARRS) workforce. <p>The papers set out the plans to date by the four Bexley Primary Care Networks (PCNs) in collaboration with the Bexley Health Neighbourhood Care (BHNC) CiC (GP Federation), the support provided by the local health and care system, progress on patient/public engagement and clarity on some of the key risks in delivering the October 2022 deadline and the key milestones and timelines. DB asked PCN clinical leads in the room to contribute.</p> <p>A weekly Enhanced Access Task & Finish Group was set up (5 meetings have taken place so far) to support the delivery of these plans. PCNs must submit their final proposals by the end of this month and services will go live by October. All of the PCNs are committed to meeting the Network Standard and offer morning access. The Network Standard does not include Sundays or Bank</p>	DB



Holidays, which raises concerns around NHS111 and Urgent Care services. Support will also be provided by BHNC on a sub-contractual basis. One of the risks being considered is workforce and capacity as Bexley is already over-stretched, hence the big push for Sundays. RaM raised the fact that, if there are GP extended hours, more patients will require prescriptions and there is no funding for community pharmacists and most already work above their core hours. RaM has actually reduced the hours in his pharmacy. There is certainly a wider conversation to be had around pharmacists.

The Bexley Local Care Partnership Committee **ENDORSED** the direction of travel given that the Primary Care Network Plans are still in development – although there is a commitment to deliver the Network Standard in addition to maintaining early morning access at individual GP Practice sites and to note the following caveats:

- (i) The Primary Care Networks intention is to subcontract some delivery of Enhanced Access to the local GP Federation, which will require formal approval from commissioners.
- (ii) More work is required by the Local Care Partnership to review and validate the Primary Care Network Plans and better articulate the level of increased access, the suitability of sites from where enhanced access will be delivered, how patient outcomes will be measured and captured and value for money.
- (iii) The potential impact on urgent care services, including 111 in Bexley because of the Network Standard requires validation, consideration, and a plan from the Local Care Partnership if not the ICS.
- (iv) There are several risks that relate specifically to ICT operability, which could delay mobilisation, however contingency plans are being developed. SEL ICS will review all plans to ensure a cohesive approach across the system in August 2022.
- (v) Engagement with wider stakeholders will take place including with Local Medical Committee on 18th August 2022 and the Enhanced Access Plans and supporting Patient/Public Engagement outputs will be shared with the Overview & Scrutiny Committee in September 2022.
- (vi) Work will continue on the Patient/Public Engagement Programme to the end of July 2022.
- (vii) An update on the Plans will be submitted to the Bexley Local Care Committee on 22nd September 2022.

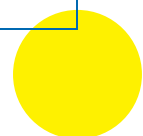
Patient/Public Feedback - Survey

Patrick Gray, LCP Engagement Manager, NHS South East London ICB & London Borough of Bexley gave an overview of the results from the online survey. Over 12.5k people have already responded with still more expected to respond making it closer to 13k.

Engagement has been carried out through existing channels and partners. Opportunities have also been offered for face-to-face engagement, including small group sessions, patient participation groups, one to one sessions, or telephone calls as some patients are not digitally enabled.

PG

	<p>The survey asked a range of questions such as:</p> <ul style="list-style-type: none"> • “Which day of the week would you be MOST likely to access evening (6.30pm-8pm) appointments within your Primary Care Network?”. Mondays were the most popular with Thursdays being the least popular. • “Which of the following you would find the most useful? (respondents were asked to rank 1-4)”- weekday evenings, weekday mornings, Saturday appointments or Sunday appointments. With regard to first choice, 54.3% chose weekday evenings, 22.4% weekday mornings, 19.7% Saturday appointments and 3.6% Sunday appointments. • “What methods of consultation would you find most useful in enhanced hours?” – face-to-face was the preferred method (59.7%) followed by telephone (33/4%). Video call was the least favourite (6.9%). <p>When asked about barriers currently experienced in accessing GP services, getting through to the practice, limited choice of appointments and long waits for appointments were the biggest.</p> <p>It was noted that males are less keen to engage in surveys than females.</p> <p>PG is continuing to look at how to engage further to gain more results. The survey remains open until 31st July.</p> <p>PG was commended on the positive reach of this work and the results/insights which will be incorporated into future planning. Overall, a good piece of collaborative work and ID looks forward to hearing more at the September committee meeting.</p>	
8.	<p>Month 2 Finance Report</p> <p>Julie Witherall, Associate Director of Finance (Bexley) provided an update on the financial position of Bexley (Place) as well as the overall financial position of the CCG as at Month 2 (May) 2022/23.</p> <p><u>Bexley Position</u></p> <ul style="list-style-type: none"> • Bexley was in a break-even position at Month 2. • At this stage in the financial year, it is too early for financial trends to emerge, but the key features of the position are highlighted below. • Bexley is reporting a £30k overspend against its Prescribing position. No 2022/23 prescribing financial information is yet available and the position is based upon Month 12 2021/22 data. The overspend is driven by activity levels. • The Continuing Care financial position is showing a very slight underspend of £14k at month 2, but even at this early stage there are indications of an increase in the number of clients being supported. This position will be reviewed during Month 3 to verify the accuracy of these numbers. • The Mental Health position is reported based on actual cost per client (CPC) activity. There is a slight increase in activity, which will be reviewed in month but overall, Bexley is reporting a small underspend of £20k. Due to the volatility of expenditure, the impact on the Mental Health Investment Standard (MHIS) will be reviewed at the end of Quarter 1. 	JW



- At Month 2, the CCG is awaiting actual reporting information on a number of budget areas. Where this is the case, these budgets have been reported to break-even. This position will be reviewed in time for Month 3 reporting and include community, other primary care, other acute and delegated primary care.
- Other programme services is showing a small overspend of £32k at month 2 and this will be reviewed in month to establish the source of the overspend and how it can be addressed.
- The corporate budgets are showing a small underspend year to date of £28k which is due to the vacancies at present. There is a need to meet the vacancy factor set for Bexley and so this will assist in that process.
- Bexley, had a very stable staffing position for many months, but there are now 6 vacancies across various areas which is unusual, but we are in the process of recruiting to those roles.
- There are no high value debtors relating to Bexley.

SEL CCG Position

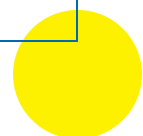
- Opening budgets already had a savings target taken of nearly £1.5m. Subsequent to that, the system as a whole had a significant financial gap.
- Bexley has been asked to make £399k additional recurrent funding. This is not featured in the Month 2 position as it was agreed after Month 2 closed. SEL CCG as a whole, reported a very small overspend of £84k but those costs are expected to be reimbursed by NHS England.
- In the process of closing down the SEL CCG accounts for Months 1 to 3 and then re-opening books for ICB from Month 4. Currently, the SEL CCG will close its books with about £1m underspend but figures to be confirmed but, in any event, this will be rolled over into the ICB.
- SEL CCG is reporting a £84k overspend to Month 2. Areas of concern are Prescribing, CHC and cost per case for MH but is continuing to meet statutory duties at the end of Month 2.
- The report refers to budgets relating to the SEL CCG for Month 2 (May), as we had not transitioned over to the ICB at that point.
- Month 3 is the last reporting month for the SEL CCG with a possible underspend of c.£1m. JW needs to confirm that position but, in any event, the underspend will be rolled over into the ICB and will not be lost. SR acknowledged that, overall, the position is strong. With regard to Bexley, it had a very small underspend of around £23k which will also be rolled across to the ICB.

SR thanked JW for her continual hard work and also gave a huge thank-you to budget-holders for keeping Bexley in an overspend position and managing difficult and demanding positions.

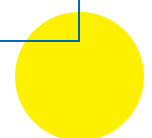
The Bexley Local Care Partnership:

1. **DISCUSSED & NOTED** the Month 2 (May 2022) financial position for both NHS South East London CCG and Bexley Borough.
2. **NOTED** the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London CCG and Bexley Borough.

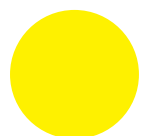
	<p>3. DISCUSSED & NOTED the key risks identified for NHS South East London CCG and how they relate to Bexley Borough.</p> <p>4. NOTED the details of the savings requirements for both NHS South East London CCG and Bexley Borough.</p>	
<p>9.</p>	<p>System Risk Register</p> <p>Diana Braithwaite, Borough Director – Operations (Bexley) summarised the Bexley Risk Register on behalf of Carol Berry, Corporate Governance Lead (Bexley).</p> <p>There are currently 6 new risks (all moderate) on the new risk register. One is financial and there are 5 relating to Primary Care/Enhanced Access.</p> <ul style="list-style-type: none"> • Risk F01 – <i>“There is a risk that Bexley will not meet its breakeven duty on the delegated budgets due to an additional recurrent savings target of £399k being required which has yet to be identified. Description: There is a risk that Bexley will be unable to recurrently identify an additional £399k savings target which has been required and also manage the risks associated with the budgets delegated to place”.</i> • Risk EA01 – <i>“ICT: There is a risk that Primary Care Networks will not be able to implement the National Standard of the Primary Care Network Directory Enhanced Service due to EMIS Remote and Community not being implemented to meet the go-live date of. The consequences are that this could lead to a delay in commencing the new services”.</i> • Risk EA02 – <i>“ICT: Risk of enabling systems (DOCMAN/EPS/DSX/AccRx) not being interoperable with EMIS Community and Remote. The consequence could be that clinical staff will be unable to complete full consultations and associated tasks including difficulty in capturing all activity data”.</i> • Risk EA03 – <i>“Workforce: There is a national shortage of primary care clinicians and an increased need for additional staff across all health and care sectors. The consequences could result in an ability to attract a workforce to Bexley, which would lead to gaps in service provision”.</i> • Risk EA04 – <i>“Patient/Public Expectation: There is a risk that patient expectations are unrealistic and not deliverable due to a lack of understanding of the national programme for Enhanced Access to primary care services. The consequences are underutilisation of the new services and inability to navigate and improve access to primary care services”.</i> • Risk EA05 – <i>“The national ‘Network Standard’ for Enhanced Access delivered to be delivered by Primary Care Networks does not include Sundays. However, once the Network Standard is met there is scope to consider Sundays, subject to residents’ feedback from the Bexley Local Care Partnership Patient/Public Engagement Programme. The consequences are that this could result in an adverse impact on 111 and urgent care services on Sundays”.</i> <p>All risks continue to be monitored on a regular basis and a workshop was suggested when we were a SEL CCG to discuss current risks in view of the move to the ICB and put in place a system risk register</p>	<p>DB</p>



	<p>which was pertinent to the Local Care Partnership Committee for assurance purposes.</p> <p>ID stressed the importance of risk registers and agreed with the workshop approach.</p> <p>PA pointed out there was not a risk on the register around the Viapath failings, and that he was still experiencing problems, recently with low Potassium blood samples, possibly due to the extreme weather or transport issues. DB noted this and said she would address the matter. Action: DB.</p> <p>The Bexley Local Care Partnership Committee NOTED and ACCEPTED the Bexley System Risk Register.</p>	
<p>10.</p>	<p>Public Questions</p> <p>No questions were received during the meeting.</p>	
<p>11.</p>	<p>Any Other Business</p> <p>Saby Ghosh had 3 points to make:</p> <ol style="list-style-type: none"> 1) He referred to the public online survey and stressed the importance of reaching those residents who are digitally excluded, have learning disabilities or where English is not their first language. 2) There is still a perception by the public that general practice is not working as well as before. SG does volunteer work and sees how busy the GPs are so asked for more communication to be developed to change this perception, possibly via PPGs and PCNS to bring the public on our side. SR agreed with the perception and messaging aspects as residents who are unable to get appointments believe that GPs are not busy. 3) SG found hybrid meetings generally frustrating with the technical problems and that there should have been a microphone at today's meeting. ID thanked colleagues for setting up this inaugural meeting. <p>Stuart Rowbotham highlighted a few points:</p> <ol style="list-style-type: none"> 1) The uplift in economic outturn from 0.2% to 0.5% which was partly driven by the huge increase in GP activity shown in the ONS data which included Bexley. 2) SR wanted to take forward learning from the issues experienced today and offer an improved experience for future meetings. Action: CB. SR thanked ID for chairing. He felt it had been extremely productive with lots of engagement on issues which are important to our residents. 3) As we go through the Urgent Care procurement and GP Enhanced Access work, there is a need to ensure people use the right route and be clear about reasonable expectations. 4) Positive news in that Bexley has received £536k health inequalities funding which he is told is recurrent. SR wanted members to think about how as a partnership we deploy that money and close the existing gaps which exist in the borough. The funding may only scratch the surface of the issues, but a proposal as to how that funding is invested will be brought back to a future meeting. 	<p>SG</p> <p>SR</p>



	SR thanked ID for chairing this inaugural meeting of the Bexley Local Care Partnership Committee which was now closed. #	
12.	Glossary	
13.	Date of next meeting – Thursday, 22nd September 2022 – 2.00 to 4.00 pm - Venue TBC	





**Bexley Wellbeing
Partnership Committee**

Public Forum*

Thursday 20th October 2022

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

Bexley Wellbeing Partnership Committee

Thursday 20th October 2022

Item: 4

Enclosure: C(i)

Title:	Primary Care Delivery Group – Terms of Reference
Author:	Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>The delegation of primary care functions and corresponding budgets to place via the Place Executive Director through the Local Care Partnership Committee from NHS South East London Integrated Care Board (NHS SEL ICB) commenced on 1st July 2022.</p> <p>The purpose of this paper to the Bexley Wellbeing Partnership Committee is to formalise the governance arrangements of the Primary Care Delivery Group, which will support the Committee in delivering on its responsibilities for primary care at place.</p>	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p>The Terms of Reference for the Primary Care Delivery Group will support the Bexley Wellbeing Partnership Committee and the Executive Lead for Place in enacting the delegation of primary care to place.</p> <p>The Primary Care Delivery Group will provide regular reporting and recommendations for decisions to the Committee at its meetings held in public on national contracts for Personal Medical Services (PMS), General Medical Services (GMS), any local incentive schemes or Premiums, the quality of primary care services, changes to services and access.</p> <p>The delegation of primary care to place through the Bexley Wellbeing Partnership Committee ensures that fundamental decisions about primary care are made in the public. However, it is not possible to double delegate and therefore the Primary Care Delivery Group cannot meet in public. In addition, the Primary Care Delivery Group, must have representation from Primary Care Networks Clinical Directors and the Local Medical Committee.</p> <p>Therefore, to ensure additional public scrutiny, transparency, challenge and sufficiently manage any conflicts of interest pecuniary or otherwise – the Primary Care Delivery Group will be Co-Chaired by the Clinical Lead for Primary Care & Community and the Lay Member for Primary Care.</p> <p>The role of the Lay Member for Primary Care (formerly the interim Lay Member to the Committee) has been extended until 31.03.2023, when the Terms of Reference will be reviewed and submitted to the Committee.</p>		
Potential Conflicts of Interest:	<p>There is a conflict of interest for all GPs as voting members of the Committee, whether in their respective contractual roles as individual GP Practices holders of national GMS/PMS contracts or indeed the Network Contract Directed Enhanced Service – 2022/23.</p>		

	<p>Hence, formal approval of the Terms of Reference of this group should only be by the Bexley Wellbeing Partnership Committee, where the enactment of the delegation for primary care resides.</p> <p>Therefore, the Primary Care Networks Clinical Directors and the Chair as voting members of the Bexley Wellbeing Partnership Committee will not take part in voting on the Terms of Reference.</p>	
Other Engagement:	Equality Impact	Not applicable.
	Financial Impact	Not applicable.
	Public Engagement	Not applicable.
	Other Committee Discussion/Engagement	Primary Care Delivery Group, 03.08.2022 Primary Care Delivery Group, 05.10.2022
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Approve the Terms of Reference for the Primary Care Delivery Group. (ii) Note the inclusion of a Lay Member for Primary Care until 31.03.2023. (iii) Note that a review of the Terms of Reference will be brought back to the Committee in March 2023. 	

Item 4/Attachment: C(ii)

Bexley Primary Care Delivery Group

DRAFT Terms of Reference

V3.0/12.10.2022

DOCUMENT APPROVAL/S

Approved by	The Bexley Wellbeing Partnership Committee
Date approved	
Name and title of originator/author	Diana Braithwaite, Borough Director – Operations
Effective date	
Review date	March 2023
Target audience	Members of the Primary Care Delivery Group
Stakeholders engaged in development	Primary Care

VERSION CONTROL AND DOCUMENT REVIEW INFORMATION

Version	Summary of changes	Date	Author/Reviewer
1.0	Principles submitted to the Primary Care Working Group.	08.06.2022	Diana Braithwaite
1.1	DRAFT developed and shared with Clinical Lead for Primary & Community Care and Head of Primary Care.	15.07.2022	Diana Braithwaite
1.2	DRAFT updated and submitted to the Primary Care Delivery Group for endorsement.	01.08.2022	Diana Braithwaite
2.0	DRAFT updated based on: Feedback from Dr Prem Anand, Vice Chair, LMC at the Primary Care Delivery Group on 03.08.2022 with regard to voting members. Distinguishing between transformation and core primary care contractual matters and therefore separating the two sections of the meeting to primacy of the Primary Care Delivery Group and a subgroup addressing transformation with a wider membership.	02.10.2022	Diana Braithwaite
3.0	Feedback from the Primary Care Delivery Group on 05.10.2022 to include <i>'developing/endorsing strategies to support "challenged" practices'</i>	12.10.2022	Diana Braithwaite

1. Introduction

1.1 The Bexley Primary Care Delivery Group [the group] is established as a sub-group of the Bexley Wellbeing Partnership Committee.

1.2 These terms of reference can only be amended by the Bexley Wellbeing Partnership Committee. These terms of reference set out the role, functions, responsibilities, membership, and reporting arrangements of the group.

1.3 The Primary Care Group has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:

(i) Support the delivery of the vision for integrated primary care as defined by the *Next steps for integrated Primary Care*, Fuller Report¹:

- 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 (IMPROVING ACCESS)
- 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 (LOCAL NETWORKS)
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention (EARLY PREVENTION & DETECTION)

(ii) Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), primary care network (PCN), local premium/incentives, out of hours GP services, alternative medical services (APMS) and contractual matters and providing recommendations for decision.

1.4 The NHS South East London Integrated Care Board (SEL ICB) will take on further delegated responsibilities over time this will include Community Pharmacy, Opticians and Dentists and the Terms of Reference will be reviewed in line with any subsequent changes.

1.5 The Primary Care Delivery Group will focus on core contracting, access, quality and patient/public feedback and engagement and set up a sub-group (Primary Care Development & Transformation) to focus on delivering integrated primary and community-based care working with the local health and care system. The Terms of Reference for the sub-group will be submitted for endorsement by the Primary Care Delivery Group.

1.6 The Primary Care Delivery Group will be co-chaired by the Bexley Lay Member for Primary Care and the Clinical Lead for Primary Care & Community Services.

2. Role

2.1 The role of the Primary Care Delivery Group will be to support the work of the Bexley Local Care Partnership Committee in carrying out the delegated function of primary from NHS South East London Integrated Care Board, relating to the commissioning of primary medical services under section 83 of the NHS Act.

2.2 The Primary Care Delivery Group will support the Bexley Wellbeing Partnership committee with its responsibilities to:

- Plan, commission and deliver primary medical services for the population of Bexley.

¹ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)

- Make primary care commissioning decisions; contribute to the development of the primary care strategy for Bexley, ensuring recommendations are in line with Bexley Wellbeing Partnership Health Improvement Plans and the NHS SEL Integrated Care System Strategy.
- Oversee the implementation and delivery of the integrated primary care strategy and work plan as it relates to access.
- To secure the provision of comprehensive and high quality primary medical service in Bexley.
- Developing/endorsing strategies to support “challenged” GP practices.
- To co-ordinate a common approach to the commissioning of primary care services generally.
- To make decisions on investment on the infrastructure of primary medical services, to ensure adequate and high-quality provision as well as value for money for the public.
- Undertake reviews of primary medical services in Bexley, including primary care and quality performance.
- To manage the commissioning budget for primary medical services in Bexley.
- Provide oversight across several functions, including but not limited to: Primary Care Workforce; Primary Care Premises; Primary Care Information Management and Technology (IM&T); Primary Care Networks.

2.3 This includes supporting the Bexley Wellbeing Partnership Committee with the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes)

2.4 The Primary Care Delivery Group will support the functions of the Bexley Wellbeing Partnership Committee by:

- Meetings with an open invitation for central primary care contracting team to attend. This will create an opportunity to ensure a co-ordinated/cohesive approach to commissioning primary medical services across the NHS SEL Integrated Care System (SEL ICS) in line with local place plans.
- Developing and implementing a work programme for recommendation to the Bexley Wellbeing Partnership Committee to aid planning, commissioning and delivery of primary medical services for the population of Bexley.
- Developing papers and recommendations for the Bexley Wellbeing Partnership Committee, including options appraisals.

- Taking forward any necessary recommendations and actions agreed by the Bexley Wellbeing Partnership Committee.
- Identifying any areas of risk or difference of opinion and resolving them wherever possible.
- Ensuring that members of the committee are fully briefed on issues before meetings.
- Oversight of the Assurance Framework and ensuring actions implemented as appropriate.
- Oversight of quality issues arising from primary care to ensure delivery of high-quality primary care.
- Establish a Primary Care Development & Transformation Sub-group and any relevant Task and Finish Groups as required to progress work streams.
- The group will make decisions within the bounds of its remit. Key decisions made during the meetings will be reported on through the Primary Care Update report at the Bexley Wellbeing Partnership Committee.
- Where required, the Primary Care Delivery Group will invite others to the meetings to provide updates on various work streams.
- Whilst decisions regarding finance will be approved by the Bexley Wellbeing Partnership Committee, the Primary Care Delivery Group will discuss any areas of potential financial pressure.
- Receive, interpret and discuss primary care data, highlighting any areas of concern.
- To discuss and/or make decisions relating to a full range of primary medical, dental, ophthalmic and community pharmaceutical services, adapting to meet any revised or new requirements through the transition to an Integrated Care System (ICS).

3. Patient/Public Engagement

- 3.1 Develop an approach to ensure patient/public voice is key to service developments, utilising the principles of co-production and recognising central to those aims will be Practice Participation Groups.
- 3.2 Supporting a Primary Care led approach to communications about the services they provide to their communities.

4. Success Measures

- 4.1 The development of a new primary care model and system that is sustainable, accessible, proactive, transformative, coordinated and provides value for money. That any investment in primary care must have evidence based and tangible patient outcomes and reduce health inequalities. Supporting primary care to develop a motivated and fit for purpose primary care workforce.

5. Core Membership

Role	Organisation
Co-chair, Primary & Community Care Clinical Lead	NHS SEL ICB
Co-chair, Lay Member for Primary Care	NHS SEL ICB
Associate Director of Primary Care	NHS SEL ICB
Head of Primary Care	NHS SEL ICB
Central Contracting Lead	NHS SEL ICB

Chief Operating Officer (TBC)/Borough Director – Operations (Bexley)	NHS SEL ICB
PCN Clinical Representative, Clocktower	Clocktower PCN
PCN Clinical Representative, North Bexley	North Bexley PCN
PCN Clinical Representative, Frognaal	Frognaal PCN
PCN Clinical Representative, APL	APL PCN
Chair, Local Medical Committee	Bexley Local Medical Committee
Public Health Representative	London Borough of Bexley

5.1 In attendance:

Patient Representative	Healthwatch
Primary Care Service Delivery Manager	NHS SEL ICB
Head of Communications & Engagement (Bexley)	NHS SEL ICB
Medicines Management, Bexley	NHS SEL ICB
Estates Lead, Bexley	NHS SEL ICB
Assistant Director of ICT & Information Governance	NHS SEL ICB
Central Finance Lead	NHS SEL ICB
Central Quality Lead	NHS SEL ICB

5.2 Additional members will be invited as required to support the continuous oversight of primary care functions and programmes of work.

