

Lewisham Local Care Partners Strategic Board
Date: 24 November 2022, 14.30-16.30 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Dr Jacky McLeod

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	Welcome, introductions, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 29 September 2022 (for approval)	Verbal/ Enc 1	Chair	To Note/For Approval	14.30-14.35 5 mins
2.	PEL (Place Executive Lead) update	Enc 2	Ceri Jacob	To Note	14.35-14.45 10 mins
	Delivery				
3.	Lewisham Plan & LCP Priority Setting report	Enc 3/ PRES	Ceri Jacob	For Approval	14.45-15.10 25 mins
4.	Integrated Primary Community Care	Enc 4	Ceri Jacob/Fiona Kirkman	For Approval	15.10-15.30 20 mins
5.	Health Inequalities update	PRES	Dr Catherine Mbema	For Discussion	15.30-15.45 15 mins
6.	Risk Register	Enc 5	Ceri Jacob	For Discussion	15.45-15.55 10 mins
	Governance				
7.	Finance update	Enc 6	Michael Cunningham	For Discussion	15.55-16.10 15 mins
	Place Based Leadership				
8.	Any questions from members of the public				16.10-16.20 10 mins
9.	Any Other Business		All		16.20-16.30 10 mins
	Papers for information				
	N/A				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 29 September 2022 at 14.30 hrs

Via MS Teams

Present:

Dr Pinaki Ghoshal (PG) (Chair)	Director of CYP, LBL
Dr Jacky McLeod (JMc)	Clinical & Care Professional Lead
Ceri Jacob (CJ)	Place Executive Lead, Lewisham, SEL ICS
Michael Kerin (MK)	Healthwatch representative
Sam Hawksley (SH)	Voluntary sector, Lewisham Local
Anne Hooper (AH)	Community Representative
Dr Helen Tattersfield (HT)	Primary Care representative
Prad Velayuthan (PV)	One Health Lewisham (OHL)
Sandra Iskander (SI)	Acting Chief Strategy, Partnerships & Transformation Officer, LGT

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Helen Eldridge (HE)	Head of Communications & Engagement Lewisham, SEL ICS
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director Primary Care, SEL ICS
Fiona Leacock (FL)	Quality team, SEL ICS

Chima Olugh (CO)	Primary Care team, SEL ICS
Livia Royle (LR)	Representing Dr Catherine Mbema, Director of Public Health, LBL
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Amanda Lloyd (AL)	System Transformation & Change Lead, SEL ICS
Simon Morioka (SM)	Managing Partner PPL
Reda Misghina (RM)	PPL
Kiri Ghataorhe (KG)	PPL

Apologies:

Tom Brown, Executive Director for Community Services (DASS)

Ross Diamond, Age UK

Sarah Wainer, Director of System Transformation

Dr Catherine Mbema, Director of Public Health

Fiona Derbyshire, CEO Citizens Advice Lewisham

Actioned by

1.	<p>Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 28 July 2022</p> <p>Dr Pinaki Ghoshal (Chair) welcomed everyone to the meeting.</p> <p>Housekeeping matters were given by the Chair. There were no questions submitted in advance from members of the public. Members of the public were advised they were welcome to ask any questions at the end of the meeting under agenda item 10.</p> <p>Apologies for absence were noted.</p>	
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	<p><u>Declaration of Interests</u> – There were no new or amended declarations of interest. Board members were reminded to submit their online declaration for the SEL ICS if not already completed.</p> <p><u>Minutes of the BBB/LHCP meeting held on 28 July 2022</u> – these were agreed as a correct record.</p> <p>The Board approved the Minutes of the BBB/LHCP meeting held on 28 July 2022.</p>	
2.	<p>PEL (Place Executive Lead) update</p> <p>Ceri Jacob presented the agenda item.</p> <p>The Unplanned Care Board has been re-established. Agreed at PEG, Will develop a plan under 4 headings. Need to manage ED attendance. Will develop a Terms of Reference (ToR) as well for another group.</p> <p>For Fuller, we need to develop an integrated same day care pathway. Further Fuller report updates would be shared at future LCP meetings.</p> <p>Will be setting up a co-ordination group involving the primary care group, unplanned care board and care at home alliance. Initial gap analysis has been undertaken. There will be regular updates at the LCP Board.</p> <p>Primary care representation at meetings discussed.</p>	
3.	<p>Enhanced Access</p> <p>Ashley O'Shaughnessy presented the agenda item. Potential COI noted with Dr Tattersfield as one of the clinical PCN leaders.</p> <p>AOS gave background and update. As of 01/10 Enhanced Access commences, this will mean access above and beyond normal hours, network standard hours noted which are 8-6 Mon-Fri.</p> <p>It is about practices working together. Delivering services as per core hours, with bookable appointments.</p>	

	<p>Multi-disciplinary teams delivering appointments. These will be a mixture of face to face, calls and video/online appointments as well. Extends into weekday evening and Saturdays.</p> <p>All PCNs have been working up their plans including public engagement and focus groups and PPGs. Deadline was end of June for initial plans, all submitted on time.</p> <p>Further work noted, looked at national requirements. Had panel sessions with PCN's. took on board feedback, end of August PCN submission deadline, all 6 received. All met the requirements of contractual ask. Now supporting mobilisation, weekly check point meetings, workforce, estates and IT. Few IT issues being worked on, but should resolve end of the week.</p> <p>Potential system impacts noted, weekly coverage, looked at mitigations including Urgent Care, worked with OHL supporting the Trust pressure on A&E front door.</p> <p>AOS advised page 7 details a brief summary of the 6 PCN plans, patient engagement, locations of services, type of appointments and modes of consultation.</p> <p>JMc acknowledged amount of work and reconfiguration. How does the rest of system link in? 111 for example. And for clarification, is it open sites for booked appointments, open surgery sites?</p> <p>AOS stated 111 national spec does reference any un-booked appointments going back to them, question is will there be capacity back to 111 though. Looking at capacity, will track this. With regards to reception coverage, it is bookable appointments rather than practices open.</p> <p>AH also acknowledged amount of work, the public engagement had given a rich theme of intelligence and views, is there a chance to see the outputs? Continue to support primary care development? AOS said PCN's would be happy to share information back, but the questions were specific to the ask. If there had been longer, engagement would have been more intensive.</p>	
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	<p>MK commented the engagement was online focussed and within the constraints of the scheme. Not inclusive of views of those not online. Future scheme development needs to pick up the hard to reach. AOS agreed a fair point, time was a big constraint here. Was engagement through PPG's as well. HT said also gave out written copies of the survey in our practice.</p> <p>The Board confirmed their support for the Enhanced Access Plans.</p>	
4.	<p>Digital Exclusion update</p> <p>Michael Kerin presented the agenda item with Ceri Jacob.</p> <p>Report noted by the Board. Digital exclusion is easy to understand, solutions are needed. Worked with North Lewisham PCN on this work. We need to work together to find solutions. Problem is not just in isolation.</p> <p>CJ updated on next steps. Has been discussed at Health & Well Being as well. Commitment and desire to tackle digital exclusion. Recommendations set out in the cover paper. Plan back to the Board next year. Looking for agreement to recommendations in the paper. Thanks to Healthwatch. Can add feedback into the plan.</p> <p>AH asked has the report been sent to Chair of PPG's? MK advised not aware they were formally asked to consider it. Can be picked up when templates are sent out.</p> <p>JMc stated important not to duplicate work in other areas.</p> <p>Lewisham Digital Access for all council funded with vol sector Sam H network of support hubs planned for across the borough. Look at lending devices as well. Also Lewisham Digital Inclusion Network, they look at broadband as well. Can provide more information.</p> <p>Four recommendations approved by the Board.</p> <p>The Board approved the four recommendations in the report.</p>	

<p>5.</p>	<p>Winter Plan</p> <p>Amanda Lloyd presented the agenda item and updated (for information) on how matters were being managed into winter 2022/23.</p> <p>Two key elements to support winter planning, additional finance and developing a risk strategy and approach to key risks. Operational pressures noted and cyclical timelines. There had been a winter wash up from last winter, had looked at what worked well. In July will have a clearer idea and priority planning.</p> <p>In August will put out calls for winter funding, September pull everything together into an overarching plan. By October hope it will be all signed off. Funding then allocated to particular schemes to mitigate winter plan.</p> <p>Plan itself had been pulled together by operational leads and then to the unplanned care board for sign off. Representatives from statutory organisations and also from joint community teams included along with the voluntary sector. Have considered housing, pharmacy etc, looking to cover all bases.</p> <p>Winter funding has finance leads involved and a funding co-ordination group for this year. LGT LBL and ICS represented and joint community. AD finance leads as well. Pulling together overarching plan, make sure no surprises and aligned to system priorities.</p> <p>AL also updated on priority setting and how monies were allocated. For primary operational pressures we are aware of where we need to invest, funding in part from previous investment last winter. Performance and system metrics and health inequalities noted. There are weekly check point meetings.</p> <p>PG queried link with wider work on cost of living concerns. Advised Yes Fiona Kirkman is the link. Warm hubs on our list.</p>	
<p>6.</p>	<p>People's Partnership Committee proposals</p> <p>Board were advised proposal builds on previous work. Focus on a system integral to our ways of working and structures.</p>	

	<p>Presentation was informed by stakeholder engagement, workshop held on Monday. Outcomes will be shared in presentations.</p> <p>Simon Morioka, managing partner from PPL shared slides shared on screen. Work builds on shared priorities, noted historical and current issues with engagement, looking to address inequalities. SM spoke about work end of last year, co-produced with a large number of statutory partners and voluntary sector. This had been agreed by the Borough Based Board at the beginning of this year. From May onwards there was an agreement to look at establishing a formal group.</p> <p>SM gave a recap of the engagement approach. Four key objectives noted. Name of committee to be confirmed. It will bring together representatives from different communities across the sector, it is about co-creation. Main objectives noted. Need to deliver on commitments at each stage of the process. Desire to make the group as inclusive as possible and accessible as well as transparent.</p> <p>SM updated on recommended next steps:</p> <ul style="list-style-type: none"> • Establish the informal group (October 2022) • Complete a series of simulations November 2022-Feb 2023 • Formulative evaluation and reporting Feb-March 2023 • Potential formal launch next year and on this Board with support. <p>CJ said it was really important work and queried next steps, process? SM advised things will be co-produced with this group, work with the partners already on the Board, identify 3-4 questions which would benefit from being tested. CJ advised this would be for the next seminar session. The Chair agreed.</p> <p>MK said it would be helpful to look at responsibilities of organisations and resourcing, bring together as a pack, may need investment. e.g. digital exclusion item but could've engaged on other areas with more resourcing. Citizen engagement needs to be properly supported. SM commented this were important points.</p> <p>LR said commendable work, need to avoid duplication, also health inequalities programme is joint between health and voluntary</p>	
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	<p>organisations. This is at the heart of engagement, i.e. BLACHIR. Noted CMB was part of the workshop involved in development of this work.</p> <p>AH commented on workshop feedback earlier that week, need some real issues to test with the new group. Fuller report etc noted, areas where we could test. Also consider roles and responsibilities and decision making. CMS commented it was not just about establishing a group, also need to understand how we co-ordinate our resources as a partnership.</p> <p>JMc queried plan to link up qualitative data across the borough? There are themes. An opportunity to be informed by the data for people/the board, key themes and headlines are clear. JMc was keen to bring together the experienced data in such a way members of the public could add to the discussion, a data bank informing the contribution as oppose to particular interest groups. Us as a system supplying the Board with experienced data, helping people to bring a strategic view to the population. It needs to look representative.</p> <p>MK commented HealthWatch have quarterly surveys. Need to look at how we build on what we already have, happy to be involved.</p>	
7.	<p>In Place Integrated Development Framework (5 P's)</p> <p>Kiri Ghataorhe, senior consultant at PPL, was project manager for this piece of work. looking to identify practical next steps.</p> <p>KG gave the background to the 5 p's.</p> <p>The team had looked at a directory of case studies across all sectors of health and social care, looking at success and who is involved, should be available later this year. The In place framework and toolkit is under it. Slides shared on screen</p> <p>Shared awareness tool testing with a series of pilots at the moment. It is not a maturity matrix, performance management tool or rating system. Linked to the 5 p's framework. Pilot process explained.</p>	

	PG queried what is this seeking to achieve in terms of outcomes? CJ advised presents a framework for conversations, where could we go further, really embed and maximise the impact.	
8.	<p>Practice Merger – Downham Family Medical Practice & Burnt Ash Surgery</p> <p>The Board noted this item was deferred to a future Lewisham LCP Strategic Board meeting.</p>	
9.	<p>Finance update</p> <p>Michael Cunningham advised Month 4 was for noting, based on most recent information when papers submitted. Would updated on Month 5 verbally at the end.</p> <p>Report – ICB break even position at Month 4 and Lewisham borough, forecasting also for end of year. Cost pressure on prescribing costs, overspend by 76k worsened at Month 5 for Lewisham.</p> <p>Month 5 prescribing worsened but data is 2 months behind, activity for first quarter suspect higher by 5% compared to same period last year. There is an in-depth review across the ICB to understand the drivers, led by prescribing leads and supported by finance colleagues. Review will be concise in time for Month 6 fin position. It is early in the year for conclusions for the year, continue at current rate could cause a material over spend for the ICB unless mitigations were identified.</p> <p>Wider ICS, Month 5 reporting a deficit of £49m, £38.4m worse than plan, mainly due to COVID. Planned levels of efficiency not achieved as profiled and also non-recurrent financial solutions not yet occurring.</p> <p>The Local Authority financial position was noted, forecast £1.9m overspend on adult care services, £1.7m on children's services. A lot of work is underway to develop a more integrated report for the Lewisham system, drivers for ICS and council as a whole. Can discuss at a seminar session perhaps with time to comment before being presented back to this Board.</p>	

