

**Bexley Wellbeing Partnership Committee  
meeting held in public**

14:00 – 16:00, Thursday 25<sup>th</sup> July 2024

Venue: Council Chambers, Council Chamber, Ground Floor, Civic Offices,  
Bexleyheath DA6 7AT

**Agenda**

No.	Item	Encl.	Presenter	Time
<b>Opening Business and Introductions</b>				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 23 <sup>rd</sup> May 2024 and matters arising	B	Chair	14:04
<b>Public Forum</b>				
4.	<i>Public Questions</i>			14:05
<b>Decision</b>				
5.	Primary Care Access Recovery Plan	C	Graham Tanner	14:10
6.	Special Educational Needs & Disabilities: Preparing for Adulthood Strategy	D	Alison Rogers	14:25
<b>Assurance</b>				
7.	Finance Report	E	Chris Dance	14:40
8.	Bexley Wellbeing Partnership Performance Assurance Report	F	Graham Tanner/Alison Rogers	14:55
9.	Risk Register	G	Rianna Palanisamy	15:05
<b>Public Forum</b>				
10.	<i>Public Questions</i>			15:15
11.	<i>Let's talk about our Community Champions</i>			15:20
<b>Closing Business</b>				
12.	Any other business		Chair	15:55
<b>For Information</b>				
13.	Place Executive Lead Report	H		
14.	Glossary	I		

15.	Date of the next meeting: Thursday 26 <sup>th</sup> September 2024, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT
-----	--

### Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Alison Rogers, Director of Integrated Commissioning, London Borough of Bexley Council/NHS South East London Integrated Care Board
- Graham Tanner, Associate Director, Primary & Community Based Care (Bexley), NHS South East London Integrated Care Board
- Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
- Chris Dance, Associate Director of Finance (Greenwich), NHS South East London Integrated Care Board

ITEM: 2

ENCLOSURE: A

**Declaration of Interests: Update and signature list**

**Name of the meeting: Bexley Wellbeing Partnership Committee**

**Date: 25.07.2024**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Local Care Partnership Committee	<ol style="list-style-type: none"> <li>1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50%</li> <li>2. Shareholder of GP Federation – Financial interest</li> <li>3. Shareholder Frogmed Limited - Financial Interest (Dormant company)</li> <li>4. Chair - Frognal Primary Care Network GP Lead – Financial interest</li> <li>5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director – Indirect interest</li> <li>6. Non-financial personal interest in Inspire Community Trust; a) Wheelchair service; b) Joint Equipment Store; c) Personal Health Budgets; d) Information and service support for people with physical and sensory impairment.</li> <li>7. Clinical Lead for Diagnostics (Bexley) – financial interest</li> <li>8. Clinical Lead for Urgent Care (Bexley) – financial interest</li> <li>9. Director, Bexley Health Neighbourhood Care CIC – financial interest</li> </ol>		
Diana Braithwaite*	Place Executive Lead (Bexley), NHS South East London Integrated Care Board	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	<ol style="list-style-type: none"> <li>1. Working with Leeds University who are receiving sponsorship from the Pfizer Foundation – Non-Financial Professional Interest</li> </ol>		

		2. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> <li>1. Chief Officer of Bexley, Bromley &amp; Greenwich Local Pharmaceutical Committee</li> <li>2. Chief Officer of Lambeth, Southwark &amp; Lewisham Local Pharmaceutical Committee</li> <li>3. Chair of Community Pharmacy London</li> <li>4. Board Member of Pharma BBG LLP</li> <li>5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited.</li> <li>6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest)</li> </ol>		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> <li>1. Independent Advisor and Tutor, Kings Health Partners (financial interest)</li> <li>2. Patient Public involvement Co-Lead, DHSC/NIHR</li> <li>3. Independent advisor and Lay Reviewer, UNIS</li> <li>4. Lay co-applicant/collaborator on an NIHR funded project</li> <li>5. Independent Reviewer, RCS Invited Review Mechanism</li> <li>6. Lay co-applicant, HS2</li> </ol>		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, The Albion Surgery (financial interest)</li> <li>2. Clinical director, APL PCN (financial interest)</li> </ol>		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Bexley Group Practice (financial interest)</li> <li>2. Clinical director, Clocktower PCN (financial interest)</li> </ol>		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Northumberland Health Medical Centre (financial interest)</li> <li>2. Co-director of BHNC (financial interest)</li> <li>3. Co-clinical director, North Bexley PCN (financial interest)</li> </ol>		

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of		

		<p>Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest</p> <p>5. CYP and Families Clinical Lead – Bexley – non-financial professional interest</p> <p>6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest.</p> <p>7. Member of Bexley LMC – non-financial professional interest.</p> <p>8. GP Appraiser for south east London – non-financial personal interest.</p>		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<p>1. Clinical Director, Clocktower PCN – Financial Interest</p> <p>2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest</p> <p>3. Shareholder, Bexley Health LTD – Financial Interest</p> <p>4. GP Principal, Dr Davies and Partner – Financial Interest</p>		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

**\*voting member.**

**### members who have not made the annual declaration for 2024/25 will be requested to make a verbal declaration within the meeting.**

**Agenda Item: 3**

**Enclosure: B**

**Bexley Wellbeing Partnership, Meeting in public**

Minutes of the meeting held on Thursday, 23<sup>rd</sup> May 2024, 14:00 hrs to 16:00 hrs  
Venue: Community Hub, Greenwich & Bexley Community Hospice, 185 Bostall Hill,  
Abbey Wood, London SE2 0GB

(and via Microsoft Teams)

**Voting Members**

**Name**

1. Dr Sid Deshmukh (SD)
2. Yolanda Dennehy (YD)
3. Iain Dimond (ID)
4. Tara Piasetski (TP)
5. Dr Surjit Kailey (SK)
6. Dr Sonia Khanna-Deshmukh (SK-D)  
(via MS Teams)
7. Dr Adefolake Davies (AD)
8. Dr Miran Patel (MiP) (via MS  
Teams)
9. Diana Braithwaite (DB)
10. Raj Matharu (RaM)

**Title and organisation**

Chair, Bexley Wellbeing Partnership Committee, NHS  
SEL ICB (Bexley)  
Chair, Director of Adult Social Care, London Borough of  
Bexley (LBB)  
Chief Operating Officer, Oxleas NHS Foundation Trust  
Public Health Consultant, London Borough of Bexley  
Clinical Lead, North Bexley Primary Care Network  
Clinical Director, Frognal Primary Care Network  
Clinical Director, Clocktower Primary Care Network  
Clinical Director, APL Primary Care Network  
Place Executive Lead (Bexley), NHS SEL ICB  
Chief Officer, Local Pharmaceutical Committee

**In attendance**

Dr Pandu Balaji (PB)  
Paul Thorogood (PT)  
Keith Wood (KW) via MS Teams  
Steven Burgess (StB)  
Alison Rogers (AR)

Kara Lee (KL)  
Abi Mogridge (AM)

Spencer Prosser (SP)  
Opeyemi Adetokunbo-Aina (OA-A)  
Sarah Burchell (SaB)

Ellie Thomas (ET)

Moira Mitchell (EM)

Kate Heaps (KH)

Graham Tanner (GT)  
Andrew Hardman (AH)  
Aysha Awan (AA)

Patrick Gray (PG)  
Rianna Palanisamy (RP) (*Presenter*)  
Nazima Bashir (NB) (Minutes)  
Samira Bouzkraoui (SB)

Clinical Lead, Frognal Primary Care Network  
Chief Executive, London Borough of Bexley (LBB)  
Lay Member, Primary Care (Bexley), NHS SEL ICB  
Policy and Strategy Officer, London Borough of Bexley  
Director of Integrated Commissioning (Bexley), NHS SEL  
ICB/LBB  
Chief Executive Officer, Bexley Mencap  
Chief Operating Officer (COO), Bexley Health  
Neighbourhood Care CIC (GP Federation)  
Chief Financial Officer, Lewisham & Greenwich NHS Trust  
Associate Director of Finance (Bexley), NHS SEL ICB  
Service Director Adult Community Physical Health  
Services, Oxleas NHS Foundation Trust  
Associate Director of Planning and Partnerships, Dartford  
and Gravesham NHS Trust  
Head of Community Partnerships & Engagement, Dartford  
and Gravesham NHS Trust  
Chief Executive Officer, Greenwich & Bexley Community  
Hospice  
Associate Director Primary Care, (Bexley) NHS SEL ICB  
Commercial & Partnership Director, Bromley Healthcare  
Head of Communications and Engagement (Bexley) NHS  
SEL ICB  
Engagement Manager (Bexley), NHS SEL ICB  
Partnership Business Manager (Bexley) NHS SEL ICB  
Corporate Business Manager (Bexley), NHS SEL ICB  
Business Support Officer/PA (Bexley), NHS SEL ICB

		Actioned by
1.	<b>Introductions and apologies</b> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Apologies: Dr Surjit Kailey (SK), Dr Adefolake Davies (AD) and Stephen Kitchman (SK).</p>	SD
2.	<b>Declarations of Interest</b> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	SD
3.	<b>Minutes from 28<sup>th</sup> March 2024 and matters arising.</b> <p>The minutes of the meeting held on <b>28<sup>th</sup> March 2024</b> were <b>NOTED</b>.</p> <b>Matters Arising</b> <p>The Chair, SD invited attendees to raise any matters arising that were not included in the May 2024 agenda. No additional matters were raised.</p>	SD
4.	<b>Public Questions</b> <p>No public questions were received in advance or during agenda item 4.</p>	SD
5.	<b>Better Care Fund</b> <ul style="list-style-type: none"> <li>• 2023/24 End of Year Return</li> <li>• 2024/25 – 2025/26 Planning Process</li> </ul> <p><b>Steven Burgess, Policy and Strategy Officer, London Borough of Bexley</b> talked the group through the salient points of the agenda item 5.</p> <p>The focus on the Better Care Fund (BCF) in Bexley highlighted the integrated efforts between the NHS South East London Integrated Care Board (ICB) and the London Borough of Bexley (LBB) to deliver joint health services. Governed by a Section 75 Agreement, the BCF pools budgets from various sources to reduce barriers created by separate funding streams. The report presents the End of Year BCF return, confirming that all national conditions and requirements have been met, and provides an update on the 2024/25 BCF planning process.</p> <p>However, challenges remain in meeting targets for care home admissions and the effectiveness of reablement, necessitating focused efforts to improve these areas. Financial management and planning adjustments are essential to ensure the sustainability of the BCF initiatives and to address unmet targets. Continued collaboration and strategic planning between the ICB and the council are crucial for enhancing integrated health services and achieving better outcomes for residents.</p> <p>The Chair, YD thanked StB for the work on the BCF and producing the end-of-year reports. She noted two targets that were not met this year around the admissions of older people (65+) to care homes and</p>	StB

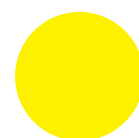


	<p>the effectiveness of reablement. These issues have created significant financial pressure for the Council. YD emphasised the importance of addressing these targets in the coming year. Additionally, £1 million was allocated to discharge support last year, which helped increase activity levels not reflected in the summary data.</p> <p>Negotiations for next year's BCF plans, including the utilisation of £318k, are ongoing. YD confirmed support in finalising these decisions through the place executive leads.</p> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• The updated template for 2024/25 scheduled to be submitted by 10 June 2024.</li> <li>• The schedules to the Agreement must be updated and signed off by 30 September 2024.</li> <li>• Develop strategies to alleviate the financial pressures related to care home admissions and reablement effectiveness.</li> <li>• Updates will be provided on the Section 75 Agreement and any decisions to the Bexley Wellbeing Partnership (BWP) in the autumn.</li> <li>• The Bexley Wellbeing Partnership Committee will focus on achieving better outcomes and addressing unmet targets in the 2024/25 planning process.</li> </ul> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>REVIEWED</b> the attached report on the BCF End of Year return and the latest available data for the BCF and winter resilience metrics (see Appendix).</p> <p>(ii) <b>NOTED</b> the update on the BCF 2024/25 planning process and <b>AUTHORISED</b> the Place Executive Lead to finalise and jointly agree the BCF Planning Template for 2024/25.</p>	
6.	<p><b>Bexley Wellbeing Partnership Performance Report</b></p> <p><b>Alison Rogers, Director of Integrated Commissioning (Bexley) NHS South East London Integrated Care Board</b> talked the group through the salient points of the agenda item 6.</p> <p>The Bexley Wellbeing Partnership Performance Report includes several key achievements and challenges. The dementia diagnosis rate exceeded the target, and the recovery rate for talking therapies was also above target, although access targets were not met, similar to other SEL boroughs. Personal health budgets slightly surpassed the target, and childhood immunisation rates, while below some targets, were above the London and SEL averages in several metrics. Successful collaboration among primary care teams led to exceeding targets for learning disability and autism health checks. Hypertension management saw increased treatment targets, with Bexley and SEL achieving an average of 66%, though performance varied across primary care networks.</p> <p>The Chair invited comments and questions.</p> <p>DiB raised a question regarding the superior performance of Greenwich in IAPT compared to other SEL boroughs and inquired about potential learnings that could be shared with other providers. ID</p>	AR

	<p>explained that there is a dynamic between achieving the access rate and the recovery rate. To achieve a higher access rate, Greenwich employed more open criteria for access, which likely included accepting more complex cases.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>NOTED</b> the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	
7.	<p><b>Finance Report</b></p> <ul style="list-style-type: none"> <li>• Month 12 Financial Position 2023/24</li> <li>• Place Budget 2024/25</li> </ul> <p><b>Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board</b> talked the group through the salient points of the agenda item 7.</p> <p>Bexley completed the 2023/24 financial year with a surplus of £846k, thanks to a £2.4m allocation from the ICB reserve. Notable overspends included £3.18m in Prescribing due to NICE guidelines and medication shortages, and £935k in Continuing Health Care driven by increased activity and costs. On the other hand, underspends were seen in Community Health Services (£1.15m), Corporate Budgets (£28k), Mental Health Services (£531k), Other Primary Care Services (£394k), Acute Services (£181k), and Other Programme Services (£1.88m). Bexley also surpassed its efficiency savings target by 5%.</p> <p>The ICB revised its annual surplus goal to £16.873m but ended the year with a £16.827k overspend due to pressures in prescribing and continuing healthcare. Despite this, it achieved a £46k surplus against its revenue resource limit and met all its financial obligations. Meanwhile, the SEL ICS reported a system deficit of £77.5m, mainly due to missed efficiency targets, inflation, industrial action, and unplanned costs in the independent sector.</p> <p>DiB emphasised the significant effort invested in managing last year's challenges, highlighting that while core services were maintained, opportunities for additional investment were missed. She expressed gratitude for the team's efforts, particularly in managing the complexities of prescribing costs. DiB acknowledged forthcoming challenges, foreseeing a tough year ahead with necessary efficiency savings likely to increase. She underscored the protection of primary care, dentistry, and mental health investments, while cautioning scrutiny of other areas for potential cutbacks. Despite difficulties, DiB noted support from the central ICB team and affirmed ongoing updates on the Health and Inequities Fund.</p> <p>Discussions also covered ongoing pressures on mental health services and strategies to manage demands in community health services. Looking ahead, DiB emphasised partnership efforts to improve systems and readiness for future opportunities in integrated planning and funding.</p> <p>The Bexley Wellbeing Partnership Committee:</p>	OA-A

	<ul style="list-style-type: none"> <li>(i) <b>DISCUSSED &amp; NOTED</b> the month 12 (March 2024) financial position for Bexley Place.</li> <li>(ii) <b>NOTED</b> the NHS South East London ICB and NHS South East London ICS financial position.</li> </ul>	
8.	<p><b>Place Risk Register</b></p> <p><b>Rianna Palanisamy, Borough Governance Lead (Bexley), NHS South East London Integrated Care Board</b> talked the group through the salient points of agenda item 8.</p> <p>Bexley's risk register highlighted 5 open risks tied to overspending on delegated budgets, challenges in managing community and discharge demands, and insecure Primary care leases. These are reviewed monthly by the borough Senior Management team and are also monitored across SEL. Further details and mitigation efforts are outlined in the attached report.</p> <p>DiB announced plans to revise the risk register for the upcoming meeting, aiming for consistency in describing risks and their mitigation strategies across delegations to different boroughs. This effort seeks alignment with practices observed in other areas, potentially benefiting Bexley. She emphasised the need to reflect partner risks effectively, highlighting the partnership's responsibility in demonstrating effective risk management in delegated areas.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <ul style="list-style-type: none"> <li>(i) <b>REVIEWED</b> the risks and consider the mitigations detailed.</li> <li>(ii) <b>ASSESSED</b> whether, in the committee's view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken.</li> <li>(iii) <b>NOTED</b> that work on identification and management of risks is ongoing.</li> </ul>	RP
9.	<p><b>Public Questions</b></p> <p>A question was asked about earlier statement regarding discharge from hospitals into care homes, whether this constitutes continuous treatment or involves payments that must be covered by next of kin (NOK).</p> <p>The Chair, YD provided the response stating that when individuals cannot return home from hospitals due to their care needs, they may be referred to adult social care for discharge into care homes. This can be temporary to aid recovery or indicate a need for permanent residential care. The discharge fund supports initial weeks post-discharge for assessments. Financial discussions follow to determine long-term care needs, including potential residential care. Adequate funding is crucial for timely assessments and avoiding hospital-based assessments.</p>	
10.	<p><b>Let's talk about co-producing services</b></p> <p>The discussion on co-producing services, led by Patrick Gray and Kathleen Canavan from Bexley Services, highlighted practical examples and insights into effective engagement and collaboration with service users. Co-production involves integrating the</p>	PG

	<p>perspectives of those who use services directly into the design, delivery, and improvement processes.</p> <p>Representative from Active Horizon talked about services expanded into Birmingham, focusing on youth development and supporting vulnerable groups like homeless and asylum seekers. Representative from Respect highlighted Bexley Mencap's efforts in raising awareness and accessibility through easy-to-read materials, emphasising inclusivity and community engagement.</p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Through co-production, Bexley Services has enhanced trust, accessibility, and responsiveness to community needs. This approach has led to significant increases in engagement and positive feedback from service users.</li> <li>• Issues around disclosure of disabilities, and organisational barriers within local authorities were highlighted.</li> <li>• Improved service relevance, trust-building, and quicker adaptation to emerging needs were identified as major benefits of co-production.</li> </ul> <p>The Chair, YD highlighted that the Co-production is a powerful strategy for service improvement, particularly in sectors like health, education, and social care. By embedding service users in decision-making processes, organisations can better meet the diverse needs of their communities and build stronger relationships based on trust and mutual understanding.</p> <p>The Chair, YD highlighted the successful co-production of the autism strategy managed by the autism partnership board and proposed exploring the potential for a co-production strategy collaboratively.</p> <p>ID asked Cathy how their partnership could be supported in the spirit of co-production and expressed interest in contributing to their efforts.</p> <p>Cathy suggested sharing more data with BWP to deepen understanding and inform co-production strategies.</p> <p>The BWP expressed gratitude to all the speakers for their informative and inspiring presentations.</p>	
<b>11.</b>	<p><b>Any other business</b></p> <p>There was no further business and the meeting closed.</p>	
<b>12.</b>	<p><b>Glossary</b></p> <p>These glossary terms were noted.</p>	
<b>13.</b>	<p><b>Date of the next meeting:</b></p> <p>Thursday 25<sup>th</sup> July, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT</p>	<b>SD</b>



**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 5**

**Enclosure: C**

<b>Title:</b>	<b>Primary Care Access Recovery Plan: Local Capacity and Access Improvement Payment – 2023/24 Evaluation</b>
<b>Author:</b>	Abi Mogridge – Chief Operating Officer, Bexley Health Neighbourhood Care Primary Care Network Clinical Directors: APL, Clocktower, Frognaal and North Bexley  Graham Tanner, Associate Director, Primary and Community Care (Bexley), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	The purpose of this paper is to provide an end of year evaluation against the core requirements of the Local Capacity and Access Improvement Payment to Bexley Primary Care Networks (PCNs) against the national Primary Care Access Recovery Programme.	<b>Update / Information</b>	
		<b>Discussion</b>	
		<b>Decision</b>	<b>X</b>
<b>Summary of main points:</b>	<p>The Government's 'Delivery plan for recovering access to primary care' (the Plan) was published on 9<sup>th</sup> May 2023. The NHS is focused on recovering core services from the significant and ongoing impact of the pandemic, and this plan sits alongside delivery plans for recovery of elective and urgent and emergency care services.</p> <p>The plan has two central ambitions:</p> <ol style="list-style-type: none"> <li>1. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment.</li> <li>2. For patients to know on the day they contact their practice how their request will be managed.</li> </ol> <p>If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.</p> <p>If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.</p> <p>Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).</p> <p>Most actions were expected to be completed by 31<sup>st</sup> March 2023, although the scope of the plan covers two years 2023/24 and 2024/25.</p> <p>In 2023/24 the Plan sought to support recovery by focusing on four areas:</p>		

1. To empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
2. To implement a 'Modern General Practice' access model to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
3. Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
4. Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Primary Care Network (PCN) deliverables within the Plan are incentivised through a Local Capacity and Access Improvement Payment, part of the Capacity and Access Payment (CAP) element of the Investment and Impact Fund , a component of the Network Contract Directed Enhanced Service (DES).