6. Performance & Reporting

6.1 Ensuring an evidence-based approach to demonstrate delivery on improved access, prevention and detection, local networks and patient outcomes will be supported and monitored by a series of national and local primary care dashboards, which will be reviewed by the group and reported to the Bexley Wellbeing Partnership Committee – including but not exclusive to the following:

- SEL Primary Care Dashboard (Bi-monthly)
- National GP Patient Survey (Annual)
- Primary Care Finance Report (Bi-monthly)
- SEL Quality Report (Bi-monthly)

6.2 An assurance framework for primary care services that provides measurable clarity on the quality and access to core services will be develop, underpinned by the local dashboard.

6.3 The following groups/programmes will provide updates/attend the Primary Care Delivery Group as required, this list is not exhaustive.

- SEL Primary Care Leadership Group
- Digital Programme
- Estates Forum
- Task and Finish Groups (E.g., Enhanced Access, Flu & COVID)

7. Quorum & Decision Making

7.1 The quorum for a meeting of the primary care Delivery Group is as follows:

- A Co-Chair

- Two primary care representatives from the NHS SEL ICB
- A representative from the Local Medical Committee
- Two representatives from Primary Care Networks

7.2 The expectation is that the group will make decisions and recommendations by consensus. However, where that is not possible a simple majority vote of the core membership will take place. Where there is not a simple majority a co-chair will have the deciding vote.

7.3 If a member has declared an actual, pecuniary, or potential conflict of interest with the item being considered for a decision, they will not have the authority to vote on that item.

7.4 Key decisions made during the meetings will be reported through the Primary Care Update report at the Bexley Wellbeing Partnership Committee.

7.5 Where the group does not have the authority to decide, it will vote on agreement with a recommendation to the Bexley Wellbeing Partnership Committee for consideration.

7.6 If a decision is required on a matter before the next scheduled meeting of the group, virtual consideration via email will be used by the group.

8. Conflicts of Interests

8.1 All members or attendees are required to declare potential, pecuniary or actual conflicts of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose, which will include the register of interests. Even if an interest has been recorded in the register of interests, it must still be declared by the member with the conflict in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

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

8.3 Compliance will be overseen by the Co-Chair of the Group.

9. Frequency

9.1 The Primary Care Development Group will meet monthly and no less than 8 meetings should take place each year.

9.2 Meetings should take place at least 2 weeks (where practical) before the Bexley Wellbeing Partnership Committee to enable any recommendations to be made at the earliest opportunity.

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

9.4 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 Co-Chair and Associate Director of Primary Care should be notified in advance of any guest or subject matter experts attending the meeting.

10. Adherence to the Terms of Reference

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

11. Policy and Best Practice

11.1 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.

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

12. Representation to NHS SEL ICS/ICB Groups/Forum

12.1 The Primary Care Development Group will be responsible for nominating representatives to local, ICS and region forums/groups.

13. Administration

13.1 The embedded corporate team will be responsible for completing minutes of meetings and action log trackers.

13.2 Draft minutes with the Co-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 Bexley Wellbeing Partnership Committee for onward reporting as required.

14. Review arrangements

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

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

DRAFT

Bexley Local Care Partnership Committee

Thursday 20th October 2022

Item: 5

Enclosure: D

Title:	Bexley Urgent Care Procurement
Author:	Erica Bond, Programme Lead – System Development Team, NHS South East London Integrated Care System
Executive Lead:	Gemma O’Neil, Deputy Director of System Development, NHS South East London Integrated Care System
Edited by:	Diana Braithwaite, Borough Director – Operations, NHS South East London Integrated Care System

Purpose of paper:	Provide Bexley Wellbeing Partnership Committee with the proposal to move to procurement of Urgent Care Services for Bexley.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p>On 21st July 2022 the former Bexley Local Care Partnership Committee for Urgent Care Services in Bexley, were recommended to approve the requests to:</p> <p>(i) Commence <i>Market Development</i> with the Local Care Partnership and receive feedback and recommendations.</p> <p>(ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters.</p> <p>However, during the item being presented to the Committee it became apparent that Oxleas NHS Foundation Trust (Community & Mental Health Provider) might also have a potential conflict of interest. Oxleas NHS Foundation did not declare that they did not have an interest as potential providers of the urgent care service at the meeting.</p> <p>Consequently, this resulted in only 3 non-conflicted voting members being able to approve the recommendations. This was less than the 50% of eligible voting members required for the decision to be quorate. Therefore, in line with section 7.1 and 7.2 Terms of Reference for the Committee:</p> <p><i>7.1 The quorum of the committee is at least 50% of voting members of which the following must be present or their delegated representatives:</i></p> <ul style="list-style-type: none"> • 1 x Local Care Partnership Place Executive Lead • 1 x Local authority representative • 1 x Primary care representative • 1 x Community & mental health services provider. <p><i>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.</i></p>		

It was agreed that an urgent decision would be taken outside of the meeting by the non-conflicted voting members via email. There were no other considerations from the Committee on 21st July 2022 other than the quoracy required for a decision.

The non-conflicted voting members able to approve the recommendations via an urgent decision via email are as follows:

- Yolanda Dennehy, Deputy Director, Adult Social Care
- Dr Mike Robinson, Deputy Director of Public Health
- Stuart Rowbotham, Place Executive Lead
- Keith Wood, Interim Lay Member
- Raj Chair, Local Pharmaceutical Committee

These non-conflicted members were asked via email on Monday 8th August 2022 to:

- (a) Read the DRAFT minutes of meeting on 21st July 2022 for this item.
- (b) Review the coversheet and report submitted to the Committee on 21st July 2022.
- (c) Confirm to Carol Berry via email by close of play on Friday 12th August 2022 – indicating if they seek to approve or not approve the recommendations.

All non-conflicted members of the Bexley Local Care Partnership Committee approved the following recommendations via email on 12th August 2022:

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

Whilst noting that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting.

Currently the Urgent Treatment Centre Model and GP Out of Hours Home Visiting Service are delivered by a single provider (The Hurley Group) within one contract. There have been discussions at an SEL level around integrating the GP OOH HV element at an SEL level. SEL boroughs concluded in September 2022, that presently they did not wish to pursue an SEL integrated GP Out of Hours Home Visiting Service.

The contract for the two Urgent Treatment Centres in Bexley is due to expire on 31st March 2023. This provides a short timeframe within which to procure and mobilise a new service particularly during, what is predicted to be an unprecedented winter for the NHS.

This paper summarises:

- the outcomes of the Market Engagement event.
- the options concerning GP Out of Hours Home Visiting Service.
- the risks associated with procuring a new Urgent Treatment service between October 2022 and April 2023.

The draft service specification is available as a separate attachment for information.

Potential Conflicts of Interest:

There are three specific groups on the Bexley Wellbeing Partnership Committee, where there could be a perceived conflict of interest:

- (i) *Chair of the Bexley Wellbeing Partnership Committee:* Dr Sid Deshmukh is a voting member, local GP, holder of a Primary Care Network DES contract and his practice will be a shareholder of Bexley Health Neighbourhood Care CiC. Therefore, to mitigate this conflict of interest Dr Deshmukh will stepdown as chair for this item and will be excluded from voting.
- (ii) *Bexley Health Neighbourhood Care CiC:* The local GP Federation are a potential provider for any future service. However, although members of committee in attendance the group are non-voting members and therefore this mitigates any perceived conflicts of interest.
- (iii) *Primary Care Networks:* The Primary Care Networks are made up of individual GP Practices and those 21 GP Practices all shareholders of Bexley Health Neighbourhood Care CiC. The four Primary Care Networks are voting members and therefore, to mitigate the conflict of interest the Primary Care Networks will be excluded from voting on this item.

Oxleas NHS Foundation Trust: The community and mental health services provider are voting members of the committee and the Chief Operating Officer on behalf of the Trust, formally confirmed via email on 12th October 2022, that the Trust will not be bidding for Urgent Care Services at Queen Mary’s Hospital.

Equality Impact	An Equalities Impact Assessment will be conducted once the service specification is finalised.
Financial Impact	The financial envelope remains challenging for procurement due to changes in the local economy. (Dartford UTC and new NHS 111 service) have significantly reduced out of area flows that have historically provided additional financial income for provider.
Public Engagement	Co Create ran 4 public and stakeholder workshops.
Other Committee Discussion/Engagement	Bexley Local Care Partnership Committee, 21.07.2022 Bexley Local Care Partnership Forum, 08.07.2022 Bexley Local Care Partnership Executive, 22.06.2022

Recommendation:

The Bexley Wellbeing Partnership Committee is recommended to:

- (i) Approve the launch of a formal procurement for a provider of Urgent Treatment Service including GP Out of Hours Home Visiting at Queen Mary’s Sidcup and Erith Hospital.
- (ii) Endorse the proposal to extend the existing contract until 31st July 2023, subject to waiver approval in line with the NHS SEL ICB Scheme of Delegation.

BEXLEY WELLBEING PARTNERSHIP COMMITTEE

THURSDAY 20th October 2022

Agenda Item: 5; Enclosure: D(i)

Bexley Urgent Care Procurement

1. INTRODUCTION

A paper was presented at the Bexley Wellbeing Partnership Committee (formerly Bexley Local Care Partnership) on the 21st July 2023 outlining plans for the Bexley urgent care procurement.

The paper articulated the co-design work, the short-term actions, and transformational themes that Bexley wish to implement in a new service. These themes, along with the longer-term insights gained from close monitoring of the existing Urgent Treatment Centre (UTC) model and its interplay with the wider system, have informed the new UTC model and have been included in the service specification along with national guidance about the provision of urgent care.

Local Care Partnership Committee non-conflicted voting members subsequently agreed that a market engagement event would take place in Bexley to generate feedback from potential providers. This event took place on 25th August 2022 and was well attended. The service specification has been updated to reflect the key themes of feedback from the event.

For the past 8 years, the UTC model and GP Out of Hours Home Visiting (GP OOH HV) Services have been delivered by a single provider (The Hurley Group) within one contract. Currently the Urgent Treatment Centre Model and GP Out of Hours Home Visiting Service are delivered by a single provider (The Hurley Group) within one contract. There have been discussions at an SEL level around integrating the GP OOH HV element at an SEL level. SEL boroughs concluded in September 2022, that presently they did not wish to pursue an SEL integrated GP Out of Hours Home Visiting Service.

The contract for the two Urgent Treatment Centres in Bexley is due to expire on 31st March 2023. This provides a short timeframe within which to procure and mobilise a new service particularly during, what is predicted to be an unprecedented winter for the NHS.

This paper summarises:

- the outcomes of the Market Engagement event.
- the options concerning GP Out of Hours Home Visiting Service.
- the risks associated with procuring a new Urgent Treatment service between October 2022 and April 2023.

This paper seeks approval from the Bexley Wellbeing Partnership Committee to proceed with the launch of a formal procurement for a provider of UTC services at Queen Mary's Sidcup and Erith Hospital and a GP out of hours home visiting service to serve Bexley's local population. This will include provision of a waiver to extend the mobilisation period (as a risk mitigation described later in the paper).

2. MARKET ENGAGEMENT EVENT

The Bexley market engagement event was held on the 25th August 2022. Over 20 people attended from 14 different organisations. The objectives of the event were to:

- Introduce the Bexley Wellbeing Partnership who will act for the local healthcare system
- Set out the Bexley Wellbeing Partnership vision for the local population
- Consider what a single integrated urgent care pathway might look like in Bexley
- Be clear on what urgent care means in Bexley
- Ensure integration and operability will all those providing urgent and primary care services in Bexley

The session was split into two parts, the first part focussed on the:

- Strategic context
- The patient/public voice
- The Bexley vision for UTC

The second part of the session focused on the clinical pathway from the point at which a patient arrives at the UTC.

The key messages that came out of the market engagement event were;

- Digital approaches to care have an important role in the urgent care pathway
- There needs to be greater use of the Directory of Services (DOS)
- Ensuring that patients with mental health needs are supported at UTC and in the wider community
- Working as a system to ensure that patients have alternative options to attending UTC
- Concern as to how the national Primary Care Network Enhanced Access offer might impact on UTC attendances.

All feedback was considered at a thematic level against the content of the service specification and with amendments made as needed.

There were several different pathway models that have been considered which would deliver the consistent, high-quality provision that is sought for Bexley's population. The service specification includes one of these options, but alternative options will be considered providing they deliver Bexley's vision and objectives for UTC provision. It is proposed that a final draft of the recommended pathway is brought to this Partnership Board (and any sub-committees) when a new provider has been appointed and co-creation of the final model has taken place. A question within the Invitation to Tender (ITT) document will ask bidders to outline their proposed service model and pathway up to and including face-to-face attendances at the UTC.

It is important to acknowledge the pathway leading up to a UTC face to face appointment. Colleagues across Bexley are undertaking work to develop a roadmap to Health / Care which articulates the routes into services based on the needs to individual patients. The UTC procurement team, and commissioned provider, will seek to integrate the new model seamlessly into this work.

Recommendation one: Based on the outcome of the market engagement event, and significant system engagement on the UTC model which took place between

January 2022 and March 2022, the Partnership Board is asked to approve the launch of the UTC procurement.

3. GP OUT OF HOURS HOME VISITING

The purpose of the GP Out of Hours Home Visiting (GP OOH HV) service provides urgent home visits when GP surgeries are typically closed, from 6.30pm to 8.00am weekdays, all day at weekends and all day on Bank Holidays. Referrals are made into this service through NHS111. There are 2 procurement options regarding GP OOH HV:

- 1) Procure a combined UTC/GP OOH HV service
- 2) Procure the two services separately

The current service is a combined service and enables the provider to flex their workforce to the changes in service demand across both the UTC and OOH HV elements of their service. If option two were considered a provider would lose this the ability to flex their workforce and benefit from economies of scale. In addition, option two is likely to increase the operational costs, which would represent a potential risk as the current budget attributed to the GP OOH HV component would not attract any bidders. This could leave Bexley without a provider or having to install a provider who may charge a higher tariff, which would subsequently be a cost pressure for the borough.

Recommendation two: Based workforce flexibilities and economies of scale offered by an integrated UTC and GP OOH HV service, the Bexley Wellbeing Committee recommended to approve the continued integration of the UTC and GP OOH HV services and launch of one combined procurement.

4. RISKS ASSOCIATED WITH PROCUREMENT AND POTENTIAL MITIGATION

4.1 Short Mobilisation Period

The mobilisation period is currently scheduled for three months between January – March 2023. Mobilisation is the implementation of the new model alongside the existing model with a phased introduction of the new provider amidst a phasing out of the old provider, which will require a short period of double running. January – March (winter) is usually the busiest time of year for local UTCs as well as the local health and care system, with increased numbers of people attending and patient acuity at this time of year often higher. In addition, unprecedented winter pressures are predicted for the NHS. Therefore, mobilisation for a new provider during this period could prove challenging in terms of developing and implementing a new service during a pressurised time, whilst simultaneously maintaining high standards of care, access and achieving performance standards. Mobilising at this time of year, including the potential transition of services of one provider to another, presents a significant risk to the health and system flow. The risk is therefore to successful mobilisation and business continuity.

Mitigation – Recommendation three: The Bexley Wellbeing Partnership Committee is recommended to endorse the pursuit of an extension waiver for six months to provide a longer mobilisation period. This extension would be negotiated with the current provider.

4.2 Staffing Model

A key outcome of the work to establish the new UTC service model is the need for a new multidisciplinary staffing model. This is a core element of the updated service specification. It is unknown as to whether a UTC provider would have difficulty

securing the employment of different staff groups. However, given the acknowledged current workforce challenges faced by most health and social care professional groups, the ability to recruit staff should be acknowledged as a risk.

Mitigation – There will be several questions in the Invitation to Tender (ITT) document regarding a provider's staffing model, including how they intend to staff the service with different staff groups. The responses should provide an indication of providers workforce strategy and ability to staff the UTC appropriately and adequately.

4.3 Neighbouring Boroughs UTC procurements

Bromley are currently evaluating their UTC bids and Greenwich are advertising their UTC (based at Queen Elizabeth Hospital, Woolwich) procurement in October 2022. Both Bromley and Greenwich contracts currently finish in March 2023. Bromley mobilisation is scheduled for October 2022 to March 2023. At the Greenwich Joint Commissioning Board on 1st September, Greenwich agreed to extend the mobilisation period for their UTC procurement subject to obtaining the required tender waiver with the intention of mobilising the service between 6th February and the 30th June 2023 with a new service in place on the 1st July 2023.

Potentially, there will be three boroughs within the SEL Integrated Care System seeking providers and mobilising within the same time frame which potentially could have a detrimental impact on SEL health and care system flows.

Mitigation – See recommendation one.

4.4 Enhanced Access to Primary Care

NHS England have asked GP Practices to work collaboratively in Primary Care Networks to develop Enhanced Access to primary care services. The new enhanced access arrangements aim to remove variability across the country and improve patient understanding of the service. The national Network Standard Hours are Monday to Friday 18:30 – 20:00 and Saturday 09:00 – 17:00. The national Network Standard Hours does not include Bank Holidays or Sundays.

Mitigation – Urgent Care Treatment Centres support access for patients in need of care which is not an emergency or where they have been unable to access their own GP Practice. The specification for Bexley will support an integrated urgent care pathway. In the interim, NHS SEL ICB and Bexley place will be mitigating the impact of the national Network Standard Hours to 31.03.2023 by re-providing access to urgent primary care services on Bank Holidays and Sundays. In addition, up to 2/3rds of appointments during the Network Standard Hours will be offered as same day urgent appointments in Bexley.

4.5 Number of bids

The number of bids received will have an impact on the procurement timeline. Bromley received six bid, which meant they have had to extend their procurement timeline in order to evaluate the bids thoroughly.

Mitigation – The number of bids Bexley receives will remain largely unknown until the tender is released to the market. Evaluator and moderation training will be in place to support staff involved in the procurement process in order that they are prepared to evaluate bids effectively and efficiently.

4.6 Current provider unwilling to extend

Our current provider may be unwilling to extend on a short-term basis on the same terms and conditions.

Mitigation – Discussions have commenced with the current provider prior to going out to the market to explore whether they would be prepared to extend and any caveats/changes they might expect to be put in place.

5. REVISED PROCUREMENT TIMELINE

A procurement timeline, based on extending the existing provider contract, is presented below. This is subject to change based on the number of bids received. Any changes will be taken through the Bexley Wellbeing Partnership Committee for information.

Bexley UTC Procurement Timeline (Indicative)	
Milestone	Date
Invitation to Tender (ITT) published	31 st October 2022
Deadline for receipt of clarification questions	28 th November 2022
Final clarification questions responses published	5 th December 2022
Submission deadline for ITT	12 th December 2022
ITT evaluation	16 th December 2022 – 6 th January 2023
Moderation meetings	Week commencing 16 th January 2023
Contract award report	30 th January 2022
Authority due diligence and governance procedures to confirm award	10 th February 2023
Issue outcome letters to Bidders	20 th February 2023
Observe standstill period	20 th February – 2 nd March 2023
Contract award, Finalisation, and signature (assuming no relevant proceedings served)	3 rd March 2023
Mobilisation	6 th March – 31 st July 2023
Service Go-Live	1 st August 2023

6. CONCLUSION

UTC attendances have returned to pre-COVID19 levels and, as winter approaches, acuity levels and activity are predicted to increase. The smooth mobilisation of a new service will be critical to the long-term success of the UTC in Bexley. The indicative procurement timeline (above) gives Bexley the opportunity to have a longer mobilisation period in which to embed a new service. A waiver will need to be agreed for a 6-month extension to the existing contract this will allow for any slippage in the timeline.

7. RECOMMENDATIONS

- (i) To commence the procurement process and formally go out to advert.
- (ii) To proceed with option 1 and procure an integrated UTC/GP OOH HV service.
- (iii) To approach our current provider to understand if they would be willing to extend the contract until 31st July 2023 on the same contractual terms.
- (iv) Approach system partners (if necessary) to support the mobilisation period/or extension period.

However, If recommendations (i) and (iv) are not supported, the recommendation is to continue with the UTC procurement based on the initial indicative timeline set

out on 21st July 2022, which would see the procurement to be completed by 31st March 2022) – acknowledging and accepting the risks set out in Section 4.0.

8. SUMMARY OF FINANCIAL, LEGAL AND OTHER IMPLICATIONS

An Equalities Impact Assessment (EIA) will be completed once the service specification is finalised.

Contact Officer:	Erica Bond, Programme Lead – System Development Team, NHS South East London Integrated Care System
Reporting to:	Gemma O’Neil, Deputy Director of System Development, NHS South East London Integrated Care System

Bexley Wellbeing Partnership Committee

Thursday 20th October 2022

Item: 8

Enclosure: F

Title:	Place Assurance Report
Author:	Graham Tanner, Associate Director – Primary Care, NHS South East London Integrated Care Board Alison Rogers, Acting Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley Council
Executive Lead:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care Board/London Borough of Bexley Council

Purpose of paper:	The purpose of this report is to provide the Bexley Wellbeing Partnership Committee with an update on the performance on local indicators where 'place' is responsible for delivery and the actions being taken to address any underperformance.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>This item covers the performance of local indicators included in national performance frameworks, such as the NHS Oversight Framework or Long-Term Plan and was designed before the pandemic and prior to the release of the latest NHS planning guidance.</p> <p>The content of the report is currently being reviewed to reflect the latest NHS planning guidance and priorities post the pandemic.</p> <p>The report provides the latest performance position and an explanation of the current performance position.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> ▪ Challenging performance areas continue to be Serious Mental Illness Health Checks; Personal Health Budgets; Continuing Healthcare Assessments within 28 days; Learning and Disability Annual Health Checks. The report sets out the actions from the various team to address underperformance. ▪ NHS CHC assessments in acute and NHS CHC 12 weeks referrals continue to deliver against the targets. ▪ For Childhood immunisations in primary care – Bexley is performing above the London average for all 7 metrics. 		

	<ul style="list-style-type: none"> 85.7% of GP Practices in Bexley are Care Quality Commission (CQC) rated as 'Good'. Bexley has on GP Practice 'requiring improvement' and one GP Practice rated as 'outstanding'. 	
Potential Conflicts of Interest:	None identified for the purposes of this report.	
Other Engagement:	Equality Impact	Not applicable.
	Financial Impact	Not applicable.
	Public Engagement	Not applicable.
	Other Committee Discussion/Engagement	Senior Management Team, 04.10.2022.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to note:</p> <ul style="list-style-type: none"> (i) The Place Assurance Report F(i). (ii) The actions being taken at place to address areas of underperformance. 	

Assurance Report – September 2022

1. Reported metrics

1.1. Serious mental illness – physical health checks

Bexley's performance continues to follow an overall improvement trajectory and despite a small drop (0.9%) in Q1 2022/23, relative to Q4 2021/22, delivery has increased again to 38.7% in Q2.

It is acknowledged that there is still significant work to be done to reach the target of 60%.

Plans include:

- Recruitment of a Band 6 Nurse Practitioner for the Oxleas Community Mental Health Team (CMHT) in Bexley to coordinate Serious Mental Health Illness (SMI) physical health checks - start date is yet to be confirmed.
- Primary Care Network (PCN) mental health practitioners have been appointed through the Additional Roles Reimbursement Scheme (ARRS): 2 for North Bexley PCN, 1 for Clocktower PCN and 1 for Froggnal PCN.
- Recruitment of a band 4 support staff/nurse associate post on a 12 month fixed term/secondment to help with the coordination of SMI physical health checks across primary and secondary health services in Bexley.
- SMI performance reports to be included in the agenda for the upcoming practice visits conducted by the primary care team.