	<p>HT stated for prescribing costs, not realistic to compare with last year, people were a lot sicker during COVID, e.g. diabetes diagnosis and drugs, consequence of not coming to the GP last 2 years.</p> <p>JMc commented also on prescribing - reviews, issue of remote advice and guidance, not attending outpatients, does impact on prescribing, secondary care element noted. The data pack mentions mental health and prescribing, not routine for GP to prescribe complicated meds, therapy support instead, cannot look at it in isolation.</p> <p>MC advised points would be taken into account in the review, noted demand for consultations has increased, feedback from prescribing lead is patients presenting with more advanced disease as well requiring more expensive or intensive prescribing.</p> <p>CJ stated we need to make sure we have the right GP clinical input, CCPL group and PCN group, meds management group, please do seek views. Mental health alliance take findings, can pick up outside with JMc and meds management team.</p>	
10.	<p>Any questions from members of the public</p> <p>No questions were submitted in advance from members of the public.</p>	
11.	<p>Any other business</p> <ul style="list-style-type: none"> - HT commented on Polio catch up campaign and engagement, GP's asked to fulfil this. Large section should be completed at school. Miscommunication around vaccination hub and supplies after parents advised to attend by schools. CJ advised best uptake for COVID vaccinations was at half terms, outreach at children centres and hospital, looking to push for half term, feedback parents and children was they did not want to have it undertaken at school. LR noted high effort, low yield for COVID vaccinations. CJ said it was recognised how much GPs and PCNs have done, had a surge at the start, vaccine supplies are in the borough now. HT stated previous MMR catch-ups, all vaccinations at school with no issues. Covid was a different matter for parents and their children. CJ advised can take this to the weekly vaccination group and feedback. JMc stated 	

	<p>capacity issues need to align our communications. CJ said there would be a half term push, this will be for the non-vaccinated children at the children's centres and at the Trust for the age 5-9 cohort. AOS advised HT the PCN are running the outreach.</p> <ul style="list-style-type: none"> - SP commented patients have attended for wound care support, do not want ED attendances for this. Discussed with AOS and HT, continuity of support for those patients. AOS noted GPA, need to look at impact and mitigations and GP extended access. SI commented involve district nursing. The Chair noted AOS will look into this <p>Meeting closed 16.40 hrs.</p>	
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Lewisham Local Care Partners Strategic Board

Item 2
Enclosure 2

Title:	PEL Update Report
Meeting Date:	24 November 2022
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide a general update to the Lewisham Care Partnership Strategic Board	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.</p> <p>Digital Exclusion At the last LCP Strategic Board meeting, it was agreed that the Lewisham Health and Care Partnership would develop and implement a plan to reduce digital exclusion from health and care services.</p> <p>During the height of the pandemic, all health and care services significantly increased the use of digital technology in the delivery of services to keep patients, residents and staff safe. This change, which had been the direction of travel prior to the pandemic, was implemented very quickly and for some in our local population this has made accessing services more difficult.</p> <p>The LCP has undertaken to work with General Practice first, on the basis that this service is the area with the highest throughput of patients on a daily basis. Work has commenced to develop this plan and to engage our local GPs and staff. A final plan will be brought to the LCP Strategic Board in January 2023.</p> <p>JTAI (Joint Targeted Area Inspection) On the 7 November the Lewisham Children's Safeguarding Partnership (Local Authority, Health and Police) were informed that they would be subject to a JTAI over the following three weeks. The inspection is due to conclude on the 25 November.</p> <p>The focus of the inspection is on the front door ie. The identification of potential safeguarding issues through to the point of decision within the Lewisham MASH (Multi-Agency Safeguarding Hub).</p>		

	<p>The first two weeks have focused on reviewing information with inspectors on site during the third week of the visit.</p> <p>A narrative report will be issued in January 2023 and a further update will be provided following that report.</p> <p>Quality Processes The LCP has initiated some work, with the support of the Kate Moriarty-Baker, ICB Director of Transition, to review its processes for ensuring the LCP Board and team routinely understands any quality concerns within the Lewisham Place and actions being taken to address issues. This work will also support our approach to assurance more broadly, ensuring that we are able to apply a quality lens to our ‘out of hospital’ delegated responsibilities (including financial responsibilities) Kate will be working will all LCP partners to develop this approach.</p> <p>As Places, within ICSs, are newly established it is important that we are assured that robust processes are in place and that we are functioning effectively with ICS partners. This includes the South East London Quality Team and the Quality Leads within our local trusts and LA.</p> <p>Regular updates on this work will be brought to the LCP Strategic Board.</p>			
APotential Conflicts of Interest	Nil			
Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	x	Southwark	
	Equality Impact	Nil		
	Financial Impact	Nil		
Other Engagement	Public Engagement	Not required for this paper		
	Other Committee Discussion/ Engagement	NA		
Recommendation:	To note the update			

Lewisham Local Care Partners Strategic Board Cover Sheet

Item **3**
Enclosure **3**

Title:	Lewisham Local Care Partnership – Shared Priorities, Local Care Plan and Next Steps
Meeting Date:	24 November 2022
Author:	Sarah Wainer, Director of System Transformation
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	1. Enc 3 - Lewisham Local Care Partnership Board Priorities Session: Summary Report	Update / Information	x
	The summary report is attached for information.	Discussion	x
	2. Enc 3a – Developing Lewisham’s LCP Plan LCP members are asked to agree the outline content for the plan and the principles, behaviours and approaches for partnership working. LCP members are also asked to note the timeline and associated action to produce the plan.	Decision	x
Summary of main points:	<p>The Lewisham Local Care Partnership (LLCP) held a workshop session on Thursday 6 October 2022 to create shared priorities to drive forward their work as a partnership. The LLCP Board agreed four strategic priorities:</p> <ol style="list-style-type: none"> 1. Working to build stronger, healthier families 2. Being a compassionate employer and building a happier, healthier workforce 3. Working together and in collaboration as organisations and with the communities we serve 4. Reducing inequalities in Lewisham <p>A Local Care Partnership Plan will be produced which sets out the priorities and ambitions of the partners and the actions that will be taken across the partnership to improve health and care outcomes within these strategic priorities. The strategic priorities will be underpinned by relevant programme and delivery plans.</p> <p>The shared principles, behaviours and approaches shown in Enc 3a are those previously developed by health and partners prior to the formal establishment of the Local Care</p>		

	Partnership. These have been reviewed by members of the Place Executive Group and LCP members are asked to formally endorse them.			
Potential Conflicts of Interest	n/a			
Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	✓	Southwark	
	Equality Impact	As well as a specific LCP strategic priority to reduce inequalities in Lewisham, consideration of how planned activity will reduce health and care inequalities will be a requirement in the development of all programmes and projects which underpin the LCP plan.		
	Financial Impact	No specific implications at this stage of development of the plan. However, ensuring sustainability of the system, value for money and the delivery of cost-effective services are key drivers for the programme and project activity which underpins the plan.		
Other Engagement	Public Engagement	Engagement and co-production with the public and other key stakeholders will be part of all programme and project plans.		
	Other Committee Discussion/ Engagement	Not applicable at this stage.		
Recommendation:	<p>For discussion, comment and agreement on the recommendations below.</p> <p>LCP members are asked to agree:</p> <ul style="list-style-type: none">• The proposed content outline; and• The principles, behaviours and approaches for partnership working <p>LCP members are also asked to note the timeline and associated action to produce the plan.</p>			

Developing Lewisham's LCP Plan

Proposed content of the LCP Plan

- 1. Our Partnership** – who we are
- 2. Our Context** – demographics, level of deprivation, disparities in H&C, challenges
- 3. Our Ambition** – sustainability, better use of existing resources, improving health and care outcomes, addressing inequalities, contribution to wider system priorities (ICS strategy and 5YV)
- 4. Our Priorities** – rationale for selection
- 5. Our key deliverables** – building on what we've done and what we'll achieve, by when
- 6. Our success measures**
- 7. Our resources** - workforce and finances, existing programmes
- 8. Our approach and principles** - behaviours and ways of working
- 9. Max length 10 – 15 pages using visuals and patient stories**
- 10. Plan on a Page for easy reference**

Proposed Timeline

LCPP	2022		2023		
	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
	1 to 30 Nov - Development of LCP priorities and deliverables	1 Dec – 13 Jan – local engagement, consultation and ensure LCP plan alignment with FYV and other partnership plans		16 January to early March – local governance sign off of LCP plan 31 March – Local Care Partnership Delivery Plan published	

Principles

We have agreed to work together in good faith and will operate in accordance with the following principles to achieve our vision:

- **Equal voice** and status around the table irrespective of organisational size.
- **Openness and transparency** in relation to the sharing of information and data.
- **Fair and proportionate** distribution of risk and reward in relation to new ways of working.
- **Consideration** of the needs of the health and care system when taking decisions in our own organisations.

Shared behaviours

We are committed to working together to achieve our vision and will adopt the following behaviours:

- **Collaborative and constructive:** Partners will support the development of a whole system approach by engaging in collaborative and constructive dialogue.
- **Consensual:** Partners will seek to achieve consensus so far as is possible when making recommendations and taking decisions, while respecting each other's views and statutory accountabilities.
- **Supportive:** Partners commit to a supportive approach, sharing learning and expertise and thereby maximising transformation resources.

Shared Approaches

We will ensure our work:

- **Is population based** – ensuring that the health and care needs of the whole population are met.
- **Expands and strengthens primary and community care** – providing most care at home or near to people's homes.
- **Promotes health and wellbeing** – providing easy access to information and advice and the support, activities and opportunities available in neighbourhoods to improve and maintain health and wellbeing.
- **Provides a co-ordinated response to the specific needs of the individual** – providing holistic, personalised and integrated care that gives individuals control of their care, enabling them to be independent and make informed choices.
- **Is developed in partnership with patients, service users, carers and wider communities** – involving them in the design and development of services and pathways, listening to their experiences and seeking their feedback at an early stage.
- **Takes a whole system approach** - ensuring it contributes to the overall safety, sustainability and provision of high quality care; managing effectively our shared resource and delivering value to the whole system.
- **Is evidence based and outcome focused** – using the evidence available across health, social care and public health, taking account of patient and user experience, to identify and adopt best practice, develop new ways of working and identify and address inequalities.
- Actively and energetically seeks to **identify and rectify inequalities**.
- **Builds up from communities** to boroughs to sub-region, with integration at neighbourhood and primary care network levels.

Next Steps

LCP members are asked to agree:

- The proposed content outline; and
- The principles, behaviours and approaches for partnership working (see previous slide)

LCP members are asked to note:

- The timeline for production of the plan
- Representatives across the health and care system will form a working group to support the development of the plan
- The plan will be socialised through staff and stakeholder groups
- Existing and planned activity which supports the shared strategic priorities is currently being collated.
- Ownership and accountability for key deliverables is critical to our success and those responsible for specific actions will be identified in the delivery plans

Lewisham Local Care Partnership – Plan on a Page				
Strategic Priorities	Ambition	Key Deliverables in Year 1	Success Measures	Strategic Programmes
Working to build stronger, healthier families	Provide families with integrated, high-quality, whole-family support services	An integrated model for family hubs Integrated Pathways for CYP planned care	X% increase in uptake and completion of vaccinations X% increase in healthy weight X% reduction in waits for CAMHS referrals X% increase in health checks	CYP programmes Public Health Programmes
Being a compassionate employer and building a happier, healthier workforce	Establish an integrated system approach to apprenticeship and graduate programmes for health employment	Establish collaborative approaches to recruiting, training and deploying staff eg local employment fair, rotational apprentice programme	x% reduction in vacancy rates x% of posts filled after first advert Increase in BAME senior management posts	SEL People Plan Health and Care Workforce Plan
Working together and in collaboration as organisations and with the communities we serve	Sustainability across the system Strengthen the integration of primary and community based care.	terms of activity and spend and address as appropriate Agree approach/model for local care networks	Reduction in unplanned admissions Directory of health and care services in place by xx Timely discharge from Hospital Reduction in numbers discharged to care homes	Older People's Programme Community Based Care Alliance Fuller Implementation Group
Reducing inequalities in Lewisham	Address inequalities throughout Lewisham health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes	Agreed programme of service reviews using the "achieving equity" toolkit. Health equity fellows will be employed to support areas of greatest need Addressing inequalities in screening and immunisation take up	x% improvement in Vital 5 outcomes x% reduction in health outcomes between Core20 and other areas X% improvement in Screening/immunisations Access and outcomes	Health Equity Programme

Lewisham Place Executive Group Cover Sheet

Item **4**
Enclosure **4**

Title:	Strengthening Primary and Community Based Care in Lewisham (Fuller) Draft Delivery Plan
Meeting Date:	24 November 2022
Author:	Fiona Kirkman: System Transformation Lead
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update on the development of the plans for strengthening primary and community based care in Lewisham.	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The Fuller Review report was published in May 2022. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver key changes to the way in which primary and community care services are delivered. Whilst the report is titled the next steps for integrating primary care, the body of report describes much more and sets out a vision for an integrated out of hospital system.</p> <p>Lewisham has a history of integrated neighbourhood working and as we strengthen primary and community based care the Fuller Stocktake Report provides us with an opportunity to review and refresh our approach.</p> <p>These slides describe our approach to planning and delivery. This is an initial and iterative plan which will be reviewed and revised as we develop the programme with input from all of our stakeholders.</p>		
Potential Conflicts of Interest	n/a		
	Equality Impact	No specific implications from the draft delivery plan. However, one of the key aims of strengthening primary and community based care is to address inequalities across the borough.	
	Financial Impact	No specific implications from the draft delivery plan. However, it is anticipated that improved integrated neighbourhood working will have a positive financial benefit.	
Other Engagement	Public Engagement	The approach to public engagement is outlined in the draft delivery plan.	