In previous years, the Investment and Impact Fund has contained a multitude of different targets and Key Performance Indicators and this year these have been substantially streamlined to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

The Local Capacity and Access Improvement Payment represents 30% of the total CAP allocation for Bexley and will be paid fully, or in part, on the basis of the ICB's assessment of Primary Care Access Recovery Plan engagement by PCNs and the impact on primary care access at the end of 2023/24.

As previously agreed with the Committee, assessment will be made on the basis of achievement against the access improvement plans as agreed with the ICB and assured by the Bexley Wellbeing Partnership Committee in July 2023 – especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes.

(i) Patient experience of contact including:

- Improvement on Friends and Family Test scores
- Improvements in coverage of the Friends and Family Test
- Processes within the PCN to analyse and act on feedback
- The overall strength of the improvement plan to improve patient experience
- Local surveys covering patient experience
- Information from Patient Participation Groups

(ii) Ease of access and demand management:

- Cloud based telephony (CBT) in place and call-back function activated, with evidence of use of data to drive improvement
- Where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based



	<p>telephony framework and time arranged to implement and understand data and drive improvements.</p> <ul style="list-style-type: none"> <li>• Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support</li> <li>• Online consultation usage per 1,000 registered patients</li> </ul> <p>(iii) <u>Accuracy of recording in appointment books</u></p> <ul style="list-style-type: none"> <li>• PCN self-certification confirming that all practices in the PCN are: <ul style="list-style-type: none"> <li>a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and</li> <li>b) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments</li> </ul> </li> </ul> <p>ICB assessment is based on self-certification and triangulation with PCN's appointment recording seen via the ICB GPAD dashboard.</p> <p>In line with national timeframes, PCN level Access Improvement Plans were reviewed and assured by the Bexley Wellbeing Partnership Committee on 27 July 2023 and these plans also referenced practice level SMART action plans which are regularly monitored and reviewed through PCN Governing Body meetings.</p> <p>A stocktake review presented to the Bexley Wellbeing Partnership Committee on 25<sup>th</sup> January 2024 reported on progress against key deliverables and highlighted areas of additional focus required in the final quarter of 2023/24. PCN's were assessed as 'On Track' in relation to each of the 4 assessment domains.</p> <p>A final evaluation was provided to Primary Care Delivery Group on 3<sup>rd</sup> July 2024 and the meeting endorsed the recommendation.</p> <p><b>Enclosure 5 C(i)</b> provides a more detailed self-evaluation from the PCNs against each of the domains, including specific examples of investment and impact.</p>		
<p><b>Potential Conflicts of Interest</b></p>	<p>There is pecuniary conflict of interest for all GP Partners and Primary Care Network Clinical Directors as prospective beneficiaries of the Local Capacity and Access Improvement Payments linked to successful delivery of the local Primary Care Access Recovery Plan.</p> <p>Therefore, to mitigate this pecuniary conflict of interest all GPs and Primary Care Network will be excluded from any vote on the recommendation.</p>		
<p><b>Other Engagement</b></p>	<table> <tr> <td data-bbox="422 1630 742 2045"> <p>Equality Impact</p> </td><td data-bbox="742 1630 1458 2045"> <p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependent on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with</p> </td></tr> </table>	<p>Equality Impact</p>	<p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependent on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with</p>
<p>Equality Impact</p>	<p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependent on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with</p>		

		Primary Care Networks will be expected to recognise and address these variations.
	Financial Impact	<p>The CAP consists of two parts:</p> <ol style="list-style-type: none"> <li>1. National Capacity and Access Support Payment: 70% of funding (£640,556) unconditionally paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24 financial year.</li> <li>2. Local Capacity and Access Improvement Payment: part or all of 30% of the funding (£274,524) will be paid to PCNs based on commissioner assessment of a PCN's improvement in the key areas outlined above over the course of 2023/24.</li> </ol> <p>The Local Capacity and Access Improvement Payments are a ring-fenced allocation for local determination and there are no financial risks/implications for the ICB.</p>
	Public Engagement	<p>Primary Care Networks and practices are required to engage with Patient Participation Groups and other appropriate forum to help determine their plan and priorities.</p> <p>Local Patient Surveys were commissioned in November 2023 and in March 2024.</p> <p>The ICB have been supporting the London Borough of Bexley Council, Overview and Scrutiny Committee and Healthwatch to facilitate further engagement and an independent evaluation of plan delivery. A series of recommendations have been made, which were endorsed by the Bexley Primary Care Sub-committee and will be implemented.</p>
	Other Committee Discussion/Engagement	<p>Primary Care Network level plans were assured by the Bexley Wellbeing Partnership Committee on 27<sup>th</sup> July 2023.</p> <p>ICB level delivery was reviewed by NHS SEL ICB Board on 15<sup>th</sup> November 2023.</p> <p>An interim stocktake review was reported to the Bexley Wellbeing Partnership Committee on 25<sup>th</sup> January 2024.</p> <p>A final evaluation was provided to Primary Care Delivery Sub-committee on 3<sup>rd</sup> July 2024.</p>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) <b>Note this summary report and Enclosure C(i).</b></p> <p>(ii) <b>Based on the evidence of achievement provided, endorse the recommendation that 30% Local Capacity and Access Improvement payment (2023/24) to the four Bexley Primary Care</b></p>	



**Networks (APL, Clocktower, Frognal and North Bexley) with the following caveats:**

- (a) Whilst there has been significant achievement and demonstrable improvements this is a two-year national programme to March 2025 and therefore, the expectation from Primary Care Networks is that the areas requiring additional effort must be delivered in full.**
- (b) Improving patient experience is at the heart of this national programme – Primary Care Networks must continue to gain feedback and test patient experience and enact changes where applicable.**

# Bexley Wellbeing Partnership Committee

## *Primary Care Access and Recovery Plans*

### Local Capacity and Access Improvement Payment – 2023/24 Evaluation

## Primary Care Network & GP Federation Report

Thursday 25<sup>th</sup> July 2024

Agenda Item: 5

Enclosure: C(i)

Under the national Network Direct Enhanced Service (DES) Contract, a **Capacity and Access Improvement Payment**, is available to Primary Care Networks (PCNs) based on 23/24 engagement with the national Delivery Plan priorities and any resulting evidence of improvement. It consists of two parts:

- a. National Capacity and Access Support Payment:** 70% of funding paid unconditionally to PCNs in 12 equal payments over the 2023/24 financial year,
- b. Local Capacity and Access Improvement Payment:** part or all of 30% of the funding paid to PCNs based on the ICB's assessment of a PCN's improvement in four key areas:
  - i. Access Improvement Plan Delivery and engagement with support offers;
  - ii. Patient experience of contact;
  - iii. Ease of access and demand management; and
  - iv. Accuracy of recording in appointment books.

Required Improvement	NHSE recommended criteria for assessing local improvement
<b>1. Access Improvement Plan Delivery and engagement with support offers.</b>	<p>“Achievement against the access improvement plans as agreed with the ICB in April-June 2023, especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes.”</p> <p>“Where an agreement was made to participate in a support package as part of the Support Level Framework, progress made as part of this should be used by the ICB as part of the assessment for Capacity and Access Improvement Payment.”</p>
<b>2. Patient experience of contact.</b>	<p>“Given the GPPS for 2024 will be published after the ICB must make the assessment regarding the Capacity and Access Improvement Payment, GPPS should only be used for preparation rather than a metric against which improvement can be tracked during financial year 2023/24. ICBs may agree with PCNs to use a range of evidence relating to patient experience, which should include a balanced assessment across a selection of the following components:</p> <ul style="list-style-type: none"> <li>• Improvement on Friends and Family Test scores</li> <li>• Improvements in coverage of the Friends and Family Test</li> <li>• Processes within the PCN to analyse and act on feedback</li> <li>• The overall strength of the improvement plan to improve patient experience</li> <li>• Local surveys covering patient experience</li> <li>• Information from Patient Participation Groups</li> </ul>
<b>3. Ease of access and demand management.</b>	<ul style="list-style-type: none"> <li>• “Cloud based telephony (CBT) in place and call-back function activated, with use of data to drive improvement</li> <li>• Where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based telephony framework and time arranged to implement and understand data and drive improvements.</li> <li>• Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support</li> <li>• Online consultation usage per 1,000 registered patients”</li> </ul>
<b>4. Accuracy of recording in appointment books.</b>	<p>“PCN self-certification confirming that all practices in the PCN are:</p> <p>a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and</p> <p>b) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments</p> <p>ICB assessment based on self-certification and triangulation with PCN’s appointment recording seen via the ICB GPAD dashboard.”</p>

## 1. (a) Access Improvement Plan Delivery and engagement with support offers

- ✓ Evidence of delivery and tracking against Primary Care Network and Practice level Access Improvement Plans assured by Primary Care Delivery Group and Bexley Wellbeing Partnership Committee in July 2023.
- ✓ Good engagement with the SEL/Bexley Workforce Development Hub in relation to the Support Level Framework and associated processes.

# 1. (b) Support Level Framework (SLF) Engagement: 12 month programme

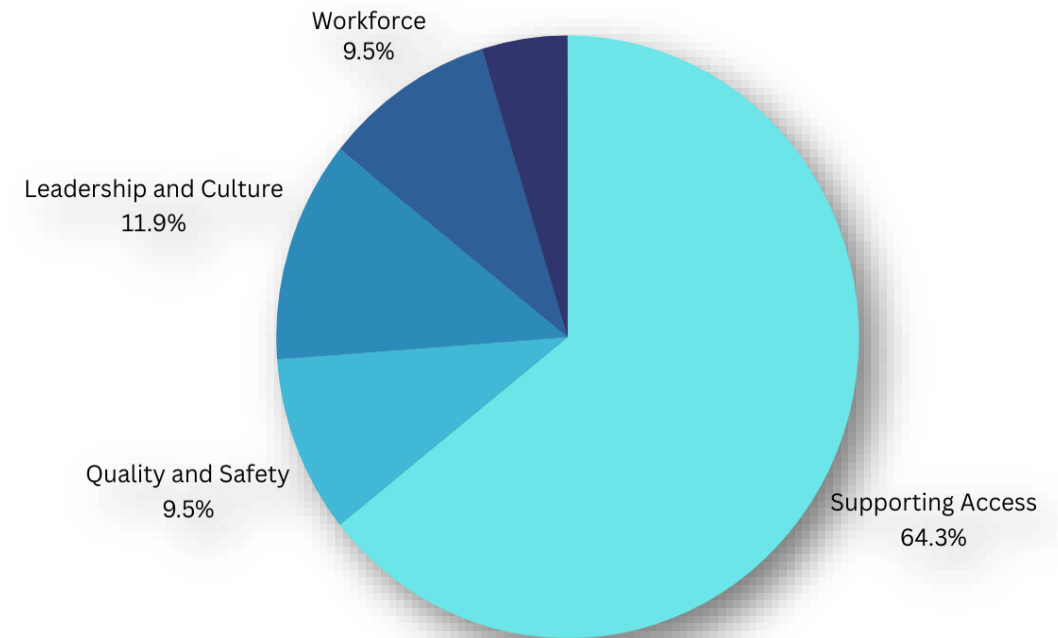
## 16 of 21 Practices Participating in 2023/24

- 4 practices in APL (100%)
- 4 Practices in Clocktower (80%)
- 3 Practices in Frognal (75%)
- 5 practices in North Bexley (63%)

5 Practices not engaged last year – PCNs will support these practices to engage in 2024/25:

Slade Green, Woodlands, Lakeside, Bellegrove and Ingleton

## Themes from SLF: Practice Priorities



# 1. (c) Case Study: Crayford Town Surgery SLF Programme Priorities

## **BASELINE**

Improve Access: GP Access Data (GPAD data shows the lowest number of appointments offered across Bexley; **282 appointments per 1,000 weighted population per month**. The Bexley average is **392.72** and SEL is **356.3** (April 2024).

## **WORKFORCE**

- ☐ Looking at multiple methods to recruit GPs (New recruits jobs fair / partnership with other practices).
- ☐ Work with Training Hub to review job adverts/offer to candidates.
- ☐ Look to recruit a paramedic and Advanced Nurse Practitioner.
- ☐ Organisational changes / offer to make their practice more attractive.

## **ACCESS**

- ☐ Project to help increase uptake of online/digital patient services to reduce the pressure on the phones.

## **Leadership & Culture**

- ☐ To undertake a review of organisational structure and implement clear line management to ensure that staff understand their route of escalation.

## 2. (a) Patient Experience of Contact

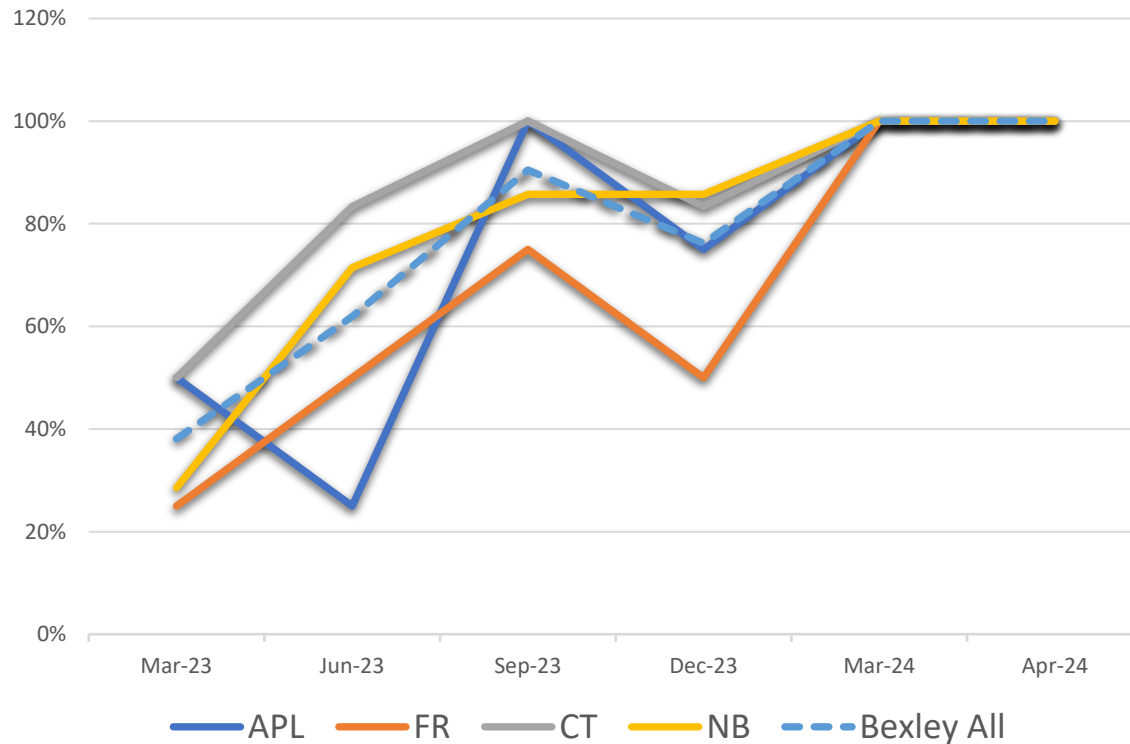
- ✓ Friends and Family Test (F&FT) reporting is now at 100%.
- ✓ Evidence that scores are reviewed and discussed at Primary Care Network (PCN) Governing Body meetings with outliers addressed.
- ✓ PCN and Practice Level plans address tailored improvements to patient experience of contact.
- ✓ GP Practices have participated in 2 local survey in November 2023 and March 2024 to augment the GPPS. Some evidence of improvement and also awareness and reflection of areas, which require further work e.g. phone access.





## 2. (b) Patient Experience of Contact: F&FT

Primary Care Networks reporting of Friend and Family Test



- Over 50,000 responses between 23-24
- March 24 data indicates:
  - ✓ Overall, 89% of the response positive and 6% expressing negative response with their appointment.
  - ✓ Positive % ranged between 87% Frognal to 96% in Clocktower.
  - ✓ Negative response ranged from 9% Frognal and 2% in Clocktower.
  - ✓ Bexley Group practice received 305 responses in March 2024 all of which reported Good or Very good experience. A similar trend has been seen in February 2024 and April 2024.

## 2. (c) Patient Experience of Contact: Local Surveys

Primary Care Network (PCN)	PCN List Size	Number of responses (November 2023)	Number of responses (April 2024)
APL	40,000	534	528
Clocktower	52,000	814	490
Frognal	55,000	556	1221
North Bexley	105,000	969	976
Total	252,000	2873	3215

### Experience of making the appointment:

- 61% patients reported a positive response
- 20% reported a negative response
- 18% neither good or poor experience

Overall similar rate of response however large variation within individual Primary Care Networks

### How easy or difficult is it get through to someone at your GP surgery?

- Increase in patients reporting “very easy” and “easy” to get through when compared to November survey

### However:

- There is an increase in patients reporting “difficult” and “very difficult” when comparing the March 2024 survey with the November 2023 survey.

## 2. (d) Patient Experience of Contact: Locals Surveys – Patient Comments

Still waiting for  
results and letter  
from St Thomas.

My appointment was  
supposed to be with a  
doctor and when finished I  
was promised an urgent  
prescription which was not  
then given due to him being  
an assistant

I tried to rebook  
but no  
appointments  
available for a  
week phone or face  
to face.

Wanted to  
see female  
GP.

Called and no  
appointments, used  
pharmacy first and  
they couldn't help,  
completed econsult  
but had to wait, called  
111 they got me an  
appointment at 9pm  
at Queen Mary's  
which was over 3  
hours wait.

### 3. (a) Ease of access and demand management

- ✓ Cloud Based Telephony (CBT) roll-out largely complete across all eligible sites, with the exception of Westwood Surgery who plan to transition in July 2024. Small number of legacy system/contractual issues being worked through.
- ✓ Evidence of telephony data being used to inform operational practice.
- ✓ AccuRX Patient Triage rolled out as a consistent online consultation offer across the majority practices in Bexley – transition plans in place for Belvedere Medical Centre and Ingleton Avenue Surgery. Overall Bexley has 100% offer of online consultations.