1.2. Personal health budgets

Bexley had 162 Personal Health Budgets (PHB) in place at the end of Quarter 1 and so did not achieve the target of 211. Of the 162 Personal Health Budgets in place, 4 related to children receiving continuing healthcare, 46 related to adults who were eligible for NHS Continuing Healthcare (CHC), 25 related to adults receiving joint funded packages of care, 2 related to adults with a primary mental healthcare need, and 84 had a personal wheelchair budget. Bexley's CHC team are part of the SEL CHC PHB working Group who are mapping existing pathways across SEL CHC Teams, developing a stakeholder engagement process and identifying what model needs to be in place across SEL to extend the number of PHBs for CHC patients.

As part of the Community Mental Health Transformation funding, Mind in Bexley is holding a ring-fenced allocation in 22/23 to pilot PHBs for psycho-social support interventions for individuals referred to the integrated mental health and wellbeing hub. These will be included in future reporting.

1.3. NHS Continuing health care

Proportion of NHS Continuing Healthcare assessments completed in the acute setting

Bexley continues to meet this trajectory with 0% of Continuing Healthcare (CHC) assessments (DSTs) reported in quarter 1 of this financial year. This is achieved using discharge to assess so that those identified as requiring a NHS Continuing Healthcare assessment are completed within 28 days of discharge from the acute setting. The CHC team have recently relooked at the 'Placement without Prejudice' Policy with the Local Authority to ensure those who will likely be assessed as eligible for CHC will be 'placed

without prejudice' by the CHC team and receive a Continuing Healthcare Assessment (DST) within 28 days.

Percentage of NHS CHC assessments completed within 28 days

In Quarter 1 Bexley achieved 46% of CHC assessments (DSTs) being completed within 28 days and so did not meet the 50% target. Social Care and Bexley's CHC team are challenged with regards to their workforce which caused delays in assessments. The CHC team are reliant on the Local Authority allocating a social worker to take part in the completion of CHC assessments with a CHC Nurse in a timely manner. Bexley's CHC team have met with relevant colleagues in the Local Authority to discuss how we improve performance against this target.

NHS Continuing Healthcare referrals exceeding 12 weeks

Bexley continues to meet this trajectory with 0 CHC assessments taking over 12 weeks to complete in quarter 1 of 22/23. This trajectory was achieved by working with the Local Authority on the allocation of Social workers, tracking cases awaiting assessment and prioritising the CHC Nurses workloads.

1.4. Childhood Immunisations

Performance shows Bexley as the only borough performing above the London average on all 7 metrics. The childhood immunisation figures for Bexley have on the whole improved since the previous quarter; this is a reflection of the diligent call and recall work undertaken by practices and the trusted relationships established with their patients. However, it is worth noting that the figures do not represent the disparity of uptake across the borough and work continues to target the areas of lower uptake primarily associated with the areas of deprivation in Bexley. It should also be noted that, whilst Bexley continues to be above the average in London for uptake, the position is significant way-off the World Health Organisation uptake target of 95% for childhood immunisation.

The current polio booster campaign has provided a timely opportunity to re-emphasise the importance of all routine childhood immunisations. To support the campaign a short video has been commissioned and developed in conjunction with the British Society of Immunology. The film explains the reasons behind the polio booster campaign and seeks to address concerns parents or carers may have regarding vaccination. Two other short films are planned to support increasing uptake of Measles, Mumps and Rubella (MMR) and the pre-school booster. These will align with the recently launched NHS England national autumn campaign on MMR call and recall for children who are eligible, but have not yet received dose 1 or dose 2 of the MMR vaccine.

1.5. Learning disability and autism – Annual Health Checks

The trajectory target of 100 Annual Health Checks (AHC) was not met for Q1 with 68 completed according to the SEL figures, although some discrepancy with local EMIS (GP clinical system) figures which show 86. Bexley GP practices have completed a recall of patients in line with the national mandate and this has resulted in improvement for Quarter 2.

According to local data, 87% of patients who had not had their AHC completed as at September 2021, were coded by practices as contacted since 22 June 2022. Because of this, 72 patients who hadn't had their AHC done in 2021/22 have had an AHC completed in Q2 which is very positive and this will be reflected in the reporting for the next period.

Data also indicates a significant proportion (13%) of individuals who declined their invitation and commissioners will be working with practices over the next six months to understand why this number is so high.

To support this work, a jointly funded Learning Disability (LD) nurse has been appointed and she will be joining the Oxleas complex physical health team in November. She will work closely with Oxleas and GP practices to improve the accuracy of the LD register, AHC uptake and the quality of the AHCs.

In light of the above, we are confident that Bexley will achieve the 75% AHC uptake for 2022/23.

1.6. GP practices – Care Quality Commission (CQC) ratings

Out of 21 GP Practices, Bexley has one 'practice rated 'Outstanding' (Lakeside), one 'Requires Improvement' (Welling) for which an action plan is in place and supported by the SEL contract management team. The remainder are rated 'Good'. The Bexley Primary Care team are working to reinstate regular practice visits to ensure that good practice is identified and shared and that we have early warnings of any potential areas of concern.

ITEM: 8

ENCLOSURE: F(i)

Bexley Local Care Partnership supplementary performance data report

September 2022

Introduction and summary

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Reported metrics

SMI physical health checks [PAGE 6](#)

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CQC overall ratings [PAGE 13](#)

Outline and structure of report

- The aim of this report is to report the latest positions on areas of performance that have been delegated to the Local Care Partnership via the SEL ICB board. The metrics covered in this report are also drawn from national performance frameworks, such as the NHS System Oversight Framework and Long Term Plan.
- The content of the report will be continuously reviewed to reflect the latest NHS planning guidance and any changes in delegated functions.
- The report provides the definition and latest performance position for each metric and a brief narrative of the central SEL context and the definition and SEL context and an explanation of the current performance position. Benchmarking data has also been reported where available.
- The paper reports mitigating actions to address areas of under performance and also highlights areas of good performance and best practice.

Rating performance

- Performance is RAG rated against the delivery of nationally mandated standards or agreed trajectories. Performance is red rated where there is variance against target and green rated where the target is achieved.

Bexley performance overview

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
SMI Physical Health Checks	↓	National standard 60%	36.1%	Performance is significantly below target.
Personal health budgets	↔	Q1 2022/23 Trajectory - 211	162	Performance is below the Q1 2022/23 trajectory
NHS CHC assessments in acute	↔	National standard No more than 15%	0%	Performance is on target as at Q1 2022/23
NHS CHC 28 days assessments	↑	Completed within 28 days Trajectory - 50%	46%	Performance is below the trajectory as at Q1 2022/23
NHS CHC 12 weeks referrals	↔	Q1 2022/23 Trajectory – no more than 8 per borough	0	Performance trajectory is being met as at Q1 2022/23
Childhood immunisations in primary care	↔	Above the London average for all 7 metrics	Above the London average for all metrics	Performance being met for all metrics
LD and Autism – annual health checks	↔	Q1 2022/23 Trajectory - 100 health checks	68	Performance trajectory is not being met as at Q1 2022/23.
CQC overall ratings	↔	No target	1 practice not Outstanding, 85.7% (18) rated Good	Performance noted as Good.

Performance data

Description of metric and SEL context

- South east London is committed to leading work to reduce the premature mortality among people living with severe mental illness (SMI). People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease.
- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**. As at Q1 2022/23 all SEL LCPs performed well below the planned trajectory of 60% and the SEL overall performance was 34.8%.
- Delivery against the SMI physical health check target for 2022/23 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. A steering group was set-up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation.
- South London and Maudsley NHS FT (SLaM) has recently mobilised an outreach team to work with primary care to carry out physical health checks for Lambeth, Lewisham and Southwark. We expect to see the impact of these checks in Q2 2022/23.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q1 2022/23) – target 60%							
% patients receiving check	36.1%	34.6%	24.5%	36.7%	31.3%	44.3%	34.8%
Trend since last quarter	-0.9%	+3.5%	+16.5%	-2.0%	-1.8%	-3.0%	+1.4%

Description of metric and SEL context

- As of June 2022, 1,433 PHBs were in place in SEL which is 101 below the Q1 target of 1,534. Bromley is the only borough in SEL performing above their planned Q1 trajectory.
- The personal wheelchair budgets offer has been restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership.
- New PHB offers have been introduced including PHBs for people with learning disabilities that are at risk of admission to hospital, across SEL ICS.
- The personalised care team is part of the continuing healthcare working group, ensuring that PHBs are considered in future CCC/CHC plans.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A ‘Community of Practice’ has been developed to support the workforce to implement personalised care across the ICS.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Number of PHBs provided – Q1 2022/23							
Target – Q1 2022/23	211	301	261	291	241	231	1,534
Q1 2022/23	162	545	246	189	77	214	1,433

Proportion of assessments taking place in an acute setting

- ICSs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person's long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- ICSs are required to ensure no more than 15% of assessments take place in an acute setting. All boroughs in South East London are meeting this target as at Q1 2022/23.
- All boroughs are working to local discharge to assess arrangements.

Percentage of assessments completed in 28 days

- ICSs are expected to make a decision about eligibility for a full assessment for NHS continuing healthcare within 28 days of an initial assessment or request for a full assessment.
- Performance across SEL ICS varies significantly against the 50% trajectory. Only Bromley and Lewisham achieved the trajectory for Q1 2022/23.

NHS CHC referrals exceeding 12 weeks

- ICSs are expected to minimise the number of incomplete NHS CHC referrals exceeding 12 weeks.
- All boroughs except Bromley and Greenwich achieved the locally agreed trajectory in Q1 2022/23.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of NHS CHC full assessments in an acute setting Q1 2022/23 – Target no more than 15%							
Quarter 1 2022/23	0%	0%	0%	0%	0%	0%	0%
Trend since last reported period	↔	↔	↑	↑	↔	↔	↑
Percentage assessments completed in 28 days Q1 2022/23 – Trajectory at least 50%							
Quarter 1 2022/23	46%	66%	19%	6%	71%	23%	44%
Trend since last reported period	↓	↑	↓	↑	↑	↑	↑
Incomplete referrals over 12 weeks Q1 2022/23 – Trajectory no more than 8 per borough and 49 SEL							
Quarter 1 2022/23	0	10	17	4	2	1	34
Trend since last reported period	↔	↔	↑	↓	↔	↑	↑

Childhood immunisations: six-in-one vaccination rate

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months – Q4 2021/22									
% patients	90.3%	91.8%	90.0%	83.7%	85.3%	88.2%	88.0%	87.1%	91.9%
Trend since last quarter	↑	↓	↑	↓	↑	↑	↓	↑	↓
Children receiving DTaP/IPV/Hib % at 24 months – Q4 2021/22									
% children	92.8%	92.7%	86.2%	88.1%	88.6%	88.0%	89.3%	87.4%	93.0%
Trend since last quarter	↑	↑	↓	↑	↑	↑	↑	↑	↔
Children receiving pre-school booster (DTaPIPv%) % at 5 years – Q4 2021/22									
% patients	84.0%	82.4%	74.4%	70.2%	73.3%	78.0%	76.7%	72.8%	84.6%
Trend since last quarter	↑	↑	↑	↑	↑	↑	↑	↑	↑
Children receiving DTaP/IPV/Hib % at 5 years – Q4 2021/22									
% patients	92.8%	93.7%	91.6%	88.5%	90.7%	91.3%	91.4%	90.3%	94.5%
Trend since last quarter	↓	↓	↑	↓	↑	↓	↓	↓	↓

Description of metric and SEL context

- People with a learning disability often experience poorer physical and mental health outcomes but this does not need to be the case. South east London is committed to offering 75% (5,811) of patients aged 14 and over on a GP register with learning disability the opportunity to have an annual health check. An annual health check will aid earlier detection of any health issues, which may need further investigation and appropriate interventions made.
- In south east London 695 annual health checks were completed between April and June 2022 against the Q1 trajectory of 800. In Q1 there were workforce challenges to deliver the health checks in primary care, with significant impact from the winter and the omicron wave. There is also a recovery target in place to reach out to patients who did not receive a health check in 2021/22 which added further pressures on capacity.
- Resources have been made available by NHS England for the most challenged areas, which will be used to fund additional staff hours or training where possible.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Annual Health Checks Q1 2022/23							
Quarter 1 2022/23	68	103	110	121	119	174	695
Local trajectory Q1 2022/23	100	100	100	200	200	100	800

Description of metric and SEL context

- The CQC is responsible for monitoring, inspecting and regulating GP practices. The inspections gather information and evidence from people accessing the services and assess the standard of care that is provided.
- Practices will receive one of five assessment outcomes; Outstanding, Good, Inadequate, Requires improvement and No rating.
- Bexley is the only borough to have one Outstanding practice, with all other boroughs having more than 90% of their practices rated as Good.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Summary of latest published CQC ratings – July 2022							
Outstanding	4.8% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0.5% (1)
Good	85.7% (18)	97.7% (42)	96.7% (29)	97.5% (39)	97.0% (32)	90.6% (29)	95% (189)
Inadequate	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Requires improvement	4.8% (1)	0% (0)	3.3% (1)	2.5% (1)	0% (0)	3.1% (1)	2% (4)
No rating	4.8% (1)	2.3% (1)	0% (0)	0% (0)	3% (1)	6.3% (2)	2.5% (5)

* Number of practices reported in ()

Bexley Local Care Partnership Committee

Thursday 20th October 2022

Item: 9

Enclosure: G

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

Purpose of paper:	The purpose of this report is to provide Bexley Wellbeing Partnership Committee with an update of the implementation on the National Enhanced Access to Primary Care Specification.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>On 21st July 2022, the former Bexley Local Care Partnership Committee were recommended to 'endorse the direction of travel' given that the Primary Care Network Plans are still in development – although there was a commitment to deliver the Network Standard Hours in addition to maintaining early morning access at individual GP Practice sites and to note a number of caveats.</p> <p>Throughout August and September commissioners and key stakeholders have worked with Primary Care Networks on developing their models, patient/public engagement, stakeholder engagement, assurance of their plans (with approval by the Place Executive Lead on 31st August 2022) and mobilisation.</p> <p>The Bexley Primary Care Networks Enhanced Access Service mobilised on 1st October 2022.</p> <p>ICT and workforce continue to be the biggest challenges: (i) Work continues on the implementation of the GP Clinical System EMIS Community, however workarounds have been put in place by the GP Federation; and (ii) Rotas have been covered for October.</p> <p>All engagement activities with key stakeholders have been completed.</p> <p>The final summary of the Patient/Public Engagement Programme, which was completed on 31st July 2022 is included in the report and Patient/Public Engagement Packs have been provided to all four Primary Care Networks.</p>		
Potential Conflicts of Interest:	Not identified as a consequence of this update report.		
Other Engagement:	Equality Impact	Primary Care Networks have completed Equality Impact Assessments. Work continues on addressing	

	support and access to Ingleton who are not members of a Primary Care Network.
Financial Impact	Not as a direct result of this paper.
Public Engagement	<ul style="list-style-type: none"> • Patient/Public Engagement Programme was completed on 31.07.2022.
Other Committee Discussion/Engagement	<ul style="list-style-type: none"> • Bexley Local Medical Committee Part 2 – 23.06.2022 • Bexley Local Care Partnership Committee – 21.07.2022 • Bexley Local Medical Committee (written submission) – 03.08.2022 • Primary Care Delivery Group – 07.09.2022 • London Borough of Bexley Council Communities Overview & Scrutiny Committee (Sub-group) – 20.09.2022 • Local Medical Committee Part 2 – 22.09.2022 • Lewisham & Greenwich NHS Trust – 29.09.2022 • Bexley & Greenwich System Oversight Meeting – 30.09.2022 • Bexley Wellbeing Partnership Executive – 12.10.2022 • Bexley Wellbeing Partnership Forum – 14.10.2022
Recommendation:	<p>The Bexley Local Care Partnership Committee is recommended to note:</p> <ul style="list-style-type: none"> (i) The Bexley Primary Care Networks Enhanced Access Services went live on 1st October 2022. (ii) There are still some operational challenges that are being addressed. (iii) The mitigations that commissioners have put in place as a consequence of the limitations of the national Network Standard Hours. (iv) The successful Patient/Public Engagement Programme that was used to help shape where possible this new service. (v) Reporting on the performance of the services will take place via the Primary Care Delivery Group with escalation to committee.

ITEM: 9

ENCLOSURE: G(i)

Bexley Primary Care Networks Enhanced Access – Update

Bexley Wellbeing Partnership Committee
20th October 2022

The purpose of this briefing is to provide Bexley Wellbeing Partnership Committee with;

- ❑ An overview of the national mandated requirements for Primary Care Networks Enhanced Access to be delivered from 1st October 2022.
- ❑ Provide details of the Bexley Primary Care Networks Delivery Models for Enhanced Access encompassing, where pragmatic and indeed possible patient/public feedback.
- ❑ Assurances of the additional interventions/services funded by NHS SEL ICB and Bexley place to support with Winter pressures.
- ❑ Update on the service since go live on 1st October 2022 and current short-term risks and challenges.

**National Directed Enhanced Service
- Enhanced Access: *Reducing
variation and improving access to
core primary care services***

Bexley Wellbeing Partnership Committee

20.10.2022

Context – National Contract

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



National Network Standard – Enhanced Access

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



Bexley Primary Care Network Enhanced Access Plans & the Patient Voice: *You Said*

Bexley Wellbeing Partnership Committee

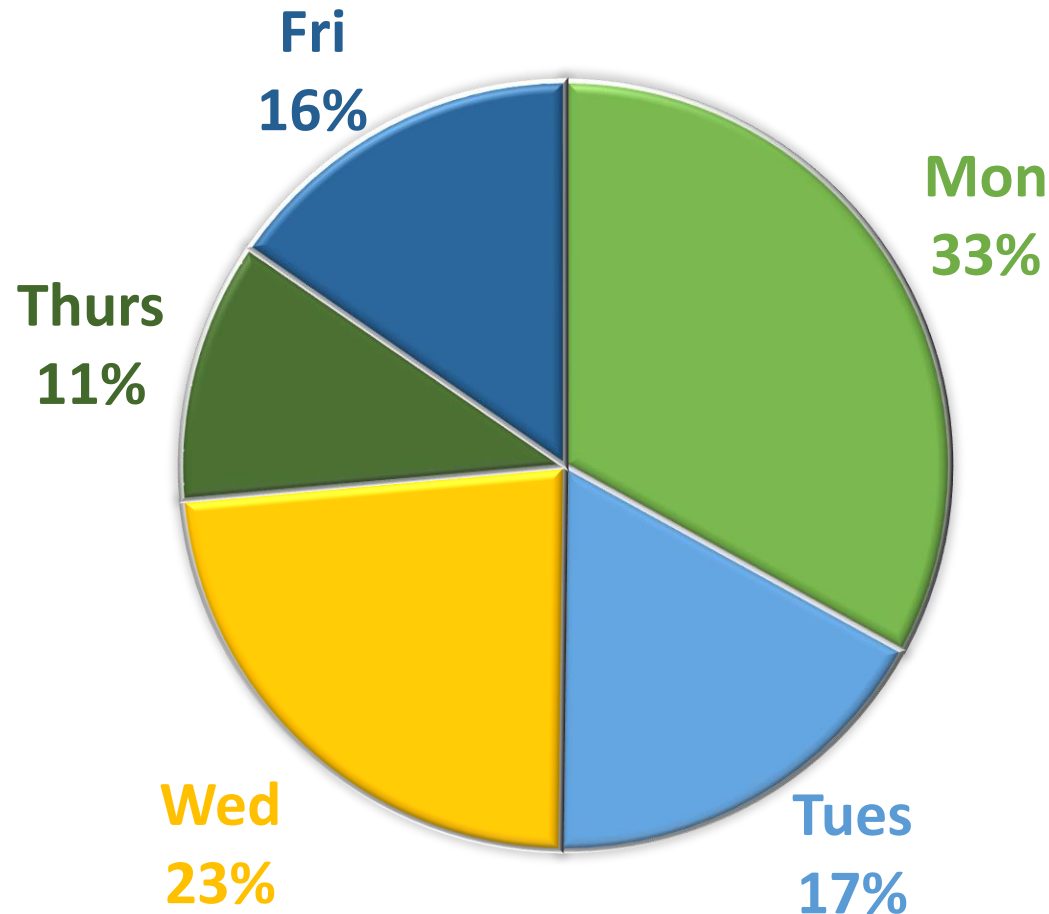
20.10.2022

Patient/Public Engagement – *Bexley Approach*

- Primary Care Networks are required to inform and/or involve patients in planning of enhanced Access and specifically seeking engagement on the mix of services that would be available, when they would be available across the Network Standard Hours and how they will be accessed by patients, including the locations where face to face services will be delivered.
- Bexley Local Care Partnership developed and delivered an Enhanced Access Patient/Public Engagement Programmes to support Primary Care Networks.
- The programme delivered; **3 virtual focus groups**, 1 per Primary Care Network; meetings and conversations with representatives of **6 Practice Participation Groups**; Conversations with **41 Community Champions**; and comments collected from local Facebook groups.
- Our Enhanced Access online survey has had extensive reach with responses from **13,963 people, equal to 5.6%** of the Bexley population.
- The next few slides provides a summary of key questions and responses from the Enhanced Access online survey.

Enhanced Access Survey Summary – You Said: Weekdays

Survey Question: Which day of the week would you be **MOST** likely to access evening (6.30pm-8pm) appointments within your Primary Care Network?

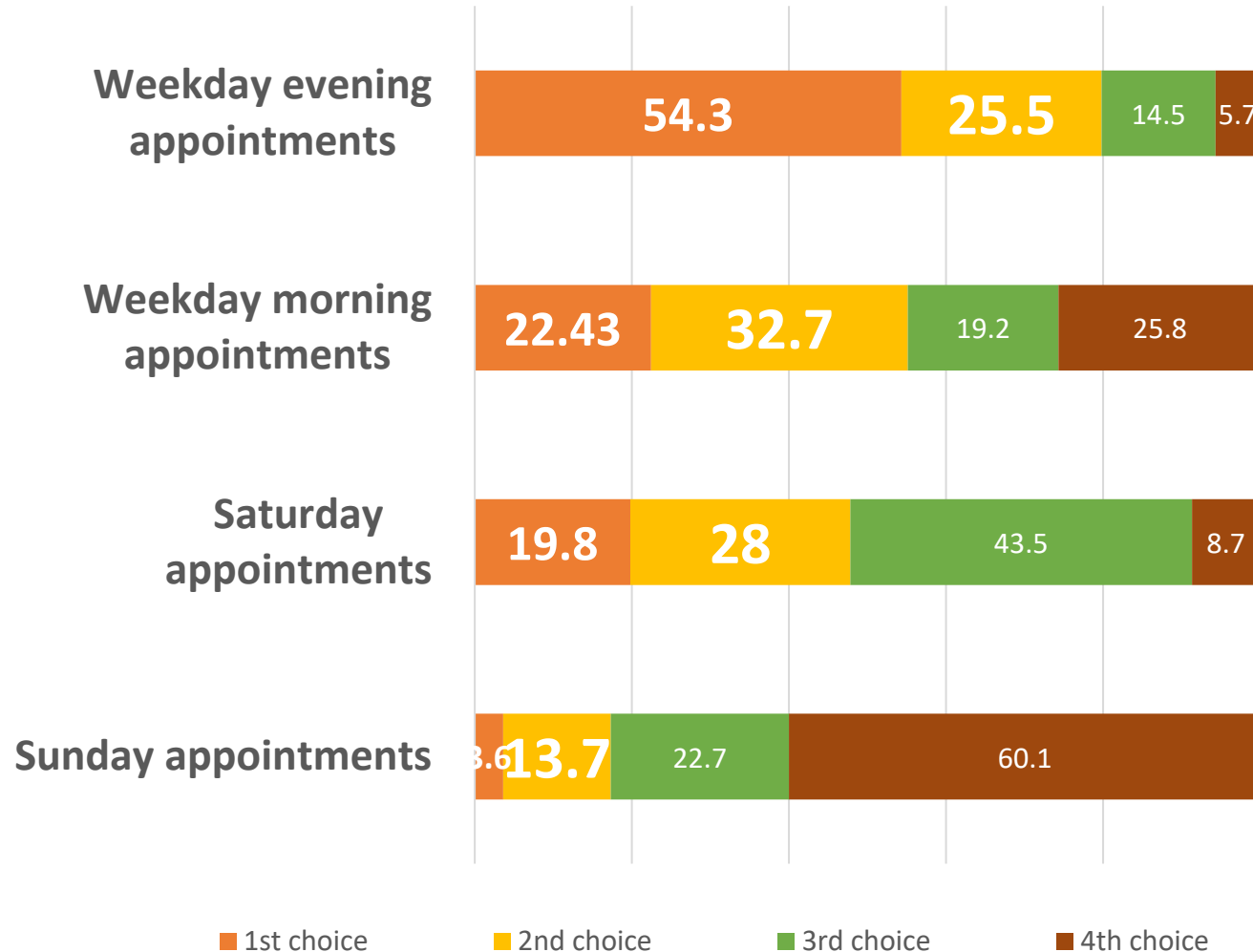


Summary:

- ✓ **79.2%** of all respondents **did not express** a preference for a particular weekday evening.
- ✓ Of those that did express a preference **33%** preferred Monday, followed by Wednesday.