	Other Committee Discussion/ Engagement	n/a
Recommendation:	For discussion and comment.	

FULLER STOCKTAKE

Strengthening Primary and Community Based Care

Lewisham Delivery Plan

October 2022

The Fuller Review report was published in May 2022 following a six month period of engagement with many stakeholders including general practice and service users.

The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system.

Whilst the report is titled the next steps for integrating primary care, the body of report describes much more and sets out a vision for an integrated out of hospital system.

The report has 15 recommendations – 8 of which are for the ICSs to implement. The four main pillars are:

- ❖ Develop a single system-wide approach to managing **integrated urgent care** to guarantee same-day care for patients and a more sustainable model for practices.
- ❖ **Enable all PCNs to evolve into integrated neighbourhood teams**, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn from all sectors.
- ❖ **Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention
- ❖ **Providing more proactive and personalised care**

The Lewisham Stocktake was carried out in July 2022. This included an initial assessment of what this means for us in Lewisham including what we already have in place, alignment with existing workstreams, what the gaps are and recommended delivery routes.

This is an initial and iterative plan which will be reviewed and revised as we develop the programme with input from all of our stakeholders.



Lewisham has a history of integrated neighbourhood working and as we deliver on the Fuller recommendations we have a solid foundation on which to build.

As health and care partners we have already taken steps to improve the delivery and integration of existing community based care at a neighbourhood level, raising quality and improving effectiveness of services and building better connections across the health and care system and with our voluntary and community colleagues. Our approach includes physical and mental health and care services.

We want to do more and for community based care in Lewisham to be:

- **Proactive and Preventative** – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;
- **Accessible** – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children's access to community health services and early intervention support.
- **Co-ordinated** – so that people receive personalised health and care services which are coordinated around them, delivered closer to home, reduces duplication and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

Case Studies

Local Care Networks (LCNs) which have been in place since 2018. The LCNs seek to strengthen the collaboration and multi-disciplinary working that is already in place across neighbourhoods by bringing together service leads to better understand each other's roles and responsibilities, identify and resolve recurrent issues that adversely affect the delivery of holistic and co-ordinated care, and explore what would further enhance and sustain the network. The local Care Networks also incorporate voluntary sector services in an integrated system of neighbourhood care delivery.

The Health Equity Fellowship Programme aims to develop local PCN system leaders of the future to address health inequalities, a local network of clinicians to lead neighbourhood-level community engagement (co-design, community development, prevention, and health promotion). Health Equity Fellows will be given the opportunity to develop their population health approach to this work; to help transform healthcare for the future. During the duration of the programme Fellows will gain new knowledge, skills and experience that are vital for successfully leading neighbourhood-level community engagement and collaborative work.

Reimagining the Waldron. The Waldron Health Centre in New Cross forms part of Lewisham's wider vision for fully integrated health & care services known as hubs. Hubs will have a focus on prevention and seek to address the wider determinates of health and social care to ensure a long term sustainable future for the citizens of Lewisham. Working in close partnership with the local community we believe that the true potential of the Waldron can be unlocked to enhance health and wellbeing.

Frailty Pilot - Frailty has been identified by Lewisham's Health and Care Partners as an area for specific focus for integrated delivery. A new approach to frailty is now being piloted, building on an existing project by The Lewisham Care Partnership Primary Care Network (TLPCPN). The pilot will test a proactive approach to identifying those frail patients most at risk of deterioration and requiring a multi-disciplinary response.

Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices.
Describe how place will participate in the development of the single system-wide approach.
Describe how this will be implemented at place and clarify the footprint of the neighbourhood team (does this differ from the PCN footprint?)

To achieve a single system wide approach we will:

- Lead the programme through our multi-agency Unplanned Care Board to ensure involvement of all key stakeholders
- Align with system priorities and other workstreams for system wide delivery
- Focus on local population health improvement using our Population Health and Care Data Management System
- Co-design the plan in partnership with all stakeholders including patients via the People's Committee and other engagement fora
- Drive development through the new Fuller Co-ordination group that will report into the core Lewisham Place governance structures
- Review our Fuller gaps analysis and to build on what we already have in place e.g. UCR, GP Home visiting and Implementation of the new enhanced access service
- Adopt robust project management and refreshed governance arrangements including:
 - Fuller co-ordination group
 - Lewisham Unplanned Care Board
 - Lewisham Primary Care Group
 - Elective and Complex Board - new board to be formed
 - Prevention, Wellbeing and Ongoing Care Alliance – new group to include community, primary care, social care and VCS providers

Next Steps:

- Establish a clearer interface with 111, LAS and GP out of hours
- Consider role of wider primary care services
- Consider need for refreshed public engagement/communication campaign to support patients to use the right service
- Consider need for information campaign for health and care professionals about urgent access pathways
- Consider how same day care requirements provide care for people with complex needs

There are Four 'Neighbourhoods' that incorporate Adult Social Care, Community Health and Mental Health Teams (recently aligned on this footprint) and Voluntary and Community Sector Organisations that provide health and care. There are six PCNs and they are broadly coterminous to the four neighbourhoods. **Footprint (slide 5).** Further stakeholder engagement required to integrate the approach.

Lewisham Neighbourhoods mapped to PCNs – to be updated

Neighbourhood Mapped to PCN's

Primary Care Networks in Lewisham July 2019

NHS
Lewisham
Clinical Commissioning Group

● GP Practices

North Lewisham PCN (75k)

Clinical Director: Dr Forgan

- 1 Mornington Surgery
- 2 Queens Road Partnership
- 3 Kingfisher Medical Centre
- 4 Clifton Rise Family Practice
- 5 New Cross Health Centre
- 6 Grove Medical Centre
- 7 Vesta Road Surgery
- 8 Amersham Vale Training Practice
- 9 Deptford Surgery
- 11 Deptford Medical Centre

Lewisham Alliance PCN (51k)

Clinical Directors: Dr Adams/Raheem

- 14 Lewisham Medical Centre
- 15 Burnt Ash Surgery
- 18 Lee Road Surgery
- 22 Triangle Group Practice
- 24 Woodlands Health Centre
- 25 Nightingale Surgery

Lewisham Care Partnership PCN (58k) Super-partnership

Clinical Director: Dr Ferdinand

- 13 Belmont Hill Surgery
- 16 Modern Hill Surgery
- 17 St Johns Medical Centre
- 19 Brockley Road Surgery
- 20 Hilly Fields Medical Centre
- 21 Honor Oak Group Practice

Seventfields PCN (60k)

Clinical Director: Dr Tattersfield

- 27 Torrion Road Medical Practice
- 29 ICO Health Group – Moorside Clinic
- 30 Downham Family Medical Practice
- 31 ICO Health Group – Chinbrook Road Surgery
- 32 Park View Surgery
- 33 ICO Health Group – Marvels Lane Surgery
- 34 ICO Health Group – Boundfield Medical Centre
- 35 Oakview Family Practice
- Novum Health Partnership
- 23 Rushey Green Group Practice
- 28 Baring Road Medical Centre

Aplos Health PCN (50k)

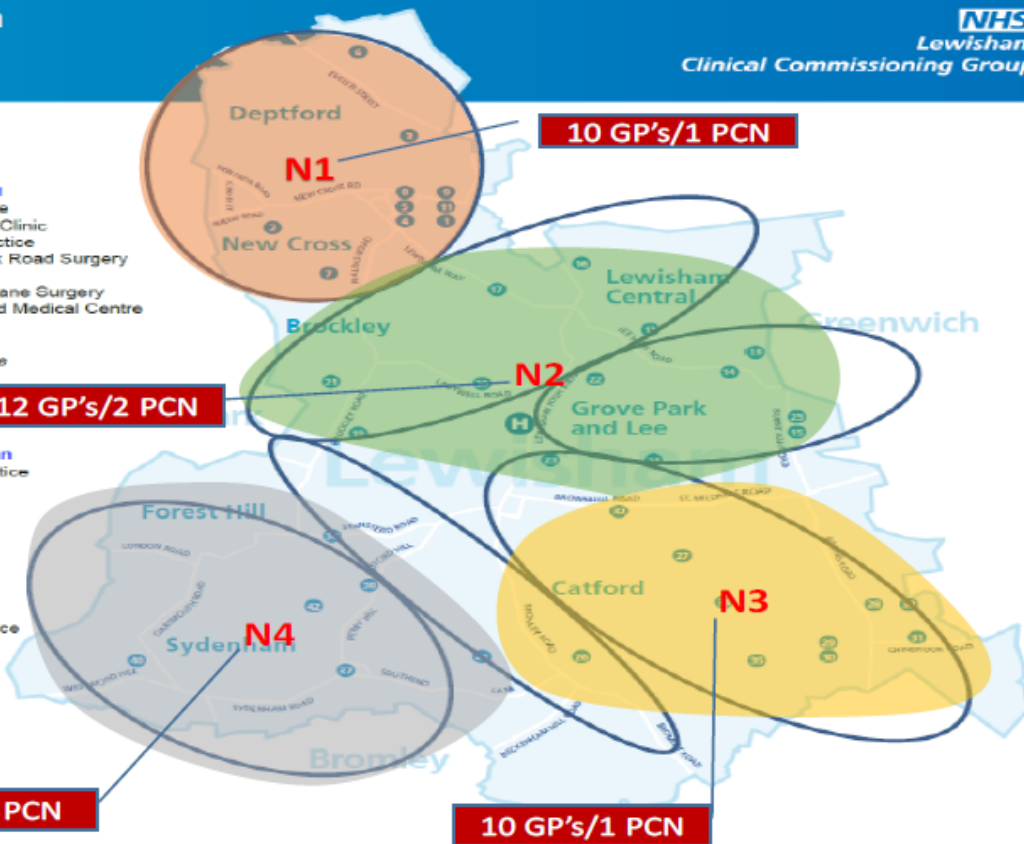
Clinical Director: Dr Zimmerman

- 37 Sydenham Green Group Practice
- 39 Woolstone Medical Centre
- 40 Wells Park Practice
- 42 The Vale Medical Centre

Modality Lewisham PCN (38k) Super-partnership

Clinical Director: Dr Knight

- 26 South Lewisham Group Practice
- 36 The Jenner Practice
- 41 Bellingham Green Surgery



Better health, best care
for Lewisham people

Enable all PCNs to evolve into integrated neighbourhood teams
Describe how this will be implemented at place and clarify the footprint of the neighbourhood team

We are implementing this at place by:

- Adopting robust governance design to support and drive the delivery of Integrated Neighbourhood Teams
- Focussing on local population health improvement using our Population Health and Care Data Management System. Core 20plus5 analysis underway to help identify neighbourhood priorities
- Co-designing the plan in partnership with all stakeholders including patients via the People's Committee and other engagement fora
- Aligning the work with council led Health Inequalities programme and Health Equity Fellows recruited and to be embedded in the Neighbourhoods
- Reviewing the potential of Neighbourhood Development Community Partnerships
- Delivering Social Prescribing in the Primary Care Networks – links to voluntary and community sector
- Providing care through two PCNs/super practices with merged core contracts, so integration underway from a primary care perspective
- Four Neighbourhood coordinators working across the PCNs operating through an MDT approach
- Profiling risk and MDT working as part of the local PMS premium
- Holding a partnership wide immunisation group (remit includes covid vaccinations) action plan being developed
- Delivering Integrated Hospital flow and discharge implemented through our system wide Home First Implementation Programme
- Delivering a remote monitoring pathway for people with Long term conditions, Virtual Ward scheme to go live at the end of October
- Focussing on cultural and behavioural change supported by Organisational Development

Next Steps

- To refresh the Care at Home Board to become the Integrated Neighbourhood Network Alliance which will include community, primary care, social care and VCS providers. With focus on neighbourhood delivery
- To hold a series of workshops to agree the vision of integrated neighbourhoods and the infrastructure and approach required
- To take a planned and phased approach driven by transformational expertise to achieve structural and cultural change
- The current neighbourhood footprint doesn't align in all cases with the PCNs so further discussion is required on how the neighbourhood health and care teams and PCNs can further integrate
- Agree deliverables and convene specific task and finish groups
- Review alignment of the home care/ wellbeing teams working at neighbourhood footprint
- Focus on workforce development including new ways of working and development of integrated roles.

Create a clear development plan to support the sustainability of primary care including a strong primary care forum / network at system level

We are implementing this at place by:

- Looking to build on the already existing PCN forum where PCN Clinical Directors, GP Federation, LMC and the local borough team are regularly meeting
- *Continued practice and PCN engagement and support through the local place based primary care team including structured practice visit programme*
- *Launch of the GP practice resilience programme for 22/23*
- Ongoing dialogue with local GP Federation to support their long term sustainability, particularly following the impact of changes to GP Extended Access provision
- Facilitating local implementation of the Clinical Effectiveness South East London (CESEL) programme to support reduction in variation

Next steps:

- Development of an overarching local Primary Care Development Plan to bring together all work in this area
- Local implementation of the “SEL Strengthening our Primary Care Teams in SEL” practice and PCN assessment framework and the ICB framework outlined in the “Supporting general practice, primary care networks and their teams through winter and beyond” letter to inform our local plans including optimum use of available funding i.e. SDF funding (particularly PCN development funding), ARRS funding and potential additional estates and IT funding that may become available
- Review of local PMS premium to align outcomes with the local Primary Care Development Plan
- Begin consideration of how delegated responsibility for local dental, optometry and pharmacy services is best incorporated into local planning and structures
- Sustainability planning to include workforce, estates and digital implications
- To consider the role of Voluntary and Community Sector organisations and housing providers as part of integrated teams

Work alongside local people and communities
This is the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, taking into account demographic and cultural factors - Describe how this is being achieved at place?