**APRIL 2023**

- ☐ 9 practices with Analogue / Hybrid system
- ☐ 12 Practices with CBT system
- ☐ Only 6 of the 12 practices with CBT had call back functionality enabled

**MARCH  
2024**

- ✓ **APL:** 100% compliant
- ✓ **North Bexley:** 100% complaint
- ✓ **Clocktower:** 80% CBT with 1 practice remains with analogue (Westwood)
- ✓ **Frognal:** 100% CBT, however one practice has not enabled all functions

### 3. (b) Ease of access and demand management: CBT Case Study – Welling Practice

Practice went live with Cloud Based Telephony (CBT) on 21<sup>st</sup> March 2024



#### **Prior to CBT:**

- ❖ Practice received 2 to 3 verbal complaints per day about not

#### **Post Go Live:**

- ✓ To maximise the benefits of CBT, the practice have re-configured call queueing system and staffing
- ✓ Over 37,00 calls received in one month
- ✓ Average waiting time is now under 3 minutes
- ✓ 61% of the calls answered within 30 seconds
- ✓ Longest wait time 21 minutes
- ✓ No complaints received



## 4. (a) Accuracy of recording in appointment books

- ✓ At the current time, all practices are self-certifying that they are correctly recording their data and have received a review visit from the ICB Primary Care team to review working practices.
- ✓ Good progress made in recording of appointment data in line with published Guidance and reduced levels of variation.
- ✓ Monthly General Practice Appointment Data dashboard (**GPAD**) data reviewed and discussed within Primary Care Network Governing Body meetings.
- ❖ Some mapping inconsistencies still exist.
- ❖ Ongoing work required through 2024/25 to maintain and embed.

	Apr-23	Jan-24	Feb-24	Mar-24	Apr-24
Bexley Appointments per 1000 patients	336.4	416.66	395.16	382.01	392.72
SEL Appointments per 1000 patients	291.13	383.53	363.78	356.46	356.3
London Appointments per 1000 patients	323.17	433.7	412.52	401.69	405.07
England Appointments per 1000 patients	387.79	514.74	482.98	472.55	481.87

# Achievement summary

Required Improvement	Summary evidence	ICB assessment
<b>1. Access Improvement Plan Delivery and engagement with support offers.</b>	<ul style="list-style-type: none"> <li>✓ Evidence of delivery and tracking against PCN and Practice level Access Improvement Plans assured by Primary Care Delivery Group and Bexley Wellbeing Partnership Committee in July 2023.</li> <li>✓ Good engagement with the SEL/Bexley Workforce Development Hub in relation to the Support Level Framework and associated processes.</li> </ul>	<b>Delivered in line with requirement.</b>
<b>2. Patient experience of contact.</b>	<ul style="list-style-type: none"> <li>✓ Friends and Family Test reporting now at 100%.</li> <li>✓ Evidence that scores are reviewed and discussed at PCN Governing Body meetings with outliers addressed.</li> <li>✓ PCN and Practice Level plans address tailored improvements to patient experience of contact.</li> <li>✓ Practices have participated in 2# local survey in Nov 23 and Mar 24 to augment the GPPS. Some evidence of improvement and also awareness and reflection of areas for further work e.g. phone access.</li> </ul>	<b>Delivered in line with requirement.</b>
<b>3. Ease of access and demand management.</b>	<ul style="list-style-type: none"> <li>✓ Cloud Based telephony roll-out largely complete across all eligible sites, with the exception of Westwood who plan to transition in July 2024. Small number of legacy system/contractual issues being worked through.</li> <li>✓ Evidence of telephony data being used to inform operational practice.</li> <li>✓ AccuRX Patient Triage rolled out as a consistent online consultation offer across the majority practices (transition plans in place for Belvedere and Ingleton Avenue).</li> </ul>	<b>Delivered in line with requirement.</b>
<b>4. Accuracy of recording in appointment books.</b>	<ul style="list-style-type: none"> <li>✓ At the current time, all practices are self-certifying that they are correctly recording their data and have received a review visit from the ICB Primary Care team to review working practices.</li> <li>✓ Good progress made in recording of appointment data in line with published Guidance and reduced levels of variation.</li> <li>✓ Monthly data reviewed and discussed within PCN Governing Body meetings.</li> <li>❖ Some mapping inconsistencies still exist.</li> <li>❖ Ongoing work required through 24/25 to maintain and embed.</li> </ul>	<b>Sufficient evidence of progress and ongoing 2024/25 requirement.</b>



**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 6**

**Enclosure: D**

<b>Title:</b>	<b><i>Inclusion, Participation, Aspiration &amp; Participation: Special Educational Needs and Disability &amp; Preparing for Adulthood Strategy 2024 – 2028</i></b>
<b>Author/Lead:</b>	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley Council
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	This report presents the draft joint Special Educational Needs and Disability (SEND) & Preparing for Adulthood (PfA) Strategy 2024 – 2028.	<b>Update / Information</b>	
		<b>Discussion</b>	
		<b>Decision</b>	<b>X</b>
<b>Summary of main points:</b>	<p>The new joint strategy, developed in consultation with children, young people, families and partners in the Local Area on behalf of the SEND Improvement Board sets out to deliver our vision that: “All children and young people with Special Educational Needs and/or Disabilities, aged 0-25, are given the support and opportunities to achieve their best outcomes according to their aspirations.”</p> <p>To do this, we have set three key ambitions:</p> <ol style="list-style-type: none"> <li>1) Children and young people with SEND have access to the right support at the right time and in the right place.</li> <li>2) Children and young people with SEND have opportunities to live a fulfilled adulthood.</li> <li>3) Bexley, as a Local Area, works together to use available resources in the most creative and inclusive way, to meet the individual needs of our children and young people with SEND.</li> </ol> <p>There will be an annually refreshed and published strategic action plan that supports the delivery of the new strategy.</p> <p>The publication of this plan forms part of the Priority Action Plan which was submitted to Department of Further Education (DfE) in April 2024 which sets out how the partnership will address the Areas for Priority Action and Areas for Improvement identified in the SEND inspection by Ofsted and the Clinical Quality Commission (CQC) in December 2023.</p>		
<b>Potential Conflicts of Interest</b>	None are expected as a result of the publication of the strategy.		
<b>Other Engagement</b>	Equality Impact	Completed and included within the papers.	
	Financial Impact	There are no direct financial implications arising from this strategy. The Local Area responsibilities under the strategy are delivered primarily through	

		<p>children's and adults social care, the London Borough of Bexley Special Educational Needs Team and commissioned health providers. Wherever possible changes and improvements will be delivered within existing resources. For health partners any cost pressures emerging would be managed through the annual commissioning cycle, within budget.</p> <p>A jointly agreed SEND and PfA Strategy is particularly important to ensure that resources are targeted to ensure that those who are eligible will receive appropriate and timely support commissioned in a cost-effective way and avoiding the need for higher level statutory services and support.</p>
	Public Engagement	Public consultation ran from 2 <sup>nd</sup> January to 9 <sup>th</sup> February 2024, followed by a series of engagement events with local area partners, children, young people and their parents/carers.
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> <li>• SEND Improvement and Assurance Board</li> <li>• London Borough of Bexley Children's and Adults' Overview and Scrutiny Committees</li> <li>• Bexley Health and Wellbeing Board</li> <li>• Bexley Wellbeing Partnership Executive Leadership Group</li> <li>• London Borough of Bexley Public Cabinet</li> </ul>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) <b>approve the new Special Educational Needs and Disability (SEND) &amp; Preparing for Adulthood (PfA) Strategy 2024-2028.</b></p>	

## ***Inclusion, Collaboration, Ambition and Success***

### **Bexley's Special Educational Needs and Disability & Preparing for Adulthood Strategy 2024-2028**

#### **Foreword**

Welcome to the new Special Educational Needs and/or Disabilities (SEND) & Preparing for Adulthood Strategy (PfA) for Bexley. This strategy sets out our vision and priorities for working with our children and young people with SEND, and their families, to build the future they deserve.

This is a joint strategy bringing together the support provided by health, social care and education, and all the partners across the Local Area who collectively support our children and young people with SEND.

In addition to learning from our recent inspection, we have focused on listening to our children, young people and their families to build on our understanding of what they need and how we can provide this to them; and throughout the life of this strategy we will continue to listen and learn, working with them to inform our services over the next four years.

#### **Introduction**

This strategy sets out the vision for children and young people who have Special Educational Needs and/or Disabilities (SEND) and their families in Bexley, and how we will work together to support them as they grow and develop into adulthood.

This strategy has been produced in consultation with children, young people and their families, and involves all partners in Bexley who have a responsibility for commissioning and providing services for children and young people with SEND, including local authority services, health providers, education settings and the voluntary and community sector.

#### **The scope**

This strategy applies to all children and young people with SEND aged 0 to 25 who receive SEN Support or have an Education, Health and Care Plan (EHCP), including their families and carers, and/or are aged 18-25 with eligible health, care and support needs under the Care Act 2014.

#### **Our context**

Delivery of this strategy is set within the context of the SEND Code of Practice 2014, the Department for Education's (DfE) Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan: Right Support, Right Place, Right Time (published in March 2023), our Local Area SEND Priority Action Plan for improvements following the 2023 Ofsted/CQC inspection, and as part of our

Designated Schools Grant Safety Valve Agreement with the Government. We are putting in place a range of approaches to service delivery over the next five years, that will ensure we have a sustainable local SEND System in Bexley. This strategy aligns with the national and local SEND context we are working within, as well as other local strategies as they are developed and refreshed, including the Council's corporate plan 'Making Bexley Even Better', the Autism Strategy, our Children's Social Care Vision and priority framework, and the Adults Social Care Vision.

*Infographic: Special Educational Needs and Disabilities in Bexley*

*(data from SEN2 Return (Jan 2024) and School Census data (Jan 2024))*

- 43,333 children and young people attend Bexley schools (aged 4-18 years)
- 6,862 (16%) of Bexley pupils have SEND (SEN Support or EHCP)
- 4,853 (11.2%) Bexley pupils supported via SEN support in our mainstream schools/settings
- 3,075 children and young people (0-25 years) have Bexley maintained EHCPs, an 11% increase since January 2023
  - 3% are aged under 5
  - 32% are aged 5-10 years old
  - 33% are aged 11 to 15 years old
  - 20% are aged 16 to 19 years old
  - 12% are aged 20 to 25 years old
- 2009 (4.6%) of Bexley pupils supported via an EHCP compared with averages for London (5.4%), and nationally (4.7%)
- 71% of children and young people who have an EHCP are male and 29% are female
- Of those children and young people (aged 0-25) in Bexley with an active EHCP, 34% are from an ethnic minority background
- 410 new EHCPs were issued in 2023, a 10% increase
- 6% of 16-17 year olds with an EHCP and 4.4% with SEN Support needs are not in education, employment or training, compared to 16-17 year olds without SEND (1.6%).

As of 31 March 2024:

448 young people (aged 16-25) were being supported by the Adults Social Care Preparing for Adulthood Team:

- 307 aged 18-25
- 141 aged 16-17

Of those aged 18-25:

- 86% live in borough
- 77% live with family
- 19% live in Supported Living
- 3% live independently
- 59% are in education, work or training

## **How this strategy was developed**

In January and February 2024, we ran a public consultation that consisted of an online survey with easy read and hard versions available. Additional support was made available through the Local Offer to support those who needed assistance to complete the survey. This consultation was promoted through press releases, emails and social media posts. In total, we received 88 responses to the survey.

This period of consultation was followed up in March and April 2024 with a range of stakeholder discussions involving young people, parents, carers and community/voluntary partners. These engagement events resulted in the confirmation of three key priorities that had emerged from the online consultation:

- High quality Education, Health and Care Plans
- Comprehensive, timely support that is personalised
- Early and continuous support into adulthood

In addition, this strategy takes account of learning gained from the Ofsted/CQC recommendations captured through engagement with children, young people and their families during the 2023 inspection of local SEND and Alternative Provision services, as well as commitments made through the DfE Safety Valve programme. All this learning was used to inform the development of this strategy.

## **Our vision**

All children and young people with Special Educational Needs and/or Disabilities aged 0-25 are given the support and opportunities to achieve their best outcomes according to their aspirations.

## **Our shared principles**

Underpinning our vision is a set of principles we all work to:

- All children and young people who have Special Educational Needs and/or Disabilities will have access to the resources and support needed to fulfil their potential.

- We actively listen and seek to hear both the individual and collective voice of children, young people and their families and will use what we hear to shape the services we provide.
- We will deliver our services, conscious of the diversity of, and within, our local communities.

DRAFT

## Our ambitions

### **Ambition 1 – Children and young people with SEND have access to the right support at the right time and in the right place**

#### **What did you tell us?**

You told us that you want timely, joined up planning that recognises the individuality of each child and young person, includes everyone involved and meets their full range of needs.

#### **What does this mean?**

We will work together to identify children and young people who have SEND needs at the earliest possible opportunity and engage with our children, young people and their families to develop an effective package of support to meet their individual needs, with the right people providing the right support at the right time.

#### **How will we do this?**

##### a) Early identification and intervention:

- Improve consistent identification of children and young people with SEND across the local area.
- Build a high level of expertise to ensure that our children and young people with SEND are well supported and have their needs met at the earliest opportunity, wherever possible enabling needs to be met locally at SEN Support level.
- Improved communication and the sharing of information across services to ensure that the right people are involved at the right time, making the SEN Support and EHCP process as simple and transparent as possible.

##### b) Individual voice in decision making:

- Ensuring that the child or young person and their family have all the information needed to make informed decisions and that their voice is central to their plans.
- Establish joint co-ordination of personal education budgets, personal health budgets and direct payments.

##### c) Collective voice in developing services across the local area:

- Further develop a culture of engagement, collaboration and co-production with children, young people, parents and carers.
- Regularly obtain the views of children, young people, parents and carers, using these to improve services being offered locally.

#### **How will we know we are making progress?**

- Increased % of EHC needs assessments and EHCP Annual Reviews completed within timescales.
- Slowed growth of EHCPs as children's needs are met earlier.
- Increased number of children with EHCPs having their needs met in their local mainstream school.



- Increased % of EHCPs are of a high quality and are informed by the aspirations and voices of children and young people.
- Senior Leaders use the feedback from children, young people and their families to assess the impact of local services and service developments.

## **Ambition 2 – Children and young people with SEND have opportunities to live a fulfilled adulthood**

### **What did you tell us?**

You told us you want clearer, timely approaches to independence with tailored support for all those with a SEND not just those with an EHCP. This support must be consistent, start early and continue into adulthood through smooth transitions.

### **What does this mean?**

Children and young people with SEND will have access to advice, guidance and support that allows them to explore their aspirations, understand their options and make informed decisions as they move into adulthood.

### **How will we do this?**

- a) For those who are eligible for statutory support in adulthood under the Care Act 2014:
  - Continue our commitment to provide support to young people who are likely to be eligible for Adults Social Care support, whether they are supported through an EHCP or receiving SEN Support, working to identify them from Year 9.
  - Continue our commitment that each young person with potential Adults Continuing Health Care (CHC) eligibility has a thorough assessment of their health needs from age 17 and a planned transition to Adults Continuing Health Care.
- b) General planning for adulthood:
  - Providing accessible information at all stages of a child and young person's journey towards adulthood.
  - Any barriers impacting or impeding a child or young person's opportunity to explore their options will be identified and responded to in a timely manner.
- c) Life skills and Independent Living:
  - Enable young people to have choice and control over their lives and the support they receive, their accommodation and living arrangements.
- d) Education, Employment, Training and Volunteering:
  - Explore different opportunities across education, employment, training and volunteering to support the aspirations of individual children and young people.
  - Expand Supported Internships programme, increasing our post 16 offer.
- e) Participating in society:



- Support young people in building healthy, long-term friendships and relationships.
- Enable young people to contribute to the local community.

f) Health:

- Young people with specific health needs which will need ongoing support in adulthood are identified and signposted to appropriate and clear pathways.
- All our children and young people will be supported to stay as healthy as possible throughout their lives, including learning how to stay safe, achieve good health and wellbeing and knowing how to access health services available to them.

### How will we know we are making progress?

- Our young people tell us that they have a better quality of life with increased control over their lives.
- A narrowing gap between the educational attainment of those with SEND and their peers.
- Increased % of our children and young people in education, employment or training after the age of compulsory education.
- Increased number of young people completing Supported Internships.
- Increased % of young people entering employment following the completion of a Supported Internship.
- Reduced number of young people being permanently excluded or at risk of exclusion from school.
- Increased % of young people with SEND living independently.
- Increased number of children and young people accessing social, cultural, leisure and heritage events and attractions which assist them in living healthy and active lives.

### Ambition 3 – Bexley, as a Local Area, works together to use available resources in the most creative and inclusive way, to meet the individual needs of our children and young people with SEND.

#### What did you tell us?

You told us that you value the importance of adequate resources and well-supported services that work together to prioritise the needs and wellbeing of individuals with SEND and their families.

#### What does this mean?

We will commission and provide inclusive, comprehensive support for our children and young people with SEND within available resources, including the recruitment, development and retention of a high-quality joined-up workforce.

#### How will we do this?

a) Sufficiency:

- Develop clear programme for analysing the needs of our children and young people, so that our services can be developed to meet changing local needs and demand levels.
- Further develop joint commissioning plans across Education, Health and Social Care which lay out our commissioning intentions in line with children and young people's feedback, demographic and associated needs of the borough.
- Adequate Alternative Provision (AP) to provide suitable education for those with illness, medical need or due to suspension from school.

b) Recruiting staff:

- Monitoring demand on services across health, social care and education and changing needs to ensure we have a flexible, resilient, proactive and robust Local Area Workforce Development Plan in place.
- Build opportunities for local people to develop the skillsets needed to meet the diverse needs of our children and young people with SEND.

c) Developing staff:

- Where relevant, staff across the Local Area will receive training related to children and young people's special education and disability needs as part of a cohesive induction programme.
- All staff working with children and young people with SEND have the appropriate skills, knowledge and expertise to support those children and young people.
- Working together to raise awareness of SEND and PfA support with staff for whom this is not a specialist area, for example primary and acute healthcare professionals.

d) Retaining staff:

- Monitoring staff feedback and satisfaction to ensure Bexley is seen as a good place to work.
- Ensuring that there are clear career progression pathways for staff.

**How will we know we are making progress?**

- Reduce the number of staff vacancies.
- Reduce staff turnover rate.
- Staff surveys tell us Bexley is a good place to work, where staff have development opportunities, manageable caseloads and work satisfaction.

## Co-Production

As a Local Area, we are committed to working in partnership with children, young people and their families. We will seek out, listen to and act on the views of children, young people, their parents and carers.

Co-production will be further embedded in our ways of working, so that every partner in the Local Area works alongside children, young people and their families to transform our services and practices to deliver positive life outcomes.