Enhanced Access Survey Summary – You Said: Week

Survey Question: Which of the following you would find the most useful?
(respondents were asked to rank 1-4).

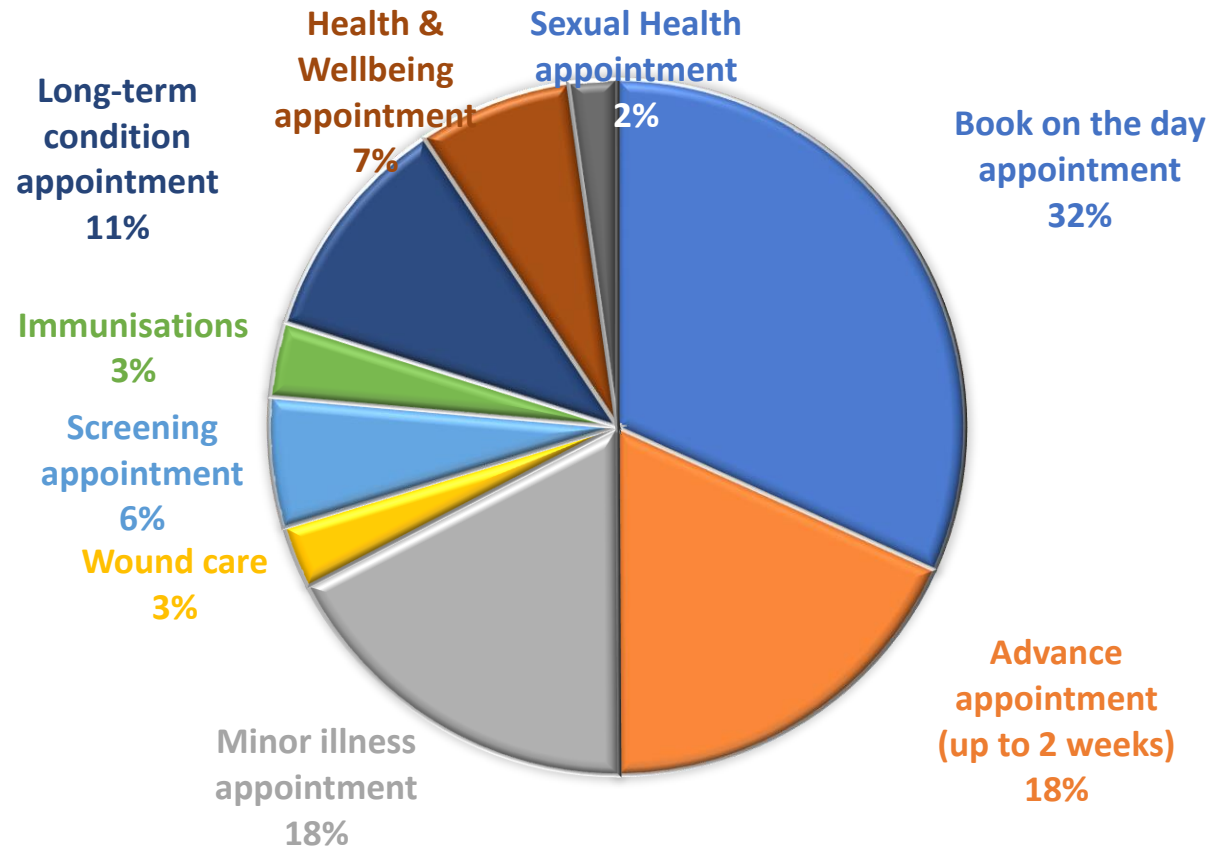


Summary:

- ✓ Weekday evening were ranked the most useful with **54.3%**. Second preferences were morning appointments.
- ✓ Saturday appointments were marginally behind Weekdays appointments.
- ✓ Sunday appointments were ranked the least useful, with **60.1%** of all responses.

Enhanced Access Survey Summary – You Said: Time

Survey Question: What types of services would you find most useful for enhanced hours appointments?

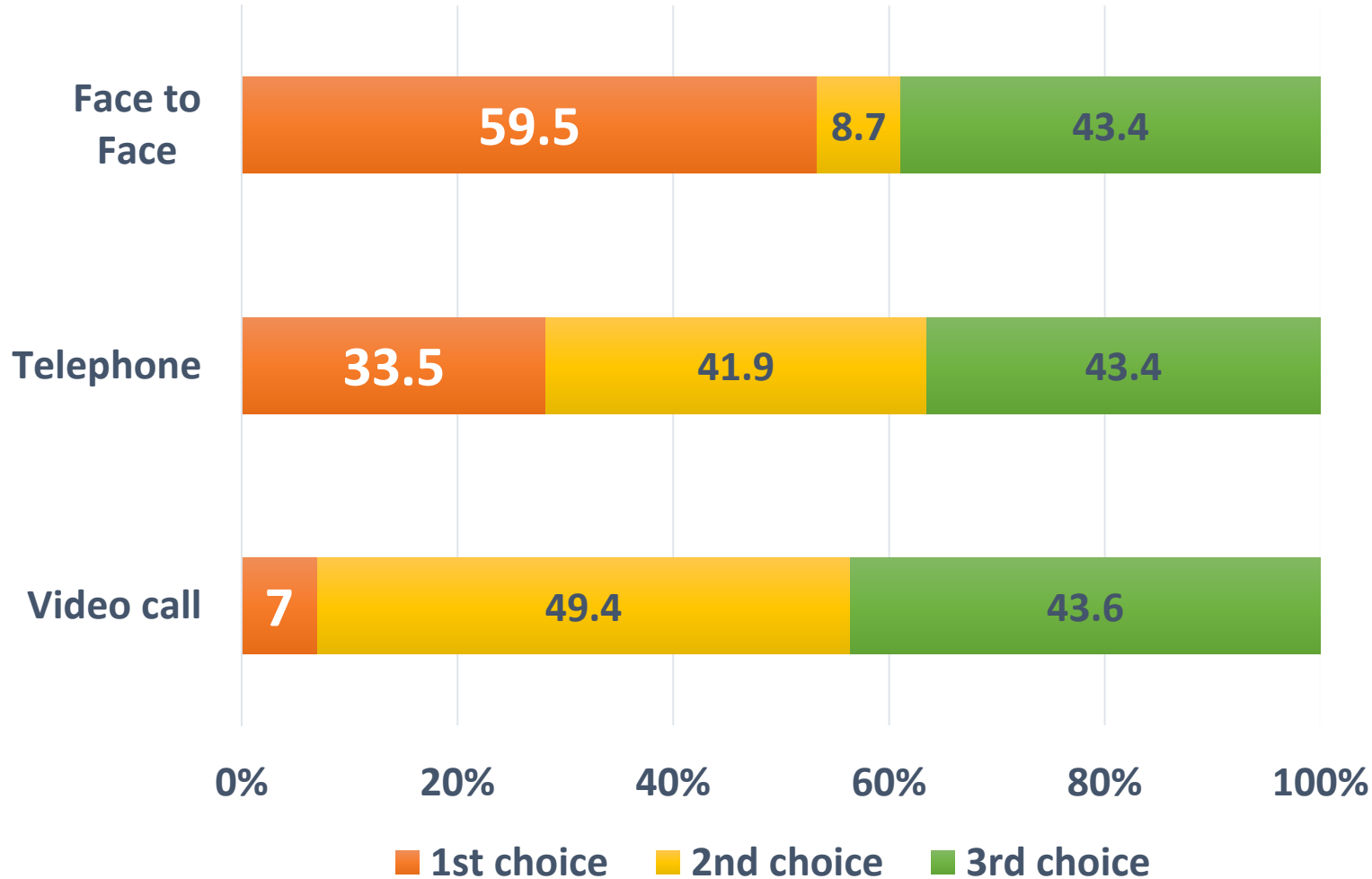


Summary:

- ✓ The majority (**32%**) of respondents ranked bookable on the day (same day access) as the most useful appointment.
- ✓ Followed by being able to book appointments in advance at **18%**.
- ✓ Support with minor illness was third most useful enhanced access service.

Enhanced Access Survey Summary – You Said: Type

Survey Question: What methods of consultation would you find most useful in enhanced hours?

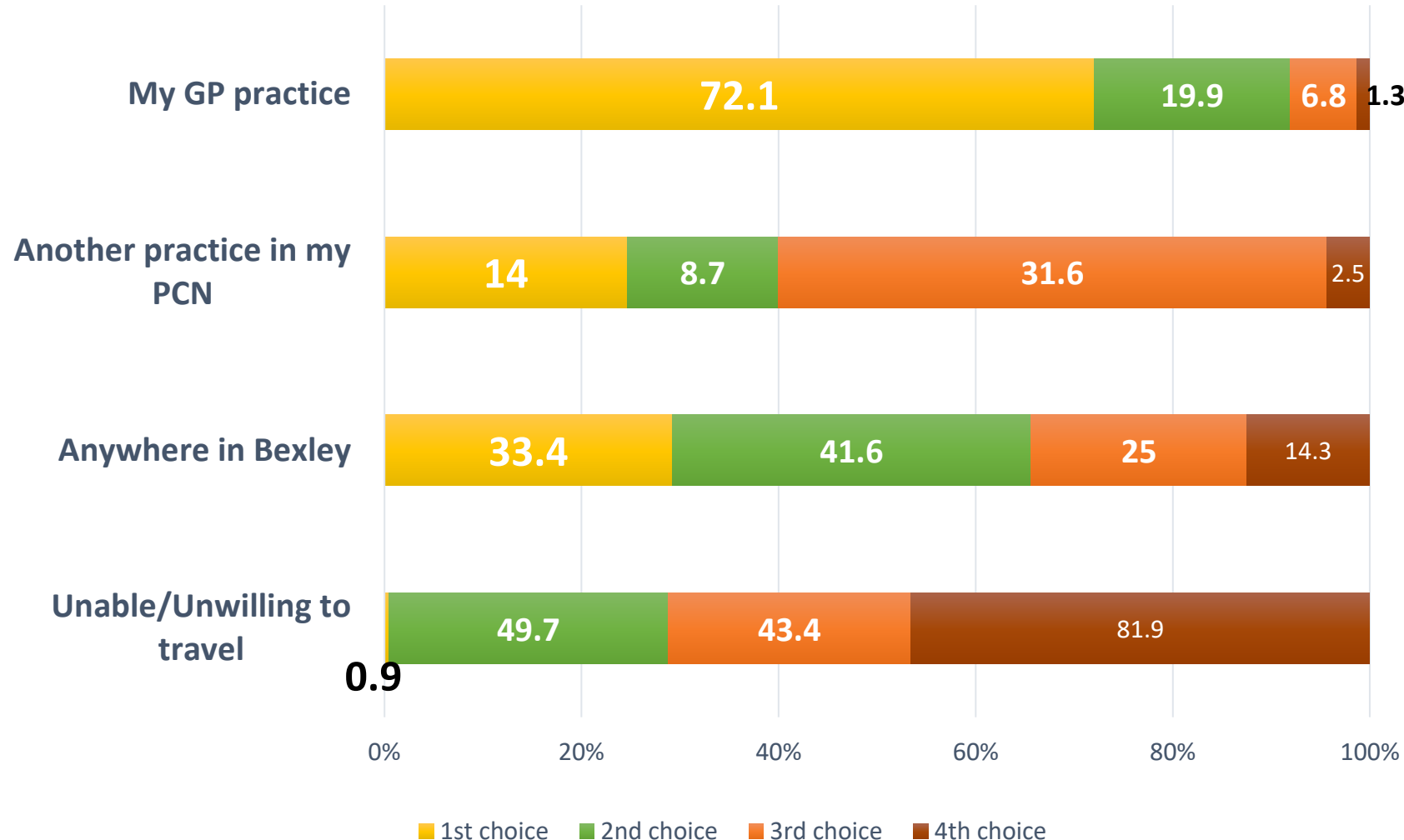


Summary:

- ✓ Face to Face is overwhelming the preferred 1st choice of consultation method with **59.5%**
- ✓ followed by the telephone consultations with **33.5%**.
- ✓ Video consultations also feature as a strong second preferred option with **49.4%**.

Enhanced Access Survey Summary – You Said: Location

Survey Question: If it meant you would get seen sooner, which of these locations would you be satisfied with an enhanced hours appointment at?

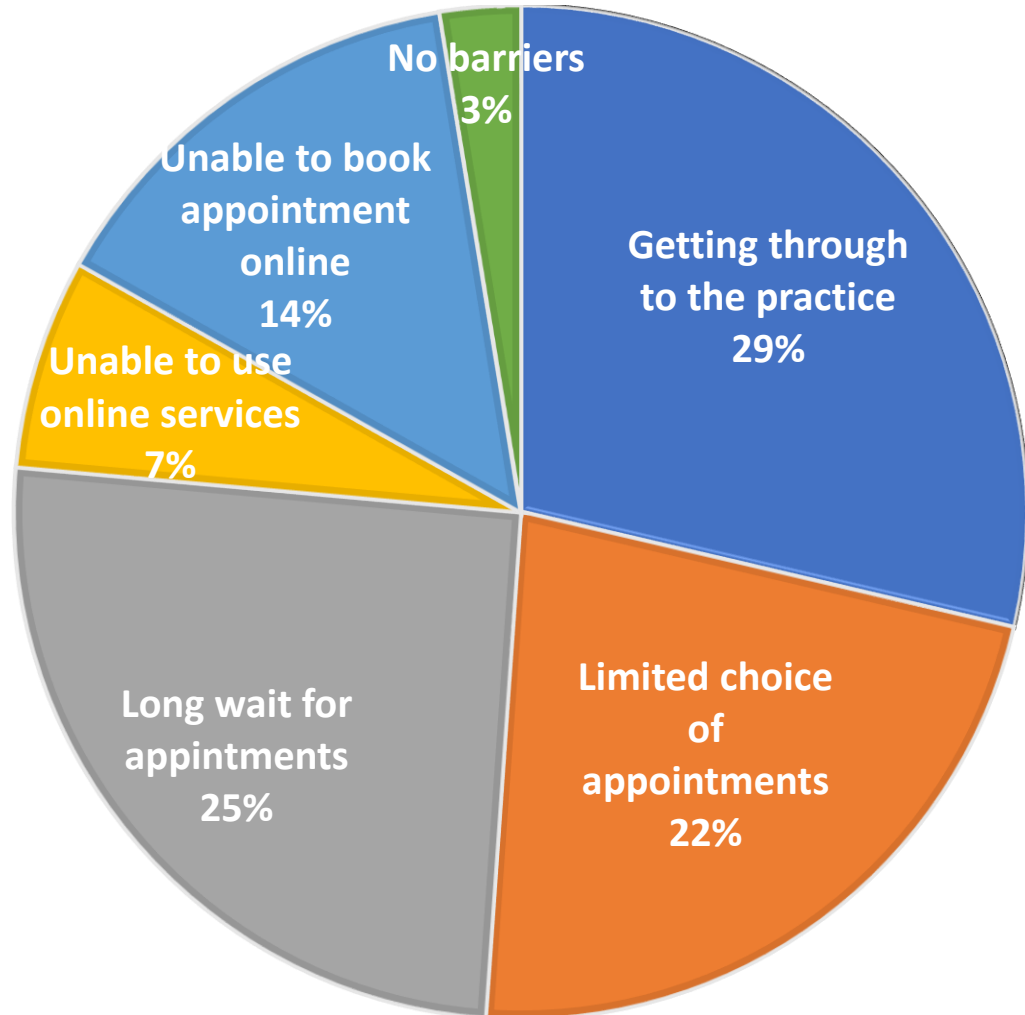


Summary:

- ✓ Expected preference for own GP Practice as the top choice, but anywhere in Bexley was **72.1%**, placed either a 1st or 2nd choice.

Enhanced Access Survey Summary – You Said

Survey Question: Please let us know about any barriers you currently experience in accessing GP Practice services.



Summary:

- ✓ Current barriers getting through on phone with **29%**, long wait for appointments and limited choice main concerns Unable to use online services or unable to book online – all over 20% of respondents.

Bexley Primary Care Network Enhanced Access Plans & the Patient Voice: *We Did*

Bexley Wellbeing Partnership Committee

20.10.2022

Enhanced Access Assurance Outcomes – Bexley

Agreements

- All 4 Primary Care Networks in Bexley intend to deliver some of the Network Standard Hours via a sub-contracting arrangement with the GP Federation (Bexley Neighbourhood Health & Care CIC). Bexley Place has reached the following agreements with all 4 Primary Care Networks:
 - A minimum of 75% Face 2 Face appointments will be provided during the Network Standard Hours.
 - Provide a proportion of the Network Standard appointments for same day urgent care (e.g. bookable on the day).
 - To address the challenges residents face with getting through over the phone as a part of the Enhanced Access Service, to include making available sufficient online access for booking appointments.
 - To provide 5% video consultations.
- All 4 Primary Care Networks intend to deliver the 60 minutes of appointments per 1,000 adjusted patients per week, which includes morning access.

Bexley Primary Care Networks Enhanced Access Service

PCN	Distribution of delivery	Appointment Types	Service Mix (all PCNs offering):	Staffing Mix	NHS 111 access
APL	Monday to Thursday (early mornings and evenings) delivered by PCN practices. Friday and Saturday delivered by GP federation	75% - Face to face 15% - Telephone 5% - Video 5% - Online	75% - Unplanned (Same day urgent) 25% - Planned <ul style="list-style-type: none"> • On the day (minor illness) • Long term condition management • Medication Reviews • Health & Wellbeing clinics (BP checks, Immunisations, Contraception, NHS Health Checks) 	All PCNS offering: GP Nurse Physician Associate Advance Practitioners (Nurse, Paramedic) Pharmacist, Healthcare assistant	All PCNs offering: Same day unused appointments made available to NHS 111
Clock-tower	Monday to Saturday service delivered by practices with GP federation support.	75% - Face to face 15% - Telephone 5% - Video 5% - Online	65% - Unplanned (Same day urgent) 35% - Planned <ul style="list-style-type: none"> • On the day (minor illness) • Long term condition management • Medication Reviews • Health & Wellbeing clinics (BP checks, Immunisations, Contraception, NHS Health Checks) 		

Bexley Primary Care Networks Enhanced Access Service

PCN	Distribution of delivery	Appointment Types	Service Mix (all PCNs offering):	Staffing Mix	NHS 111 access
Frognal	Monday to Saturday service delivered by practices with GP federation support.	75% - Face to face 15% - Telephone 5% - Video 5% - Online	<ul style="list-style-type: none"> 71% - Unplanned (Same day urgent) 29% - Planned On the day (minor illness) Long term condition management Medication Reviews Health & Wellbeing clinics (BP checks, Immunisations, Contraception, NHS Health Checks) 	All PCNS offering: GP Nurse Physician Associate Advance Practitioners (Nurse, Paramedic)	All PCNs offering: Same day unused appointments made available to NHS 111
North Bexley	Monday to Saturday service delivered by practices with GP federation support.	75% - Face to face 15% - Telephone 5% - Video 5% - Online	<ul style="list-style-type: none"> 61% - Unplanned (Same day urgent) 39% - Planned On the day (minor illness) Long term condition management Medication Reviews Health & Wellbeing clinics (BP checks, Immunisations, Contraception, NHS Health Checks) 	Pharmacist, Healthcare assistant	

What's different about Bexley?

All 4 Primary Care Networks in Bexley sought agreement from commissioners to deliver a proportion of the Network Standard Hours during the **mornings** for the following reasons:

- 1. APL:** Existing service, which is well used by a variety of patient cohorts with low DNA rates. 2022/23 YTD **620** patients seen in the mornings. **22%** of the Network Standard Hours is planned to be offered in morning clinics. **29%** of respondents to the online survey preferred mornings.
- 2. Clocktower:** Clinics are well utilised, low DNAs (less than 2%). 2021/22, **2,808** patients were seen in the morning clinics across the 3 sites. **17%** of the Network Standard Hours is planned to be offered in morning clinics. **25%** of respondents to the online survey preferred mornings.
- 3. Frognaal:** Existing clinics, which are well utilised, low DNAs (less than 1%). 2021/22, **3,210** patients were seen in the morning clinic. **11%** of the Network Standard Hours is planned to be offered in morning clinics. **20%** of respondents to the online survey preferred mornings.
- 4. North Bexley:** Existing clinics. **21%** of the Network Standard Hours is planned to be offered in morning clinics. **24%** of respondents to the online survey preferred mornings.

Enhanced Access – Benefits – The Big 5...

- 1. The Enhanced Access opens up a range of primary care appointments across a Primary Care Network footprint outside of the traditional GP Practice 08:00am to 6.30pm hours, improving choice and access.**
- 2. Up to 2/3rds of appointments during the Network Standard Hours will be offered as same day urgent appointments in Bexley.**
- 3. Face 2 Face will be the first offer to patients in Bexley.**
- 4. Better access to health and care services in the mornings, evenings and weekends including: Same day urgent care, Minor Illnesses, Chronic Disease Management e.g. Hypertension, Diabetes, Asthma and COPD, Medication Reviews, Wound Care, NHS Health Checks, Blood Tests and Referral to other health and care services.**
- 5. Access to multi-disciplinary primary care including GPs, Nurses, Health Care Assistants and Pharmacists.**

Bexley Primary Care Network Enhanced Access: *Mitigation* – *Additional Services*

Bexley Wellbeing Partnership Committee

20.10.2022

National Network Standard Hours – Mitigations

The National Network Standard Hours does not include a requirement for Primary Care Networks to provide Sundays or Bank Holidays. Bexley Place have identified a number of gaps in provision as a consequence of the National Network Standard Hours and NHS SEL ICB has supported with funding to 31.03.2023 for additional services.