We are achieving this by:

Lewisham Local Care Partnership (LCP) is committed to a shared model of engagement that will:

- **Support citizens and communities to exercise power** by creating the conditions where all individuals can contribute equally
- **Build trust** through purposeful and consistent efforts to foster relationships and act on feedback received
- **Provide people with opportunities** to participate by focusing on reducing current barriers (including language, resources and cultures) to engagement
- **Work together** to achieve more with what we have recognising limits on the funding, time and capacity available

The 'People's Partnership Committee' has been set up to ensure that the lived experiences of all our citizens and communities demonstrably drive the direction of the LCP. The 'Committee' will report to the LCP strategic board as an integral part of Lewisham place-based governance and leadership structure.

Reducing Health Inequalities - Lewisham has a strong infrastructure in place for tackling health inequalities and has established a Health Inequality and Health Equity Working Group. The aim is to support local health & wellbeing partnerships across the health and care system, and communities focussed on equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities. The Lewisham Health Inequalities and Health Equity programme 2022-24 has been endorsed by the Lewisham Health and Wellbeing Board and the LCP and has a number of concurrent and intersecting work streams that will link to our delivery on the Fuller recommendations, the workstreams are:

- Equitable preventative, community and acute physical and mental health services
- Health Equity Teams
- Community development
- Communities of practice
- Workforce Toolbox
- Maximising the use of integrated data (includes Population Health)
- Evaluation
- Programme enablement and oversight

We will continue to:

- Prioritise and implement specific *opportunities for action* from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
- Focus on ways communities and people can be active agents in their own health, wellbeing and care
- Build on the success of and learning from the COVID vaccination and other programmes
- Co-design with local communities, for example the North Lewisham Community Forum approach with North Lewisham PCN
- Utilise the Population Health System - Core20PLUS5 filter that segments our population



Delivery and Governance

The Fuller Report recommendations will be taken forward as part of work to strengthen our community-based care offer and is therefore closely aligned to our wider governance and delivery structures.

A number of different groups will take forward the detailed planning and delivery, these are:

- **The Unplanned Care Board** which will take forward planning and delivery of the Integrated Same Day Care recommendation
- The **Planned Care Board** will oversee the development of planned care pathways
- The **Integrated Neighbourhood Network Alliance** will take forward planning and delivery of the Neighbourhoods recommendation and related enabler requirements
- The **Primary Care Group**, in collaboration with the PCN Clinical Director's Group, will take forward planning and delivery of the specific general practice elements which include for example, development of a PCN and system leadership development plan and work to reduce variation in practice.
- The emerging **People's Committee** will have a role to play to secure involvement of our local communities in this work, in liaison with the four neighbourhoods and six PCNs in Lewisham.

A new **Fuller Co-ordinating group** has been established to ensure coherence across the work of the three groups noted above and to track progress, assess and mitigate risk.

- Other key roles of the Fuller Group are to receive assurance that implementation is progressing as planned, helping to unblock obstacles as they occur, and
- To agree a dashboard to measure impact (noting this may be an amalgamation of information held within other dashboards) and to use the dashboard to inform discussions on progress and to support reporting to the Place Executive Group, SEL ICS and NHSE

The local governance arrangements to oversee delivery are aligned with our wider governance structure which is shown in slide 10. The Terms of Reference for each group sets out the membership, remit, responsibilities and reporting arrangements.

Assurance will be provided via the LCP Strategic Board. We will work collaboratively with some or all of the 5 other Places in SEL where this adds value.

The implications are system wide and so regular updating to partner Boards and committees will also be provided alongside communications to the local population

Lewisham Fuller implementation governance

Alignment with other Boards and workstreams

- CYP
- Personalisation
- Acute Provider Collaborative Alliance

ICB EMT

ICB Board

LCPSB

Lewisham Place Executive Group

LCP and SEL Collaborative Forum

SEL Place Based Care Board

Lewisham Fuller Coordination Group

PC Leadership Group

Community Providers Network

Older People Partnership Board

Integrated Neighbourhood Network Alliance

Planned Care Care Board

Lewisham Unplanned Care Board

Lewisham Primary Care Group

Lewisham Peoples Partnership Committee

All Age Mental Health Alliance

Workforce, Estates, Digital, Communications and Engagement

Formal reporting lines

Informal sharing, learning & SEL narrative

Engagement

Describe place approach to engagement and communications with local communities and stakeholders

Our aims and approach

We have developed a framework for building inclusive citizen and community engagement in Lewisham. This is about ensuring local people are at the heart of our plans for improving health and wellbeing. The development of the Framework has combined local knowledge and experience with existing best practice inside and outside of Lewisham.

A twelve month roadmap has been agreed to ensure that the principles outlined in the framework become a reality. Two key components to take this forward are the People's Partnership Committee for citizen and community engagement and activation in health and wellbeing and a Working Group for senior leaders to drive this agenda.

A core component of the 'People's Partnership Committee' will be to ensure that the lived experiences of all our citizens and communities demonstrably drive the direction of the LCP. The 'Committee' will report to the LCP strategic board as an integral part of Lewisham place-based governance and leadership structure

The group will be established in shadow form from November 2022 to be fully operational from April 2023, the development of the group involving simulations that will be co-developed with system partners and will be used to test how the group and individual roles and responsibilities will work in practice. They will be based on actual strategic challenges and direction in relation to the LCP.

How the place plans will fit within the wider communications & engagement plans in South East London

- Our work is closely aligned to the SEL Working with People and Communities Strategy and we have shared local examples of best practice, we are members of the ICS Engagement Practitioners Network.
- We will utilise the SEL Engagement Toolkit where relevant

Enablers

Clearly defining the needs of place from the enabling functions of the ICB

Our key enablers

We will ensure that we have right infrastructure in place. This includes supporting and developing the workforce across our providers, developing and using information technology and maximising the use of our health and care estate.

To be tested out with stakeholders

Enabling functions at the ICB	Enabling functions at Place
<ul style="list-style-type: none"> Co-production capacity Benefits realisation Digital expertise/procurement Estates, primary care, LGT, Council Payment Models Workforce Models Finance Capability Communications and Engagement Information Governance Support 	<ul style="list-style-type: none"> Leadership capability Local co-production support Digital and IT capability Operational workforce Programme Management Administrative and finance support Risk stratification/case finding (Population Health) Standard Operating Procedures Remote Monitoring/Digital Local intelligence Communications and Engagement One Public Estate

Resources

Resources required to deliver the plan:

We will use workshops to identify what will be required to realise the ambitions of the Fuller Report and the infrastructure required. We will test out these resource needs with our stakeholders. However, initial work indicates that the following resources will be required:

- Digital infrastructure – (e.g. Integrated Single Care Record)
- Neighbourhood leadership development
- Base lining current community resources (workforce)
- Data analytics
- Operational support
- OD support
- Communications and Engagement
- Finance and benefits realisation resources

Note: Initial mapping of activity for individual boards - in progress

Programmes Supporting Formation of Teams

Planned Care Board (including Cancer)

SRO: tbc CRO: tbc CCL: Dr Ravi Sharma Delivery Lead: Ian Ross

Specialty	System	Place	Neighbourhood	Home
Cancer	Support development of cancer pathways including workforce.	Review of 2WW pathways with LGT, key system focus on Lung, Gynae and Prostate.	Prevention/Screening/ Smoking Cessation etc.	Education/Healthier Lifestyle
Referral Optimisation	National referral system e-RS plus additional SEL initiatives such as Referral Assessment Services, Consultant Connect and A&G.	We are developing a number of community services and associated pathways across Lewisham.	Support the delivery of revised pathways and offer additional patient support where needed.	Patients attending appointments reducing DNAs or cancelling if needed.
Community Services	There are a number of working groups across SEL/BGL that are developing pathways and improving patient experience.	For Lewisham specifically there are a range of pathways and service developments that we will be working through, including MSK, Dermatology and Respiratory.	Support the delivery of revised pathways and offer additional patient support where needed.	Education/online support/exercise where appropriate
Virtual Wards	A national initiative that is being delivered across all ICS with a range of services offered at borough level.	There are two key work streams for Lewisham; Admission Avoidance and Early Discharge.	Early discharge in particular will be supported by social care.	Remote monitoring/online support
CYP	There will be national/SEL initiatives.	Need to review existing pathways making sure they are effective and efficient.	Link in with Integrated Care team and support current projects.	TBC
MH	There will be national/SEL initiatives.	Need to review existing pathways making sure they are effective and efficient.	Link in with Integrated Care team and support current projects.	Online support

Programmes Supporting Formation of Teams

Neighbourhood Integrated Delivery SRO: tbc CRO: tbc Delivery Lead: Fiona Kirkman					All age, physical and mental health
Specialty	System	Place	Neighbourhood	Care Home	
	Wider determinants of health	Wider determinants of health	Wider determinants of health	Wider determinants of health	
	Population Health Management	Mental health prevention	Population Health Management	Healthy eating	
		immunisation	Community Nursing	Care Homes	
		Mental Health prevention	Mental Health prevention	Comms, engagement and outreach	
			Home Care wellbeing		

Programmes Supporting Formation of Teams

Urgent and Emergency Care

SRO: Belinda McCall
Current Delivery Lead: Amanda Lloyd

Specialty	System	Place	Neighbourhood	Home	All age, physical and mental health
	111 / 999 (LAS)	Urgent Community Response service (LGT)	Neighbourhood coordinators	Crisis Response	
		Same Day Emergency Care (Fuller)		Pharmacy	
		ED Front Door Including: • ED Streaming & GP UC • ED MH attendances		Virtual Ward	
		SDEC / AAU expansion (LGT)			
		Home First (LGT/LBU/VCS/SLaM/PC)			
		High Intensity Users (OHL)			
		Winter Planning / Winter Funding			

Draft Delivery Plan – Circulation

Meeting	Document	Date	Lead
Clinical, Care Professional Leads Meeting	Planning for delivery on Fuller (Slides)	29 th September	Fiona Kirkman
Director of Adult Social Care and Head of Neighbourhood Operational Lead	Planning for delivery on Fuller (Slides)	28 th September	Fiona Kirkman
PCN Forum	Planning for delivery on Fuller (Slides) Initial discussion with PCN Leads	5 th October	Ashley O'Shaughnessy
CCLP	Planning for delivery on Fuller (Slides) (initial plan tbc)	6 th October	Ceri Jacob
CYP DMT	Draft Delivery Plan	12 th October	Fiona Kirkman
Public Heath Team Meeting	Planning for delivery on Fuller (Slides)	11 th October	Fiona Kirkman
Community Services DMT	Draft Delivery Plan	13 th October	Fiona Kirkman
Place Executive Group	Draft Delivery Plan/discussion	14 th October	Sarah Wainer
Clinical, Care Professional Leads	Draft Delivery Plan	14 th October	Fiona Kirkman
Place Executive Group Members	Draft delivery Plan for comment	14 th October	Fiona Kirkman
Meeting with Dr Zain Sadiq Associate Medical Director -Lewisham Operations Directorate Mental health Clinical Care and Professional lead for NHS SEL ICS Lewisham Consultant Psychiatrist - Lewisham Low intensity service (LIST)	Planning for Fuller, delivery plan	17 th October	Fiona Kirkman

Lewisham Local Care Partners Strategic Board Cover Sheet

Item 6
Enclosure 5

Title:	Risk Register
Meeting Date:	24 November 2022
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health & Care Partners Strategic Board regarding the Lewisham Risk Register.	Update / Information	✓
		Discussion	✓
		Decision	
Summary of main points:	Risk Register - Process <ul style="list-style-type: none"> Place Executive Lead, ICB Director of Transitions and Borough Support Lead met on 4 November 2022 to review the Lewisham risk register which had risks relating to the legacy of the CCG. There were 30 overdue according to Datix. Discussions with the key members of SMT are currently in place to review and update risks where necessary including mitigation/control measures. Also, if risks are no longer current or are part of BAU for example, to close. 		
	Risk Register – Current position <ul style="list-style-type: none"> Risks – Updated - 6 Risks – In progress – subject to review – 5 Risks – Closed – 19 		
	Service area	Risks No	Action
	Finance	R1-R2 R3	Updated Closed – 1 risk
	Commissioning	R4-R5	In progress – subject to review
	Primary Care	R6-R7 R8-R9	Updated Closed – 2 risk
	Communications and Public Engagement	R10	Closed – 1 risk
	Quality and Safeguarding	R11-R23 R13 & R18	Closed - 11 risks Updated
	Partnership Working and System Transformation	R24 R25-R28	In progress – subject to review Closed - 4 risks
	Children and Young People	R29-R30	In progress – subject to review

	Key Themes – <ul style="list-style-type: none">The key themes from the risk register relate to finance/budgetary impact and quality of care around successful delivery of services.			
Potential Conflicts of Interest	Not applicable			
Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	✓	Southwark	
	Equality Impact	Yes		
	Financial Impact	Yes		
Other Engagement	Public Engagement	Yes		
	Other Committee Discussion/ Engagement	The Risk Register will be discussed at Place Executive Group (PEG) meeting and bimonthly at Lewisham SMT. Regular monthly meeting with SMT in place to ensure continuity of updating and maintaining register. Monthly Risk Forum – where risk snapshots are provided to central governance team for further discussion.		
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the Risk Register is being currently updated and a final version will be in place by end of November 2022.			