## Action Plan

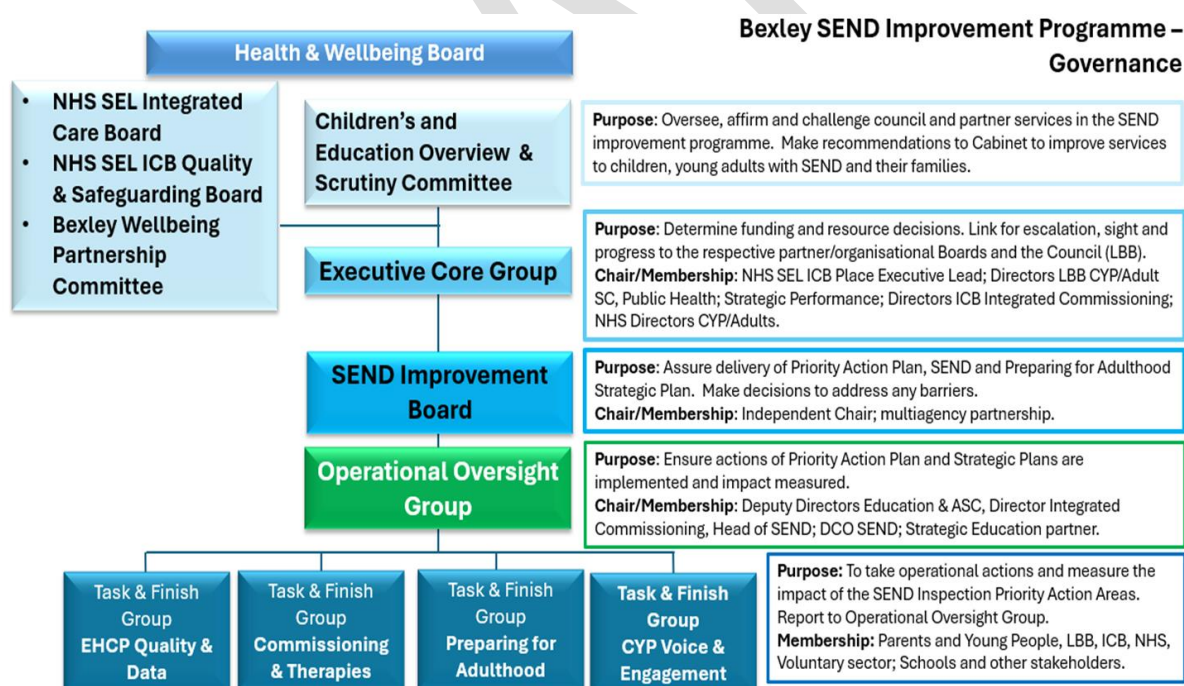
We will have a rolling annual action plan, linked with our SEND Priority Action Plan, setting out the specific actions we will take to deliver each of our stated ambitions. The annual review and refresh of the strategic action plan will enable flexibility in how delivery of the ambitions develops taking account of feedback from children, young people and families, and ongoing analysis of need and pressures.

## Outcomes Framework

See strategic action plan for outcomes.

The SEND Improvement Board will receive quarterly updates on progress against delivery of ambitions, and related outcomes measures, enabling oversight and scrutiny.

## Governance



**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 7**

**Enclosure: E**

<b>Title:</b>	<b>Finance Report</b>		
<b>Author:</b>	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board		
<b>Executive Lead:</b>	<p>Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board</p> <p>David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board</p>		
<b>Purpose of paper:</b>	<p><b>The purpose of this report is to provide an update on the financial position of Bexley (Place) for month 3 (June 2024/25), the summary of the financial position of the NHS South East London Integrated Care Board (NHS SEL ICB) and the South East London Integrated Care System (ICS) as at month 2 (May) 2024/25.</b></p> <p><b>At the time of producing this report the ICB and ICS reports for month 3 were under review.</b></p>	<b>Update / Information</b>	
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	
<b>Summary of main points:</b>	<p><b><i>Bexley Position</i></b></p> <p>At month 3, Bexley Place reported a year-to-date underspend of £18k and forecast underspend of £25k against budget.</p> <p>The position is driven by:</p> <ul style="list-style-type: none"> <li>Community Health Services reports an overspend of £11k and £43k year to date and forecast respectively due to increased activity within interpreting services. A review on the service across SEL is underway to understand and mitigate the cost pressure.</li> <li>Prescribing reports an overspend of £5k year to date and £43k forecast. The position is an estimate based on actual activity data in April, as data are usually 2 months in arrears. This will be closely monitored as the year progresses.</li> <li>Continuing Health Care reports services a year to date overspend of £11k and forecast of £14k driven by increase in activity levels on the adult fully funded places. There is however an improved position on year-on-year comparison and recovery plan are now being implemented.</li> <li>Corporate budget reports a £40k underspend year to date and forecast due to existing vacancies which are now being filled.</li> <li>Other service areas are delivering a near/break-even position against budget year to date and marginal underspends in forecast.</li> </ul> <p><b><i>Efficiency Savings:</i></b> The 2024/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been</p>		

identified at £3.47m, which is 4% above plan as a contingency. The schemes are on track to fully deliver.

### ***ICB Summary Position At month 2:***

The ICB financial report for month 2 is based upon the 2nd May plan submission. This included a planned year-end surplus of **£20,172k** for the ICB. This has been updated to a surplus of **£40,769k** in the plan submission made on 12<sup>th</sup> June 2024.

The ICB's financial allocation as at month 2 is £4,472,839k. In month, the ICB has received an additional allocation of £11,975k, which was in respect of the consultants pay award and will be paid to local providers.

As at month 2, the ICB is reporting a year to date overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the year to date delivery (**circa £800k**) is reflected in the month 2 financial position. The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.

Due to the usual two months arrears in receiving data from the Prescribing Pricing Authority, the ICB does not have year to date actuals for 2425 prescribing spend is therefore reporting a breakeven position.

The ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (£500k per month) and the impact upon the final redundancy payments, given longer employment periods etc.

The current expenditure run-rate for Continuing Health Care services is above budget (£958k), with places implementing efficiencies to mitigate this. Lewisham is particularly impacted (£885k). This is as highlighted later in the report.

At month 2, the delivery of the ICB's savings plan of £25.4m is on track.

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

- A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- 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 2, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**.

### ***ICS Summary Position At month 2:***

This report uses the resubmitted 12 June final plan. At M2 the forecast outturn is set at the resubmitted plan figures, per NHSE guidance.

	<p><b>Revenue:</b></p> <ul style="list-style-type: none"> <li>The system is planning an aggregate deficit of (£100.0m). The 12 June plan submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB.</li> <li>The ICB £40.8m surplus consists of: a £4.8m stretch target for the ICB; £21.0m of agreed improvements to providers' positions; and an additional £15.0m stretch (King's), held in the ICB for planning purposes only.</li> <li>This plan includes a high level of risk, most significantly with trust plans targeting savings &gt;4% of influenceable spend.</li> <li>The recent Synnovis cyber attack and the planned junior doctors' strike are among other emerging material risks.</li> </ul> <p>At month 2 the system is reporting a year-to-date deficit of (£41.5m), £7.8m adverse to the revised year to date plan of (£33.7m) deficit.</p> <p><b>Efficiencies</b> At month 2 the system has delivered £24.4m of efficiencies year to date, £9.3m behind plan.</p> <p><b>Capital</b> The system capital plan is to spend the entire system allocation of £255.5m (inc. IFRS 16 uplift).</p>	
<b>Potential Conflicts of Interest</b>	None arising as a direct result of this paper.	
<b>Other Engagement</b>	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	There is no known risk to these numbers as they have now been published.
	Public Engagement	The finance reports and efficiency delivery is reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings.
	Other Committee Discussion/ Engagement	The finance reports are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley Senior Management Team and the Bexley Wellbeing Partnership Executive Leadership.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <p>(i) <b>Discuss and note the month 3 (June 2024) financial position for Bexley Place.</b></p> <p>(ii) <b>Note that the NHS South East London ICB and NHS South East London Integrated Care System financial position at month 2.</b></p>	



# Bexley Wellbeing Partnership Committee

## Finance Report – Month 3

Thursday 25<sup>th</sup> July 2024

V1.0

**Agenda Item: 7**

**Enclosure: E(i)**

# Contents

<u>Description</u>	<u>Page number</u>
1. Bexley Overall Financial Position	<a href="#"><u>3</u></a>
2. Bexley Delegated Budget - Efficiency report	<a href="#"><u>4</u></a>
3. Appendix A - SEL ICB Finance Report	<a href="#"><u>5-20</u></a>
4. Appendix B - SEL ICS Finance Highlights	<a href="#"><u>21-28</u></a>



### Overall Position

	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s	FOT Budget £'000s	FOT Actual £'000s	FOT Variance £'000s
Acute Services	1,218	1,214	4	4,871	4,855	16
Community Health Services	5,564	5,575	(11)	22,255	22,298	(43)
Mental Health Services	2,579	2,579	0	10,317	10,248	69
Continuing Care Services	6,535	6,546	(11)	26,139	26,153	(14)
Prescribing	9,353	9,358	(5)	37,412	37,455	(43)
Other Primary Care Services	693	693	0	2,772	2,772	(0)
Other Programme Services	300	300	0	1,199	1,199	0
Delegated Primary Care Services	9,653	9,653	-	42,127	42,127	0
Corporate Budgets	703	663	40	2,874	2,833	41
<b>Total FOT</b>	<b>36,598</b>	<b>36,580</b>	<b>18</b>	<b>149,965</b>	<b>149,940</b>	<b>25</b>

**Month 3 (M3) Financial overview-** Underspend reported year to date (YTD) by £18k and forecast outturn (FOT) of £25k.

#### Key drivers to the position:

- Community Health Services reports an overspend of £11k and £43k YTD and FOT respectively due to increased activity within interpreting services.
- Prescribing reports an overspend of £5k YTD and £43k FOT. The position is an estimate based on actual activity data in April, as data are usually 2 months in arrears. This will be closely monitored as the year progresses.
- CHC reports a YTD overspend of £11k and FOT of £14k driven by increase in activity levels on the adult fully funded places. The is however an improved position on year-on-year comparison.
- Corporate budget reports a £40k underspend YTD and FOT due to existing vacancies which are now being filled.
- Other service areas are delivering a near/break-even position against budget YTD and marginal underspends in FOT.
- Efficiency savings – The 24/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been identified at £3.47m, which is 4% above plan as a contingency.

## 2024/25 Savings Target Monitoring Report Month 3

- Original Target = £3,330k ; Forecast delivery £3,473k, planned over delivery of £143k
- Year to date planned savings = £1,532k, Actual delivery of £1,476k – shortfall of £56k mainly due to phasing of the schemes with CHC plans.

ClinicalLead	ProjectLead	Service	ProjectTitle	ProjectDescription	Full Target Value £k	Total Full Year Plan £	Total YTD Plan £	Total YTD Actual delivered £k	YTD Variance £k				
Alison Rogers	Alison Rogers	Other Community Health Services	Other Comm - Convergence efficiency	Contract Efficiency	201	201	73	73	-				
			Other Comm -Tariff Efficiency	Contract Efficiency	203	203	66	66	-				
			Other Community Health Services Total			404	404	139	139	-			
	Caroline Shirley	Continuing Health Care	Activity Reduction	Activity reduction	410	410	40	-	-40				
			CHC - Convergence efficiency	Activity reduction	274	274	90	79	-11				
			CHC - Tariff Efficiency	Activity reduction	276	276	92	82	-10				
			Continuing Health Care Total			960	960	222	161	-61			
	Michelle Barber	Other Community Health Services	Contract Efficiency - Audiology	Contract Efficiency	100	100	24	16	-8				
			Contract Efficiency - Pulmonary Rehab	Contract Efficiency	132	132	33	22	-11				
			Other Community Health Services Total			232	232	57	38	-19			
Clare Fernee	Taher Esfandiari	Prescribing	Prescribing- Medicine Management	Mild/Moderate Hayfever	1	1	-	-	-				
				Vits/Minerals (see notes)	3	3	-	-	-				
				LPP areas	1	1	-	-	-				
				Specials	39	39	9	9	-				
				Oral Nutritional Supplements	27	27	6	6	-				
				Cows Milk Protein Allergy	10	10	1	1	-				
				SMBG costing >£9/50	57	57	12	12	-				
				Lancets	1	1	-	-	-				
				Ketones	5	5	-	-	-				
				Pen Needles >£9/50	2	2	-	-	-				
				Over Prescribing / Reduction due to CGM	10	10	1	1	-				
				Optimise Rx	287	287	24	48	24				
				Liothyronine	2	2	-	-	-				
				Metformin	5	5	-	-	-				
				Macrogol	10	10	1	1	-				
				HR2A	7	7	-	-	-				
				Amoxicillin	11	11	2	2	-				
				Antidepressant	2	2	-	-	-				
				Opioids	4	4	-	-	-				
				SMR	5	5	-	-	-				
				Respiratory	19	19	1	1	-				
				Patent expiry - Apixaban 2.5mg	89	89	21	21	-				
				Patent expiry -Apixaban 5mg	101	101	24	24	-				
				Patent expiry -Sitagliptin 25mg	4	4	-	-	-				
				Patent expiry -Sitagliptin 50mg	14	14	3	3	-				
				Patent expiry -Sitagliptin 100mg	97	97	24	24	-				
				Additional brand to generics identified	23	23	5	5	-				
				Specific Grey list products	10	10	1	1	-				
						Prescribing- Medicine Management Total			846	846	135	159	24
							Prescribing - Convergence efficiency	Medicine management cost reduction	395	395	395	395	-
							Prescribing - Tariff Efficiency	Medicine management cost reduction	399	399	399	399	-
						Prescribing Total			1640	1640	929	953	24
				Erica Bond	Erica Bond	Acute Services	Acute Ser - Convergence efficiency	Activity reduction	53	53	53	53	-
							Acute Ser - Tariff Efficiency	Activity reduction	53	53	53	53	-
						Acute Services Total			106	106	106	106	-
Graham Turner	Graham Turner	Other Primary Care	Other PC - Convergence efficiency	Contract Efficiency	30	30	30	30	-				
			Other PC - Tariff Efficiency	Contract Efficiency	31	31	31	31	-				
		Other Primary Care Total			61	61	61	61	-				
	Michelle Barber	Acute Services	Patient Transport	Patient Transport Activity reduction	70	70	18	18	-				
		Acute Services Total			70	70	18	18	-				
Over Plan adjustment					-143				-				
Grand Total			50		3,330	3,473	1,532	1,476	-56				

# Appendix A

## SEL ICB Finance Report

### Month 2 2024/25

# Contents

- 1. Executive Summary**
- 2. Revenue Resource Limit**
- 3. Key Financial Indicators**
- 4. Budget Overview**
- 5. Prescribing**
- 6. NHS Continuing Healthcare**
- 7. Provider Position**
- 8. ICB Efficiency Schemes**
- 9. Corporate Costs**
- 10. Debtors Position**
- 11. Cash Position**
- 12. Creditors Position**
- 13. MHIS performance**

# 1. Executive Summary

- This report sets out the month 2 financial position of the ICB. The financial reporting for month 2 is based upon the 2nd May plan submission. This included a planned year-end surplus of **£20,172k** for the ICB. This has been updated to a surplus of **£40,769k** in the plan submission made on 12th June.
- The ICB's financial allocation as at month 2 is **£4,472,839k**. In month, the ICB has received an additional allocation of £11,975k, which was in respect of the consultants pay award and will be paid to local providers.
- As at month 2, the ICB is reporting a year to date (YTD) overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery (**circa £800k**) is reflected in the month 2 financial position. The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- Due to the usual two months arrears in receiving data from the PPA, the ICB does not have YTD actuals for 2425 prescribing spend is therefore reporting a breakeven position.
- The ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The current expenditure run-rate for CHC services is above budget (**£958k**), with places implementing efficiencies to mitigate this. Lewisham is particularly impacted (**£885k**). This is as highlighted later in the report.
- At month 2, the delivery of the ICB's savings plan of **£25.4m** is on track.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into;
  - 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 2, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**.

## 2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
<u>M2 Internal Adjustments</u>								
Mental Health SDF	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
<u>M2 Allocations</u>								
Consultants pay award							11,975	11,975
M2 Budget	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839

- The table sets out the Revenue Resource Limit at month 2.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 2, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to the mental health SDF funding which was allocated to the places.
- In month, an additional allocation of **£11,975k** was received, giving the ICB a total allocation of **£4,472,839k** as at month 2. The additional allocation was in respect of the consultant pay award and this will be paid to local providers.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

### 3. Key Financial Indicators

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	745,473	747,979	4,527,672	4,527,672	
Operating Under Resource Revenue Limit	739,797	742,303	4,472,839	4,472,839	
Not to exceed Running Cost Allowance	5,252	5,313	31,509	31,509	
Month End Cash Position (expected to be below target)	4,063	237			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	99.8%			
Mental Health Investment Standard (Annual)			458,449	458,449	

- The above table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above in the Executive summary, the ICB is reporting a year to date (YTD) **underspend of £857k against its revenue resource limit (RRL)**, which represents an **overspend against plan of £2,506k**. The element of the surplus to be directly delivered by the ICB is £4,792k, which is reflected in the YTD financial position.
- The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- This position is consistent with the May 2024 plan submission. From month 3, the ICB will be reporting against the June submission of the plan which includes an ICB surplus of £40,769k.
- The ICB is reporting a broadly balanced position on its management costs allocation (overspend of £61k), with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- All other financial duties have been delivered for the year to month 2 period.
- A **break-even position** is forecasted for the 2024/25 financial year.



## 4. Budget Overview

	M2 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>								
Acute Services	812	1,282	1,168	198	216	14	374,716	378,406
Community Health Services	3,513	14,538	6,311	4,352	4,597	5,770	41,699	80,779
Mental Health Services	1,716	2,434	1,396	3,806	1,262	1,684	85,671	97,969
Continuing Care Services	4,356	4,521	4,870	5,769	3,843	3,293	-	26,653
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	40,950
Other Primary Care Services	448	219	218	498	232	37	2,667	4,318
Other Programme Services	200	3	167	4	555	140	7,243	8,311
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	2,622	2,668
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	56,030
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	34,891
Corporate Budgets - staff at Risk	-	-	-	-	-	-	407	407
Corporate Budgets	469	555	576	587	504	517	5,206	8,415
<b>Total Year to Date Budget</b>	<b>24,184</b>	<b>41,377</b>	<b>29,105</b>	<b>35,063</b>	<b>27,809</b>	<b>27,531</b>	<b>554,728</b>	<b>739,797</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Actual</b>								
Acute Services	812	1,282	1,182	198	187	14	374,715	378,389
Community Health Services	3,520	14,539	6,308	4,352	4,447	5,770	41,699	80,635
Mental Health Services	1,719	2,487	1,418	3,864	1,239	1,807	85,684	98,219
Continuing Care Services	4,347	4,633	4,978	5,699	4,727	3,227	-	27,612
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	40,950
Other Primary Care Services	448	219	218	498	161	37	2,667	4,247
Other Programme Services	200	3	35	4	(12)	140	7,242	7,611
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	4,789	4,835
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	56,030
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	34,891
Corporate Budgets - staff at Risk	-	-	-	-	-	-	1,421	1,421
Corporate Budgets	442	484	565	511	461	430	4,570	7,462
<b>Total Year to Date Actual</b>	<b>24,158</b>	<b>41,470</b>	<b>29,105</b>	<b>34,975</b>	<b>27,809</b>	<b>27,501</b>	<b>557,286</b>	<b>742,303</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Variance</b>								
Acute Services	(0)	1	(15)	(0)	30	0	0	16
Community Health Services	(7)	(0)	3	0	150	(0)	(1)	145
Mental Health Services	(3)	(53)	(22)	(58)	23	(123)	(13)	(250)
Continuing Care Services	9	(111)	(108)	70	(885)	66	-	(958)
Prescribing	-	-	-	-	-	-	-	-
Other Primary Care Services	-	-	-	-	71	-	-	71
Other Programme Services	-	-	132	-	567	-	1	699
PROGRAMME WIDE PROJECTS	-	-	-	-	-	0	(2,167)	(2,167)
Delegated Primary Care Services	-	-	0	-	-	-	(0)	(0)
Delegated Primary Care Services DPO	-	-	-	-	-	-	0	0
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(1,014)	(1,014)
Corporate Budgets	27	72	11	76	43	87	636	953
<b>Total Year to Date Variance</b>	<b>26</b>	<b>(92)</b>	<b>1</b>	<b>88</b>	<b>0</b>	<b>30</b>	<b>(2,558)</b>	<b>(2,506)</b>

- As at month 2, the ICB is reporting a year to date (YTD) underspend of **£857k** against RRL, which represents an overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery is reflected in the month 2 financial position.
- Due to the usual two months arrears in receiving 2425 data from the PPA, the ICB is reporting a breakeven position on prescribing.
- There are two specific key risks to flag at month 2. The current expenditure run-rate for CHC services is above budget. Overspend at month 2 is **£958k**, of which the majority is in Lewisham (**£885k**). In Lewisham programme budgets are being released to offset this. In all places, saving schemes being implemented to mitigate these and other pressures.
- In addition (and as described in earlier slides) the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. The ongoing additional cost is **£500k per month**.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting cost pressures and overall, the Mental Health budget is overspent by £250k at month 2. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- Individual place financial positions will be provided from month 3, once the ICB starts to receive 2425 prescribing activity/cost information.