Sundays & Bank Holidays

Activity on Sundays at the current GP Extended Access Hubs in Bexley is traditionally low and underutilised and the least preferred day for respondents to the survey. However, due to the predicted unprecedented winter and engagement with Lewisham & Greenwich NHS Trust, Sundays and Banks Holidays (8-8) will continue to be provided from 02.10.2022 until 31.03.2023.

Wound Dressing

Bexley's Wound Dressings Service as part of the GP Extended Hub (on one site) is not included in the Network Standard Hours. Therefore, the current service will be continued until 31.10.2022. Bexley Place intend to commission a new service, which will provide increased capacity, choice and better access from 01.11.2022 to 31.03.2023 over the winter.

Virtual Clinical Assessment

Virtual Clinical Assessment Service (VCAS) is not included in the Network Standard Hours. The current service will be extended from 01.10.2022 to 31.03.2023 for NHS111 access and will now include referrals from other services E.g. Rapid Response.

Same Day Urgent Care

Same Day Urgent Care: To support with winter pressures Bexley Place will be using its Winter Allocation to commission additional same day urgent care capacity from the local system/s.

Bexley Primary Care Network Enhanced Access: Short-term Risks & Challenges

Bexley Wellbeing Partnership Committee

20.10.2022

National Network Standard Hours – Mitigations

ICT Enablers

Full implementation of EMIS Community (key enabling clinical software) has been delayed due to training and configuration issues. The workaround and mitigation is that Bexley Health Neighbourhood Care have reverted to Vision 360 software (previously in place for 8-8 Extended Access hubs). This has not impacted on the 'offer' but has limited the number of available sites for appointments and GP capacity, based on Vision training. Issues have been escalated and additional support deployed. EMIS Community is expected to be fully operational from 17th October 2022 and clinics/rosters filled accordingly.

Workforce

Maximising potential of wider workforce (e.g. ARRS roles) remains challenging but availability of non GP appointments e.g. nurses, HCAs etc is expected to increase throughout October.

Bexley Wellbeing Partnership Committee

Thursday 20th October 2022

Item: 10

Enclosure: H

Title:	System Risk Register
Author:	Carol Berry - Corporate Governance Lead Bexley
Executive Lead:	Stuart Rowbotham – Place Executive Director







Purpose of paper:	To provide assurance and to ask the Local Care Partnership Committee to note and accept the risks.	Update / Information	X
		Discussion	X
		Decision	

Summary of main points:	<p>Enclosed are the following documents outlining the identification of risks within Bexley Place:</p> <ol style="list-style-type: none"> 1. A visual summary of all Bexley Place risks demonstrating activity 2. The central risk register outlining all Bexley WBP/ICB risks. <p>Since the last risk report to this committee on 21.07.2022:</p> <p>7 –risks have been closed.</p> <p>ID361 - Finance Risk Breakeven duty on the delegated budgets: rating has reduced and has now meets it target risk of 3x2=6. This was due to in Months 4 & 5, Bexley has reported an underspend position on its delegated budget, there are still areas of concern but overall still meeting required financial duties. Having met our target risk rating it has been agreed to close this risk at this time.</p> <p>EA01-EA06 Enhanced Access service risks this is due to the service now being operational and previously highlighted risks being managed as issues.</p> <p>2 – New risks: in relation to:</p> <p>Winter Pressure - There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties</p> <p>Home First: There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to manage in the community</p> <p>3 – Bexley Specific risks extracted from the South East ICB London Risk Register</p> <p>There 5 risks extracted from the SEL ICB risk register which are of specific interest to Bexley Place and have been included with this report for the committee’s information.</p>
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Conflict of Interests	None identified as result of this report.	
Other Engagement	Equality Impact	N/A
	Financial Impact	N/A
	Public Engagement	N/A
	Other Committee Discussion/ Engagement	Home First Programme Board.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to note and accept the Bexley System Risk Register.	

ITEM:10

ENCLOSURE: H(i)

BEXLEY SYSTEM VISUAL RISK SUMMARY OCTOBER 2022						
Integrated Commissioning	ID401	<p>Non-Recurrent funding for winter schemes There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties</p>				MAJOR
Integrated Commissioning	ID402	<p>Discharge Under Home First Arrangements - There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to manage in the community</p>				MAJOR

ITEM: 10

ENCLOSURE: H(iii)

Bexley Specific Risks Extracted from SEL ICB Risk Register October 2022

Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ID197	Medicines supplies and costs increase from Pandemic and Brexit - There is a risk of the impact of the Pandemic and Brexit on medicine supplies and cost	4x4=16	3x2=6	2x2=4
Risk Sponsor Executive Place Lead		Risk Owner Medicine Management Teams		
Ongoing Controls	<ul style="list-style-type: none"> Engagement with prescribers to ensure only the quantities needed are prescribed General oversight of overspend recovery plans London wide chief pharmacist system wide calls Monitoring adherence to DHSC guidance on stock levels SEL wide leadership call Use of the serious shortage protocol to enable alternative medicines to be dispensed 			
Assurances	<ul style="list-style-type: none"> Engagement with prescribers to ensure only the quantities needed are prescribed General oversight of overspend recovery plans will highlight any issues caused as a result of fluctuating medicine prices caused by drug shortages London wide chief pharmacist system wide calls to allow rapid escalation Monitoring adherence to DHSC guidance on stock levels SEL wide leadership call oversees system wide issues from acute, primary and community pharmacy Use of the serious shortage protocol to enable alternative medicines to be dispensed 			
Impact				
Control Gaps				

Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ID289	Patients will come to harm due to the delays in receiving pathology results from Viapath- This risk is in relation to Viapath.	5x3=15	5x3=15	1x3=3
Risk Sponsor Director of Quality/Medicine Safety Officer Sonia Colwill		Risk Owner Head of Quality Acute Providers - Fiona Leacock + Statutory Compliance Business Manager - Margaret Benbow		
Ongoing Controls	<ul style="list-style-type: none"> • A work plan has been implemented at Viapath to address the failures. • The use of the quality alert process to identify new failures and potential harm. • Regular IT meeting between LGT and Greenwich borough to review IT failures • Viapath has reported a complex incident to address the causes of the delays. • Viapath servers at Kings have been migrated to GSTT • Viapath have established a safety meeting (SEL governance contract meeting) 			
Assurances	<ul style="list-style-type: none"> • The Director of quality and the quality team attend meetings with Viapath to address the issues. 			
Impact				
Control Gaps				

Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ID299	<p>NHS SEL Medicines Management teams acting outside of their current job descriptions in supporting roll out of Covid vaccinations in community pharmacies -</p> <p>There is a risk that the NHS SEL Medicines Management teams are acting outside of their current job descriptions in supporting the roll out of the Covid vaccination in Community Pharmacies as agreed with NHSE Region. The pace of change in the programme and if communication is not robust between the Regional Team and NHS SEL teams there is a risk that information and advice to Community Pharmacists and NHSE staff could be out of date or inaccurate. Also not all NHS SEL pharmacists are able to advise on e.g. infection prevention control measures and on the appropriate setup of Community Pharmacies to undertake vaccination of all cohorts of patients including potentially Paediatrics from 5yrs onwards.</p>	3x3=9	2x3=6	1x3=3
Risk Sponsor Borough place Based Directors		Risk Owner Borough Chief Pharmacists		
Ongoing Controls	<ul style="list-style-type: none"> NHS SEL Chief Pharmacist member of Regional meeting with NHSE, to share information with teams Letter of Comfort to be drafted and sent to Meds Op teams from borough MDs NHSE has provided a template for use during virtual and physical visits to Community Pharmacies NHSE panel to review new pharmacy request and to conduct face to face site visits for paediatric expression of interests 			
Assurances	<ul style="list-style-type: none"> NHS SEL Chief Pharmacist member of Regional meeting with NHSE, ensures information is disseminated in a timely and accurate way Letter of Comfort being drafted to ensure Meds Op team feel confident to undertake this role which sits outside of their usual role NHSE Template used to ensure teams capture information required during visits Accountability for new pharmacy sites remains with NHSEI 			
Impact				

Control Gaps	<ul style="list-style-type: none"> • Clear documentation required to confirm accountability for the site assurances remains with lead commissioners • Additional training required to support MOT staff in assessing competence of community pharmacist to provide paediatric service • MOT staff training/capability can be reinforced by participating in joint site assurance with NHSE/I pharmacy team
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Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ID309	<p>Prescribing Budgets - There is a risk that the prescribing budget may overspend due to lack of capacity to implement in year QIPP schemes by borough medicines management teams. QIPP is unlikely to be a significant priority within GP practices for 2022-23 whilst they endeavour to return to BAU where there are many other conflicting quality related priorities in long term condition management. Entry of new drugs with increased cost pressure to prescribing budget.</p> <p>Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases</p> <p>The priority has shifted to prioritising patient safety issues in Meds Management and supporting hospital avoidance or discharge.</p>	3x4=12	3x3=9	2x3=6
Risk Sponsor Borough place Based Directors		Risk Owner Borough Chief Pharmacists		
Ongoing Controls	<ul style="list-style-type: none"> • Monthly monitoring of spend • Borough QIPP Plans • NHS SEL MM teams still linking in with practices • SEL Rebate schemes 			
Assurances	<ul style="list-style-type: none"> • Monthly monitoring of spend ensures the risk is monitored with exceptions discussed at SEL level Meds management and finance meetings • QIPP plans being developed in boroughs attempts to minimise the risk • Non deployed NHS SEL MM teams linking with practices ensures there is minimal oversight 			

	<ul style="list-style-type: none"> • IMOC meetings • SEL rebate scheme ensures savings are still realised • Prescribing support software harmonisation for SEL in place • All boroughs developing a prescribing improvement scheme (PIS) • A refresh of current self-care campaign materials being reviewed 			
Impact				
Control Gaps	<ul style="list-style-type: none"> • Redeployment of MM staff • Ability of secondary care to engage in system wide meds mtg QIPP programme • Covid vaccine • New emerging diseases 			
Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ID315	Learning Disability CHC - There is a risk that the NHS SEL does not have adequate staffing resource to monitor the quality and safety of out of area placements for people with learning disabilities and complex needs. This could potential lead to LD Clients living in unsafe circumstances with poor quality of care and subject to safeguarding risks	3x4=12	3x4=12	2x1=2
Risk Sponsor Director of Borough Operations Bexley - Diana Braithwaite		Risk Owner Acting Director of Integrated Commissioning - Alison Rogers		
Ongoing Controls	<ul style="list-style-type: none"> • Risk Assessment reviews • Face to Face visits • Chief Nurse intervention 			
Assurances	<ul style="list-style-type: none"> • Review and risk assessment of all out borough placements completed • Face to face review visits re-instated and people with no family visitors prioritised • Risk escalated to Chief Nurse and support and advice on Bexley action plan received • IMOC meetings • SEL rebate scheme ensures savings are still realised • Prescribing support software harmonisation for SEL in place • All boroughs developing a prescribing improvement scheme (PIS) 			

	<ul style="list-style-type: none">• A refresh of current self-care campaign materials being reviewed
Impact	<ul style="list-style-type: none">• Caseload is very complex and needs and demands of some family members can be very intense. This impacts on the capacity and emotional resilience of a small number of key staff, which is unsustainable
Control Gaps	

Bexley Wellbeing Partnership Committee

Thursday 20th October 2022

Item: 11

Enclosure: I

Title:	Month 5 Finance Report
Author:	Julie Witherall, Associate Director of Finance - Bexley
Executive Lead:	David Maloney, Director of Corporate Finance

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) including progress against savings targets as well as the overall financial position of the ICB and the ICS as at Month 5 (August) 2022/23.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>Bexley Position At month 5, Bexley is reporting a £61k underspend year to date, this is made up of a small overspend on Urgent Treatment Centre (UTC) costs within acute services which is offset against underspends in Mental Health Services and Corporate budgets. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 5. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.</p> <p>The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been a large swing in month which is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work to determine the drivers of the increase in prescribing activity will be undertaken in-month.</p> <p>The AQP contract for hearing is over performing across SE London as a whole and in Bexley, this is currently being offset by other community underspends but a discussion is required on how this is addressed across the ICB.</p> <p>It is expected that Bexley overall will achieve at least an overall break-even position at the year end.</p> <p>In terms of savings, plans are in place for the initial savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. It is anticipated that the schemes will start to improve delivery rates in the next couple of months. Bexley has now recurrently identified the £399k additional savings target and budget adjustments have been enacted in month 5.</p> <p>There is an emerging cost pressure of circa £200k requiring further investigation in relation to our community dietetics service. A meeting is being set up to agree a way forward with the provider. This will also be reflected in our local risk register.</p> <p>ICB Position – Refer Appendix 1 This report sets out the Month 5 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1</p>		

July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a £1,047k surplus during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.

The ICB financial allocation for the Month 4 to 12 period is £2,950,929k. Due to the carry-forward of the Q1 CCG position, the ICB is able to spend up to £2,951,976k. The ICB is reporting an overall £218k overspend to Month 5. This reflects a break-even position against its recurrent (BAU) allocation, and a (£218k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.

The key risk within the ICB financial position relates to the prescribing budget. Prescribing data is received two months in arrears, so the latest information we have relates to June 2022. This reported a significant change, to the extent that activity for the first quarter of 2022/23 compared to the same period for last year, showed an increase of around 5%. It is early in the year for clear trends to emerge, but if this increase did continue into future months, the full year forecast impact would be circa £5,800k before mitigations. Borough prescribing leads and the ICB Finance team are jointly reviewing the latest activity information in-month, so that we can report upon the underlying drivers and the level of genuine risk as part of the month 6 finance report. Aside from prescribing, there were no other material changes in-month.

In reporting this Month 5 position, the ICB has delivered the following financial duties:

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

As at Month 5, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.

ICS Position – Refer Appendix 2

At month 5 the ICS is reporting a YTD deficit of (£49.2m); £38.4m adverse to plan.

The main drivers to the adverse YTD position is under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID and the profiling of planned non recurrent flexibilities.

Despite the YTD efficiency delivery falling further behind plan at M5, forecast efficiencies have improved by £1.6m from month 4, with the system forecasting to deliver £194.2m of efficiencies, £13.1m less than the plan of £194.2m.

4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are forecasting breakeven, or slightly better, for the full year

The system is forecasting to breach the agency expenditure limit for the year. The main risks to the forecast are ESRF claw back/underachievement and potential future under delivery or continued under delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.

Capital

	Spend against the system capital resource limit (CRL) is £27.6m under plan YTD. FOT is £0.9m less than the confirmed system capital allocation (CRL).	
Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare
	Financial Impact	The borough is reporting a small surplus of £61k at month 5, with the ICB as a whole reporting an overspend of £218k which relates to Covid vaccination costs which are expected to be reimbursed by NHS England. There remain significant risks around the delivery of some of the savings programmes, namely, prescribing plus the volatility of areas of expenditure such as CHC, MH Cost per Case and prescribing. Work is ongoing to review the prescribing spend as there is increased demand which was not expected, further mitigations against overspends are also being identified and will be included in the month 6 reporting. The ICS is reporting a year to date deficit of £49.2m which is £38.4m adverse to plan. The main drivers to the adverse position are under-delivery of planned efficiencies, higher than planned levels of COVID and the profiling of planned non recurrent flexibilities.
	Public Engagement	Finance is reported to public borough based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/ Engagement	The month 5 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the Month 5 (August 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough. 2. NOTE the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough. 3. DISCUSS & NOTE the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough. 4. NOTE the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough. 	

ITEM:11

ENCLOSURE:I(i)

Bexley Wellbeing Partnership Committee

Financial Year 2022/23

Month 5 Finance Report – August 2022

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1. Summary of Bexley Borough's Financial Position as at Month 5

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	760	787	(27)
Community Health Services	2,460	2,468	(9)
Mental Health Services	1,703	1,625	78
Continuing Care Services	3,950	3,844	106
Prescribing	5,534	5,657	(124)
Other Primary Care Services	461	461	0
Other Programme Services	4	7	(3)
Delegated Primary Care Services	5,947	5,947	-
Corporate Budgets	577	538	39
Total Year to Date	21,395	21,334	61

- At month 5, Bexley is reporting a £61k underspend year to date, this is made up of a small overspend on Urgent Treatment Centre (UTC) costs within acute services which is offset against underspends in Mental Health Services and Corporate budgets. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 5. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been a large swing in month which is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work to determine the drivers of the increase in prescribing activity will be undertaken in-month.
- The AQP contract for hearing is over performing across SE London as a whole and in Bexley, this is currently being offset by other community underspends but a discussion is required on how this is addressed across the ICB.
- It is expected that Bexley overall will achieve at least an overall break-even position at the year end.
- In terms of savings, plans are in place for the initial savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. It is anticipated that the schemes will start to improve delivery rates in the next couple of months. Bexley has now recurrently identified the £399k additional savings target and budget adjustments have been enacted in month 5.
- There is an emerging cost pressure of circa £200k requiring further investigation in relation to our community dietetics service. A meeting is being set up to agree a way forward with the provider. This will also be reflected in our local risk register.

2. Summary of Bexley Borough's Financial Position as at Month 5 re: Savings Targets

Bexley has a total recurrent savings target of £2,013k which includes the £399k of additional savings requested. Plans are in place for the initial savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per previous page. It is hoped that the schemes will start to improve delivery rates in the next couple of months. Bexley has now recurrently identified the £399k additional savings target and budget adjustments have been enacted in month 5. Overall, Bexley is £93k behind plan at month 5 which is a slight deterioration from the month 4 position.

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

Row Labels	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Community Services	325	135	135	0	325	0
Continuing Care Services	560	233	233	0	560	0
Corporate/Running Cost	121	50	50	-17	121	0
Mental Health Services	91	38	38	0	91	0
Other Acute Services	35	15	15	0	35	0
Other Primary Care Services	29	12	12	0	29	0
Other Programme	420	175	175	0	420	0
Prescribing	432	94	18	-76	432	0
Grand Total	2,013	752	677	-93	2,013	0

3. Summary of Bexley Borough's Financial Position as at Month 5 – Other Issues

Staffing Position

As at month 5, Bexley Borough has a number of vacancies against the borough based structure which are as follows;

- 1 Band 8d Assistant Director of Primary Care – started in September
- 1 Band 8c Head of Integrated Commissioning CYP (Joint role) – to be advertised
- 1 Band 8b Head of Integrated Commissioning MH (Joint role) – to be advertised
- 1 Band 8b Partnership Manager (Joint role) – to be advertised
- 1 Band 8a CHC Clinical Lead – post has been offered
- 1 Band 8a CYP Commissioning Manager (Joint role) – person now in post
- 1 Band 7 LD CHC Nurse – waiting for person to start.

These posts are not generally being backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability. A project manager is being recruited on agency to provide support to the Acting Director of Integrated Commissioning whilst they recruit to the MH and CYP joint roles.

Balance Sheet / Financial Services Issues

In the 10 highest value debtors of the CCG, there is one item which relate to Bexley which is debt due from LB Bexley of £85k. This has been chased in month and is now at a reduced level. To assist providers with cash flow, all invoices are currently paid within 7 days of approval. The finance team in conjunction with budget holders are now actively working to clear all pre ICB invoices from the system.

Governance Arrangements

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

Financial Management Arrangements

Month 5 budget holders meetings have taken place and the meetings for the remainder of the financial year have also been arranged. New coding books have been issued to budget holders for the new ledger which took effect from 1st July 2022.

2022/23 Budget Setting

Budget setting meetings for 22/23 have also taken place with budget holders to agree budgets and savings in line with the budget setting paper previously brought to this committee. The initial 2022/23 budgets have now been accepted with all savings identified, however an additional £399k of recurrent savings has been requested of Bexley in order to assist with the overall system deficit and this has now been identified and has been enacted in month 5.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 5

- This report sets out the Month 5 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£2,950,929k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £2,951,976k**. The ICB is reporting an overall **£218k overspend** to Month 5. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£218k)** overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget. Prescribing data is received two months in arrears, so the latest information we have relates to June 2022. This reported a significant change, to the extent that activity for the first quarter of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. It is early in the year for clear trends to emerge, but if this increase did continue into future months, the full year forecast impact would be circa **£5,800k** before mitigations. Borough prescribing leads and the ICB Finance team are jointly reviewing the latest activity information in-month, so that we can report upon the underlying drivers and the level of genuine risk as part of the month 6 finance report. Aside from prescribing, there were no other material changes in-month.
- In reporting this Month 5 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 5, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 5

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overall overspend of **£218k** at Month 5 relating to Covid vaccination expenditure. We are expecting that this will be fully reimbursed by NHSE as per national funding arrangements. Once received a **break-even** (green rated) position will be reported.
- All other financial duties have been delivered for the year to Month 5 period. A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	0	(218)	0	0	
Expenditure not to exceed income	660,590	660,808	2,974,354	2,974,354	
Operating Under Resource Revenue Limit	655,617	655,835	2,951,976	2,951,976	
Not to Exceed Running Cost Allowance	6,079	6,079	27,537	27,537	
Month End Cash Position (expected to be below target)	3,688	197	4,125	439	
Operating under Capital Resource Limit	N/A	N/A	N/A	N/A	
95% of NHS creditor payments within 30 days	95.00%	99.90%	95.00%	99.90%	
95% of non-NHS creditor payments within 30 days	95.00%	97.90%	95.00%	97.90%	
Mental Health Investment Standard (Annual)	168,200	168,200	403,680	403,680	

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

	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	760	1,088	3,976	274	324	164	355,988	362,574	-	362,574
Community Health Services	2,460	12,171	3,977	3,712	3,965	4,630	38,043	68,958	-	68,958
Mental Health Services	1,703	2,078	1,393	3,269	1,052	997	73,660	84,151	-	84,151
Continuing Care Services	3,950	4,012	4,286	4,952	3,363	3,225	-	23,788	-	23,788
Prescribing	5,534	7,542	5,442	6,330	6,403	5,241	106	36,597	-	36,597
Other Primary Care Services	461	470	384	476	205	83	3,895	5,974	-	5,974
Other Programme Services	4	(88)	(76)	(88)	55	57	9,680	9,545	-	9,545
Delegated Primary Care Services	5,947	9,107	7,606	11,793	8,381	9,404	2,018	54,256	-	54,256
Corporate Budgets	577	785	799	1,036	723	752	5,104	9,777	-	9,777
Total Year to Date Budget	21,395	37,165	27,786	31,755	24,471	24,553	488,493	655,618	-	655,617
	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	787	1,130	3,947	173	335	154	355,472	361,998	-	361,998
Community Health Services	2,468	12,200	4,022	3,692	3,968	4,663	38,075	69,089	-	69,089
Mental Health Services	1,625	2,217	1,347	3,160	1,076	1,289	73,650	84,363	-	84,363
Continuing Care Services	3,844	3,888	4,346	5,135	3,363	3,046	-	23,622	-	23,622
Prescribing	5,657	7,732	5,562	6,413	6,495	5,126	106	37,090	-	37,090
Other Primary Care Services	461	470	384	476	205	83	3,895	5,974	-	5,974
Other Programme Services	7	(160)	(76)	(88)	41	57	9,863	9,645	218	9,863
Delegated Primary Care Services	5,947	9,107	7,606	11,793	8,381	9,404	2,018	54,256	-	54,256
Corporate Budgets	538	779	793	960	699	775	5,037	9,580	-	9,580
Total Year to Date Actual	21,334	37,363	27,931	31,715	24,563	24,596	488,115	655,618	218	655,836
	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	(27)	(42)	28	101	(12)	10	516	575	-	575
Community Health Services	(9)	(29)	(45)	19	(3)	(33)	(32)	(131)	-	(131)
Mental Health Services	78	(139)	46	109	(24)	(293)	11	(212)	-	(212)
Continuing Care Services	106	124	(60)	(183)	(0)	179	-	166	-	166
Prescribing	(124)	(190)	(120)	(83)	(92)	116	(0)	(493)	-	(493)
Other Primary Care Services	0	(0)	0	0	0	(0)	0	0	-	0
Other Programme Services	(3)	72	(0)	(0)	14	(0)	(183)	(100)	(218)	(318)
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	39	6	6	76	24	(22)	67	196	-	196
Total Year to Date Variance	61	(198)	(145)	41	(92)	(44)	379	(0)	(218)	(218)

- At Month 5, the ICB is reporting an overall **£218k overspend**. This relates to expenditure on the **Covid vaccination programme** for which the ICB is expected to be reimbursed. This is shown in the Covid-19 column of the table. **All BAU budgets overall are breaking-even**. The main financial risks for the delegated borough budgets relate to continuing care, prescribing and mental health services.
- The ICB is reporting a **£493k overspend** against its **prescribing position**. This position is based upon Q1 2022/23 data and represents a **significant deterioration in-month**. The equivalent YTD position at Month 4 was break-even. The prescribing data is showing a **5% activity increase** compared to the same period in 2021/22. This budget will require careful monitoring over the coming months and further work is on-going to understand cost drivers so that mitigations can be implemented.
- The overall **continuing care** financial position is **£166k underspent**, although the underlying pressures are variable across the boroughs. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. Price negotiations are on-going with providers and there is a risk that costs will increase as we move through the year, although budget provision has been made for additional price inflation.
- The **mental health** position is reporting a **£212k overspend**, with the main pressure relating to Southwark, which is seeing an increase in its client cost base. Work is on-going to manage this position locally.
- The variances reported for central South East London **Acute, Community and Mental Health budgets** relate to non-block activity. As at Month 5, this position is generating a **£495k underspend**.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

6. Revenue Resource Limit as at Month 5

- The table below sets out the movements in the Revenue Resource Limit at Month 5. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**.
- In month, the ICB has received an additional £7,880k of (largely non-recurrent) allocations, giving the **ICB a total allocation of £2,951,976k** at Month 5. An assessment will be made in-month in respect of forecasted spend against additional allocations.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
Month 4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
Month 1-3 Carry Forward (Allocated)							1,047	1,047
Month 4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
<i>Internal Adjustments</i>								
Continuing Care Uplift	277	247	307	382	241	239	(1,694)	-
Health Inequalities Funding	357	512	462	639	509	521	(3,000)	-
Mental Health cost per case risk share	40	3	(10)	(66)	70	28	(64)	-
Other adjustments	34	3	3	5	18	14	(76)	-
<i>Month 5 Allocations</i>								
Virtual Ward							3,716	3,716
Post Covid							2,617	2,617
Cancer							419	419
Asylum Seekers Health							320	320
Latent TB infection payment			50	26	33	30		139
Other Allocations							669	669
Month 5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976

7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 5

I&E position

- At month 5 the ICS is reporting a YTD deficit of (£49.2m); £38.4m adverse to plan.
- The main drivers to the adverse YTD position is under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID and the profiling of planned non recurrent flexibilities.
- Despite the YTD efficiency delivery falling further behind plan at M5, forecast efficiencies have improved by £1.6m from month 4, with the system forecasting to deliver £194.2m of efficiencies, £13.1m less than the plan of £194.2m.
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are forecasting breakeven, or slightly better, for the full year
- The system is forecasting to breach the agency expenditure limit for the year.
- The main risks to the forecast are ESRF claw back/underachievement and potential future under delivery or continued under delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.