Key

Inherent risk	is current risk level given the existing set of controls rather than the hypothetical notion of an absence of any controls.
Residual risk	would then be whatever risk level remain after additional controls are applied.
Target risk	the desired optimal level of risk.
What is a risk	Risk is the likelihood and consequences of a potential negative outcome. Risk involves uncertainty about the effects/implications of an activity often focusing on undesirable consequences.

Risk Scoring Matrix

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

Likelihood Matrix

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Severity Matrix

Severity (Impact) Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

Ref	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk spotlight owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance									
R1	The ICB - Lewisham has a savings target of £2.623m for 2022/23. Whilst currently on plan to being achieved, the prescribing element which is the largest part at £0.944m is weighted towards the latter part of the year unlike other planned budget savings which are equally profiled throughout the year. There is a risk the delegated borough budget will be exceeded if the actual prescribing savings achieved in the latter part of the year are not achieved as planned and in full. ☐	3x2=6	3x2=6	2x2=4	Ceri Jacob Michael Cunningham	1) A careful and detailed budget setting process has been conducted to ensure efficiencies are deliverable and the delegated budget for 2022/23 has been signed off by budget holders as achievable. 2) Sound budgetary control will continue to be applied to ensure expenditure trends are monitored, and any deviations from budget are identified at an early stage. 3) The Medicines Optimisation Plan (MOP) is aligned to the efficiency opportunities identified and aims to incentivise the prescribing behaviour required to deliver identified efficiencies. 4) The medicines management lead for the ICS and the local medicines management team are engaged in ensuring identified savings are delivered in 2022/23. 5) The ICS's Planning and Delivery Group receives regular updates on the prescribing position across the ICS. 6) In addition to sound budgetary control on prescribing budgets in total, a separate template is being maintained to track delivery of identified efficiencies as well as a risk dashboard that RAG rates each opportunity and records mitigations where appropriate. 7) A programme of GP practice visits is ongoing and all OptimiseRx messages have been reviewed including adding OTC deprescribing messages.	<ul style="list-style-type: none"> Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review. 	The impacts of controls will be assessed in light of budgetary positions and in particular achievement of efficiency targets during 2022/23.	There are no currently identified control gaps.
R2	The ICB Lewisham is at significant risk of exceeding the annual budget set for prescribing. The current forecast outturn spend shows the budget will be exceeded by c.£1m without further mitigation even if the savings target referenced in risk R1 above is fully achieved. This reflects the impact of CATMINCSO drug pricing which is an issue impacting nationally. There is a consequential risk that the delegated borough budget as a whole will be exceeded unless the forecast prescribing expenditure can be mitigated from within the prescribing budget or from achieving further savings from other delegated budgets.	3x2=6	3x2=6	2x2=5	Ceri Jacob Michael Cunningham	In addition to the ongoing controls referenced above specific to identifying mitigations from within the prescribing budget, all other borough expenditure budgets are also being reviewed to identify potential mitigations if required to minimise the risk of the delegated borough budget as a whole being exceeded.	<ul style="list-style-type: none"> Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23. Review of prescribing position at Planning and Delivery Group. Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible. 	The impacts of controls will be assessed in light of budgetary positions during the second half of 2021/22.	The Place medicines management team did not start the year fully established but plans are in place to rectify this as soon as possible.
Primary Care									
R8	There is a risk that the new and expanding primary care workforce supported through the PCN DES ARRS funding is not optimised because a locally agreed strategy across all partners is not in place and appropriate local resource to support the programme needs to be confirmed. This will cause an impact on delivery of the PCN DES specifications and potential duplication and missed opportunity across the local system.	4x4=16	4x3=12	2x4=8	Ceri Jacob Adeley O'Shaughnessy	<ul style="list-style-type: none"> PCNs have developed and submitted their indicative workforce plans for 22/23. Links made with PCN social prescribers and borough social prescribing programme. 	<ul style="list-style-type: none"> High level discussions had at Lewisham Primary Care Group ICB regularly attend the PCN forum where the ARRS is discussed 	Multiple ARRS roles already recruited.	<ul style="list-style-type: none"> Appropriate local resources need to be identified and confirmed to lead and support the programme. Clear strategy (agreed by all local partners) needs to be in place to maximise impact of ARRS workforce and avoid unnecessary duplication - to be led via Lewisham Health and Care Partners and to be aligned with Primary Care Development plan (currently being drafted)
R9	There is a risk that the local GP Federation may become unsustainable because they are currently only commissioned for short term rolling contracts and increasing funding is now going directly through PCNs. This will cause an impact on both current and any required future 'Place wide primary care at scale' delivery.	4x4=16	4x3=12	2x4=8	Ceri Jacob Adeley O'Shaughnessy	<ul style="list-style-type: none"> Ongoing dialogue with GP Federation and primary care team regarding opportunities and risks in short, medium and long term. Review underway to assess all OHL contracts/services and to confirm clear position on each going forward - expected to be completed by December 2022 GP Federation part of Lewisham Health and Care Partners Strategic Board/PEG. GP Federation part of Lewisham PCN Forum. GP Federation part of SEL primary care leadership group. 	<ul style="list-style-type: none"> Monthly contract meetings in place with GP Federation Monitoring and review through borough SMT meetings 	<ul style="list-style-type: none"> Previous enhanced support for care homes, HIU, GP home visiting, respiratory, long covid and remote monitoring services/contracts extended to March 2023. GP stream and urgent care service commissioned to March 2023. 	The employment of several ARRS roles is currently in
Quality and Safeguarding									
R13	TVN specialist support in place to provide specialist advice. There is a potential gap re recognising Pressure Ulcers (PU) and referrals to MASH are recorded as neglect, so difficult to get accurate data and generally there is a potential lack of data. Lack of knowledge gaps for certain areas - such as domiciliary care and supported living - which has been escalated to Joan Hutton - who is discussing with Heads of Nursing in community services. Need to establish additional training in relation to identifying PU in these areas. It is considered to be a gap for local authorities in areas to support delegated health enquiries S42 for Mental Health and Learning Disabilities (Older Peoples Homes) supported by safeguarding nurse advisor for Lewisham	3x2=6	3x2=6	1x4=4	Ceri Jacob Fiona Mitchell	<ul style="list-style-type: none"> The Safeguarding Nurse Advisor offers some support for older peoples nursing and residential homes in Lewisham and supports and Chairs the Community Pressure Ulcer Panel. This function does not support all homes including Learning Disability and Mental Health. Recruitment ongoing, some successful appointments made. Band 7 in place, Band 6 (x2) recruited ongoing and LGT remodelling of service ongoing. Proposed date to commence Nursing Home visits by TVN Oct 2022. 	The Community Pressure Ulcer Panel has continued to meet virtually throughout Covid19 however some of the functions have been compromised due to factors outlined, staff absence and capacity.	Periodic reports to LSAB, Lewisham Place Strategy Board and SEL ICS.	Commencement date of service being reintroduced to Nursing Homes.
R18	There is a risk that IHAs will not be completed for Children Looked after within the 20 work days due to delays in timely notifications. This means that there is a delay in identifying the health needs for CLA which may have an impact on the health outcomes for individual CLA.	4x3=12	3x3=9	3x1=3	Ceri Jacob Christiane Nitch	<ul style="list-style-type: none"> No Designated nurse for CLA, role being covered interim by Safeguarding team. Recruitment ongoing. KPIs and data set in place. Monthly oversight. Team have developed SOP for process. Designated Professionals are part of the Partnership CLA Working Group for service improvement. Director of Quality and designated professionals together with Commissioners will review service specification and requirements in 6 weekly meetings. Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs). Working group between local authority and health set up to look at initial health assessments and out of Borough placed children. 	Statutory guidance in place.	This is a gap in service and has been escalated.	Gap in service provision. Escalated to Lewisham Place Executive Director.

Commissioning										
R4	Ability to deliver revised Mental Health Long Term Plan trajectories as a result of initial access, increased demand, insufficient workforce or delivery sites, as well as digital solutions may not meet a proportion of local demand	3d-9	2d-6	3d-6	Mental Health	Mental Health	<ul style="list-style-type: none">Place and MH performance reporting: Initial draft of system assurance dashboard presented to the MH Alliance Leadership Group in April 21. Further work to be undertaken to streamline the measures.Latest draft of system dashboard presented to MH Alliance Leaders Group. Roadtake took place in September and reviewed progress against outcomes and delivery standards. Final version of dashboard being worked on.MH treatment agreed for 2022/23Implementation of transformation plan is underway	<ul style="list-style-type: none">Alliance data/performance review process to be established to provide local oversight and improvement actions. Performance reporting to Strategy Board.	<ul style="list-style-type: none">Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition)	<ul style="list-style-type: none">Mitigation plans formulated for flat rated measures (i.e. JWP and Physical Health Checks for BMS)Performance and Outcomes forum to be established to review system dashboard and other key system assurance processes.
R5	Financial risk in 2022/23 of high cost packages through transition.	4d-10	4d-12	4d-12	Mental Health	Mental Health	<ul style="list-style-type: none">Close CHC and Mental Health Planning required as part of the transition process. Vacancies almost all filled. Closer working with adult social care and CHC ongoing.	<ul style="list-style-type: none">Risk to be reviewed at Funding and Governance Panel.	<ul style="list-style-type: none">Mitigate financial risk to ICS. Strengthened partnership working with Local Authority (Levensham Council).	<ul style="list-style-type: none">Number of applications for CHC, user details and requests for joint funding.
Partnership Working and System Transformation										
R24	The ongoing impact and legacy of the initial phase of COVID has a negative impact on health and care services provided within the community which results in an escalation of need and acuity and increases both waiting lists and ongoing costs.	4d-12	3d-8	3d-6	Community	Healthcare	<ul style="list-style-type: none">The Partnership Executive Group monitors progress and performance against agreed delivery plans.	<ul style="list-style-type: none">Place Executive Group reports to Levensham Health and Care Partners and escalates issues and specific risks.	<ul style="list-style-type: none">EHCP has adopted partnership principles and a system wide approach. This ensures each partner and organisation is effectively supported by others within the system and able to deliver services effectively.	<ul style="list-style-type: none">Operational budgets and decision making remains with each governing organisation and there is no statutory obligation to integrated delivery.
Children and Young People										
R29	Failure to deliver on statutory timescales for completion of EHCP health assessments. This is being driven by challenges in recruitment of community paediatricians and therapists. There is a safeguarding and reputational risk (OFSTED).	4d-12	3d-12	3d-6	Children's Health	Paediatrics	<ul style="list-style-type: none">There is a recovery plan in place. GPs are being rotated from Primary Care into community paediatrics. Paediatric Nurse in place to support medical work (non-doctor work). Trial of using alternative recruitment agent to recruit internationally. Recovery meetings held with head of SEND. Therapists also working weekends. DCO for SEND started in July increased to 0.8 in Sept. DCO role will look at joint working arrangements between health and SEND, which may identify efficiencies and streamline the process. Digitisation of system may streamline EHCP process by reducing timescales. Recovery meetings held with head of SEND.	<ul style="list-style-type: none">Monitoring ongoing to gauge impacts of controls.	<ul style="list-style-type: none">Increase in EHCP's health assessments being completed in time.	<ul style="list-style-type: none">Families not attending appointments. Appointments changed. Delayed paperwork (service user end). Breast has led to loss of staffing (therapists). COVID has also had an impact on staffing levels. Increase in EHCP requests.
R30	Failure to deliver on statutory timescales for completion of ASD health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. There is a safeguarding risk and reputational risk (OFSTED).	4d-12	3d-8	3d-6	Children's Health	Paediatrics	<ul style="list-style-type: none">There is a recovery plan in place. GPs are being rotated from Primary Care into community paediatrics. Paediatric Nurse in place to support medical work (non-doctor work). International recruitment ongoing (12 Paediatricians recruited). Working of job ads being carefully considered to inspire applicants.	<ul style="list-style-type: none">Monitoring ongoing to gauge impacts of controls.	<ul style="list-style-type: none">Reduction in waiting times for assessments.	<ul style="list-style-type: none">Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.

Lewisham Local Care Partners Strategic Board Cover Sheet

Item 7
Enclosure 6

Title:	Month 6 Finance Report
Meeting Date:	24 November 2022
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS in Lewisham at Month 6.	Update / Information	✓
		Discussion	✓
		Decision	
Summary of main points:	Finance Position – ICS <ul style="list-style-type: none"> At month 6 the ICS is reporting a YTD deficit of (£49.9m); £40.9m adverse to plan. The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities. The system has delivered £59.4m of efficiency YTD against a plan of £109m. Despite the adverse YTD position, the system forecast has improved by £6.8m this month. The forecast is now £201m against a plan of £207.2m. 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year. The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures. 		
	Finance Position – ICB <ul style="list-style-type: none"> The ICB is reporting an overall £48k overspend to Month 6. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) 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 July 2022. This reported a significant 		

	<p>change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, showed an increase of around 5%. If this trend continued into future months, the full year forecast impact would be circa £3,400k before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. Full details on the ICB financial position are at Appendix A to this report.</p> <ul style="list-style-type: none">As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.The ICB – Lewisham Borough is reporting an underspend of £106k to Month 6 and is also forecasting a break-even position for the 2022/23 financial year against the borough delegated budget. <p>Finance Position – Lewisham Council</p> <ul style="list-style-type: none">At month 6 Lewisham Council is reporting an overspend of £0.9m against Adult Social Care budgets and an overspend of £0.9m against Children’s Social Care budgets. The forecast outturn for the 2022/23 financial years shows an overspend of £1.9m for Adult Social Care and £1.7m for Children’s Social care.		
Potential Conflicts of Interest	Not applicable		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	Not applicable	
	Financial Impact	The paper sets out the borough financial position as at Month 6	
Other Engagement	Public Engagement	Not applicable	
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.	
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to note the borough financial position as at Month 6.		