## 5. Prescribing – Overview

- The YTD prescribing budget as at month 2 is **£40,950k**, with **£40,730k** budgeted to fund practice PPA expenditure. The table shows the PPA budgets at a place level. Due to the usual two months arrears in receiving data from the PPA, the ICB has no actual 2024/25 activity/cost information upon which to report expenditure at this stage of the year. A **break-even position** is therefore being reported.

M02 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/C ost Pressure	Difference between PMD & IPP Report	Total 24/25 PPA Spend	YTD Budget	YTD Variance - (over)/under	Annual Budget (Includes Flu Income)	FOT Actual	FOT Variance - (over)/under
BEXLEY	6,200,836						6,200,836	6,200,836	0	37,205,018	37,205,018	0
BROMLEY	8,467,430						8,467,430	8,467,430	0	50,804,582	50,804,582	0
GREENWICH	6,166,667						6,166,667	6,166,667	0	37,000,001	37,000,001	0
LAMBETH	7,098,030						7,098,030	7,098,030	0	42,588,181	42,588,181	0
LEWISHAM	6,985,547						6,985,547	6,985,547	0	41,913,282	41,913,282	0
SOUTHWARK	5,792,012						5,792,012	5,792,012	0	34,752,075	34,752,075	0
SOUTH EAST LONDON	20,000						20,000	20,000.00	0	120,000	120,000	0
<b>Grand Total</b>	<b>40,730,523</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40,730,523</b>	<b>40,730,523</b>	<b>0</b>	<b>244,383,139</b>	<b>244,383,139</b>	<b>0</b>

- An estimate of prescribing expenditure for February and March 2024 was accrued into the ICB's year-end 2023/24 financial position.
- We have now the final prescribing financial information for 2023/24. The actual expenditure was in line with the estimate made, meaning no adverse impact upon the ICB's financial position for 2024/25.
- The prescribing monthly run-rate for the last quarter of 2023/24 was circa £20,200k. Therefore, if prescribing expenditure continued at the same level for the first 2 months of this financial year, the YTD spend would be **£40,400k** against a budget of **£40,730k**, generating a broadly **balanced position** (underspend of £300k).

## 6. NHS Continuing Healthcare – Overview

- The 2024/25 Continuing Care (CHC) budgets have been built from the 2023/24 budget and adjusted for reserves (£1.5m), underlying forecast outturn (£8.6m), price inflation (0.8%), activity growth (3.0%) and ICB allocation convergence adjustments (-1.09%). The overall budget as at month 2 is **£26,653k**.
- The overall CHC financial position as at month 02 is an **overspend of £958k**, with the underlying cost pressures variable across the places. The overspend in Bromley (**£111k**) is largely non-recurrent relating to the final settlement of a retrospective CHC case. The impact is the difference between the actual charge and the provision made. The overspends in Greenwich (**£108k**) and Lewisham (**£885k**) are primarily a result of pressures within fully funded, palliative, joint funded and funded nursing care (FNC) client settings. In both places, the overall financial positions are being managed through the release of programme reserves to deliver overall balance. In Lewisham, there are significant pressures generated by individual high-cost clients. The full year care packages of the 20 highest cost clients across both learning and physical disabilities (<65 age group for physical disabilities) is circa **£8,640k**. Weekly meetings chaired by the Place Executive Lead are held to review CHC activity. In addition, a cleanse of the CHC client database is being undertaken, plus the usual monthly reconciliations to invoices received.
- The remaining places are reporting small underspends.
- The ICB has a panel in place to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel meets every week to discuss and agree cost increase requests from the CHC care providers.
- All boroughs are reporting achievement of their 2024/25 CHC savings schemes.

## 7. Provider Position

### Overview:

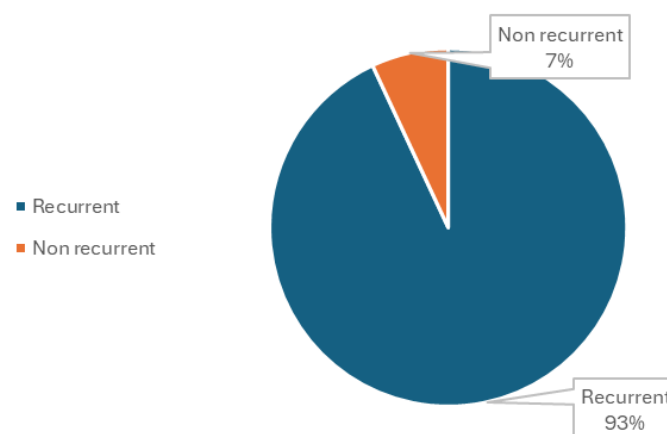
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,086,358k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
  - Guys and St Thomas **£695,199k**
  - Kings College Hospital **£744,271k**
  - Lewisham and Greenwich **£637,072k**
  - South London and the Maudsley **£313,891k**
  - Oxleas **£243,273k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

## 8. ICB Efficiency Schemes at as Month 2

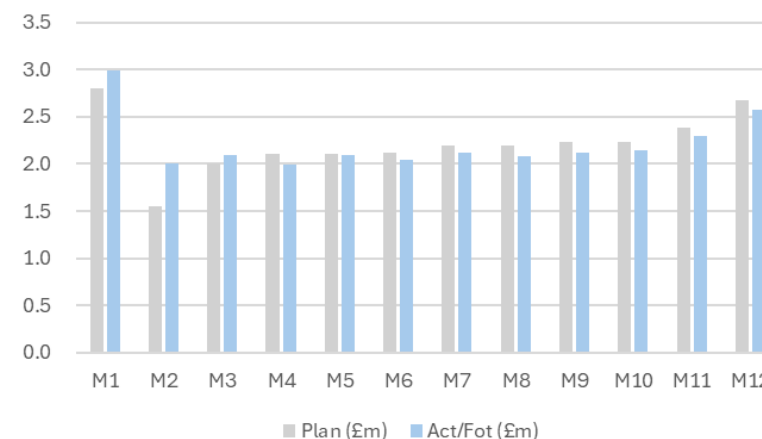
- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.4m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 2, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- As at month 2, the ICB is reporting actual delivery in line with plan.** At this early stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (by £1.2m), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£1.5m** of the forecast outturn of **£26.6m** has been assessed by the places as **high risk**.
- Most of the savings (**93%**) are forecast to be delivered on a recurrent basis.

	M2 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Start Plan	Forecast	Variance	Low	Medium	High
ICB Boroughs	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.3	1.3	0.0	3.3	3.5	0.1	2.6	0.6	0.3
Bromley	0.8	0.8	0.0	6.3	6.4	0.1	4.1	2.4	0.0
Greenwich	0.6	0.5	(0.0)	3.5	4.2	0.7	0.6	3.5	0.0
Lambeth	0.6	0.6	(0.0)	5.2	5.2	(0.1)	0.0	5.2	0.0
Lewisham	0.5	0.5	0.0	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	0.5	0.5	(0.0)	3.8	3.7	(0.0)	1.9	0.6	1.2
<b>SEL ICB Total</b>	<b>4.4</b>	<b>4.3</b>	<b>(0.0)</b>	<b>25.4</b>	<b>26.6</b>	<b>1.2</b>	<b>12.1</b>	<b>13.0</b>	<b>1.5</b>

Forecast efficiencies by recurrence



Monthly phasing of efficiencies

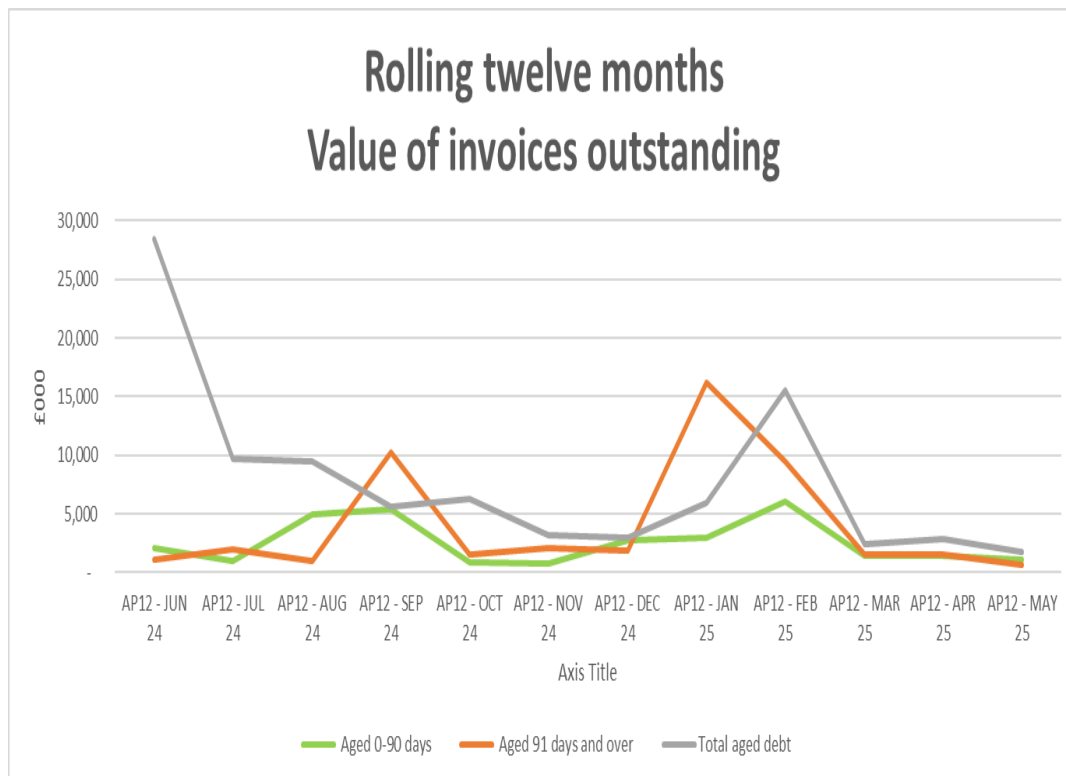


## 9. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date		
		Budget	Actual	Variance
	£	£	£	£
<b>Boroughs</b>				
Bexley	2,466,667	401,112	373,977	27,135
Bromley	3,073,060	530,677	458,950	71,727
Greenwich	3,030,610	529,101	518,324	10,778
Lambeth	3,202,049	551,175	475,201	75,974
Lewisham	2,773,243	468,207	424,835	43,372
Southwark	2,862,125	500,521	413,031	87,489
<b>Subtotal</b>	<b>17,407,754</b>	<b>2,980,793</b>	<b>2,664,318</b>	<b>316,475</b>
<b>Central</b>				
CESEL	437,482	72,914	30,978	41,935
Chief of Staff	2,912,328	485,388	433,646	51,742
Comms & Engagement	1,592,404	265,401	208,386	57,014
Digital	1,542,037	257,006	158,762	98,244
Digital - IM&T	2,965,644	494,274	430,555	63,718
Estates	615,590	102,598	124,667	(22,069)
Executive Team/GB	2,259,438	376,573	345,958	30,615
Finance	2,890,057	481,676	468,433	13,243
Medical Director - CCPL	1,566,501	256,584	214,162	42,421
Medical Director - ICS	235,647	39,274	56,172	(16,897)
Medicines Optimisation	3,714,176	619,029	555,872	63,157
Planning & Commissioning	7,761,074	1,293,512	1,079,809	213,703
Quality & Nursing	1,786,632	297,772	251,960	45,811
SEL Other (inc Apprenticeship Levy)	1,445,137	240,856	287,421	(46,564)
<b>Subtotal</b>	<b>31,724,147</b>	<b>5,282,857</b>	<b>4,646,782</b>	<b>636,075</b>
<b>Total</b>	<b>49,131,901</b>	<b>8,263,649</b>	<b>7,311,100</b>	<b>952,549</b>
Staff at risk			1,013,984	(1,013,984)
<b>Grand Total</b>	<b>49,131,901</b>	<b>8,263,649</b>	<b>8,325,084</b>	<b>(61,434)</b>

- The table below shows the YTD month 2 position on programme and running cost budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**circa £500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The ICB is reporting a broadly balanced position on its corporate costs (**YTD overspend of £61k**), with vacancies (**82.5 WTE**) within directorates currently largely offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.

## 10. 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	166	43	0	776	122	0	1,107
Non-NHS	262	314	0	51	1	0	628
Unallocated	0	0	0	0	0	0	0
<b>Total</b>	<b>428</b>	<b>357</b>	<b>0</b>	<b>827</b>	<b>123</b>	<b>0</b>	<b>1,735</b>

- The ICB has an overall debt position of **£1.7m** at month 2. This is **£0.6m lower** compared to last month due to effective debt control plus fewer invoices being raised at this point in the financial year. Of the current debt, there is £123k of debt over 3 months old which is an improvement on previous months. **The largest debtor values this month are in the main with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**
- The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger at some point in the future. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days.
- The top 10 aged debtors are provided in the table below:

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	NHS ENGLAND	585	3	585	-	3	-
2	NHS SOUTH WEST LONDON ICB	321	5	199	122	3	2
3	CHIESI LTD	274	3	274	-	3	-
4	SOUTHWARK LONDON BOROUGH COUNCIL	154	5	154	-	5	-
5	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	117	4	117	-	4	-
6	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	52	1	52	-	1	-
7	KINGS COLLEGE HOSPITAL NHS TRUST	52	1	52	-	1	-
8	GREATER LONDON AUTHORITY	50	1	50	-	1	-
9	BEXLEY LONDON BOROUGH COUNCIL	34	5	34	-	5	-
10	BROMLEY EDUCATION AND TRAINING H	25	2	25	-	2	-



# 11. Cash Position

- The overall Maximum Cash Drawdown (MCD) as at month 2 was **£4,450,668k**. The maximum cash drawdown (MCD) after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£3,725,923k**.
- As at month 2 the ICB had drawn down 16.3% of the available cash compared to the budget cash figure of 16.7%. The ICB has not needed to utilise the supplementary drawdown facility due to accurate cashflow forecasting.
- 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. The actual cash balance at the end of Month 2 was **£237k (0.07% of cash limit)**, well within the target set by NHSE (**£4,063k, 1.25%**). **The ICB expects to utilise its cash limit in full by the year end.**
- 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 targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

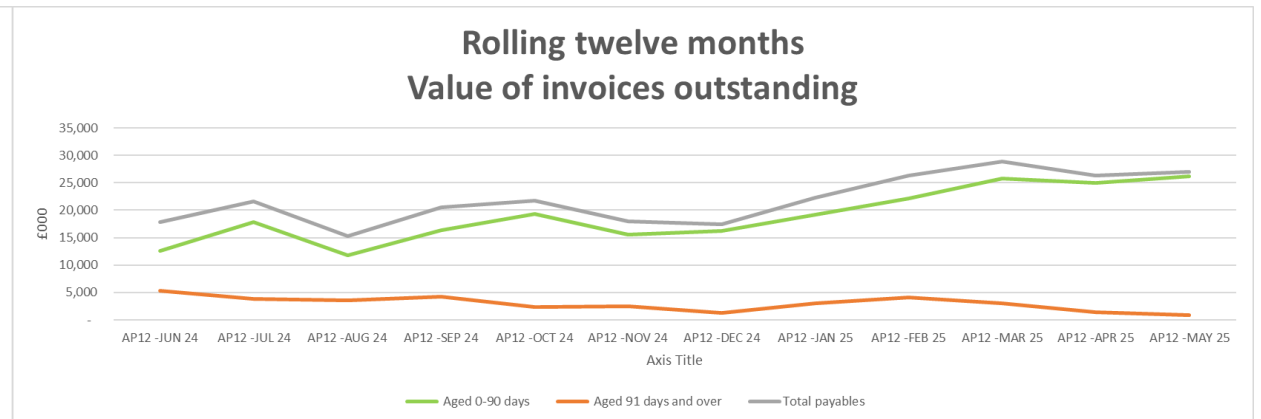
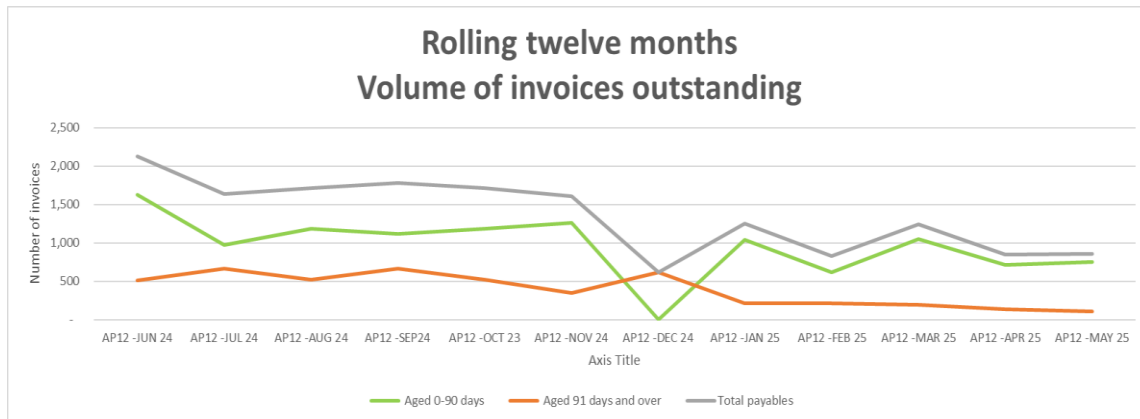
ICB	2024/25 AP2 - MAY 24	2024/25 AP1 - APR 24	2024/25 Month on month movement
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s
ICB ACDR	4,450,668	4,445,057	5,611
Capital allocation	0	0	0
Less:			
Cash drawn down	(665,000)	(340,000)	(325,000)
Prescription Pricing Authority	(44,844)	(22,301)	(22,543)
HOT	(303)	(133)	(171)
POD	(14,598)	(7,569)	(7,028)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift			0
<b>Remaining Cash limit</b>	<b>3,725,923</b>	<b>4,075,054</b>	<b>(349,131)</b>

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Jun-24	365,000	0	1,030,000		4,563		
Jul-24			1,030,000				
Aug-24			1,030,000				
Sep-24			1,030,000				
Oct-24			1,030,000				
Nov-24			1,030,000				
Dec-24			1,030,000				
Jan-25			1,030,000				
Feb-25			1,030,000				
Mar-25							
	<b>1,030,000</b>	<b>0</b>					

## 12. Aged Creditors

- The ICB will be moving to a new ledger ISFE2 at some point during 2024/25 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger. The table below shows that there are currently outstanding invoices with a total value of circa £1.0m, which are over 90 days, the majority of which are from non-NHS organisations – largely CHC. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers where required, so that invoices can be cleared.
- The graphs show that the volumes and values of items over 90 days are reducing. However, the value and volume of invoices under 90 days have increased slightly. As part of routine monthly reporting for 2024/25, high value invoices are being reviewed on a regular basis to establish if they can be settled quickly and budget holders are being reminded on a regular basis to review and clear their workflows.