Capital

- Spend against the system capital resource limit (CRL) is £27.6m under plan YTD. FOT is £0.9m less than the confirmed system capital allocation (CRL).

8. Summary of NHS SE London ICS's Financial Position as at Month 5

- At month 5 the ICS is reporting a **YTD deficit of (£49.2m)**, £38.4m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. The estimated risk to system income from claw-back is c. £15m YTD, based on extrapolating activity levels in April and May.
- The **main driver to the adverse YTD position is the under-delivery of efficiencies**: actual CIP delivery is £47.2m YTD, £36.4m behind plan, and expenditure due to higher than planned levels of COVID patients.
- Despite being behind plan at month 5, **each organisation is forecasting to deliver a break-even out-turn, or better.**

	YTD Actual	Variance
	£m	£m
GSTT	(26.2)	(15.5)
KCH	(16.6)	(16.6)
LGT	(5.2)	(5.2)
Oxleas	1.1	1.1
SLaM	(2.1)	(2.9)
Providers	(49.0)	(39.1)
ICB	(0.2)	0.6
ICS total	(49.2)	(38.4)

	M05 Year-to-date			Commentary	2022/23 Out-turn			
	Plan	Actual	Variance		Plan	Forecast	Variance	Turnover
	£m	£m	£m		£m	£m	£m	£m
GSTT	(10.7)	(26.2)	(15.5)	In-month variance of £2.1m driven largely by additional bank and agency spend over August.	0.0	0.0	0.0	£2,586.9
KCH	0.0	(16.6)	(16.6)	YTD deficit driven by CIP non-achievement; incremental costs of reset & recovery, and COVID	(0.0)	(0.0)	(0.0)	£1,563.0
LGT	0.0	(5.2)	(5.2)	Break-even in-month. Risks to forecast include additional inflation and claw-back of ESRF	0.1	0.1	0.0	£722.4
Oxleas	0.0	1.1	1.1	Forecasting £2.6m above plan. Concerns about rising agency spend related to new contracts	(0.0)	2.6	2.6	£415.7
SLaM	0.7	(2.1)	(2.9)	Several risks to FOT have been identified, including staffing/agency pressures, private beds, and CIPs	0.0	0.0	0.0	£521.3
SEL Providers	(9.9)	(49.0)	(39.1)	Prescribing presents a potential risk of £5.8m of which 50% could potentially be mitigated by QIPP	0.1	2.7	2.6	£5,809.3
SEL ICB	(0.8)	(0.2)	0.6		0.0	0.0	0.0	£1,437.3
SEL ICS total	(10.7)	(49.2)	(38.4)		0.1	2.7	2.6	£7,246.6

ITEM:11
ENCLOSURE: I(ii)

SEL ICB Finance Report

Month 5 2022/23

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1. Executive Summary

- This report sets out the Month 5 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£2,950,929k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £2,951,976k**. The ICB is reporting an overall **£218k overspend** to Month 5. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£218k)** overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget. Prescribing data is received two months in arrears, so the latest information we have relates to June 2022. This reported a significant change, to the extent that activity for the first quarter of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. It is early in the year for clear trends to emerge, but if this increase did continue into future months, the full year forecast impact would be circa **£5,800k** before mitigations. Borough prescribing leads and the ICB Finance team are jointly reviewing the latest activity information in-month, so that we can report upon the underlying drivers and the level of genuine risk as part of the month 6 finance report. Aside from prescribing, there were no other material changes in-month.
- In reporting this Month 5 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 5, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

- The table below sets out the movements in the Revenue Resource Limit at Month 5. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**.
- In month, the ICB has received an additional £7,880k of (largely non-recurrent) allocations, giving the **ICB a total allocation of £2,951,976k** at Month 5. An assessment will be made in-month in respect of forecasted spend against additional allocations.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
Month 4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
Month 1-3 Carry Forward (Allocated)							1,047	1,047
Month 4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
<i>Internal Adjustments</i>								
Continuing Care Uplift	277	247	307	382	241	239	(1,694)	-
Health Inequalities Funding	357	512	462	639	509	521	(3,000)	-
Mental Health cost per case risk share	40	3	(10)	(66)	70	28	(64)	-
Other adjustments	34	3	3	5	18	14	(76)	-
<i>Month 5 Allocations</i>								
Virtual Ward							3,716	3,716
Post Covid							2,617	2,617
Cancer							419	419
Asylum Seekers Health							320	320
Latent TB infection payment			50	26	33	30		139
Other Allocations							669	669
Month 5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976

3. Key Financial Indicators

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overall overspend of **£218k** at Month 5 relating to Covid vaccination expenditure. We are expecting that this will be fully reimbursed by NHSE as per national funding arrangements. Once received a **break-even** (green rated) position will be reported.
- All other financial duties have been delivered for the year to Month 5 period. A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	0	(218)	0	0	
Expenditure not to exceed income	660,590	660,808	2,974,354	2,974,354	
Operating Under Resource Revenue Limit	655,617	655,835	2,951,976	2,951,976	
Not to Exceed Running Cost Allowance	6,079	6,079	27,537	27,537	
Month End Cash Position (expected to be below target)	3,688	197	4,125	439	
Operating under Capital Resource Limit	N/A	N/A	N/A	N/A	
95% of NHS creditor payments within 30 days	95.00%	99.90%	95.00%	99.90%	
95% of non-NHS creditor payments within 30 days	95.00%	97.90%	95.00%	97.90%	
Mental Health Investment Standard (Annual)	168,200	168,200	403,680	403,680	

4. Budget Overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	760	1,088	3,976	274	324	164	355,988	362,574	-	362,574
Community Health Services	2,460	12,171	3,977	3,712	3,965	4,630	38,043	68,958	-	68,958
Mental Health Services	1,703	2,078	1,393	3,269	1,052	997	73,660	84,151	-	84,151
Continuing Care Services	3,950	4,012	4,286	4,952	3,363	3,225	-	23,788	-	23,788
Prescribing	5,534	7,542	5,442	6,330	6,403	5,241	106	36,597	-	36,597
Other Primary Care Services	461	470	384	476	205	83	3,895	5,974	-	5,974
Other Programme Services	4	(88)	(76)	(88)	55	57	9,680	9,545	-	9,545
Delegated Primary Care Services	5,947	9,107	7,606	11,793	8,381	9,404	2,018	54,256	-	54,256
Corporate Budgets	577	785	799	1,036	723	752	5,104	9,777	-	9,777
Total Year to Date Budget	21,395	37,165	27,786	31,755	24,471	24,553	488,493	655,618	-	655,617
	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	787	1,130	3,947	173	335	154	355,472	361,998	-	361,998
Community Health Services	2,468	12,200	4,022	3,692	3,968	4,663	38,075	69,089	-	69,089
Mental Health Services	1,625	2,217	1,347	3,160	1,076	1,289	73,650	84,363	-	84,363
Continuing Care Services	3,844	3,888	4,346	5,135	3,363	3,046	-	23,622	-	23,622
Prescribing	5,657	7,732	5,562	6,413	6,495	5,126	106	37,090	-	37,090
Other Primary Care Services	461	470	384	476	205	83	3,895	5,974	-	5,974
Other Programme Services	7	(160)	(76)	(88)	41	57	9,863	9,645	218	9,863
Delegated Primary Care Services	5,947	9,107	7,606	11,793	8,381	9,404	2,018	54,256	-	54,256
Corporate Budgets	538	779	793	960	699	775	5,037	9,580	-	9,580
Total Year to Date Actual	21,334	37,363	27,931	31,715	24,563	24,596	488,115	655,618	218	655,836
	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	(27)	(42)	28	101	(12)	10	516	575	-	575
Community Health Services	(9)	(29)	(45)	19	(3)	(33)	(32)	(131)	-	(131)
Mental Health Services	78	(139)	46	109	(24)	(293)	11	(212)	-	(212)
Continuing Care Services	106	124	(60)	(183)	(0)	179	-	166	-	166
Prescribing	(124)	(190)	(120)	(83)	(92)	116	(0)	(493)	-	(493)
Other Primary Care Services	0	(0)	0	0	0	(0)	0	0	-	0
Other Programme Services	(3)	72	(0)	(0)	14	(0)	(183)	(100)	(218)	(318)
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	39	6	6	76	24	(22)	67	196	-	196
Total Year to Date Variance	61	(198)	(145)	41	(92)	(44)	379	(0)	(218)	(218)

- At Month 5, the ICB is reporting an overall **£218k overspend**. This relates to expenditure on the **Covid vaccination programme** for which the ICB is expected to be reimbursed. This is shown in the Covid-19 column of the table. **All BAU budgets overall are breaking-even**. The main financial risks for the delegated borough budgets relate to continuing care, prescribing and mental health services.
- The ICB is reporting a **£493k overspend** against its **prescribing position**. This position is based upon Q1 2022/23 data and represents a **significant deterioration in-month**. The equivalent YTD position at Month 4 was break-even. The prescribing data is showing a **5% activity increase** compared to the same period in 2021/22. This budget will require careful monitoring over the coming months and further work is on-going to understand cost drivers so that mitigations can be implemented.
- The overall **continuing care** financial position is **£166k underspent**, although the underlying pressures are variable across the boroughs. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. Price negotiations are on-going with providers and there is a risk that costs will increase as we move through the year, although budget provision has been made for additional price inflation.
- The **mental health** position is reporting a **£212k overspend**, with the main pressure relating to Southwark, which is seeing an increase in its client cost base. Work is on-going to manage this position locally.
- The variances reported for central South East London **Acute, Community and Mental Health budgets** relate to non-block activity. As at Month 5, this position is generating a **£495k underspend**.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 5 prescribing position is based upon Q1 2022/23 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£493k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase of around 11,400 items (4.8%)**. On a Borough basis, the increase ranges from Southwark (2.4%) to Bexley (7.7%). This is set out in the table below:

Items Prescribed	South East London			Bexley			Bromley			Greenwich			Lambeth			Lewisham			Southwark		
	2021/22	2022/23	Change	2021/22	2022/23	Change	2021/22	2022/23	Change	2021/22	2022/23	Change	2021/22	2022/23	Change	2021/22	2022/23	Change	2021/22	2022/23	Change
April	81,269	82,558	1.59%	12,829	13,428	4.67%	13,875	14,257	2.76%	12,522	12,885	2.90%	16,987	16,748	(1.41%)	11,396	11,716	2.81%	13,655	13,523	(0.96%)
May	78,660	82,488	4.87%	12,211	13,077	7.09%	13,588	14,197	4.48%	12,202	12,773	4.68%	16,064	16,987	5.75%	11,326	11,966	5.65%	13,266	13,486	1.65%
June	78,757	85,007	7.94%	12,456	13,876	11.41%	13,546	14,681	8.39%	12,458	13,114	5.27%	15,902	17,340	9.04%	11,326	12,038	6.29%	13,067	13,954	6.79%
July	74,153	-		11,883	-		12,742	-		11,569	-		15,147	-		10,569	-		12,242	-	
August	75,862	-		12,167	-		12,943	-		11,989	-		15,586	-		10,774	-		12,402	-	
September	78,128	-		12,736	-		13,377	-		11,862	-		16,097	-		11,151	-		12,903	-	
October	77,572	-		12,703	-		13,883	-		11,880	-		15,659	-		10,799	-		12,647	-	
November	79,855	-		12,873	-		14,021	-		12,078	-		16,371	-		11,556	-		12,954	-	
December	86,720	-		14,383	-		15,281	-		13,320	-		17,350	-		12,483	-		13,901	-	
January	84,291	-		13,212	-		14,616	-		13,411	-		17,282	-		11,912	-		13,857	-	
February	77,645	-		12,554	-		13,099	-		12,187	-		15,778	-		11,196	-		12,829	-	
March	78,664	-		12,442	-		13,660	-		12,163	-		16,019	-		11,399	-		12,981	-	
YTD Comparison	238,687	250,054	4.76%	37,496	40,381	7.69%	41,009	43,136	5.19%	37,182	38,772	4.28%	48,954	51,075	4.33%	34,048	35,720	4.91%	39,988	40,963	2.44%
Change	11,367			2,885			2,127			1,590			2,121			1,672			976		

- If this increase in activity did continue into future months, the full year forecast impact would be circa **£5,800k** before mitigations. This is shown in the table to the right. Borough prescribing leads and the ICB Finance team are jointly reviewing the latest activity information in-month, so that we can report upon the underlying drivers and the level of genuine risk as part of the month 6 finance report.

	Budget (£'000s)	FOT (£'000s)	FOT Variance (over)/under (£'000s)
Bexley	24,622	25,746	(1,124)
Bromley	33,646	35,632	(1,986)
Greenwich	24,144	24,981	(836)
Lambeth	28,540	28,895	(355)
Lewisham	27,823	29,260	(1,437)
Southwark	23,473	23,547	(74)
Grand Total	162,247	168,060	(5,812)

6. Continuing Care

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been 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 these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).
- The overall CHC financial position at Month 5 is an **underspend of £166k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth continues to present the largest risk to the position with activity significantly above the level anticipated. Work is on-going to review, understand and mitigate the position. The remaining boroughs are seeing a slight increase in activity in year, with this currently being offset by lower than anticipated price pressures. However, it is still early in the financial year, with price negotiations on-going with providers and a risk that costs will increase as we move through the year.
- As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of **£1,800k** to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough has now been completed.
- A piece of work has been started to analyse CHC expenditure across the Boroughs on a price and activity basis. The aim of this is to highlight where unexplained variations exist with a view to minimising inefficiencies across the ICB. This will be included in the finance report from Month 6.

7. Provider Position

Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.
- In year, the ICB is forecasting to spend circa **£2,795,815k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£677,125k**
 - Kings College Hospital **£736,031k**
 - Lewisham and Greenwich **£581,338k**
 - South London and the Maudsley **£273,256k**
 - Oxleas **£210,278k**
- As at month 5, the ICB position is showing a **£495k** underspend, with activity lower than anticipated with the ICB's acute independent sector providers and in the community position due to a slight underperformance against minor eye condition (MECs) activity. This position is anticipated to be driven by seasonal factors, with the year end position likely to be at **break-even**.

8. QIPP

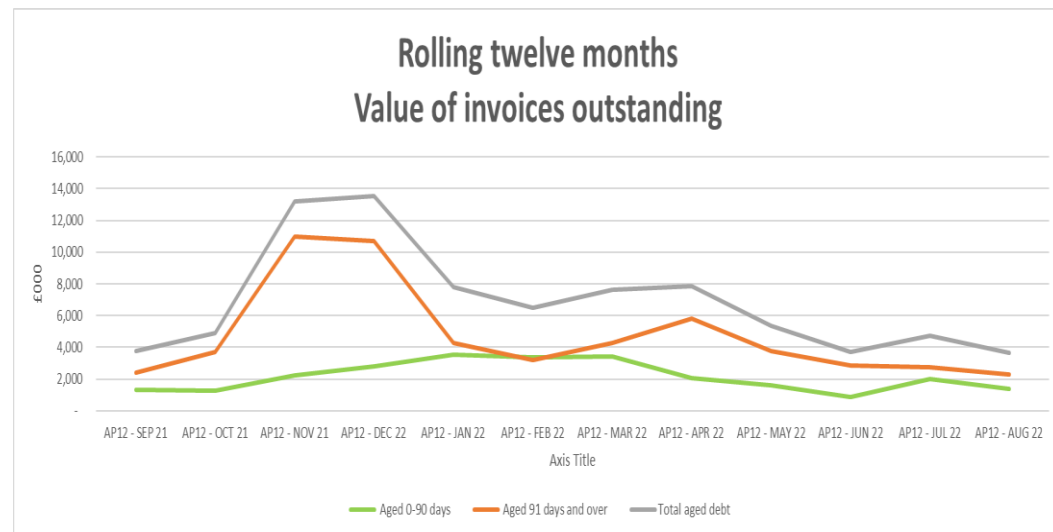
- The ICB has a QIPP savings ask of **£29.3m** for 2022/23. The 'by area' and borough positions are set out below. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which has been based upon the expected impact of the specific savings schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£684k** at Month 5. This is partly due to prescribing and continuing care savings not currently delivering to plan. There is also slippage on the delivery of the additional **£7,000k** savings ask (£3,000k borough and £4,000k central budgets) on the ICB. An element of the savings plan is being delivered non recurrently whilst boroughs develop and implement plans to deliver savings recurrently. Of the total savings plan of **£29.3m**, circa **£20.2m** is currently being delivered on a recurrent basis. The majority of the corporate savings are being delivered non-recurrently through the management of staff vacancies.

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Additional System Savings Requirement	7,000	2,917	2,681	-236	7,000	0
Central budgets	491	205	205	0	491	0
Community Services	2,541	1,092	1,092	-0	2,620	0
Continuing Care Services	3,429	1,429	1,206	-223	3,429	0
Corporate/Running Cost	2,727	1,136	1,183	46	2,727	0
Mental Health Services	601	250	250	-0	601	0
Other Acute Services	812	339	339	0	814	0
Other Primary Care Services	194	250	251	1	601	0
Other Programme	8,349	3,275	3,275	0	7,861	0
Prescribing (blank)	3,161	561	290	-271	3,161	0
Grand Total	29,305	11,454	10,770	-684	29,305	0

Borough	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Bexley	2,013	752	659	-93	2,013	0
Bromley	3,841	1,428	1,129	-299	3,841	0
Greenwich	2,891	1,149	995	-153	2,891	0
Lambeth	2,555	978	746	-232	2,555	0
Lewisham	2,623	793	847	54	2,623	0
SEL Central	11,919	4,966	4,966	0	11,919	0
Southwark	1,963	763	803	40	1,964	0
SEL (blank)	1,500	625	625	0	1,500	0
Grand Total	29,305	11,454	10,770	-684	29,305	0

- The forecast outturn is reported as **break-even**, which reflects the confidence boroughs have in being able to deliver these savings by the end of the year. Prescribing and continuing care activity, in particular are very closely monitored on a on-going basis. It is expected that boroughs will have savings plans identified in full by Month 6.

9. Debtors Position



Overview:

- The ICB has an overall debt position of £3.6m at Month 5. Of this £0.5m relates to debt over 3 months old. Following the work undertaken to resolve debt queries prior to the transition to the new ledger, the ICB is moving towards a more consistent 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 are assisting in the collection of debt, with a focus on debt over 90 days which is continuing to reduce.
- The top 10 aged debtors are provided in the table below, with the main balances remaining with Circle Clinical Services, Bromley Healthcare, Bromley Training Hub and other local NHS ICB organisations. These are being actively chased on a weekly basis by borough finance colleagues.

Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	98	54	1,073	94	4	33	1,356
Non-NHS	175	1,267	303	67	380	101	2,293
Unallocated	0	(23)	(4)	0	0	0	(27)
Total	273	1,298	1,372	161	384	134	3,622

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	1048	1	1048	0	1	0
2	BROMLEY HEALTHCARE CIC	454	4	104	350	3	1
3	NHS NORTH WEST LONDON ICB	411	1	411	0	1	0
4	NHS NORTH CENTRAL LONDON ICB	278	1	278	0	1	0
5	NHS SOUTH WEST LONDON ICB	259	4	258	1	3	1
6	BROMLEY EDUCATION AND TRAINING HUB	175	3	145	30	2	1
7	GREATER LONDON AUTHORITY	100	1	0	100	0	1
8	BEXLEY LONDON BOROUGH COUNCIL	85	16	67	18	14	2
9	LEWISHAM AND GREENWICH NHS TRUST	73	5	52	21	4	1
10	NHS ENGLAND	68	10	48	20	6	4

10. Cash Position

- The ICB is operating within the same cash regime as its predecessor CCG, therefore cash is being managed across the two organisations for this year. The Maximum Cash Drawdown (MCD) as at Month 5 after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,822.2m**. The actual cash balance at the end of Month 5 was under **£0.2m**, well within the target set by NHSE.
- In August, there has not been the need to enact a supplementary drawdown which is positive news. As at month 5, the ICB had drawn down 39.7% of the available cash compared to the budget cash figure of 47.3%. The ICB expects to utilise its cash limit in full by the year end.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's finance team to achieve the target cash balance.
- Under the BPPC, ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC target cumulatively on both value and count by NHS and non NHS and therefore the target is green on all cumulative aspects. It is expected that this target will be met in full at the end of the year.