Lewisham Local Care Partners

Strategic Board - Finance Report

Month 6 2022/23

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3. Savings - ICB Lewisham Summary

4. Financial Position – Lewisham Council

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Finance Position – ICS

- At month 6 the ICS is reporting a YTD deficit of (£49.9m); £40.9m adverse to plan.
- The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £59.4m of efficiency YTD against a plan of £109m. Despite the adverse YTD position, the system forecast has improved by £6.8m this month. The forecast is now £201m against a plan of £207.2m.
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year.
- The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.

Finance Position – ICB

- The ICB is reporting an overall **£48k overspend** to Month 6. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£48k)** 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 July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. If this trend continued into future months, the full year forecast impact would be circa **£3,400k** before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. Full details on the ICB financial position are at Appendix A to this report.
- As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.
- The ICB – Lewisham Borough is reporting an **underspend of £106k** to Month 6 and is also forecasting a **break-even** position for the 2022/23 financial year against the borough delegated budget.

Finance Position – Lewisham Council

- At month 6 Lewisham Council is reporting an **overspend** of £0.9m against Adult Social Care budgets and an **overspend** of £0.9m against Children's Social Care budgets. The forecast outturn for the 2022/23 financial years shows an overspend of £1.9m for Adult Social Care and £1.7m for Children's Social care.

2. Financial Position ICB – Lewisham

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	490	482	8
Community Health Services	6,213	6,230	(16)
Mental Health Services	1,574	1,391	183
Continuing Care Services	5,044	5,043	1
Prescribing	9,604	9,776	(172)
Other Primary Care Services	308	308	0
Other Programme Services	83	26	57
Delegated Primary Care Services	12,695	12,695	-
Corporate Budgets	1,084	1,038	46
Total Year to Date	37,095	36,989	106

- At month 6, the borough is reporting an underspend of £106k. There are underspends in mental health £183k and other programme £57k both of which mainly reflect planned investment of growth funding scheduled to occur in the latter part of the year. The budget however is profiled evenly across months and therefore at month 6 this position presents as an underspend. The borough is currently forecasting break even for mental health budgets for the year in support of the MHIS standard.
- The prescribing overspend at month 6 is £172k based on 4 months to July PPA data. This continues to be driven by activity with prescribed items per day 4.6% higher than in the same period last year. There is also price pressure impacting from CAT M and NCSO drugs.
- The unmitigated forecast outturn on prescribing for the year is an over spend of £574k. This assumes that the borough's savings target will be fully achieved. The borough has already achieved £242k of savings over the first four months of the year April to July evidenced by PPA data for that period, and at this run rate would be on course to achieve £726k for the full year (77% of the £944k target). Prescribing savings and planned actions to achieve have been weighted to the period July onwards. On this basis it is expected that the run rate will improve to achieve the £944k target in the second half of the year. Actions taken to ensure this happens include launch of the Medicines Optimisation Plan to Lewisham GP Practices, promotion of SEL Self-care initiatives, over 80% practice visits completed between July – September 2022, with further planned, and widespread patient engagement through Lewisham Peoples Day and Patient Reference Group. In addition all OptimiseRx messages have been reviewed including adding OTC deprescribing messages. Further actions will be implemented and existing ones reviewed and repeated as required. If the expected improvement in run rate does not occur, the borough will mitigate any slippage by reducing investment of growth funding in other budget areas currently weighted to the latter part of the year and at present there is a sufficient amount not committed, to mitigate potential slippage in prescribing savings.
- In addition to work being done locally through GP practice visits to influence prescribing behaviour, borough prescribing leads have also identified c. £2m of mitigations across South East London. Lewisham will expect to utilise a proportion of these mitigations to reduce the borough forecast overspend, although the process for utilising mitigations has not yet been confirmed.
- The corporate budget is £46k under spent reflecting the occurrence of vacancies within the borough staffing establishment. All other budgets are close to plan with a net overspend of £7k across Acute, Community and Continuing Care Services.
- The savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 6 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently). Overall the borough is forecasting a break even position for the year and will continue to look to other budget lines if required to offset any unmitigated prescribing pressures.

3. Savings – ICB Lewisham Summary

- The table below shows the delivery of savings by budget area for Lewisham at month 7.
- The savings programme is on track to being delivered with a small over achievement of £8k driven by prescribing savings.
- The savings are largely achieved on a recurrent basis, with the exception of corporate pay costs currently on track to being delivered but on a non recurrent basis.
- The forecast outturn for the year shows that the savings programme of £2,623k is expected to be achieved in full.

Lewisham Savings - Month 7										
Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Additional System Savings Requirement	469	274	274	0	274	0	469	0	469	0
Community Services	197	115	115	0	115	0	197	0	197	0
Continuing Care Services	501	292	292	-0	292	-0	501	0	501	-0
Corporate/Running Cost	194	113	113	-0	0	113	194	0	0	194
Mental Health Services	61	36	36	0	36	0	61	0	61	0
Other Acute Services	23	13	13	-0	13	-0	23	0	23	-0
Other Primary Care Services	234	137	137	1	137	0	234	0	234	0
Other Programme	0	0	0	0	0	0	0	0	0	0
Prescribing	944	280	287	7	287	0	944	0	944	0
Total	2,623	1,259	1,267	8	1,154	113	2,623	0	2,429	194

- The savings requirement for 2023/24 has not yet been confirmed but is likely to be on a similar scale to the current year. The borough is currently at the start of identifying savings ideas for 2023/24 and would anticipate a significant element of these savings to be delivered as 'system' savings.

4. Financial Position – Lewisham Council

Overall Position

2022/23 Efficiencies	Year-to-date Month 6			Full-year 2022/23		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	2.7	2.4	-0.3	5.5	4.8	-0.7
Childrens Care Services	2.5	1.9	-0.7	5.1	3.7	-1.4
Public Health Services	0.1	0.1	0.0	0.2	0.2	0.0
Total	5.4	4.4	-1.0	10.8	8.7	-2.0
LBL Managed Budgets	Year-to-date Month 6			Full-year 2022/23		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	31.7	32.7	0.9	63.4	65.3	1.9
Childrens Care Services	26.0	26.9	0.9	52.0	53.7	1.7
Public Health Services	-0.4	-0.4	0.0	-0.8	-0.8	0.0
Total	57.3	59.1	1.8	114.6	118.2	3.6

Adult Social Care: A pressure of £1.9m is reported due to the delayed delivery of savings related to care packages as well as pressures from children transitioning to Adulthood and hospital discharges. This is based on the level of commissioned care recorded on the social care system at month 6 with adjustments made for anticipated further in year demand and inflationary increases, as well as adjustments for any health funding or savings delivered over the course of 2022/23.

Children's Social Care: A £1.7m pressure is reported on the service, there are currently 453 Children Looked After (CLA) at the end of September 2022, compared to 463 CLA's in September 2021. The net number fluctuates but is gradually reducing and new children entering care has remained reasonably stable, despite a 40% increase in children requiring safeguarding, compared to pre-covid. Placements is a demand led budget, with the cost of placements dependent on the needs of the child. Through better interventions for children on the edge of care, the service are expecting to avoid an additional 22 children coming into care, avoiding cost pressures of approx. £1.2m in 2022/23. This is based on entries into care as a proportion of children subject to safeguarding i.e. in 2019/20 the equivalent of 67% of those on child protection plans, came into care. In 2021/22 this was 48% and is forecast to fall again in 2022/23. However, it is important to note that whilst edge of care preventative interventions helps to manage placement demand, the children who do enter care are the most complex and require higher cost placements. The above forecast assumes savings delivery of £3.1m across placements and staffing, with £1.4m currently showing as unachieved, however the service are still committed to the delivery of these within 2022/23 which would improve the reported position above.

Appendix A

SEL ICB Finance Report

Month 6 2022/23

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4. Lambeth Place Position
5. Lewisham Place Position
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- This report sets out the Month 6 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which 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 **£3,020,897k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,021,944k**. The ICB is reporting an overall **£48k overspend** to Month 6. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£48k)** 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 July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. If this trend continued into future months, the full year forecast impact would be circa **£3,400k** before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. This is set out later in this report. There were no other material changes in-month.
- In reporting this Month 6 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 6, 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 6. 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**. This starting allocation has been adjusted as new allocations emerged.
- In month, the ICB has received an additional £69,968k of allocations (largely relating to pay inflation), giving the **ICB a total allocation of £3,021,944k** at Month 6. 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
Month 5 Internal adjustments	708	765	762	959	838	801	(4,834)	-
Month 5 allocations	-	-	50	26	33	30	7,741	7,880
Month 5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
<i>Internal Adjustments</i>								
SMI Outreach				(78)	(105)		183	-
Virtual Wards	1,112	1,830	1,406	479	560	479	(5,865)	-
Post Covid	328	425	328		100		(1,181)	-
Delegated Primary Care	22	46	32	77	101	38	(317)	-
<i>Month 6 Allocations</i>								
Additional Pay inflation	275	1,126	646	470	241	110	48,297	51,165
LA/HEE related Pay inflation		327					3,763	4,090
Employers NIC adjustments							(5,549)	(5,549)
Demand and Capacity							7,590	7,590
Covid funding for Royal Brompton							4,687	4,687
Cancer Funding							1,763	1,763
Learning Disabilities and Autism							2,723	2,723
HIV Testing Programme							910	910
Hep and Reflex testing							733	733
Primary Care Transformation							586	586
DOAC rebates							443	443
DWP IAPT	98						335	433
Other Allocations							394	394
Month 6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944

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 **£48k** at Month 6 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 6 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	-	(48)	-	(48)	
Expenditure not to exceed income	1,014,070	1,014,118	3,044,323	3,044,371	
Operating Under Resource Revenue Limit	1,006,611	1,006,660	3,021,944	3,021,992	
Not to exceed Running Cost Allowance	9,084	8,842	27,251	26,525	
Month End Cash Position (expected to be below target)	4,188	690	4,125	500	
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	96.1%	95.0%	96.1%	
95% of non-NHS creditor payments within 30 days	95.0%	97.9%	95.0%	97.9%	
Mental Health Investment Standard (Annual)	133,106	133,114	399,319	399,343	

4. Budget Overview

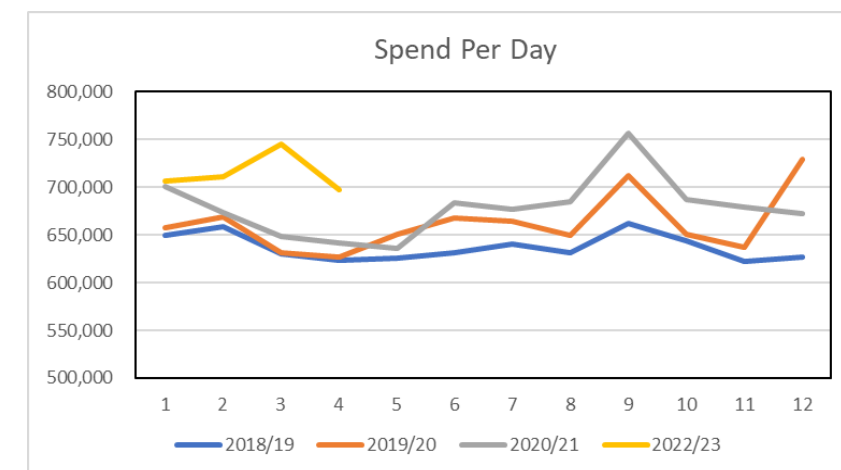
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	1,164	1,637	5,999	392	490	246	546,131	556,059	-	556,059
Community Health Services	4,188	19,299	6,688	5,623	6,213	7,113	58,739	107,864	-	107,864
Mental Health Services	2,635	3,172	2,124	4,981	1,574	1,524	113,359	129,368	-	129,368
Continuing Care Services	5,925	6,019	6,429	7,428	5,044	4,837	-	35,682	-	35,682
Prescribing	8,290	11,313	8,163	9,496	9,604	7,862	306	55,034	-	55,034
Other Primary Care Services	692	698	575	714	308	124	6,144	9,255	-	9,255
Other Programme Services	6	9	(114)	45	83	86	17,173	17,288	-	17,288
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	866	1,178	1,199	1,554	1,084	1,128	7,808	14,817	-	14,817
Total Year to Date Budget	32,754	57,135	42,560	48,079	37,095	37,127	751,863	1,006,612	-	1,006,611
	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	1,179	1,617	5,951	243	482	239	545,650	555,362	-	555,362
Community Health Services	4,201	19,264	6,670	5,616	6,230	7,121	58,781	107,884	-	107,884
Mental Health Services	2,529	3,231	1,804	4,891	1,391	1,582	113,409	128,836	-	128,836
Continuing Care Services	5,715	5,953	6,556	7,785	5,043	4,659	-	35,712	-	35,712
Prescribing	8,462	11,700	8,464	9,640	9,776	7,906	306	56,254	-	56,254
Other Primary Care Services	692	698	575	714	308	124	6,357	9,467	-	9,467
Other Programme Services	12	9	(114)	45	26	94	17,415	17,486	48	17,534
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	766	1,136	1,147	1,408	1,038	1,024	7,847	14,365	-	14,365
Total Year to Date Actual	32,544	57,419	42,549	48,188	36,989	36,955	751,968	1,006,612	48	1,006,660
	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	(15)	19	48	149	8	7	480	697	-	697
Community Health Services	(13)	34	18	7	(16)	(8)	(42)	(20)	-	(20)
Mental Health Services	106	(59)	320	89	183	(58)	(50)	532	-	532
Continuing Care Services	209	66	(127)	(357)	1	178	-	(30)	-	(30)
Prescribing	(172)	(387)	(302)	(144)	(172)	(45)	0	(1,221)	-	(1,221)
Other Primary Care Services	0	(0)	0	0	0	(0)	(213)	(212)	-	(212)
Other Programme Services	(6)	(0)	(0)	(0)	57	(8)	(242)	(198)	(48)	(246)
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	100	42	52	146	46	105	(39)	452	-	452
Total Year to Date Variance	210	(284)	11	(109)	106	171	(105)	(0)	(48)	(48)