Customer Group	Aged 0-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121-180 days £000	Aged 181+ days £000	Total £000
NHS	169	900	2,151	60	284	2	3,566
Non-NHS	14,120	4,323	4,481	154	230	188	23,496
<b>Total</b>	<b>14,289</b>	<b>5,223</b>	<b>6,632</b>	<b>214</b>	<b>514</b>	<b>190</b>	<b>27,062</b>



# 13. Mental Health Investment Standard (MHIS) – 2024/25

## Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 23/24 outturn by a **minimum of the growth uplift of 4.22% as set out in the 12 June Operating Plan, a target of £458,449k**. This spend is subject to annual independent review. For Month 3 the MHIS target for 2024/25 will be increased to reflect the recently agreed consultant wage award.
- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the 2024/25 SEL ICB MHIS Plan. We will be reporting on MHIS delivery from Month 3

## Risks to delivery

- We continue to see increasing spend on mental health, for example on S117 placements, and plans to mitigate this include improving joint funding panel arrangements and developing new services and pathways.
- There are pressures on learning disability placements budgets in some boroughs. Mitigating actions include review of LD cost per case activity across health and care to understand care package costs and range of providers, and planning for future patient discharges to agree funding approaches.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position, however there is significant and increasing independent sector spend, with a forecast of at least £2m, along with an increasing number of independent sector providers result from Right to Choose referrals. We are currently working with local providers to consider how to maximise resources and capacity to reduce local waiting times.

# 13. Summary MHIS Position – Month 2 2024/25

Mental Health (MH) Baseline Spend 2024/25		Total Plan 31/03/2025 Year Ending £'000	NHS Providers Plan 31/03/2025 Year Ending £'000	Non-NHS: Independent Sector (IS) Plan 31/03/2025 Year Ending £'000	Non-NHS: Voluntary Care Sector (VCS) Plan 31/03/2025 Year Ending £'000	Non-NHS: Other Non-NHS Plan 31/03/2025 Year Ending £'000	% of MHIS Spend Plan 31/03/2025 Year Ending %
<b>Mental Health Investment Standard Categories:</b>	<b>Category number</b>						
Children & Young People's Mental Health (excluding LD)	1	43,216	38,787	2,192	1,709	528	9.4%
Children & Young People's Eating Disorders	2	2,754	2,754	0	0	0	0.6%
Perinatal Mental Health (Community)	3	9,455	9,455	0	0	0	2.1%
Improved access to psychological therapies (adult and older adult)	4	35,049	28,590	0	0	6,459	7.6%
A and E and Ward Liaison mental health services (adult and older adult)	5	18,804	18,804	0	0	0	4.1%
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,806	12,806	0	0	0	2.8%
Adult community-based mental health crisis care (adult and older adult)	7	35,007	34,671	42	294	0	7.6%
Ambulance response services	8	1,149	1,149	0	0	0	0.3%
Community A – community services that are not bed-based / not placements	9a	120,135	107,711	1,259	9,494	1,671	26.2%
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,120	13,338	4,190	7,007	585	5.5%
Mental Health Placements in Hospitals	20	4,351	3,255	621	0	475	0.9%
Mental Health Act	10	6,155	0	4,937	0	1,218	1.3%
SMI Physical health checks	11	843	675	168	0	0	0.2%
Suicide Prevention	12	0	0	0	0	0	0.0%
Local NHS commissioned acute mental health and rehabilitation inpatient ser	13	124,698	124,698	0	0	0	27.2%
Adult and older adult acute mental health out of area placements	14	9,475	9,092	310	0	73	2.1%
<b>Sub-total MHIS (exc. All-age Continuing Care, prescribing, LD &amp; dementia)</b>		<b>449,017</b>	<b>405,785</b>	<b>13,719</b>	<b>18,504</b>	<b>11,009</b>	<b>97.9%</b>
<b>Other Mental Health Services:</b>							
Mental health prescribing	16	9,190	0	0	0	9,190	2.0%
Mental health All-age Continuing Care	17	242	0	242	0	0	0.1%
<b>Sub-total - MHIS (inc. All-age Continuing Care and prescribing)</b>		<b>458,449</b>	<b>405,785</b>	<b>13,961</b>	<b>18,504</b>	<b>20,199</b>	<b>100.0%</b>
Learning Disability	18a	13,144	11,634	1,223	0	287	
Autism	18b	3,766	1,676	771	0	1,319	
Learning Disability & Autism - not separately identified	18c	51,711	4,759	23,789	1,369	21,794	
<b>Sub-total - LD&amp;A (not included in MHIS)</b>	<b>i</b>	<b>68,621</b>	<b>18,069</b>	<b>25,783</b>	<b>1,369</b>	<b>23,400</b>	
Dementia	19	14,527	12,828	57	363	1,279	
<b>Sub-total - Dementia (not included in MHIS)</b>		<b>14,527</b>	<b>12,828</b>	<b>57</b>	<b>363</b>	<b>1,279</b>	
<b>Total Mental Health Spend</b>		<b>541,597</b>	<b>436,682</b>	<b>39,801</b>	<b>20,236</b>	<b>44,878</b>	

**Appendix B**  
**SEL ICS Finance Report**  
**Month 2 2024/25**

# Executive summary

- NHSE reduced the reporting requirement at M2, recognising the replanning exercise which was happening in parallel.
- This report uses the resubmitted 12 June final plan. At M2 the forecast outturn is set at the resubmitted plan figures, per NHSE guidance.

## Revenue

- The system is planning an aggregate deficit of (£100.0m). The 12 June plan submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB.
- The ICB £40.8m surplus consists of: a £4.8m stretch target for the ICB; £21.0m of agreed improvements to providers' positions; and an additional £15.0m stretch (King's), held in the ICB for planning purposes only.
- This plan includes a high level of risk, most significantly with trust plans targeting savings >4% of influenceable spend
- The recent Synnovis cyber attack and the planned junior doctors' strike are among other emerging material risks.
- At M2 the system is reporting a YTD deficit of (£41.5m), £7.8m adverse to the revised YTD plan of (£33.7m) deficit.

## Efficiencies

- At M2 the system has **delivered £24.4m of efficiencies YTD, £9.3m behind plan.**

## Capital

- The system capital plan is to spend the entire system allocation of £255.5m (inc. IFRS 16 uplift).

## I&E summary

- The system is **planning an aggregate deficit of (£100.0m)**. The 12 June submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB.
- The £40.8m surplus held in the ICB consists of: a £4.8m stretch target for the ICB; £21.0m of agreed improvements to providers' positions; and an additional £15.0m stretch required at King's, held in the ICB for planning purposes.
- At M2 the system is reporting a YTD deficit of (£41.5m), £7.8m adverse to the revised YTD plan of (£33.7m) deficit.**
- The main driver of the YTD variance is under delivery against CIP targets, including unidentified CIPs. Trusts are required to share recovery action plans ahead of M3 reporting.
- The £15m KCH stretch has been profiled in the ICB plan as M12, hence it does not generate a variance in M2. Although the ICB FOT equals plan, as per NHSE guidance, there is no plan for the ICB to deliver the £15m KCH stretch assumption that, for system planning purposes only, shows against the ICB plan.

	M02 Year-to-date			2023/24 Out-turn		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	(6.0)	(9.6)	(3.6)	0.0	0.0	0.0
KCH	(24.7)	(25.9)	(1.2)	(141.8)	(141.8)	0.0
LGT	(0.1)	(3.1)	(3.0)	0.0	0.0	0.0
Oxleas	0.2	0.2	(0.0)	1.0	1.0	0.0
SLaM	(3.9)	(3.9)	0.0	0.0	0.0	(0.0)
<b>SEL Providers</b>	<b>(34.5)</b>	<b>(42.3)</b>	<b>(7.8)</b>	<b>(140.8)</b>	<b>(140.8)</b>	<b>(0.0)</b>
<b>SEL ICB</b>	<b>0.8</b>	<b>0.9</b>	<b>0.1</b>	<b>40.8</b>	<b>40.8</b>	<b>0.0</b>
<b>SEL ICS total</b>	<b>(33.7)</b>	<b>(41.5)</b>	<b>(7.8)</b>	<b>(100.0)</b>	<b>(100.0)</b>	<b>(0.0)</b>

### Risk

- The plan includes a high level of risk, most significantly, provider plans targeting savings >4% of influenceable spend, national delays to the MCR programme, non-SEL contract revenue.
- Subsequent emerging risks include the recent Synnovis cyber attack and the planned junior doctors' strike are among other material risks.
- Given these uncertainties the system has not made an assessment on the financial impact of the risks at M2 or forecast.



# Provider run-rate analysis

Key data category	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M9	2023/24 M10	2023/24 M11	2023/24 M12	2024/25 M1	M2 (in-month)				M2 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last Year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Income	529.0	554.1	524.7	776.8	540.0	503.7	531.5	540.0	8.5	1,004.8	1,060.8	1,079.9	19.1	0	0.0%	75.1	7.5%
Agency	(8.6)	(8.8)	(8.5)	(7.3)	(8.2)	(9.2)	(8.9)	(8.2)	0.7	(18.6)	(17.4)	(16.4)	1.0	0.0	0.0%	2.2	(11.6%)
Other pay	(311.5)	(310.8)	(310.3)	(459.6)	(316.5)	(298.5)	(327.5)	(316.5)	11.1	(597.3)	(618.7)	(632.9)	(14.2)	0.0	0.0%	(35.6)	6.0%
Pay	(320.1)	(319.6)	(318.7)	(467.0)	(324.7)	(307.7)	(318.6)	(324.7)	(6.1)	(615.9)	(636.1)	(649.4)	(13.3)	0.0	0.0%	(33.5)	5.4%
Non-Pay	(212.1)	(229.6)	(220.9)	(265.3)	(229.2)	(214.1)	(222.8)	(229.2)	(6.4)	(426.3)	(444.8)	(458.4)	(13.6)	0.0	0.0%	(32.2)	7.5%
Non Operating Items	(6.4)	(11.6)	(7.7)	(13.8)	(7.2)	(8.7)	(7.5)	(7.2)	0.2	(17.5)	(14.4)	(14.4)	(0.1)	0.0	0.0%	3.1	(17.7%)
Surplus/(Deficit)	(9.7)	(6.7)	(22.5)	30.8	(21.2)	(26.8)	(17.4)	(21.2)	(3.8)	(54.9)	(34.5)	(42.3)	(7.8)	0.0		12.6	

- M2 financial reporting did not separate out M1 and M2 actuals, so they are presented here as half M2 YTD in each month.
- Despite being behind plan at M2 the provider YTD deficit of £42.3m is £12.6m better than at M2 in 2023/24.
- WTEs in M2 are lower than Ms 9 – 11 last year, but higher than M2 2023/24. Reported pay costs do not mirror the WTE reduction and are being investigated further.
- Notably agency spend is 11.6% lower than at M2 in 2023/24

## Workforce actuals

	Last 5 months					Current month		Analysis			
	2023/24 M9	2023/24 M10	2023/24 M11	2023/24 M12	2024/25 M1	M2 (in-month)		Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Actual	£/WTE	%	£/WTE	%
Substantive	52,820	52,906	53,052	53,151	52,975	51,855	52,867	(108)	(0.2%)	1,012	2.0%
Bank	5,093	5,396	5,222	5,582	4,850	5,143	4,970	120	2.5%	(173)	(3.4%)
Agency	1,198	1,255	994	1,016	1,224	1,295	1,169	(54)	(4.4%)	(125)	(9.7%)
Total WTE	59,112	59,557	59,268	59,749	59,048	58,292	59,006	(42)	(0.1%)	714	1.2%

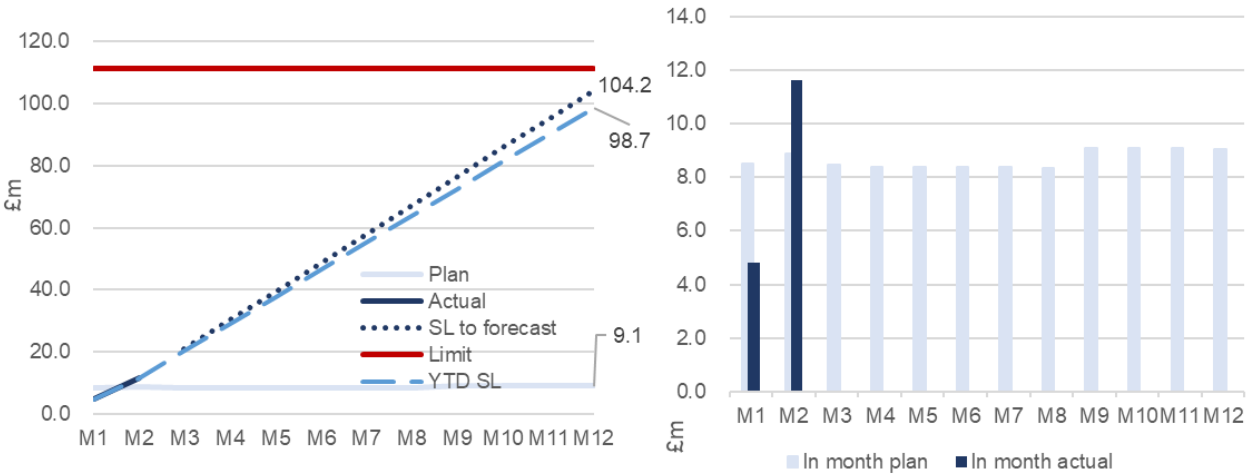
# System agency spending limit

- The system agency spending limit for South East London ICS for 2024/25 is £111.4m.
- The total planned agency spend for 2024/25 included in the June 12 plan submission is £104.2m, **£7.2m below the spending limit**.
- At M2 agency spend was **£1.0m less than planned YTD**

## Agency expenditure by organisation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	4.7	4.7	(0.1)	29.7	29.7	0.0
KCH	2.8	1.5	1.3	17.0	17.0	0.0
LGT	2.7	3.0	(0.3)	16.2	16.2	0.0
Oxleas	3.3	3.3	0.0	19.6	19.6	0.0
SLaM	3.9	3.9	0.0	21.6	21.6	0.0
SEL Providers	17.4	16.4	1.0	104.2	104.2	0.0
Agency spend limit	16%	15%	1%	111.4	111.4	7.2

## Profile of agency spend run-rate



# System capital expenditure

- **The total system capital allocation, before the impact of IFRS 16, for 2024/25 is £198.8m**, made up of £195.5m provider allocation and £3.3m ICB allocation. This allocation figure include the net impact of the £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS.
- The System has submitted a plan to spend its entire allocation. No forecasts were reported at M2 so the system is reporting forecast equal to the June 12 plan.
- At M2 the system has spent £17.5m YTD.

## Capital spend against system capital allocation excl. IFRS 16

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	8.3	8.3	0.0	92.4	92.4	0.0
KCH	0.2	0.2	0.0	45.0	45.0	0.0
LGT	6.2	6.2	0.0	36.9	36.9	0.0
Oxleas	1.4	1.4	0.0	12.0	12.0	0.0
SLAM	1.4	1.4	0.0	9.2	9.2	0.0
<b>SEL Providers</b>	<b>17.5</b>	<b>17.5</b>	<b>0.0</b>	<b>195.5</b>	<b>195.5</b>	<b>0.0</b>
<b>SEL ICB</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3.3</b>	<b>3.3</b>	<b>0.0</b>
<b>Total</b>	<b>17.5</b>	<b>17.5</b>	<b>0.0</b>	<b>198.8</b>	<b>198.8</b>	<b>0.0</b>
<b>Provider allocation</b>				<b>195.5</b>		<b>0.0</b>
<b>ICB allocation</b>				<b>3.3</b>		<b>0.0</b>
<b>System allocation</b>				<b>198.8</b>		<b>0.0</b>

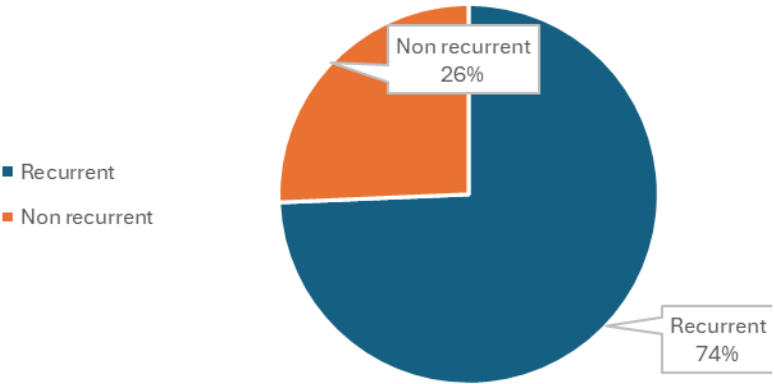
## Impact of IFRS 16 on Capital Charge – excluded from system allocation at M2

	Impact of IFRS 16		
	Plan	Forecast	Variance
	£m	£m	£m
GSTT	32.4	32.4	0.0
KCH	5.4	5.4	0.0
LGT	8.0	8.0	0.0
Oxleas	5.2	5.2	0.0
SLAM	1.5	1.5	0.0
<b>SEL Providers</b>	<b>52.4</b>	<b>52.4</b>	<b>0.0</b>
<b>SEL ICB</b>			<b>0.0</b>
<b>Total</b>	<b>52.4</b>	<b>52.4</b>	<b>0.0</b>

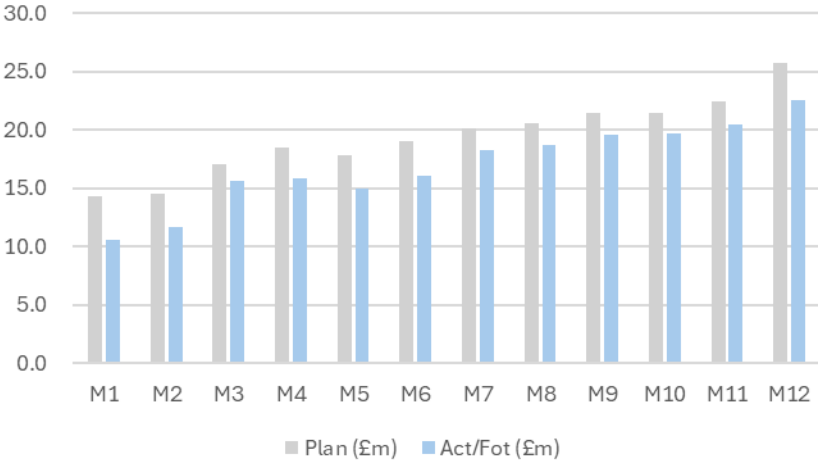
- For efficiency reporting in 2024/25 the system has established a scheme-level tracker collection process to be used as the basis for monthly reporting.
- This reporting does not yet fully reflect the 12 June operating plan submission. For example, the scheme level tracker does not record unidentified CIP plan targets.
- The June 12 plan contained planned efficiencies total £270.0m whereas the system is planning £234.6m in the trackers.
- Work will be carried out to provide clarity on efficiency control totals for reporting and create alignment to NHSE reporting.