Annual Cash Drawdown Requirement for 2022/23	2022/23	2022/23	2022/23
	AP5 - AUG 22	AP4 - JUL 22	Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	2,950,929	2,945,143	5,786
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation			
Less:			
Prescription Pricing Authority	(91,298)	(72,691)	(18,607)
Other Central / BSA payments-HOT	(989)	(797)	(191)
Pension uplift 6.3%	(454)	(454)	0
Remaining Cash limit	3,822,191	3,835,203	(13,012)

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
CCG							
Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
ICB							
Jul-22	295,000	15,000	310,000	13.44%	3,688	253	0.09%
Aug-22	310,000	0	620,000	26.88%	3,875	197	0.06%
Sep-22	335,000		955,000	41.41%			
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	1,809,000	42,000					

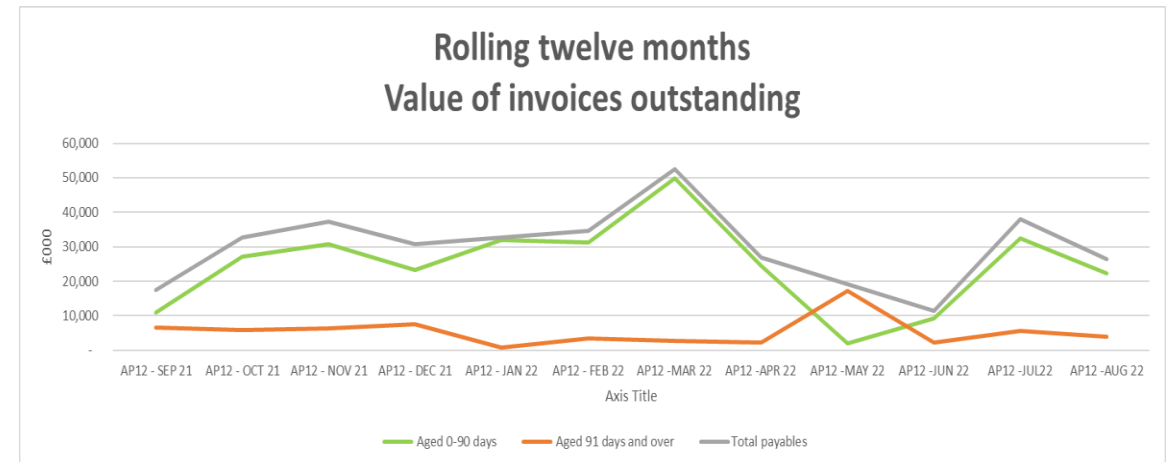
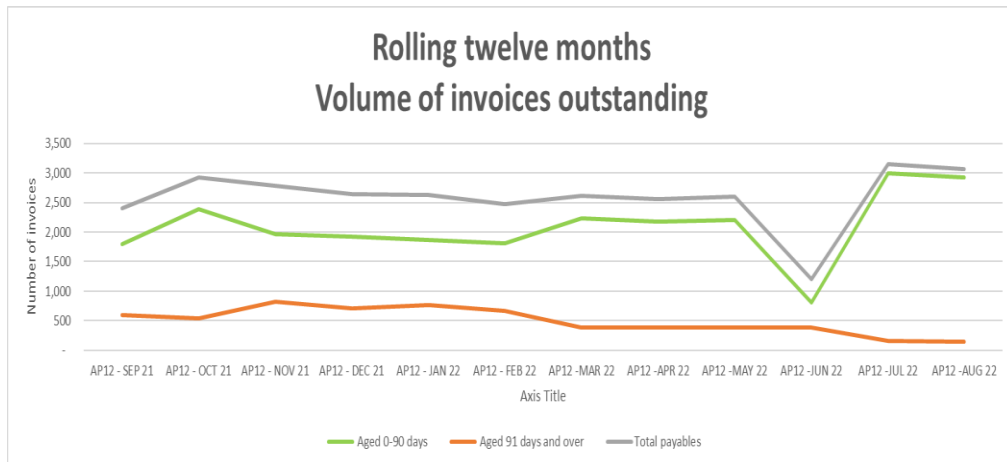
11. Aged Creditors

Following the implementation of the new financial ledger for the ICB, there was an increase in July in the volume of invoices outstanding. This is due to the work undertaken to reduce volumes for the end of June, followed by a period of no invoices being scanned and then the opening of the new ledger for suppliers to submit invoices. The volume of invoices over 91 days continued to decrease which is positive.

However, the value and volume of invoices outstanding has decreased in August. The value of items over 91 days decreased by £1.5m.

Work is ongoing to clear all the items over 91 days and to maintain a reduced level of outstanding invoices following the good work undertaken in the lead up to the transition to the new ICB ledger. Our ongoing monthly target is to have no more than 1,500 invoices outstanding at month-end.

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.



SEL ICB Finance Report

Updates from Boroughs

Month 5

Appendix 1 - Bexley

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	760	787	(27)
Community Health Services	2,460	2,468	(9)
Mental Health Services	1,703	1,625	78
Continuing Care Services	3,950	3,844	106
Prescribing	5,534	5,657	(124)
Other Primary Care Services	461	461	0
Other Programme Services	4	7	(3)
Delegated Primary Care Services	5,947	5,947	-
Corporate Budgets	577	538	39
Total Year to Date	21,395	21,334	61

- At month 5, Bexley is reporting a £61k underspend year to date, this is made up of a small overspend on Urgent Treatment Centre (UTC) costs within acute services which is offset against underspends in Mental Health Services and Corporate budgets. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 5. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been a large swing in month which is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work to determine the drivers of the increase in prescribing activity will be undertaken in-month.
- The AQP contract for hearing is over performing across SE London as a whole and in Bexley, this is currently being offset by other community underspends but a discussion is required on how this is addressed across the ICB.
- It is expected that Bexley overall will achieve at least an overall break-even position at the year end.
- In terms of savings, plans are in place for the initial savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. It is anticipated that the schemes will start to improve delivery rates in the next couple of months. Bexley has now recurrently identified the £399k additional savings target and budget adjustments have been enacted in month 5.
- There is an emerging cost pressure of circa £200k requiring further investigation in relation to our community dietetics service. A meeting is being set up to agree a way forward with the provider. This will also be reflected in our local risk register.

Appendix 2 - Bromley

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	1,088	1,130	(42)
Community Health Services	12,171	12,200	(29)
Mental Health Services	2,078	2,217	(139)
Continuing Care Services	4,012	3,888	124
Prescribing	7,542	7,732	(190)
Other Primary Care Services	470	470	(0)
Other Programme Services	(88)	(160)	72
Delegated Primary Care Services	9,107	9,107	-
Corporate Budgets	785	779	6
Total Year to Date	37,165	37,363	(198)

The Month 5 position is £198k overspent, with borough forecasting a break-even position at year end.

Community budgets are £29k overspent. There are some contracts recording small overspends. They will be closely tracked and action plans to mitigate spend will be implemented.

The mental health budget is overspent by £139k due an increase in cost per case activity. This is due to recently agreed cases, some of which were backdated. £400k of earmarked mental health funding has been held in reserve to mitigate against this risk, which will be allocated to this budget from Month 6 to fund this activity. These clients are reviewed regularly, and the forecast will be that the borough's mental health budget will break-even this year.

The CHC position is £124k underspent due to average package prices being slightly lower than budgeted levels.

The Prescribing position is £190k overspent, based on the Month 3 PPA data. This is primarily due to higher than budgeted activity in June. The Medicines Optimisation team will be undertaking a deep dive exercise in-month to ascertain the drivers of this increase and identify mitigations. There is also some slippage in the savings plan, for which mitigations are being implemented. This budget will be closely monitored over the next few months.

Savings – the additional system savings schemes are being developed (target date is Month 6) and will be delivered in-year from a combination of recurrent and non-recurrent solutions. Recurrent savings will impact from 2023/24.

Appendix 3 - Greenwich

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	3,976	3,947	28
Community Health Services	3,977	4,022	(45)
Mental Health Services	1,393	1,347	46
Continuing Care Services	4,286	4,346	(60)
Prescribing	5,442	5,562	(120)
Other Primary Care Services	384	384	0
Other Programme Services	(76)	(76)	(0)
Delegated Primary Care Services	7,606	7,606	-
Corporate Budgets	799	793	6
Total Year to Date	27,786	27,931	(145)

- The overall borough position is £145k adverse, with an underspend in Mental Health (Female PICU) and Acute Services mitigating pressures in other areas. These will be the focus of upcoming detailed budget meetings to ensure the appropriate mitigations are in place.
- The pressure in Prescribing is attributable to higher activity in Q1 compared to prior year, which has been reflected into the M04 and M05 estimates until actual data becomes available. Further work will be undertaken in-month to understand the drivers of the increase in activity, identification of mitigations and the impact of seasonal factors on activity levels.
- CHC is £60k overspent to date. Work will be undertaken during the month with service leads to complete a deep dive of ledger and client databases to better understand the composition of price & activity variance drivers, and to identify mitigations.
- Additional (£530k) savings are currently in the process of being recurrently identified. Non recurrent mitigations have been identified for the current year.
- Budgets include the initial tranche of non recurrent allocations (Mental Health), and will be updated on receipt of future borough specific allocations as made available by NHSE.
- Key actions for month 5 are to complete the deep dives on Prescribing and CHC (as highlighted above), together with the identification of recurrent solutions for the Vacancy Factor (£300k) and Additional Savings (£500k).

Appendix 4 - Lambeth

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	274	173	101
Community Health Services	3,712	3,692	19
Mental Health Services	3,269	3,160	109
Continuing Care Services	4,952	5,135	(183)
Prescribing	6,330	6,413	(83)
Other Primary Care Services	476	476	0
Other Programme Services	(88)	(88)	(0)
Delegated Primary Care Services	11,793	11,793	-
Corporate Budgets	1,036	960	76
Total Year to Date	31,755	31,715	41

- The borough is reporting an overall £41k underspend at Month 5. The reported position includes a £183k overspend on Continuing Healthcare, £83k overspend on Prescribing, offset by underspends in Acute, Community, Mental Health and Corporate budgets.
- The Acute Services reported position reflects the level of borough's Urgent Care Centre spend and activity. The corporate budget underspend reflects the current level of vacancies.
- The Continuing Healthcare position is driven by increase in the number of clients. Work to understand the drivers behind the reported position will be a key item for discussion in Month 5 budget holder meetings, together with the agreement of mitigating actions.
- The Prescribing month 5 position is based upon Q1 year to date (YTD) data as the PPA information is provided two months in arrears. The borough Medicines Optimisation team are undertaking Practice visits with the objective of understanding the drivers of the current level of prescribing activity together with influencing prescribing behaviour among outliers.
- The 2022/23 borough savings requirement is £2,555k. As at month 5 the borough is reporting an under delivery of £232k driven by Continuing Healthcare position (£163k) and Prescribing (£69k) and forecasting a break-even outturn against the overall target.
- Health and Care Service leads within the ICB and Council are working together to address financial pressures within the local health and care economy.

Appendix 5 - Lewisham

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	324	335	(12)
Community Health Services	3,965	3,968	(3)
Mental Health Services	1,052	1,076	(24)
Continuing Care Services	3,363	3,363	(0)
Prescribing	6,403	6,495	(92)
Other Primary Care Services	205	205	0
Other Programme Services	55	41	14
Delegated Primary Care Services	8,381	8,381	-
Corporate Budgets	723	699	24
Total Year to Date	24,471	24,563	(92)

- At month 5, the borough is reporting an overspend of £92k, which is mainly caused by an overspend on prescribing. Whilst there are some underspends and overspends on other budget lines, these are individually less than £25k and in total offset to zero.
- The prescribing overspend is driven mainly by activity reflecting the number of items prescribed per prescribing day, 4.9% higher than in the same period last year based on April to June prescribing data. Work will be undertaken during the month to determine the key drivers of this increase.
- The borough is overall continuing to forecast a breakeven position for the year, with the expectation that the YTD prescribing overspend will be mitigated as savings weighted towards the second half of the year are delivered, and the impact of other measures aimed at influencing prescribing behaviour take effect, e.g. GP Practice Visits and Medicines Optimisation Plan. Work will be undertaken in-month to provide assurance regarding the deliverability of the prescribing savings.
- The savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 5 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently).
- The profiling of the prescribing savings is however weighted towards the second half of the year. Since the amount achieved YTD £147k is only 15% of the requirement for the year, the borough will need to remain focussed on delivery to ensure full achievement of savings.

Appendix 6 - Southwark

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	164	154	10
Community Health Services	4,630	4,663	(33)
Mental Health Services	997	1,289	(293)
Continuing Care Services	3,225	3,046	179
Prescribing	5,241	5,126	116
Other Primary Care Services	83	83	(0)
Other Programme Services	57	57	(0)
Delegated Primary Care Services	9,404	9,404	-
Corporate Budgets	752	775	(22)
Total Year to Date	24,553	24,596	(44)

- The borough is reporting an overspend of £44k as at the end of month 5, with the key variances relating to Mental Health and Continuing Care Services.
- The Mental Health position is an overspend of £293k and represents the biggest area of risk to the borough position. Whilst agreement has been reached between the council and the ICB on cost sharing for section 117 Mental Health and Learning Disabilities placements, cost and activity continues to increase for placements. The borough is monitoring this cost pressure closely and is working to mitigate these risks.
- The Continuing Health Care position is an underspend of £179k and this is mainly due to average price of clients being lower than planned, despite an increase in the number of patients. The borough is expecting to see increases in costs over the coming months once uplifts are agreed with providers.
- Although 'other primary care' is showing break-even, an increase in activity in the out of hours contract is forecasted to generate pressures against this budget. The borough has set aside growth and investment funding to mitigate this cost pressure.
- Within community services, the borough is overspending significantly on its audiology budget, and this is being investigated currently and we will provide further detail on this in month 6.
- The Borough is required to deliver savings of £1,963k. As at month 5, the borough is reporting an under delivery on prescribing savings but achieving its YTD target overall. Our medicine optimisation team continues to monitor prescribing savings closely. We expect full delivery against these plans on a recurrent basis. The borough has identified its additional savings ask (circa £465k) during month 5 and budgets have been adjusted to reflect this.



Bexley Wellbeing Partnership Committee

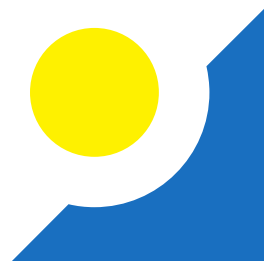
Public Forum*

Thursday 20th October 2022

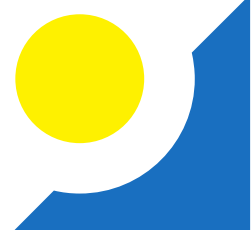
**Note: Opportunity for questions from the public including ones received in advance of the meeting.*

Bexley Wellbeing Partnership Committee

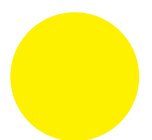
Glossary Of NHS Terms



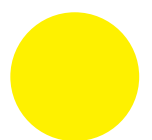
A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic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



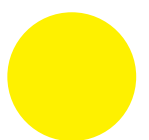
DHSC	Department of Health and Social Care
DPA	Data Protection Act
DVH	Darent Valley Hospital
DSE	Diabetes Structured Education
EA	Equality Analysis
EAC	Engagement Assurance Committee
ECG	Electrocardiogram
ED	Emergency Department
EDS2	Equality Delivery System
EIP	Early Intervention in Psychosis
EoLC	End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



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



SLaM	South London and Maudsley Mental Health Foundation Trust
SLP	Speech Language Pathologist
SMI	Severe Mental Illness
SMT	Senior Management Team
SRO	Senior Responsible Officer
STPs	Sustainability and Transformation Plans
TCP	Transforming Care Partnerships
TCST	Transforming Cancer Services Team
THIN	The Health Improvement Network
TOR	Terms of Reference
UHL	University Hospital Lewisham
UCC/UTC	Urgent Care Centre of Urgent Treatment Centre
VCS	Voluntary and Community Sector/Organisations
WIC	Walk-in-Centre



SOUTH EAST LONDON INTEGRATED CARE SYSTEM**MEMORANDUM OF UNDERSTANDING - INTEGRATED CARE BOARD DELEGATION AGREEMENT****BETWEEN THE SOUTH EAST LONDON INTEGRATED CARE BOARD
AND
BEXLEY LOCAL CARE PARTNERSHIP****FOR THE PERIOD 1 JULY 2022 TO 31 MARCH 2023****1. Introduction**

The South East London Integrated Care Board (ICB) has agreed a principle of subsidiarity in determining respective roles and responsibilities across its system of systems to support the delivery of the ICB's core objectives. This commitment has driven an agreed approach to year 1 delegation to the ICB's six place based Local Care Partnerships, its Acute Provider Collaborative, South London Partnership Collaborative for SEL Mental Health and Community Provider Network.

This Memorandum of Understanding sets out the governance and scope of the agreed year 1 delegations, recognising that the ICB will further develop its approach to and the scope of delegation for future years and also that year 1 arrangements will need to be tested and iterated over 2022/23 as we establish, test and develop our wider ICB governance and working arrangements.

2. 2022/23 delegation arrangements

The ICB has agreed an approach to delegation that is complimentary across its Local Care Partnerships, Provider Collaboratives and Provider Network, thereby differentiating the respective role and responsibilities of each.

In discharging these responsibilities all parties are committed to working inclusively within their partnerships and with the wider ICB, Committees, Boards and Partnerships.

In addition all parties will ensure associated ICB agreed commitments and priorities are demonstrably addressed, be they related to national planning guidance or local strategic and operational plans alongside working to further the four core national objectives of ICBs. This includes delivery of the ICB's inherited 2022/23 operational plan and associated commitments.

This will include reporting to the ICB in line with agreed governance arrangements, recognising the required separation of responsibility and accountability with the ICB remaining the accountable body for the delivery of agreed ICB functions, requirements and commitments.

Local Care Partnerships, Provider Collaboratives and the Provider Network will further work as part of an Integrated Care Partnership, Board and system ensuring a full contribution from the Partnership/Collaborative/Network to the ICB's strategic and

operational planning and delivery processes, Transformation and Enabler Boards and wider ICS development.

The ICB will work inclusively and collaboratively with its places, collaboratives and networks in the development of strategic and operational plans, thereby reflecting agreed ways of working and SEL's system of systems approach. In agreeing plans all parties will give due consideration to the resourcing, infrastructure and support required to enable effective delivery.

2.1. Governance

The ICB delegation to Bexley Local Care Partnership is made in line with the agreed nominated leads across the system, as follows:

Bexley Local Care Partnership - Stuart Rowbotham, Place Lead
Bromley Local Care Partnership - Angela Bhan, Place Lead
Greenwich Local Care Partnership - Sarah McClinton, Greenwich Place Lead
Lambeth Local Care Partnership - Andrew Eyres, Place Lead
Lewisham Local Care Partnership – Ceri Jacob, Place Lead
Southwark Local Care Partnership - James Lowell, Place Lead
Acute Provider Collaborative – Clive Kay, Lead CEO
South London Partnership, SEL Mental Health – David Bradley, Lead CEO
Community Provider Network - Ify Okocha, Lead CEO (an advisory delegated responsibility recognising overall LCP delegated responsibility for community services).

Place Leads will be expected to discharge their delegated responsibilities through the wider Local Care Partnership, through the Local Care Partnership Committee, which will operate as a formal committee of the Integrated Care Board in 2022/23. Specifically decisions related to delegated responsibilities should be made by the wider partnership, inclusively and collectively. The agreed Terms of Reference for the ICB's Local Care Partnership Committees is attached as Appendix 1 to this Memorandum of Understanding.

Provider Collaborative/Network leads will be expected to discharge their delegated responsibilities through the wider Collaborative/Network governance arrangements that have been agreed and established by the Provider Collaborative/Network. Specifically decisions related to delegated responsibilities should be made by the wider Collaborative/Network, inclusively and collectively. The Provider Collaborative/Network governance will operate on a stand-alone basis, with accountability to the ICB through the Lead CEO and to the constituent organisations comprising the Collaborative or Network in line with agreed Committee in Common or equivalent agreed arrangements.

2.2 Delegated responsibilities

Local Care Partnerships

The ICB's Local Care Partnerships (LCPs) have agreed delegated responsibility for 'out of hospital services', defined as covering the following areas of provision - primary care, primary care prescribing, community service for physical and mental health, continuing

Health Care and client groups. This includes delegated budget responsibility for these same out of hospital services. In managing the budget the Place lead/LCP will act in a way that is consistent with the ICB's financial framework and ensure that financial management approaches do not have funding implications or shift financial risk elsewhere in the system, without these being addressed and agreed with relevant partners.

In undertaking these delegated responsibilities the LCP commits to ensuring the delivery of national requirements and agreed local objectives and outcomes as set out in the ICB's 2022/23 operational plan and within Local Care Partnership Plans, including applicable agreed common standards and outcomes to be secured locally, adherence to the ICB's allocation framework and the management of spend in line with the LCP's delegated budget, inclusive of taking action to address variation against these commitments and plans.

2022/23 delegation has a prime focus on delivery, through the implementation of locally designed solutions to meet agreed ICB objectives and outcomes, with a commitment and expectation that delivery approaches and solutions optimise the scope for integrated solutions across community based health and care services.

In delivering these delegated responsibilities the LCP and ICB will reflect and adhere to the agreed operating model agreed across the ICB's planning, delivery, monitoring and management functions.

The LCP will support the ICB in the discharge of its statutory functions, including those related to quality and safeguarding and the delivery of agreed local responsibilities and actions as part of the ICB's discharge of its functions.

The LCP will convene the local system and take a lead responsibility in managing local interfaces and interactions through for example their Health and Well Being Boards, borough based Local Medical Committees and Overview and Scrutiny Committees.

2.3. Financial delegation

The ICB has agreed that the principle of subsidiarity will apply to finance, with financial delegation driven by agreed delivery responsibility.

In the future the ICB will receive a financial allocation to meet the costs of NHS services for which the ICB has overall responsibility. The ICB will determine, on the basis of full partnership discussion and agreement, a strategy driven delegation of this financial allocation in line with an agreed financial framework and any national requirements (e.g. by area uplifts such as the Mental Health Investment Standard). For 2022/23 the ICB will inherit a budget for the year alongside the agreed SEL operational plan and associated financial targets and commitments.

In the event that additional recurrent or non-recurrent funding is made available to the ICB in year a system approach will be taken to the agreeing the deployment of that funding, consistent with the roles and responsibilities agreed as part of our overall operating model and any national or regional requirements. This will include clarity as to non-recurrent and recurrent handling and carry forward assumptions.

The approach to financial delegation for 2022/23 mirrors pre ICB arrangements with delegated financial responsibility to place, through the Executive Place Lead working with Local Care Partnerships, for out of hospital services and to the South London Partnership for fully funded ICB mental health complex care placements.

We are committed to developing our financial delegation approaches for the future in terms of increasing existing scope and considering the impact of national changes to commissioning responsibilities for specialised services, direct commissioning and primary care. The financial delegation model will therefore evolve to reflect allocation and responsible commissioner changes and national guidance more generally such as the expected policy shift to allow for financial delegation to Provider Collaboratives in the future.

For all agreed financial delegation delegated responsibilities encompass the following expectations:

- Ensuring adherence to the ICB's financial framework.
- Collectively agreed deployment of the delegated budget to meet agreed outcomes and deliverables, within and consistent with the agreed financial framework, national requirements, agreed contracts and financial commitments.
- Managing spend in line with the agreed allocation.
- Managing risk and any associated risk/gain share approaches to support delivery of the overall plan and ensure spend is in line with the delegated budget.
- Ensuring that in managing budgets actions do not impact on, shift costs or increase risk in other parts of the system without the involvement and agreement of impacted partners.