- At Month 6, the ICB is reporting an overall **£48k 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**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£1,221k overspend** against its **prescribing position**. This position is based upon M01-04 2022/23 data and represents a like for like **deterioration of the position in-month** of around £250k. Prescribing activity has increased by around 5% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to the growth of patients with long term conditions, availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,209k** relating to non-block activity. **This is offsetting the overspend in prescribing highlighted above**.
- The overall **continuing care** financial position is **£30k overspent**, although the underlying pressures are variable across the boroughs. In particular in Greenwich and Lambeth. 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. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The underspend of **£452k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 6 prescribing position is based upon M01-04 2022/23 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£1,221k 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 in items of around 5%**. On a borough basis, the increase ranges from Southwark (3.6%) to Bexley (7.1%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
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	-
Average	79,298	82,039	12,704	13,216	13,719	14,129	12,303	12,733	16,187	16,783	11,324	11,651	13,059	13,527
YTD Average Comparison	78,210	82,039	12,345	13,216	13,438	14,129	12,188	12,733	16,025	16,783	11,154	11,651	13,057	13,527



- If this increase in activity and high acuity continued into the second half of the year, the full year forecast impact would be circa **£3,340k**, before mitigations. The table to the right is showing the borough level impact. This is £898k higher compared to a straight line forecast as a result of using a more granular, practice level forecasting approach. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information in-month, and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley. More work on this will be carried out in month.

Borough	ICB Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	25,077,900	(455,905)
BROMLEY	33,645,508	34,815,153	(1,169,645)
GREENWICH	24,144,054	24,955,389	(811,335)
LAMBETH	28,540,306	28,659,078	(118,772)
LEWISHAM	27,822,713	28,545,580	(722,867)
SOUTHWARK	23,472,795	23,526,565	(53,770)
SOUTH EAST LONDON	0	7,903	(7,903)
Total	162,247,371	165,587,568	(3,340,197)

5. Prescribing – Key Drivers of Growth and Mitigations

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas including Cat M & NCSO (No Cheaper Stock available). There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- In addition, where the prices of medicines are increasing, this is not in the control of our local system but driven by stock shortages and the NCSO/Cat M price decisions made by national government.

SOUTH EAST LONDON							
		Price Per Item					Price Change 2022/23 vs 2021/22
		2018/19	2019/20	2020/21	2021/22	2022/23	
April		8.07	8.09	8.58	8.88	8.55	
May		8.15	8.19	8.62	8.90	8.62	
June		8.27	8.23	8.76	8.98	8.77	
July		8.10	8.28	8.79	8.77	8.93	
August		8.27	8.48	8.72	8.69		
September		8.28	8.50	8.90	8.84		
October		8.14	8.38	8.81	8.57		
November		8.09	8.37	8.79	8.68		
December		8.08	8.41	8.82	8.78		
January		8.07	8.24	8.82	8.51		
February		8.07	8.34	8.91	8.56		
March		8.21	8.96	8.91	8.68		
Annual average price per item		8.15	8.37	8.79	8.74	8.72	

- The table to the left compares the average price of items prescribed across 2022/23 and 2021/22, and back to 2018/19. Overall, prices are broadly flat over this year and last. This would imply that activity growth is the key driver of the current increase in expenditure.

- Actions being implemented to best mitigate the growth in prescribing activity include:
 - Formation of a SEL wide Integrated Medicines Optimisation Committee
 - Implementation of PCN medicines optimisation plans
 - Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan
 - Borough medicines optimisation teams working with overspending practices to identify and implement recovery actions

6. NHS Continuing Healthcare - Overview

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 6 is an **overspend of £30k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth continues to present the largest risk to the position, with an overspend of **£357k (4.8%)** as at Month 6.
- Generally boroughs are experiencing some increase in activity in year, although 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. Results from this are set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £
Budget	587	3,334	741	2,613	481	4,391	469	5,342	388	4,227	356	4,538
Month 2	650	5,823	723	5,044	461	9,757	377	13,749	422	7,647	340	9,034
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	613	3,091	865	2,122	479	4,592	362	7,375	449	3,739	406	3,760
Month 5	821	2,374	919	1,962	502	4,958	389	7,462	427	4,020	421	3,608
Month 6	705	2,654	954	1,942	467	4,644	356	7,444	448	3,732	446	3,415

No. of Clients	Bexley			Bromley			Greenwich			Lambeth			Lewisham			Southwark		
	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6
Active Number of Clients cost > 1,500/ WK	65	65	62	49	47	49	81	77	76	123	129	132	71	73	75	62	65	64

- The above tables set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The Month 2 position includes both April and May. The second table shows the number of care packages > £1,500 per week per borough for the Q2 period.
- The table shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth average price is significantly higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore it is price rather than activity increases which are driving the Lambeth position.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- Key actions being undertaken to mitigate the pressures include:
 - Reviewing the conversion rate of applications to funded cases, and the operation of the panel
 - Targeting robust reviews against high-cost packages

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 **£2,142,697k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£519,574k**
 - Kings College Hospital **£562,675k**
 - Lewisham and Greenwich **£445,600k**
 - South London and the Maudsley **£209,572k**
 - Oxleas **£161,990k**
- As at month 6, the ICB position is showing a **£697k** 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 - Overview

- The ICB has a total QIPP savings ask of **£29,300k** for 2022/23. The table below shows the latest position as at Month 6 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£651k** at Month 6. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. The main causes of the slippage are set out in the following slide. Currently of the **£13,208k** delivered as at Month 6, **£8,748k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£21,553k**, which will have a full year recurrent effect of **circa £29,000k** going into 2023/24. Boroughs have been asked to ensure that their 2022/23 savings ask is fully identified on a recurrent basis by the start of Q4, to enable a maximum full year effect for 2023/24 onwards.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	922	829	-94	768	61.0	2,013	1,892	121
Bromley	3,841	1,733	1,632	-101	1,311	321.0	3,841	3,600	241
Greenwich	2,891	1,397	1,140	-258	736	404.0	2,891	2,084	807
Lambeth	2,555	1,193	891	-302	562	329.0	2,555	2,555	-
Lewisham	2,623	971	1,081	111	749	332.0	2,623	1,960	663
Southwark	1,963	934	926	-8	682	244.0	1,963	1,581	382
SEL Central	13,419	6,710	6,710.0	0	3,941	2,769.0	13,419	7,881	5,538
Total	29,305	13,859	13,208	-651	8,748	4,460	29,305	21,553	7,752

- The forecast outturn is reported as **break-even**, which reflects the work being undertaken by boroughs to mitigate slippage and ensure savings plans are delivered in full by the end of the year. Prescribing and continuing care activity, in particular, is very closely monitored on a on-going basis and recovery actions are highlighted in the following slide. Progress against savings plans is monitored on a monthly basis with budget holders; where slippage is evident, mitigating actions are agreed – these include the use of underspends and uncommitted growth funding.

8. QIPP – Update on Prescribing and Continuing Care Savings

- The table below shows the delivery of savings by budget areas. Current slippage in the YTD savings plan is **£651k**, driven primarily by Prescribing and Continuing Healthcare. Additional narrative is provided right and below:

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Delivery Variance £'000
Additional System Savings Requirement	7,000	3,500	3,500	0	7,000	0
Central budgets	491	246	246	0	491	0
Community Services	2,541	1,310	1,310	0	2,620	0
Continuing Care Services	3,429	1,715	1,392	-323	3,429	0
Corporate/Running Cost	2,727	1,364	1,416	52	2,727	0
Mental Health Services	601	301	301	0	601	0
Other Acute Services	812	407	407	0	814	0
Other Primary Care Services	194	301	301	0	601	0
Other Programme	8,349	3,930	3,930	0	7,861	0
Prescribing	3,161	786	405	-381	3,161	0
Total	29,305	13,858	13,207	-651	29,305	0

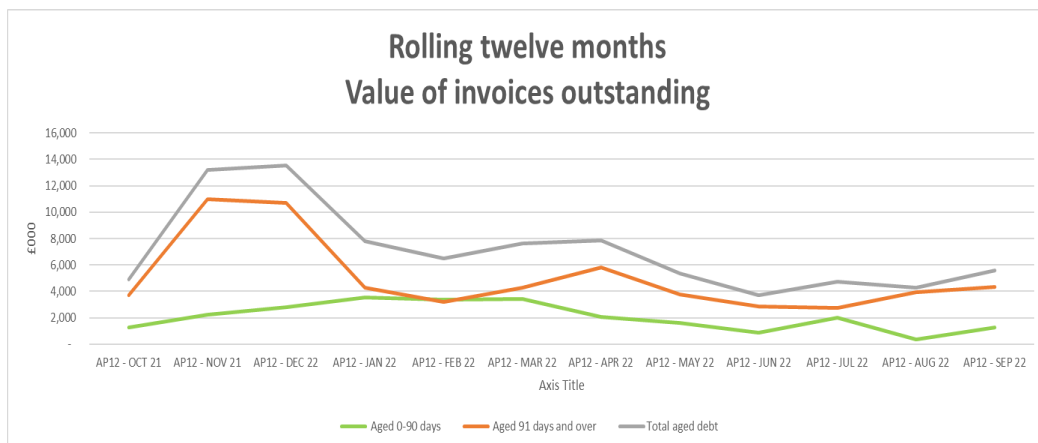
Continuing Care

- Continuing Healthcare under delivery (**£323k**) is primarily in Lambeth and Greenwich. Deep dive exercises are being undertaken in both boroughs to review the costs of all care packages and improve the accuracy of the client databases. Pressures are primarily generated by both the number and acuity of clients, together with some increase in the price of care packages. The key ongoing actions are a focus on better management of market rates (using joint procurement initiatives with Local Authorities for example) and a prioritised review of current care packages.

Prescribing

- Under current under delivery is **£381k**. There is a risk to one of our high impact QIPP areas of reducing spend in self care medicines due to the cost of living crisis. Funding and implementation of pharmacy first schemes targeting deprived communities and families to access a small range of effective self care medicines without charge is being explored to ensure access to medicines in CORE20PLUS5 populations. Income from rebate schemes and patent loss are being used to mitigate growth in the prescribing budget in year, along with checking for miscoded prescribing from prescribers now working outside SEL but using their SEL prescribing codes. Borough medicines optimisation teams are also reviewing prescribing with overspending practices/PCNs to identify areas of unexpected spend which could be addressed.
- A system approach to medicines value is in place within SEL. A SEL integrated Medicines Optimisation Committee ensures that all partners collaborate on our medicines pathways and guidelines. As a partner to this committee, a medicines value group provides the cross sector pharmacy leadership to review high impact initiatives including investments in medicines and savings, ensuring that we work collaboratively across partners to implement these effectively. Outputs from this group will feed into the 2023/24 planning process. A primary care QIPP group feeds into this, identifying high impact opportunities for South east London primary care prescribing.
- We now have a large number of practice pharmacists and PCN pharmacists working in ARRS roles and this workforce is key to implementing PCN medicines optimisation plans. These opportunities should be taken to develop these roles through primary care pharmacist networks, engage with PCN clinical directors to reduce unwarranted variation in medicines spend and ensure that they are working effectively, supported by borough medicines teams.

9. Debtors Position



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	151	127	52	820	69	32	1,251
Non-NHS	1,237	1,479	1,246	203	36	111	4,312
Unallocated	0	0	0	0	0	0	0
Total	1,388	1,606	1,298	1,023	105	143	5,563

Overview:

- The ICB has an overall debt position of £5.6m at Month 6. Of this £0.25m 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.