	M2 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk			Full-year	
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High	Recurrent (FOT)	% of FOT
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
GSTT	8.1	5.0	(3.1)	73.9	62.4	(11.5)	32.1	24.8	5.5	53.2	86%
KCH	5.7	3.5	(2.2)	42.9	28.2	(14.8)	28.1	0.0	0.0	25.6	91%
LGT	7.3	6.5	(0.8)	44.5	42.1	(2.5)	30.2	7.5	4.4	31.1	74%
Oxleas	2.1	2.3	0.1	12.7	12.7	0.0	12.4	0.3	0.0	3.7	29%
SLaM	1.2	0.0	(1.2)	32.3	32.3	0.0	0.0	32.3	0.0	13.2	41%
Provider Total	24.5	17.3	(7.1)	206.4	177.6	(28.7)	102.8	64.9	9.9	126.8	72%
SEL ICB Total	4.4	5.0	0.6	25.4	26.6	1.2	12.1	13.0	1.5	26.6	100%
System Total	28.8	22.3	(6.5)	231.7	204.2	(27.5)	114.9	77.9	11.4	153.3	75%

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 8**

**Enclosure: F**

<b>Title:</b>	<b>Local Care Partnership Supplementary Performance Report</b>
<b>Author:</b>	Alison Rogers, Director of Integrated Commissioning (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley  Graham Tanner, Associate Director, Primary and Community Care (Bexley), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<p>This report is produced by NHS South East London Integrated Care Board (NHS SEL ICB) assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.</p> <p>The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.</p> <p>This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.</p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The report covers a range of metrics where Local Care Partnerships (LCPs) either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:</p> <ul style="list-style-type: none"> <li>• Areas of performance delegated by the ICB board to LCPs</li> <li>• Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs.</li> <li>• Metrics requested for inclusion by LCP teams</li> </ul> <p>The latest available report (May 2024) presents a balanced overall position for Bexley with performance at or very near target for most metrics. There was good news around SMI health check in Q4 with Bexley achieving 68.5% and exceeding the trajectory by 87. Learning Disability health checks also significantly exceeded the trajectory by 124.</p> <p>Performance is, however, below the required trajectory for:</p> <ul style="list-style-type: none"> <li>• Talking therapies (IAPT) – access</li> </ul>		

	<p>(Operating Plan <b>457</b> / Current Performance 305) Talking Therapies (IAPT) Recovery rate (Operating Plan 50% / Current Performance 49%)</p> <ul style="list-style-type: none"> <li>• Personal Health Budgets (Local trajectory <b>676</b> / Current Performance <b>667</b>)</li> <li>• Children Receiving MMR1 at 24 months (England average <b>89%</b> / Current Performance <b>86%</b>)</li> <li>• Children Receiving MMR1 at 5 years (England average <b>92%</b> / Current Performance <b>89%</b>)</li> <li>• Children Receiving MMR2 at 5 years (England average <b>84%</b> / Current Performance <b>82%</b>)</li> <li>• Children receiving DTaP/IPV/Hib % at 24 months (England average <b>93%</b> / Current Performance <b>92%</b>)</li> <li>• Children receiving pre-school booster (DTaPIPv%) % at 5 years (England average <b>83%</b> / Current Performance <b>82%</b>)</li> <li>• Children receiving DTaP/IPV/Hib % at 5 years (England average <b>93%</b> / Current Performance <b>89%</b>)</li> <li>• Patients with hypertension recorded as being treated in line with NICE Guidance (Corporate objective <b>70%</b> / Current Performance <b>66%</b>)</li> </ul> <p><b>Appendix 1</b> provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/ Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	The Bexley Wellbeing Partnership is recommended to:	

- |  |   |
|--|---|
|  | (i) Note the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based for the latest reporting period. |
|--|---|



**Appendix 1 – Bexley Wellbeing Partnership: Local Care Partnership Performance Exception r=Report**

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
<b>IAPT Access</b>	March 24	457	305	↑	<p>The March 2024 trajectory for IAPT access was not achieved by any of the six boroughs in NHS South East London Integrated Board (NHS SEL ICB) Bexley was one of two boroughs with an upward trend this quarter</p> <p>Service leads have previously raised concerns about their ability to meet the agreed 2023/24 access target, with reduced capacity due to the level of vacant positions and the recruitment process of new Psychological Wellbeing Practitioner (PWP) Trainees into post.</p> <p>They have also identified an increase in requests for face-to-face appointments.</p>	<p>This target has been discontinued in 2024/25.</p> <p>The focus will now be on the number of people receiving effective courses of treatment. That will be based on the number of people who have a course of treatment (2+ contacts) and of those the number achieving <b>reliable recovery</b> and <b>reliable improvement</b>. The targets look likely to be at least 48% and 67% respectively.</p>
<b>IAPT Recovery</b>	March 24	50%	49%	↓	<p>Bexley performance slipped 1% below target in the last month of the year.</p>	<p>As above the definition of recovery is changing in 24/25</p>
<b>Personal Health Budgets</b>	Q4 23/24	667	676	↑	<p>As part of the NHS Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24.</p>	<p>There is no further update since the last report when Bexley fell just 9 short of the quarterly targets, achieving <b>99%</b> of the required 676 PHBs.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
<b>Childhood Immunisations, including:</b>  Children Receiving MMR1 at 24 months Children Receiving MMR1 at 5 years Children Receiving MMR2 at 5 years Children receiving DTaP/IPV/Hib % at 12 months Children receiving DTaP/IPV/Hib % at 24 months Children receiving DTaP/IPV/Hib % at 5 years Children receiving pre-school booster at 5 years	See main report for detail	See main report for detail	See main report for detail	<div>↓</div> <div>=</div> <div>=</div> <div>↓</div> <div>↑</div> <div>↑</div> <div>↑</div>	<p>NHS SEL Integrated Care System has a strong strategic drive to reduce inequalities through a focus on prevention and well-being. Vaccination and Immunisation are key priorities within this strategy. There are 10 high impact actions</p> <ul style="list-style-type: none"> <li>• Call &amp; Recall</li> <li>• Making every contact count</li> <li>• Up to date on latest information about vaccines</li> <li>• Making it easy to make appointments</li> <li>• Understanding data &amp; insights including inequalities in uptake</li> <li>• Tailor messages &amp; information to our population</li> <li>• Utilise all available assets in the boroughs</li> <li>• Early engagement Evaluation</li> </ul> <p>Since the last report, were Bexley saw an upward trend in all the reported performance metrics (except MMR1 at 24 months), the improvement position has been maintained in 3 vaccine areas and improved on in an additional 2.</p> <p>However, Qtr.4 reported figures show a decrease of 2% for MMR1 uptake at 24 months. This is downward trend is of particular</p>	<p>The borough Immunisation Coordinator works closely with practices to support improvement in uptake. Key actions include the timely &amp; regular distribution of vaccination programme updates at meetings/via written communications with the aims of:</p> <ul style="list-style-type: none"> <li>• Raising awareness on programme changes &amp; signposting to associated supporting resources &amp; toolkits</li> <li>• Publicising training opportunities</li> <li>• Encouraging staff to build a library of resources &amp; knowledge to support healthy conversations with patients who are unsure about accepting a vaccine offer</li> </ul> <p>Following approval at the Primary Care Delivery Group on 06.09.2023 Bexley has now aligned with the other SEL boroughs and adopted an accelerated schedule for the delivery of the 2<sup>nd</sup> dose of MMR2 at 18 months, from 1<sup>st</sup> November 2023.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>concern when overlaid with the measles outbreak situation in London.</p> <p>The position in Bexley is strong when compared to the other SEL boroughs and the London picture. However, we are below England averages and the WHO target of 95% coverage for all childhood immunisation programmes.</p>	Response actions are in-train, focusing on North Bexley where coverage of all routine childhood immunisations is lowest. Actions include targeted communications to early years settings, PVIS and schools, together with a review of access and booking process for GP practice vaccination appointments. Capacity for MMR vaccination of 5yrs to 19yrs 364days will be boosted by a NHSE programme (time limited) for a small number of Community Pharmacies to deliver MMR vaccination. Belvedere Pharmacy and Aspire Pharmacy are currently being on-boarded
<b>Management of hypertension treated to NICE Guidance</b>	Q1 2/25	National Operating Plan Target: 80%	65.2%	↓	<p>The National Operating Plan has increased the target for the percentage of patients with hypertension treated to NICE guidance to 80% for 2024/25, in 2023/24 the target was 77%.</p> <p>At the end of 2023/24, SEL achieved an average of 64%, Bexley also achieved an average of 64%, although this ranged from PCN averages of 74% - 58%.</p>	Management of hypertension features prominently within the Primary Care Network (PCN) Directed Enhanced Specification (DES) for 2024/25 and as such all PCNs are funded to improve diagnosis of patients with hypertension, in line with NICE guideline NG136 and also to undertake activity to improve coverage of blood pressure checks, including opportunistic checks, targeted

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.</p>	<p>outreach and improved join up with Community Pharmacy.</p> <p>CESEL (Clinical Effectiveness South East London) continue their work to improve hypertension management in primary care through producing data packs showing practice and Primary Care Network (PCN) variation, meeting practices and supporting them to identify hypertension improvement priorities and associated actions, and facilitate sharing of best practice across and between PCNs.</p> <p>The north of Bexley is the area with the lowest achievement, and this will be raised through the Local Care Network to agree actions required to make improvements – this is an integral part of health inequalities. The Long-term Conditions Clinical Care &amp; Professional leads will also be asked to prioritise this piece of work – raising awareness with primary care and supporting with mitigating actions.</p> <p>CESEL, Health Innovation Network (HIN), and the South</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						London Cardiovascular Network (Cardiac ODN) continue to work together to support PCNs and practices in SEL to deliver the best possible hypertension care to their patients and achieve the targets set through the Quality Outcomes Framework and PCN DES.

# Bexley Wellbeing Partnership Local Care Partnership Performance Data Report

June 2024

**Agenda Item: 8**

**Enclosure: F(i)**

## Introduction and summary

Overview of report

[PAGE 3](#)

Performance overview

[PAGE 4](#)

## Reported metrics

Dementia

[PAGE 6](#)

IAPT

[PAGE 7](#)

SMI physical health checks

[PAGE 8](#)

Personal health budgets

[PAGE 9](#)

NHS Continuing health care

[PAGE 10](#)

Childhood immunisations

[PAGE 11](#)

Learning disability and autism

[PAGE 13](#)

Cancer screening

[PAGE 14](#)

Hypertension

[PAGE 16](#)

Flu vaccination rate

[PAGE 17](#)

Primary care access

[PAGE 19](#)



## Summary:

- This report is produced by the SEL ICB assurance team and is intended to be used by LCPs as part of their local assurance processes.
- The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.
- This report is intended to be used by the responsible LCP committee/sub-committee to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.

## Contents and structure of report:

- The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:
  - Areas of performance delegated by the ICB board to LCPs
  - Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities LCPs.
  - Metrics requested for inclusion by LCP teams

## Structure

- A dashboard summarising the latest position for the LCP across all metrics is included on page 4
- This is followed by a series of more detailed tables showing performance across south east London with explanatory narrative
- Metrics are RAG rated based on performance against national targets, agreed trajectories or national comparators (where included in the tables). Arrows showing whether performance has improved from the previous reporting period is also included.

# Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	May-24	National standard	67%	70%
IAPT access	↑	Mar-24	Operating plan	457	305
IAPT recovery rate	↓	Mar-24	National standard	50%	49%
SMI Healthchecks	↑	Q4 - 23/24	Local trajectory	1187	1274
PHBs	↑	Q4 - 23/24	Local trajectory	676	667
NHS CHC assessments in acute	↓	Q4 - 23/24	National standard	0%	0%
CHC - Percentage assessments completed in 28 days	↓	Q4 - 23/24	Local trajectory	70%	71%
CHC - Incomplete referrals over 12 weeks	↓	Q4 - 23/24	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q4 - 23/24	England average	89%	84%
Children receiving MMR1 at 5 years	↑	Q4 - 23/24	England average	92%	89%
Children receiving MMR2 at 5 years	↑	Q4 - 23/24	England average	85%	82%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q4 - 23/24	England average	91%	92%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q4 - 23/24	England average	93%	91%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↑	Q4 - 23/24	England average	84%	83%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q4 - 23/24	England average	93%	91%
LD and Autism - Annual health checks	-	Apr-24	Local trajectory	47	37
Bowel Cancer Coverage (60-74)	↑	Nov-23	Corporate Objective	67%	72%
Cervical Cancer Coverage (25-64 combined)	↑	Mar-24	Corporate Objective	69%	72%
Breast Cancer Coverage (50-70)	↑	Nov-23	Corporate Objective	57%	69%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 23/24	Corporate Objective	70%	66%
Flu vaccination rate over 65s	-	Feb-24	Previous year	74%	74%
Flu vaccination rate under 65s at risk	-	Feb-24	Previous year	44%	38%
Flu vaccination rate – children aged 2 and 3	-	Feb-24	Previous year	37%	37%
Appointments seen within 2 weeks	-	Apr-24	Operating plan	88%	88%
Planned number of general practice appointments	-	Apr-24	-	-	101,856

# Performance data

**SEL context and description of performance**

- The 2024/25 priorities and operational planning guidance identifies improving quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 as a National NHS objective. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence
- South east London, as a whole, is achieving this target. During 2023/24, SEL performance has varied between 68.3% and 69.8%.
- There is, though, considerable variation between boroughs. Greenwich did not achieve the target in May 2024 (or during 2023/24).
- Waiting times from referral to diagnosis continue to be high. The average waiting time from referral to diagnosis within SLaM memory services in March was 99 days and 119.6 days within the Oxleas services.

		May-24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate	66.7%	70.3%	69.6%	63.4%	76.2%	69.3%	70.9%	69.9%
Trend since last report	-	↓	↑	↑	↑	↑	↓	↑

\*Nationally reported borough-level dementia diagnosis rates are aggregated based on the postcode of individual GP practices mapped to UTLAs. This does not map exactly to NHS geographies. This means that a single Lambeth practice is included as part of the figures for Southwark.

## SEL context and description of performance

- The tables below show the year end 2023/24 position for IAPT access and IAPT recovery rate vs operating plan trajectories and national standards.
- The trajectory for IAPT access was not achieved in SEL ICB during 2023/24.
- The 50% IAPT recovery rate was met in March 2024. Four of six individual IAPT services reported recovery rates above the required 50%.
- The 6 and 18 weeks waits targets have been routinely achieved by the services. However, for the number of people who have waited more than 90 days between first and second appointments remains a challenge for all services.
- Talking therapies service are working on plans to achieve targets for the new 2024/25 monitoring metrics . Service leads have stated that the new targets will require teams to work differently going forward. There will be a greater focus on more complex referrals and upscaling of some step 3 services. Metrics for 2024/25 are as follows:
  - Talking Therapies – patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment
  - Talking Therapies – Reliable Improvement Rate
  - Talking Therapies - Reliable Recovery Rate
- There have been delays in the publishing of data for some mental health metrics resulting from the implementation of MHSDS v6. This is expected to be resolved in August 2024.

Metric	Mar-24						
	Mind in Bexley	Bromley Healthcare	Greenwich – Oxleas	Lambeth	Lewisham	Southwark	SEL
IAPT access	305	455	460	850	645	785	3520
Trajectory	457	674	624	1118	905	966	4744
Trend since last report	↑	↓	↓	↓	↓	↑	↓

Metric	Target	Mar-24						
		Mind in Bexley	Bromley Healthcare	Greenwich – Oxleas	Lambeth	Lewisham	Southwark	SEL
IAPT recovery rate	50.0%	49.0%	46.0%	51.0%	53.0%	52.0%	51.0%	51.0%
Trend since last report	-	↓	↓	↑	↑	↔	↑	↔

## SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved at the end of 2023/24.
- All LCPs have significantly improved their position delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.
- As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024 25 has been agreed for south east London.
- A deep dive with recommendations to improve performance has been produced by the central SEL mental health teams and shared with place-based teams via the SMI PHC Task and Finish Group.
- The Health Innovation Network (HIN) are hosting a programme which aims to correlate the annual physical health checks conducted by Oxleas and SLaM to the patients' registered GP. The purpose of this is to avoid duplication and identify patients who have not received any checks. A Data Protection Impact Assessment is in place for this programme.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q4 - 23/24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	1274	1528	2012	3509	2769	2827	13919
Trajectory	1187	1578	2069	3255	2915	2495	13500
% of current SMI register	68.5%	60.7%	62.2%	67.6%	60.7%	71.5%	65.3%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

## SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. To support LCP and ICB in year tracking of delivery towards the overall LTP annual plan for SEL, quarterly trajectories were shared with LCP PHB leads.
- The total number of PHBs that had been in place YTD to end of Q4 2023/24 was 3,777 which was below the overall SEL ICB Q4 trajectory of 4,926. There is large variation in individual LCP level performance.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a 'right to have' since December 2019, but this still needs implementing through SLAM and Oxleas.
- Preventative small PHBs are being introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. In Bromley, an offer of a PHB will be introduced alongside annual health checks for people with LD&A, linking into social prescribing to provide additional support.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS.

	Q4 - 2023/24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	667	1089	805	465	258	472	3777
Trajectory	676	966	837	934	773	741	4926
Trend since last report	↑	↑	↑	↑	↑	↑	↑



## SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases. A recovery trajectory for SEL has been agreed with NHSE/ICB
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- Borough teams are progressing a collective plan to address the backlog of CHC Standard and fast track reviews. Pre-mobilisation process is underway and expected to complete by mid-July.

		Q4 - 23/24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	1.0%
Trend since last report	-	↓	↓	↔	↔	↓	↓	↓

		Q4 - 23/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		71%	86%	95%	53%	66%	61%	72%
Trajectory	70%	70%	70%	70%	70%	70%	70%	70%
Trend since last report		↓	↓	↑	↓	↑	↓	↓

		Q4 - 23/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	0	0	1	0	0	1
Trajectory	0	0	0	0	0	0	0	4
Trend since last report		↓	↔	↔	↑	↓	↔	↓

# Childhood immunisations (1 of 2)

## Description of metric and SEL context

- Vaccination saves lives and protects people's health. It ranks second only to clean water as the most effective public health intervention to prevent disease. Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death. South East London and our 6 local care partnerships recognise this in the ICS Strategic Priorities and our Joint Forward Plan.
- South East London ICB has recently refreshed its Vaccination and Immunisation Strategy and has embedded within the six boroughs an approach to increase uptake by developing trust and confidence in the childhood immunisation programme with local communities.
- Since December there has been a number of reported cases of measles across the country resulting in a national and regional response. South East London boroughs and programme team are co-ordinating and aligning plans across the system in response to the concerns. A full report detailing the position and proposed actions was agreed at the ICB Executive Committee in February. Actions include: SRO/director level attendance at the weekly London IMT meeting; production of a weekly sitrep feeding up to London IMT; A sub-group of the SEL board is meeting on a weekly basis with borough leads, public health, communications and primary care leads to co-ordinate the local response and to support local plans. Each borough has produced a local action plan and are using their local place level vaccination groups to support delivery.
- The following tables provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position. The World Health Organisation (WHO) has a target of 95% coverage for all childhood immunisation programmes. The NHS oversight framework also has a target of 95% coverage for MMR2 at 5 years old. Neither of these targets are being achieved.