Local Care Partnerships

A 2022/23 budget delegation of the out of hospital budget in line with the agreed ICB final operating plan, aligned to all areas of delegated responsibility. These budgets include assumed efficiency savings to be secured by the Local Care Partnership over 2022/23. The budgets further include the contractual funding included in the ICB's contracts with SEL providers for community services (across physical and mental health), noting the contracts further include provision for acute services as part of single integrated contract agreements. The community services funding included within these contracts and LCP budgets represent pass through payments for 2022/23 as part of agreed fixed contracts with providers for the year.

3. Delegation within an overall ICB operating model and framework

In broad terms the agreed SEL operating model assumes the Integrated Care Board is responsible for:

- Ensuring an effective NHS contribution to the ICB integrated care strategy
- Ensuring NHS delivery of the Integrated Care Partnership integrated care strategy and the delivery of the four aims of ICSSs. This will include the agreed articulation of strategic and operational objectives, outcomes and standards to improve health and reduce inequalities and an agreed supporting investment strategy and financial allocation framework, articulated through an agreed system wide ICB strategic and operational plan.

- Ensuring supporting infrastructure and enablers are in place and further developed
- Overall system management and oversight.

The key responsibilities of the ICB's LCPs, Provider Collaborative and Network are to contribute to the design and development of the ICP integrated care strategy and the ICB's associated strategic and operational plans, inclusive of agreed objectives and outcomes, investment and allocation approaches to best meet the needs of the population. They will then be responsible for:

- Undertaking the detailed planning to support the delivery of these agreed ICB objectives and outcomes, inclusive of local and system wide priorities and commitments, for areas of agreed delegated responsibility.
- Ensuring the effective and timely implementation of agreed plans, ensuring the required care pathway and service changes are secured.
- Monitoring and managing the delivery of agreed objectives and outcomes, including reporting to the ICB through agreed ICB governance arrangements.
- Ensuring that remedial action is identified and implemented in a timely manner and that recovery actions are communicated to the ICB.
- Any serious service or delivery failure, or national/regional intervention or requirement, will be subject to system wide discussion and agreement in terms of required next steps.

In taking forward their delegated responsibilities LCPs and the Provider Collaboratives/Network will be expected to take due account of and reflect in local delivery planning and implementation agreed system wide priorities, be they driven by national guidance, local strategic and operational priorities or agreed ICB 'core offer' expectations.

ICB teams will work collaboratively and inclusively with Local Care Partnerships, Provider Collaboratives and Network in taking forward its planning responsibilities.

2.5. Ways of working

In undertaking delegated responsibilities and more generally in terms of ways of working with the wider ICB, its Committees, Transformation and Enabler Boards, the ICB's Local Care Partnerships, Provider Collaboratives and Network commit to:

- Convening the Local Care Partnership, Provider Collaborative and Network to support the effective discharge of agreed responsibilities and an effective contribute to wider ICB strategic and operational planning plus ICP/B development processes.
- Working inclusively within their Partnerships, Collaborative and Network to ensure their processes, outputs and decision making are inclusive and demonstrate collective, partnership and system focussed approaches.
- Working inclusively with the wider system in the discharge of delegated responsibilities, with a particular focus on ensuring effective relationships and interfaces across the ICB's Local Care Partnerships, Provider Collaboratives and Network and with the ICB's Committees, Transformation and Enabler Boards to support effective joined up care pathways and approaches.
- Ensuring that agreed ICB commitments are demonstrably taken forward and secured.

- Ensuring an open and transparent approach to feeding back on the work of the Local Care Partnership, Provider Collaborative and Networks, inclusive of monitoring and reporting on the delivery of agreed commitments.
- Providing support to the ICB in managing up in terms of responding to Regional and system oversight arrangements as required.

2.6. Developing delegation approaches for the future

This Memorandum of Understanding covers the period 1 July 2022 to 31 March 2023 only.

- All parties are committed to reviewing the MoU and the effectiveness of the delegation approach and agreements in place for the year, with a commitment to making any in year changes required, by collective agreement, to support a fit for purpose delegation.
- All parties are further committed to reviewing these arrangements for 2023/24 onwards in the context of local experience, future ambition, national guidance and flexibilities.

Signed



.....
Andrew Bland
Chief Executive – Integrated Care Board



.....
Stuart Rowbotham, Bexley Executive Place Lead

Appendix 1 Local Care Partnership Terms of Reference

NHS South East London Integrated Care Board

Bexley Local Care Partnership Committee

Terms of Reference

1 July 2022

1. Introduction

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

2. Purpose

- 2.1. The committee is responsible for the effective discharge and delivery of the place-based functions¹. The committee is responsible for ensuring:
 - a. The Bexley Local Care Partnership Committee is responsible for the effective planning and delivery of place-based services to meet the needs of the local population in line with the ICB’s agreed overall planning processes. There is a specific focus on local care networks delivering community-based care and integration across primary care, community services and social care. The Committee, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The

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

Committee will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider Integrated Care System (ICS).

- b. The Bexley Local Care Committee will support and secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the Bexley Local Care Partnership for their population and delegated responsibilities.
- c. The Bexley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to:
 1. improve outcomes in population health and healthcare
 2. tackle inequalities in outcomes, experience and access
 3. enhance productivity and value for money and
 4. to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.
- d. The Bexley Local Care Partnership will ensure representation and participation in the wider work of the ICS and ICB, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.
- e. The intention is that decisions relating to Bexley will be made local by the Bexley Local Care Partnership.
- f. The Bexley Local Care Partnership is responsible for the planning, delivery and monitoring of local health and care services, as part of the overall strategic and operational plan of the ICB:
 - Primary Care Services
 - Community services
 - Client group services
 - Medicines Optimisation related to community-based care
 - Continuing Healthcare
- g. The Bexley Local Care Partnership Committee will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.
- h. The committee has a responsibility to manage the delivery of the annual plan, the associated budget and performance for the areas in

scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget, quality and performance and for escalating to the South East London ICB if material risks to the delivery of plans are identified.

- i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out in the following sections.

3. Duties

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

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

- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to Integrated Care Partnership (ICP) and ICB wide strategic and operational planning processes. Ensuring that the Bexley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. The Bexley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Bexley Local Care Partnership. The Partnership will produce and implement an annual delivery plan underpinned by local priorities and aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery.
- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Bexley Local Care Partnership. The Bexley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. The Bexley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial

consequences are within the budget of the Committee and made available to enable delivery.

- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.
- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across Bexley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the Bexley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.
- 3.6. **Finance:** The ICB has delegated budgets to the Bexley Local Care Partnership Committee in accordance with agreed functions (as set out in 2.1. f) including running costs and the responsibility and accountability for these budgets' rests with the Place Executive Lead. The Standing Financial Instructions, Standing Orders and Schedule of Matters Delegated to Officers which form part of the ICB's constitution provide the framework by which further delegation and decision making can be enacted by the Bexley Local Care Partnership.
- 3.7. **Transformation:** To provide overall leadership, guidance and direction to the local transformation programme/s through the Bexley Local Care Partnership Executive Leadership supported by a Programme Board – ensuring agreed scope and outcomes are delivered.

4. Accountabilities, authority and delegation

- 4.1. The LPC Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.
- 4.2. The LPC Committee will report to the Health & Wellbeing Board on delivery of the Health & Wellbeing Strategy and objectives.

5. Membership and attendance

- 5.1. The Bexley Local Partnership was formally established in 2018, when the local health and care system agreed a Memorandum of Understanding. On 29th July 2021 the membership was expanded to include the 4 Primary Care Networks and on 28th April 2022 the membership was expanded again to include Bromley Healthcare. The membership of the Bexley Local Care Partnership consists of a

15 strong local health and care organisations and groups, which provides broad and inclusive representation of the local system in the borough.

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

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

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

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

- 5.4. It is recognised that as service providers may change and/or cease to provide services in the borough membership of the Bexley Local Care Partnership will be amended.
- 5.5. The Bexley Local Care Partnership are supportive of the inclusion of patient representation on the committee and will develop proposals to signal the partnerships ambition to 'do something different' to ensure meaningful (active) patient representation on the committee in whichever format that takes.
- 5.6. Officers in attendance will be as follows for South East London Integrated Care Board, Bexley LCP Chief Operating Officer, Bexley LCP System Transformation Director, Head of Communications & Engagement and for the London Bexley Borough of Bexley, the Deputy Director of Adult Social Care and the following joint roles of Director of Integrated Commissioning and the Partnership Manager.

6. Chair of meeting

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

7. Quorum and conflict of interest

- 7.1. The quorum of the committee is at least 50% of voting members of which the following must be present or their delegated representatives:
 - 1 x Local Care Partnership Place Executive Lead
 - 1 x Local authority representative
 - 1 x Primary care representative
 - 1 x Community & mental health services provider.
- 7.2. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- 7.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.

- 7.4. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

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

9. Frequency

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

10. Reporting

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

- 10.2. The committee will report on its activities to ICB. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 10.3. The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.
- 10.4. A report on the delivery plan will be submitted to the Health & Wellbeing Board.
- 10.5. The Committee will receive formal reporting and submissions from the Primary Care Group. Reporting for all other workstreams reporting will be to the Committee via a Programme Board.

11. Committee support

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

12. Review of Arrangements

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

Bexley Local Care Partnership Committee

Thursday 20th October 2022

Item: 17

Enclosure: L

Title:	Place Executive Lead – Decisions Report
Author:	Carol Berry, Corporate Governance Lead, NHS South East London Integrated Care Board
Executive Lead:	Stuart Rowbotham, Executive Place Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council

Purpose of paper:	This report provides a summary of the decisions taken by the Place Executive Lead under the NHS South East London integrated Care Board Schedule of Matters Delegated to Officers.	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The NHS South East London Integrated Care Board Scheme of Matters permits Place Executive leads the following:</p> <p><i>8(i)a: Signing of annual local contracts/voluntary sector contracts and Service Level Agreements up to £5m</i></p> <p>This report provides a summary of decisions made and contracts awarded.</p>		
Potential Conflicts of Interest:	Not identified as a consequence of this summary report for information only.		
Other Engagement:	Equality Impact	Not applicable.	
	Financial Impact	Not as a direct result of this summary report.	
	Public Engagement	Not applicable.	
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> • Senior Management Team • Bexley Medicines Optimisation Implementation Group 	
Recommendation:	The Bexley Local Care Partnership Committee is recommended to note this report is for information only.		

PLACE EXECUTIVE LEAD – DECISIONS REPORT

No	Provider/Action	Date Sent to Place Executive Lead	Contract Value	Author	Governance	Date Approved	Caveat/s
1.	Approval of the Contract Award Recommendation: Bexley Voluntary Service Council to be awarded the contract for delivery of the Bexley Social Prescribing Services 'Community Connect'.	06/09/22	£300,000pa (2 years i.e., £660,000 excluding VAT)	Carol Yates/ Graham Tanner	Bexley SMT	06/09/22	None
2.	Bexley Prescribing Improvement Scheme 2022/23: Prescribing Improvement Scheme is an existing incentive scheme to GP Practices to encourage cost effective and quality prescribing using a range of specific quality and efficiency saving targets.	12/08/22	£160,000 proportionally allocated to individual practices in Quarter 4 January to March 2022/23	Clare Fernee	Bexley Primary Care Delivery Group Bexley Medicines Optimisation Implementation Group	12/08/22	None
3.	Approval of Contract Award Recommendation: Pulmonary Rehabilitation Service for patients registered with a Bexley GP Practice to Respicare . Reference: PRJ-1116	16/07/22	The total value of the contract is £590,440 (including irrecoverable VAT) with a period of 3 years.	Michelle Barber/Aida Knight	System Transformation	19/07/22	None
4.	Approval of Contract Award Recommendation: for the Post COVID19 Rehabilitation to Bespoke Wellbeing LTD . Service Reference: PRJ-1136	14/07/22	The total value of the contract is £238,552 (including VAT) with a period of 2 years.	Michelle Barber/Aida Knight	System Transformation	28/07/22	None

Bexley Wellbeing Partnership Committee

Friday 12th August 2022
Urgent Decision – Outcome

Title:	Bexley Urgent Care Procurement												
Author:	Diana Braithwaite, Borough Director – Operations (Bexley)												
Non-conflicted voting members of the Bexley Local Care Partnership Committee	The Bexley Local Care Partnership Committee has 11 voting members. For this item, 6 members had a conflict of interest as potential providers of the service. The 5 remaining non-conflicted members voted by urgent decision, which complies with sections 7.2 and 8.1 of the Terms of Reference:												
	<table border="1"> <thead> <tr> <th>Voting Member</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council</td> <td>Approved</td> </tr> <tr> <td>Keith Wood, Lay Member, Local Care Partnership Committee</td> <td>Approved</td> </tr> <tr> <td>Yolanda Denney, Director of Adult Social Care, London Borough of Council</td> <td>Approved</td> </tr> <tr> <td>Raj Matharu, Chair, Local Pharmaceutical Committee, Bexley, Bromley & Greenwich</td> <td>Approved</td> </tr> <tr> <td>Mike Robinson, Deputy Director of Public Health, London Borough of Council</td> <td>Approved</td> </tr> </tbody> </table>	Voting Member	Outcome	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council	Approved	Keith Wood, Lay Member, Local Care Partnership Committee	Approved	Yolanda Denney, Director of Adult Social Care, London Borough of Council	Approved	Raj Matharu, Chair, Local Pharmaceutical Committee, Bexley, Bromley & Greenwich	Approved	Mike Robinson, Deputy Director of Public Health, London Borough of Council	Approved
	Voting Member	Outcome											
	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council	Approved											
	Keith Wood, Lay Member, Local Care Partnership Committee	Approved											
	Yolanda Denney, Director of Adult Social Care, London Borough of Council	Approved											
Raj Matharu, Chair, Local Pharmaceutical Committee, Bexley, Bromley & Greenwich	Approved												
Mike Robinson, Deputy Director of Public Health, London Borough of Council	Approved												
Urgent Decision Outcome	Recommendations as set out in section 5 of this paper are <u>approved</u> .												

1. Purpose of paper:	For non-conflicted voting members of the Local Care Partnership Committee to approve the recommendations as submitted to the Committee on 21.07.2022 and amended by the Committee.	Update / Information	
		Discussion	
		Urgent Decision	x
2. Summary of main points:	<p>At the inaugural committee meeting of the Bexley Local Care Partnership on 21st July 2022 for item Agenda Item 6 D – (i), of the 8 voting members in attendance (either virtually via MS Teams or @ the Civic Centre) – 4 of those voting members were identified as having a potential conflict of interest. The potential conflicts of interest were included in the report to the committee along with the mitigations, which are included in this paper in the conflicts of interest section (i) – (iii).</p> <p>However, during the item being presented to the committee it became apparent that Oxleas NHS Foundation Trust (Community & Mental Health Provider) might also have a potential conflict of interest. Oxleas NHS Foundation did not declare that they did not have an interest as potential providers of the urgent care service at the meeting. The potential conflict of interest for Oxleas and the mitigation are set out in this paper point (iv).</p> <p>Consequently, this resulted in only 3 non-conflicted voting members being able to approve the recommendations. This was less than the 50% of eligible voting members required for the decision to be quorate.</p>		

Therefore, in line with section 7.1 and 7.2 Terms of Reference for the Committee:

7.1 The quorum of the committee is at least 50% of voting members of which the following must be present or their delegated representatives:

- 1 x Local Care Partnership Place Executive Lead
- 1 x Local authority representative
- 1 x Primary care representative
- 1 x Community & mental health services provider.

7.2 In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

It was agreed that an urgent decision would be taken outside of the meeting by the non-conflicted voting members via email. There were no other considerations from the committee on 21.07.2022 other than the quoracy required for a decision and an additional recommendation, which related to the quoracy.

The non-conflicted voting members able to approve the recommendations for an urgent decision via email are as follows:

- Yolanda Dennehy, Deputy Director, Adult Social Care
- Dr Mike Robinson, Deputy Director of Public Health
- Stuart Rowbotham, Place Executive Lead
- Keith Wood, Lay Member
- Raj Chair, Local Pharmaceutical Committee

The non-conflicted voting members listed above are asked to:

- (a) Read the DRAFT minutes of meeting on 21.07.2022 for this item included in this paper
- (b) Review the coversheet and report submitted to the committee on 21.07.2022
- (c) Confirm to Carol Berry via email by CoP Friday 12th August 2022 – indicating if they seek to approve or not approve the recommendations

3. Potential Conflicts of Interest:

There are four specific groups on the Bexley Local Care Partnership, where there could be a perceived conflict of interest:

- (i) *The Hurley Group*: The Hurley Group are the current commissioned provider of the two Urgent Treatment Centres in Bexley and a potential provider for any future service. However, although members of the partnership in attendance the group are non-voting members and therefore this mitigates any perceived conflicts of interest.
- (ii) *Bexley Health Neighbourhood Care CiC*: The local GP Federation are a potential provider for any future service. However, although members of committee in attendance the group are non-voting members and therefore this mitigates any perceived conflicts of interest.
- (iii) *Primary Care Networks*: The Primary Care Networks are made up of individual GP Practices and those 21 GP Practices all shareholders of

	<p>Bexley Health Neighbourhood Care CiC. The four Primary Care Networks are voting members and therefore, to mitigate the conflict of interest the Primary Care Networks will be excluded from voting on this item.</p> <p>(iv) <i>Oxleas NHS Foundation Trust</i>. The community and mental health services provider are voting members and did not declare a non-interest in the procurement. Consequently, to mitigate the conflict of interest the Primary Care Networks are excluded from voting on this item.</p>	
4. Other Engagement:	Equality Impact	An equalities impact assessment will be conducted once the service specification is developed.
	Financial Impact	The financial envelope remains challenging for procurement due to changes in the local economy. (Dartford UTC and new NHS 111 service) have significantly reduced out of area flows that have historically provided additional financial income for provider.
	Public Engagement	Co Create sessions were run over 4 workshops.
	Other Committee Discussion/Engagement	<p>Bexley Local Care Partnership Committee, 21.07.2022</p> <p>Bexley Local Care Partnership Executive, 22.06.2022</p> <p>Bexley Local Care Partnership Forum, 08.07.2022</p>
5. Recommendation/s:	<p>The non-conflicted voting members of the Bexley Local Care Partnership Committee is recommended to approve the requests to:</p> <p>(i) Commence <i>Market Development</i> with the Local Care Partnership and receive feedback and recommendations.</p> <p>(ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters.</p> <p>(iii) Whilst noting that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting.</p>	
6. DRAFT Minutes of 21.07.2022 Agenda Item 6/D & D(i)	<p>Recommissioning Urgent Care Services</p> <p>Robert Shaw, Director of System Development (Bexley & Greenwich) and Erica Bond, Programme Lead, presented on this item. RS pointed out that there are some potential conflicts of interest on this item with GP colleagues, the Hurley Group and in including Oxleas NHS Foundation Trust.</p> <p>EB summarised the background behind the proposal which has been brought here for approval and which needs to be implemented by April 2023. EB outlined the large amount of co-design work which has taken place involving a number of system partners and local patients to focus on the transformational themes identified due to the changing landscape and which will be incorporated in the new service specification. EB pointed out that there is a significant risk that the financial envelope will</p>	

not support the existing business model, and with the PCN DES coming in this year, this may impact on how Bexley delivers urgent care.

Members were asked to recommend commencing market development which will input into the new service specification, which aligns with the SEL ICS Schedule of Delegated Matters.

ID questioned the quoracy of voting members at the meeting to make this decision in view of member conflicts and absence, as, otherwise, this can simply be discussed here and deferred to a future meeting. DB confirmed there are 3 non-conflicted voting members at this meeting who can vote – namely, SR, RaM (on behalf of Primary Care) and NK as quoracy requires 50%.

SR queried the voting aspect of the Community and Mental Health Provider, as Oxleas are not specified in the ToR. SR referred to Clause 7.2 of the Tor which states that **“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”**.

RS clarified that the ask here was simply to get approval to go ahead with the marketing engagement event scheduled for 25 August, following which resultant feedback would be incorporated in the service specification. RS highlighted the urgency of this in view of timelines for the procurement.

RS pointed out that there had been various workshops and other Primary Care engagement events organised leading up to this point.

DB reiterated RS’s comments by saying that the contract was due to expire, and the ask for members was just to endorse that RS’s team can move to next steps, which is to carry out the marketing event and therefore no formal approval is required at this point.

SR felt that, if this initial process did not commence now, then there is the risk that the deadline would be missed. He also pointed out that the picture might be very different in 1 or 2 years’ time, but this needs to be enacted as soon as possible to ensure the best care for Bexley residents. He reiterated that the proposed new service specification has not been agreed, but that members merely needed to recommend that RS’s team can start market testing.

AM suggested a possible re-wording of the recommendation to clarify that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting. It was suggested that there could be an urgent meeting set up in August if need be. In the meantime, SR/ID recommended that this should be sent to non-conflicted voting members for consideration and e-mail response as per Section 7.2. RS will run the event in August and feedback here in September in any event.

The Bexley Local Care Partnership Committee recommended the following changes to the original recommendations, with an urgent decision to be taken by non-conflicted voting members via e-mail in line with Section 7.2 of Terms of Reference:

- (i) Commence *Market Development* with the Local Care Partnership and receive feedback and recommendations.

(ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters.

(iii) Whilst noting that the service specification is currently in draft form, pending feedback from the August marketing engagement event, and that this will come back here for approval at the September meeting.

Pending an e-mail being sent to non-conflicted voting members who were not present at the meeting. **Action: RS.**

Bexley Wellbeing Partnership Committee

Thursday 22nd September 2022

Urgent Decision – Outcome

Title:	Bexley Better Care Fund
Author:	Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care Board
Committee:	Bexley Wellbeing Partnership Committee
Urgent Decision Outcome	No objections were received.

1. Purpose of paper:	The purpose of this document is to record the governance underpinning the Better Care Fund proposals being shared with members of the Bexley Wellbeing Partnership Committee outside of the normal meeting via email in line with sections 7.2 and 8.1 of the Terms of Reference.	Update / Information	x
		Discussion	
		Urgent Decision	
2. Summary of main points:	<p>The Bexley's Draft Better Care Fund (BCF) Plan 2022/23 was shared with members of the Bexley Wellbeing Partnership on 21st September 2022, which included:</p> <ol style="list-style-type: none"> 1. Draft BCF Narrative Plan 2. Draft BCF Planning Template 3. Draft BCF Capacity & Demand Planning Template for intermediate care. <p>The report provided further information about the BCF plan and the planning requirements, which the borough is required to meet. The plan has been developed over the summer with input from key partners and was considered by the Bexley Health and Wellbeing Board on 5th September 2022.</p> <p>The deadline for submitting our plan to NHS England is 26th September 2022. The plan was shared via e-mail due to the standing down the committee meeting, which was scheduled for 22nd September 2022 as papers would have been published during the mourning period for the ERIL.</p> <p>Members were asked to respond by 22nd September 2022 with any objections.</p> <p>The plans were then submitted to the Accountable Officer for NHS SEL ICB and the Chief Executive for the London Borough of Bexley Council for approval and signature.</p>		
3. Potential Conflicts of Interest:	None identified as a consequence of the decision notice.		
	Equality Impact	Not applicable.	

4. Other Engagement:	Financial Impact	Not applicable.
	Public Engagement	Not applicable.
	Other Committee Discussion/ Engagement	Bexley Health & Wellbeing Board, 05.09.2022
5. Recommendation/s:	Not applicable.	