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	3145	3	3145	0	3	0
2	NHS NORTH WEST LONDON ICB	422	3	422	0	2	1
3	LEWISHAM LONDON BOROUGH COUNCIL	333	12	283	50	5	7
4	NHS NORTH CENTRAL LONDON ICB	285	3	285	0	2	1
5	BROMLEY HEALTHCARE CIC	102	6	102	0	4	2
6	BROMLEY EDUCATION AND TRAINING HUB	175	3	145	30	2	1
7	NHS ENGLAND	115	13	67	48	6	7
8	GREATER LONDON AUTHORITY	100	1	100	0	0	1
9	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	95	4	54	41	3	1
10	LEWISHAM AND GREENWICH NHS TRUST	83	6	52	31	4	2

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 6, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,873.4m**.
- In September, there was not the need to enact a supplementary drawdown which is positive. As at month 6, the ICB had drawn down 33.1% of the available cash compared to the budget cash figure of 33.3%. 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. The actual cash balance at the end of Month 6 was **£690k**, well within the target set by NHSE.
- 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 AP6 - SEP 22	2022/23 AP5 - AUG 22	2022/23 Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	3,020,897	2,950,929	69,968
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation Less:			
Prescription Pricing Authority	(109,796)	(91,298)	(18,498)
Other Central / BSA payments-HOT	(1,242)	(989)	(253)
Pension uplift 6.3%	(454)	(454)	0
Add back PCSE System Error			0
Remaining Cash limit	3,873,408	3,822,191	51,217

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	15.33%	3,688	253	0.09%
Aug-22	310,000	0	620,000	30.66%	3,875	197	0.06%
Sep-22	335,000	0	955,000	47.22%	4,188	690	0.21%
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							

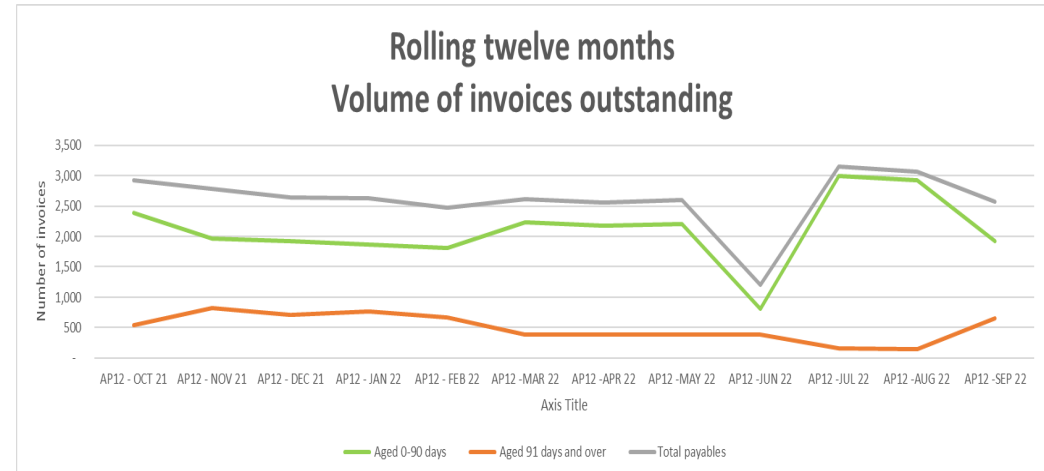
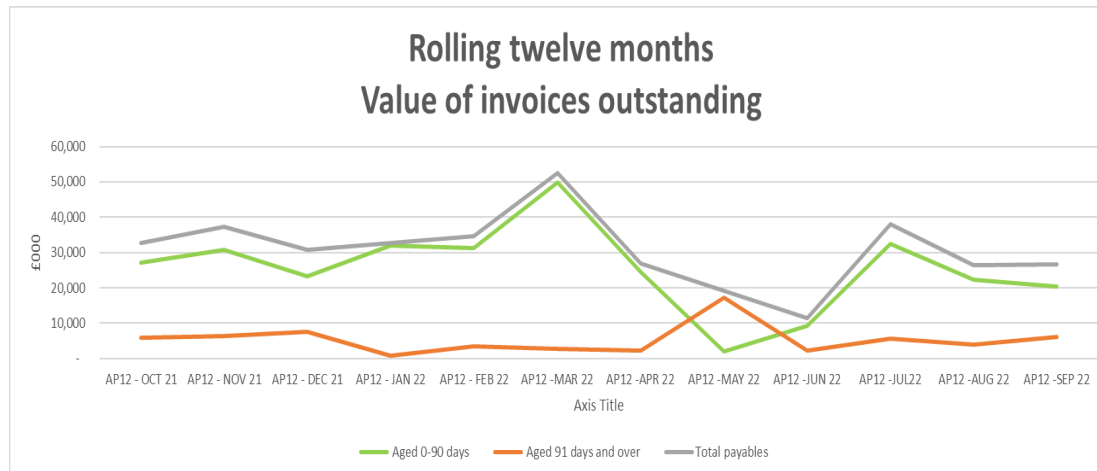
11. Aged Creditors

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.

The volume of invoices outstanding has decreased, and the value of invoices have slightly increased in September. The value of items over 91 days continued to decrease since July 2022.

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 6

Appendix 1 - Bexley

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	1,164	1,179	(15)
Community Health Services	4,188	4,201	(13)
Mental Health Services	2,635	2,529	106
Continuing Care Services	5,925	5,715	209
Prescribing	8,290	8,462	(172)
Other Primary Care Services	692	692	0
Other Programme Services	6	12	(6)
Delegated Primary Care Services	8,988	8,988	-
Corporate Budgets	866	766	100
Total Year to Date	32,754	32,544	210

- At month 6, Bexley is reporting a £210k underspend year to date, this is made up of underspend on Mental Health and CHC which are offset by overspend on Prescribing, Community and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 6. 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 material increase in month is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work will continue in month to determine the drivers of the increase in prescribing activity and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered and an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- 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. A discussion was undertaken at the ICB Planning and Delivery Group where it was agreed that activity would continue to be closely monitored to establish if the activity is backlog and will stabilise and the length of waiting list would be discussed with the provider to see how this can best be managed.
- 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 both the initial savings targets and the additional savings target on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. The level of achievement of the prescribing QIPP did improve in month 6 and it is expected that improved delivery rates will be seen in the next couple of months as the schemes gain traction. This should enable savings to be delivered in full by the year end.
- Further investigation and discussion is still ongoing regarding an emerging cost pressure of circa £200k in relation to our community dietetics service. A meeting is now in place for the end of October to agree a way forward with the provider. This will also be reflected in our local risk register if appropriate.

Appendix 2 - Bromley

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	1,637	1,617	19
Community Health Services	19,299	19,264	34
Mental Health Services	3,172	3,231	(59)
Continuing Care Services	6,019	5,953	66
Prescribing	11,313	11,700	(387)
Other Primary Care Services	698	698	(0)
Other Programme Services	9	9	(0)
Delegated Primary Care Services	13,811	13,811	-
Corporate Budgets	1,178	1,136	42
Total Year to Date	57,135	57,419	(284)

The borough is reporting an overall £284k overspend at Month 6. The reported position includes a £387k overspend on Prescribing and £59k overspend on Mental Health. This is offset by underspends in Acute, Community, Continuing Healthcare and Corporate budgets.

Community budgets are £34k underspent. There are specific contracts recording relatively minor overspends, including the AQP Audiology contract. They will be closely tracked and action plans to mitigate spend will be implemented.

The mental health overspend of £59k is a result of an increase in cost per case activity in the early part of the year. These clients are reviewed regularly.

The Prescribing position is £387k overspent, based on the Month 4 PPA data. This is primarily due to higher than budgeted activity in the early part of this financial year. The year-on-year activity increase compared to the same period last year is 4%. The Medicines Optimisation team are undertaking a deep dive exercise 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.

The 2022/23 borough savings requirement is £3,841k. The savings schemes, including the additional system savings requirement, have been identified. At Month 6 the borough is reporting an under delivery of £101k caused by the prescribing position. All other schemes are on target and the forecast position is break-even.

The borough is reviewing budgets, expenditure and working to identify new savings schemes to ensure the financial pressures in the borough are mitigated and the forecast break-even position is delivered.

Appendix 3 - Greenwich

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	5,999	5,951	48
Community Health Services	6,688	6,670	18
Mental Health Services	2,124	1,804	320
Continuing Care Services	6,429	6,556	(127)
Prescribing	8,163	8,464	(302)
Other Primary Care Services	575	575	0
Other Programme Services	(114)	(114)	(0)
Delegated Primary Care Services	11,496	11,496	-
Corporate Budgets	1,199	1,147	52
Total Year to Date	42,560	42,549	11

- The overall borough position is £11k favourable, 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 which has been sustained within Q2. 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 £127k overspent to date, with a particular pressure in Adults. Work is ongoing 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.
- A recurrent consolidation of budgets, which more than offsets the additional (£530k) savings, has been identified.
- The delegated budgets at M6 include the initial tranche of non recurrent allocations for Mental Health (CMH) and Virtual Wards, and will be updated on receipt of future borough specific allocations as made available by NHSE.

Appendix 4 - Lambeth

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	392	243	149
Community Health Services	5,623	5,616	7
Mental Health Services	4,981	4,891	89
Continuing Care Services	7,428	7,785	(357)
Prescribing	9,496	9,640	(144)
Other Primary Care Services	714	714	0
Other Programme Services	45	45	(0)
Delegated Primary Care Services	17,846	17,846	-
Corporate Budgets	1,554	1,408	146
Total Year to Date	48,079	48,188	(109)

- The borough is reporting an overall £109k overspend at Month 6. The reported position includes a £357k overspend on Continuing Healthcare, £144k 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 mainly due to services no longer commissioned from the Clapham Junction Walk In Centre. Mental Health Services reported position reflects the level of borough's cost per case Mental Health placements. The corporate budget underspend reflects the level of vacancies due to timings of recruitments.
- The Continuing Healthcare position is driven by increase in the number of clients. Work to understand the drivers behind the reported position are ongoing and will be a key item for discussion in Month 6 budget holder meetings, together with the agreement of mitigating actions. Meetings arranged to discuss next steps which will include reviewing all care packages to assess eligibility, value of care input and end date.
- The Prescribing month 6 position is based upon M01-04 2022/23 data and represents an adverse in-month movement 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 and deliver saving in the second half of the financial year (H2). This is linked in with the SEL wide work being done.
- The 2022/23 borough savings requirement is £2,555k. As at month 5 the borough is reporting an under delivery of £302k driven by Continuing Healthcare position (£196k) and Prescribing (£106k) and forecasting a break-even outturn against the overall target. Actions to mitigate under delivery of savings requirement is linked in with the work being done to address the adverse variance on the Continuing Healthcare and Prescribing budgets.
- Health and Care Service leads within the ICB and Council are working together to address financial pressures within the local health and care economy. Directors are undertaking a deep dive exercise on all budget lines to assess potential underspend that can be used to mitigate in year pressures to bring position back into line.

Appendix 5 - Lewisham

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	490	482	8
Community Health Services	6,213	6,230	(16)
Mental Health Services	1,574	1,391	183
Continuing Care Services	5,044	5,043	1
Prescribing	9,604	9,776	(172)
Other Primary Care Services	308	308	0
Other Programme Services	83	26	57
Delegated Primary Care Services	12,695	12,695	-
Corporate Budgets	1,084	1,038	46
Total Year to Date	37,095	36,989	106

- At month 6, the borough is reporting an underspend of £106k. There are underspends in mental health £183k and other programme £57k both of which mainly reflect planned investment of growth funding scheduled to occur in the latter part of the year. The budget however is profiled evenly across months and therefore at month 6 this position presents as an underspend. The borough is currently forecasting break even for mental health budgets for the year in support of the MHIS standard.
- The prescribing overspend at month 6 is £172k based on 4 months to July PPA data. This continues to be driven by activity with prescribed items per day 4.6% higher than in the same period last year. There is also price pressure impacting from CAT M and NCSO drugs.
- The unmitigated forecast outturn on prescribing for the year is an over spend of £574k. This assumes that the borough's savings target will be fully achieved. The borough has already achieved £242k of savings over the first four months of the year April to July evidenced by PPA data for that period, and at this run rate would be on course to achieve £726k for the full year (77% of the £944k target). Prescribing savings and planned actions to achieve have been weighted to the period July onwards. On this basis it is expected that the run rate will improve to achieve the £944k target in the second half of the year. Actions taken to ensure this happens include launch of the Medicines Optimisation Plan to Lewisham GP Practices, promotion of SEL Self-care initiatives, over 80% practice visits completed between July – September 2022, with further planned, and widespread patient engagement through Lewisham Peoples Day and Patient Reference Group. In addition all OptimiseRx messages have been reviewed including adding OTC deprescribing messages. Further actions will be implemented and existing ones reviewed and repeated as required. If the expected improvement in run rate does not occur, the borough will mitigate any slippage by reducing investment of growth funding in other budget areas currently weighted to the latter part of the year and at present there is a sufficient amount not committed, to mitigate potential slippage in prescribing savings.
- In addition to work being done locally through GP practice visits to influence prescribing behaviour, borough prescribing leads have also identified c. £2m of mitigations across South East London. Lewisham will expect to utilise a proportion of these mitigations to reduce the borough forecast overspend, although the process for utilising mitigations has not yet been confirmed.
- The corporate budget is £46k under spent reflecting the occurrence of vacancies within the borough staffing establishment. All other budgets are close to plan with a net overspend of £7k across Acute, Community and Continuing Care Services.
- The savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 6 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently). Overall the borough is forecasting a break even position for the year and will continue to look to other budget lines if required to offset any unmitigated prescribing pressures.

Appendix 6 - Southwark

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	246	239	7
Community Health Services	7,113	7,121	(8)
Mental Health Services	1,524	1,582	(58)
Continuing Care Services	4,837	4,659	178
Prescribing	7,862	7,906	(45)
Other Primary Care Services	124	124	(0)
Other Programme Services	86	94	(8)
Delegated Primary Care Services	14,207	14,207	-
Corporate Budgets	1,128	1,024	105
Total Year to Date	37,127	36,955	171

- The borough is reporting an underspend of £171k as at the end of month 6, with the key variances relating to Mental Health and Continuing Care Services.
- The Mental Health position is an overspend of £58k 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 borough has had to hold off any investment in MH as a result of the cost pressure in MH placements.
- The Continuing Health Care position is an underspend of £178k 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 7.
- The Borough is required to deliver savings of £1,963k. As at month 6, the borough is reporting an under delivery on prescribing savings of £61k. The YTD target overall is an under delivery of £9k. Our medicine optimisation team are reviewing top 5 overspending practices and out of area prescribing in order to mitigate the slippage on prescribing QIPP. The borough has identified its additional savings ask (circa £465k) and budgets have been adjusted to reflect this. Whilst the FOT is full delivery of savings, £382k is on a non recurrent basis and borough will need to find recurrent savings for these in order to ensure this does not have an impact on 2023/24.