Q4 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	83.8%	87.3%	86.0%	83.5%	84.2%	84.5%	84.9%	81.4%	88.7%
Trend since last report	↓	↓	↓	↓	↓	↓	↓	↑	↑

Q4 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	89.0%	92.0%	86.3%	84.6%	85.8%	86.7%	87.4%	85.2%	92.1%
Trend since last report	↑	↓	↓	↓	↓	↓	↓	↓	↓

Q4 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	82.1%	87.4%	78.8%	77.8%	79.3%	81.1%	81.2%	73.6%	84.7%
Trend since last report	↑	↑	↓	↓	↑	↑	↑	↔	↑

# Childhood immunisations (2 of 2)

	Q4 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	91.8%	91.0%	85.3%	88.0%	89.5%	85.6%	89.1%	85.8%	91.1%
Trend since last report	↓	↑	↓	↑	↑	↓	↑	↓	↓

	Q4 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90.6%	91.1%	88.8%	89.0%	89.0%	87.2%	89.1%	87.5%	92.5%
Trend since last report	↓	↓	↓	↓	↓	↓	↓	↓	↓

	Q4 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	82.7%	85.9%	77.8%	75.5%	77.6%	77.3%	79.5%	73.1%	83.6%
Trend since last report	↑	↑	↓	↓	↑	↑	↑	↔	↑

	Q4 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	91.0%	92.6%	88.3%	87.8%	87.0%	87.8%	89.1%	87.2%	93.0%
Trend since last report	↑	↓	↓	↓	↓	↓	↓	↓	↔

## SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective.
- SEL achieved the 2023/24 plan with 7,104 health checks delivered against a plan of 6,018. The SEL plan for 2024/25 is to deliver a minimum of 6,600 health checks.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- There is an LDA Clinical and Care Professional Lead (CCPL) supporting AHCs.
- Five of the six boroughs are implementing an AHC co-ordinator role for 12 months. Increasing the number of people on registers by finding “the missing” will allow more people with a learning disability to access AHCs
- As outlined in the operational planning guidance, actions for 24/25 will include:
  - Increasing the size/numbers on learning disability registers across all boroughs – supported by specialist LDA prescribing advisors, workforce training in learning disability and or autism.
  - Ensuring that health action plans are developed from each annual health check – supported by a focus on providing good quality health checks and recording of health action plans.

Mar-24 (M12 2023/24)							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	909	1017	1271	1383	1500	1024	7104
Trajectory	785	963	1036	1140	1204	890	6018

Apr-24 (M1 2024/25)							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	37	40	81	85	62	53	358
Trajectory	47	49	64	66	77	50	339

### SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.
- There are a number of challenges to achieving improvements across the programmes, including:
  - Mistrust of NHS services
  - Fear of cancer and a positive diagnosis
  - Health beliefs and ‘fatalism’
  - People with disabilities and non-English speakers have lower uptake.
- Programme specific challenges include:
  - **Breast screening** - Test requires attendance at unfamiliar locations
  - **Bowel screening** - Acceptance of test and a reluctance to take sample of ‘poo’
  - **Cervical screening** – Discomfort of test. Younger patients joining the eligible cohort are increasingly likely to have had HPV vaccination and therefore may find less value in cervical screening (a national trend).
- The network contract DES for Supporting Early Cancer Diagnosis specifies a number of requirements/recommendations for PCNs
- SEL cancer facilitators are working with practices to provide specialist, individualised intervention resources

### SEL context and description of performance

- Bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. As part of the corporate objective setting an ambition to achieve 67.3% by March 2024 has been set.
- Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. The ambition set in the corporate objectives is to achieve 68.5% by March 2024.
- Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%. The ambition set in the corporate objectives is to achieve 56.7% by March 2024.
- NOTE: Due to lag in national reporting, local data from the SEL BI cancer screening dashboard is shown below.

		Nov-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	71.9%	74.6%	64.1%	61.1%	62.0%	61.0%	66.2%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑

		Mar-24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	68.5%	71.7%	74.0%	65.8%	62.9%	67.6%	64.0%	67.0%
Trend since last report	-	↔	↔	↔	↑	↔	↑	↔

		Nov-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	69.1%	71.9%	56.7%	54.9%	56.6%	55.2%	60.9%
Trend since last report	-	↑	↔	↓	↓	↔	↑	↔

## SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective. The board agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% (2023/24 operational plan target) as soon as possible.
- The percentage of patients managed to NICE guidance fell in quarter one in all boroughs. However, performance improved across all boroughs in quarter three and the latest aggregate position is 65.4% for south east London.
- Prior to Q1 2023/24, there had been consistent improvement in the level of hypertension control as part of the process of Covid recovery. The achievement variation between practices, PCNs and boroughs persists.
- The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for south east London. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 80% over a 2 year time period (i.e. by end March 2026)
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.
- All boroughs have access to the BP at home and community pharmacist schemes.
- All boroughs receive facilitator visits from CESEL and have access to QI data. The SEL LTC team role is to convene, coordinate, support and inform LCPs
- People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

		Q3 - 23/24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	69.7%	65.7%	66.7%	65.7%	66.2%	59.6%	68.1%	65.4%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑



## SEL context and description of performance

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 are as follows: improve the vaccination rate of people aged over 65 to 73.7% (an increase of 5 percentage points from 2022/23), improve the vaccination rate for people under 65 at risk to 46.0% (increase of 6 percentage points from 2022/23). These ambitions are based on the nationally published data.
- The SEL ICB Vaccination and Immunisation Board has co-produced a strategy which outlines the approach and the principles we will collectively take to tackling the uptake of all types of vaccinations. Recognising the roles that different parts of the system will need to take to develop the trust and confidence in our communities.
- Each borough has a winter vaccination plan and a dedicated group focusing on delivery and uptake in SEL's core 20 plus 5 population. Plans identify areas where populations are most at risk of inequalities (of access, experience and outcomes), and addresses these.
- The SEL vaccination dashboard is updated daily and is available to teams to support planning of outreach and engagement events.
- The table below summarises the SEL position of the two adult cohorts included in the corporate objectives, and the children aged 2 and 3 cohort.
- An indicative planning trajectory for SEL to reach the corporate ambition (this is based on the improvement needed from 22/23) is included as a comparator.
- The next slide also provides the LCP level uptake.

Metric	SEL summary		
	Over 65s	Under 65s at risk	All aged 2 and 3
29/02/2024	66.8%	34.5%	40.6%
Indicative SEL planning trajectory to reach corporate objective ambition	73.7%	46.0%	N/A

## Borough level uptake

- The following tables provide the individual borough level flu vaccination uptake based on the most recent ImmForm data.
- The uptake for the same period in 2022/23 is provide as a comparator

Vaccination rate over 65s: 29 Feb 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	73.5%	75.7%	66.0%	58.0%	58.0%	60.6%	66.8%
2022/23	74.3%	78.3%	67.5%	59.6%	59.6%	63.2%	68.7%

Vaccination rate of under 65s at risk: 29 Feb 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	37.6%	40.2%	36.1%	30.9%	30.6%	33.7%	34.5%
2022/23	43.6%	47.5%	42.2%	35.6%	35.3%	38.8%	40.0%

Vaccination rate children aged 2 and 3: 29 Feb 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	36.9%	50.8%	39.5%	38.6%	39.2%	37.8%	40.6%
2022/23	37.3%	49.9%	39.7%	37.1%	38.0%	38.2%	40.3%

## SEL context and description of performance

- The 2024/25 Priorities and Operational Planning guidance identifies the following as a national objective for 2024/25:
  - Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
  - Planned number of general practice appointments.
  - Percentage of patients whose time from booking to appointment was two weeks or less for appointment types not usually booked in advance.
- In April 2024, SEL met the trajectory for the number of general practice appointments and was very close to achieving the planning trajectory for appointments seen within 2 weeks (87.9% vs 88.0%).

		Apr-24						
Metric	Planning trajectory	SEL	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Appointments seen within 2 weeks	88.0%	87.9%	87.7%	83.1%	90.8%	92.0%	83.3%	89.0%

		Apr-24						
Metric	Planning trajectory	SEL	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Appointments in general practice and primary care networks	623,703	743,642	101,856	130,647	119,498	163,844	111,643	116,154
Appointments per 1,000 population	-	356	393	365	370	381	313	323

**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 9**

**Enclosure: G**

<b>Title:</b>	<b>Place Risk Register</b>
<b>Author/Lead:</b>	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite Place Executive Lead (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley

<b>Purpose of paper:</b>	<b>To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The Bexley Place risk register is currently reporting 6 open risks specifically relating to borough activities. The risks have been updated in lieu of the new financial year.</p> <p>The risks principally arise due to three issues – lack of capacity to support community and discharge demand, Primary care insecure lease arrangements and the risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2024/25.</p> <p>The risks are reviewed monthly by the borough Senior Management Team. Where risks impact across several boroughs they are also recorded on the NHS South East London Integrated Care Board (NHS SEL ICB) corporate risk register. The Senior Management Team also review the place comparative risks which assesses risks from each of the 6 SEL Boroughs.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest.		
<b>Other Engagement</b>	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing Partnership Committee at their meetings held in public.	

	Other Committee Discussion/ Engagement	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on actions taken by other committees in relation their specialty associated risks.</p>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> <li><b>(i) Review the risks and consider the mitigations detailed.</b></li> <li><b>(ii) Assess whether, in the committee's view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken.</b></li> <li><b>(iii) Note that work on identification and management of risks is ongoing.</b></li> </ul>	

## Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 25<sup>th</sup> July 2024

### 1. Introduction

NHS South East London Integrated Care Board (NHS SEL ICB) manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

### 2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four tier process comprising:

- Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.
- The opportunity **to benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.
- Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.
- Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

### 3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with a plan to further discuss on a one-to-one basis with the risk owner through a facilitated conversation led by the local governance and business support team.

The committee is asked to note the following:

- Of the six risks on the boroughs risk register, two are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the six risks on the Place based risk register:
  - **Six** risks are rated as “high” (amber) after mitigations are put in place.

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.

For further details on the risks, please see the below Bexley risk register in full.

#### **4. Proposed actions for the committee**

In relation to the above, the committee is recommended to consider the following actions:

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.
- Continued focus on the one risk that remains “extreme” (i.e. scored at 15 or over as their current rating) as a priority.

Rianna Palanisamy  
Borough Governance Lead, Bexley  
NHS South East London Integrated Care Board

17<sup>th</sup> July 2024

## Bexley Risk Register @ 17.07.2024

Bexley Place Risk Register

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
450	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on the ED and elective performance of our acute partners as well as the best outcomes for residents.	16	Commencement of winter planning earlier in the year, Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment, Identification of key programmes requiring long-term funding to incorporate into planning rounds, Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing	12	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.	Control over national guidance Currently no identified/agreed estates solutions to mitigate current risks., Lack of clearly defined estates strategies at PCN/LCN level which makes it harder to assess the validity and implications of 'solutions' proposed by the affected practices, It is suspected that a number of Partnership Agreements including the property ownership and or lease agreements are not up-to-date and signed by all partners.	9
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate.		8
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase NCSO/price concessions and Category M 2- Reduced capacity in the team to implement in year QIPP schemes by borough medicines optimisation teams due to a reduction in WTE following MCR. 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget.	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership ; Bexley Wellbeing Executive ; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
546	Risk that expenditure for continuing health care services will exceed the 24/25 set budget despite additional cost pressure funding received. The growth funding received is lower than FNC & AQP rates and non AQP providers are requesting even higher rates of an average of 8% against a 2.41% growth funding. Also, increase in home care providers rates for possible providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	12			9
547	There is a risk that Bexley Place will not achieve the required level of savings which may cause overspends on its delegated budget resulting in the Place Executive not managing within the delegated resources. If this crystallises, it will also impact the ability of the ICB to achieve it's statutory duties and deliver its financial target.	9	Efficiency schemes have been identified at a level of 5% above target to allow for slippages. Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings throughout the financial year.	9			6
548	There is a risk that Bexley Place will overspend against it's delegated budget and not deliver a balanced budget in 2024/25 financial year. This is due to possible cost pressures within the prescribing and continuing health care budgets. If this materialises, it will impact the ICB ability to deliver it's statutory financial duties of a balance budget.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	12			9



**Bexley Wellbeing Partnership Committee**

**Thursday 25<sup>th</sup> July 2024**

**Item: 13**

**Enclosure: H**

<b>Title:</b>	<b>Place Executive Lead Report</b>
<b>Contributors:</b>	<p>Patrick Gray, Communications &amp; Engagement Manager, NHS South East London Integrated Care Board</p> <p>Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley Council</p> <p>Graham Tanner, Associate Director – Primary and Community Based Care, NHS South East London Integrated Care Board</p> <p>Taher Esfandiari, Assistant Director of Medicines Optimisation (Bexley), NHS South East London Integrated Care Board</p> <p>Simon Beard, Associate Director of Corporate Operation, NHS South East London Integrated Care Board</p>
<b>Executive Lead:</b>	<p>Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board</p> <p>Sarah Cottingham, Deputy Chief Executive Officer and Director of Planning, NHS South East London Integrated Care Board</p>

<b>Purpose of paper:</b>	<p>The purpose of the Place Executive Lead report is to provide the Bexley Wellbeing Partnership Committee with an update on key activities taking place across the partnership.</p> <p>In addition to providing information on the cyber-attack on Synovia, the pathology provider for the majority of south east London's NHS, in early June 2024</p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The report highlights key activities of the partnership and outlines the background, response and recovery effort, impact on patient care, impact on patient data and next steps in relation to the cyber-attack.</p>		
<b>Potential Conflicts of Interest</b>	<p>This report is for information only.</p>		
<b>Other Engagement</b>	Equality Impact	Impacts known so far are detailed in the paper.	
	Financial Impact	Impacts known so far are detailed in the paper.	
	Public Engagement	<p>The update on the recent cyber-attack is provided for information at the Bexley Wellbeing Partnership Committee meeting in public for the purposes of transparency.</p>	

	Other Committee Discussion/Engagement	<p>Bexley Health &amp; Wellbeing Board, Thursday 20<sup>th</sup> June 2024</p> <p>South East London Integrated Board meeting in public, Wednesday 17<sup>th</sup> July 2024</p>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) <b>To note the Place Executive Leads report.</b></p>	

## Place Executive Lead Report

### 1. SEL Pathology Services Cyber Attack

- 1.1 Synnovis, the pathology laboratory which processes samples on behalf the majority of NHS organisations in south east London (SEL), suffered a ransomware cyber-attack on the 3 June 2024. A ransomware attack is a criminal action that encrypts the data held in a system.
- 1.2 This had a significant impact on all services requiring pathology within South East London including our acute hospitals, primary and community care and our mental health services.
- 1.3 As a result, due to the scale of the incident and its impact on patient care, a Level 3 critical incident was declared by affected providers and NHS England London Region, recognising the scale of the incident and its impact. It also recognised the fact that managing the consequences would require inputs from the national team with regards the cyber incident, regional coordination around mutual aid to support service delivery as well as a local incident management response.
- 1.4 In terms of incident management, NHS England has taken a lead in working with the National Cyber Security Team and Synnovis to undertake an investigation into the incident. NHS England London region and the SEL ICB have then coordinated the London and SEL wide incident management and associated action across other areas, with a particularly focus on the impact on operational delivery and activity of the incident, noting this is across pathology services but has also impacted other diagnostic and treatment services.

### 2. Response and service recovery

- 2.1 Following the attack and during the initial 7-10 days there was a major reduction in the level of SEL pathology services available to the NHS, as there was a need to move to a manual process for pathology ordering, testing and sending of results, with some services experiencing a 90% reduction in the number of pathology tests that could be processed for them.
- 2.2 Mutual aid, which is where another organisation steps in to provide services, was put in place in to meet urgent pathology demand across all six boroughs in South East London for general practice and community services. Currently capacity offered by our mutual aid providers has increased to around 45% of the previous utilisation of pathology services by primary care and community services, and further capacity increases by our mutual aid providers are being planned.
- 2.3 For acute hospitals, Synnovis are now able to process around 50% of their normal demand, with a plan to increase this week on week during July. This has meant that the majority of hospital activity has continued. Blood transfusion services remain affected which has resulted in some cancellation of planned services, and in the transfer of some patients to other hospitals for treatment. Mutual aid for patient care has been agreed at a London level to optimise the number of patients that can be treated alongside the use of the independent sector, thereby supplementing locally available capacity.
- 2.4 In overall terms our system and wider London partners have come together to work collaboratively to manage this very challenging incident and to seek to secure the maximum possible available capacity to enable patients to access care. We are extremely grateful for the work across our system plus from wider partners over this period.

### 3. Impact on Patient Care

- 3.1 This reduction in pathology capacity has significantly impacted the whole of the SEL Health system, resulting in appointments and procedures needing to be cancelled and rearranged.
- 3.2 The impact that this is having on the patients and residents that use the NHS in South East London is published on a regular basis at [NHS England — London » Synnovis Ransomware Cyber-Attack](#).
- 3.3 The clinical impact published on the 4 July 2024 for the week commencing 24 June is shown below, noting this replicates the information provided nationally:

- 136 planned care (day case and inpatient) procedures had been postponed (compared with 205 the previous week).
- 13 of these were for cancer treatments (compared with 24 the previous week).
- 29 organs were diverted to other hospitals for use (compared with 21 the previous week).
- Across Guy's and Thomas' and King's College Hospitals, 1,517 outpatient appointments (compared to 1300 the previous week) and 127 community outpatient appointments (compared to 101 the previous week) were postponed.

- 3.4 Hospital staff are working hard to make sure any procedures are rearranged as quickly as possible, including by adding extra weekend clinics. Patients are being kept informed about any changes to their treatment by the NHS organisation caring for them.
- 3.5 For primary care, specifically general practice, the attack has resulted in phlebotomy clinics being cancelled and patients being notified that there is not currently a routine pathology service available. This has had an impact on the way general practice has managed their patients care especially for those requiring support with their long-term conditions and monitoring of their conditions requiring specific drug regimes. The standing up of services will be progressed as we increase available pathology capacity and again primary care colleagues and patients will be kept informed of changes around access and appointments.
- 3.6 Alongside tracking the impact on capacity and cancellations the ICB has established a clinical harms review process to ensure we are able to track real time any potential or actual harm that arises as a result of the pathology incident. This includes following up and investigating on individual cases but also the identification of thematic issues and areas for shared learning to manage patient safety.

#### **4. Impact on Patient Data**

- 4.1 The criminals behind the attack published the stolen data files on 20 June 2024.
- 4.2 The format in which the stolen data has been published represents a partial copy of the content from the administrative working drive. The main database where patient test requests and results are stored is separate (this database is called the Laboratory Information Management System). At present, Synnovis has confirmed there is no evidence the cyber criminals have published a copy of this database, although their investigations are ongoing.
- 4.3 NHS England has produced a Frequently Asked Questions document and set up a helpline for members of the public. [NHS England » Synnovis cyber incident – public questions and answers.](#)

#### **5. Next Steps**

- 5.1 We have over the last week been shifting our focus from immediate incident management and a focus on securing urgent provision to overall restoration and recovery. A Recovery and Restoration Plan has been developed and work is underway to implement this plan. These plans drive our associated capacity recovery plans for service provision including primary care, community, mental health and acute services. Key actions include:
  - Rebuilding digital systems in Synnovis to reduce the manual intervention required to process tests.
  - Establishing interfaces so that results can be sent electronically to the clinician who ordered them.
  - Restoring electronic blood transfusion workflows to increase capacity of cross-matching.
  - Increasing the numbers of bookable phlebotomy (blood collection) appointments for members of the public to access.
- 5.2 These activities will enable us to ensure that cancelled or postponed appointments are rescheduled as quickly as possible and to ensure we are able to work through the backlog of patients that will have built up during this incident.

- 5.3 As we restore and recover services, we are committed to ensuring that we continue to communicate regularly with the public, staff and key stakeholders on situation and recovery plans. This will include ensuring residents and members of the public are made aware of the latest support and information publications including Frequently Asked Questions (FAQs) and helpdesk details.
- 5.4 We are also actively considering whether there are any actions across our system to both reduce the likelihood of future cyber-attacks against the NHS and critical suppliers and to learn from this incident in relation to incident management, business continuity and restoration and recovery plans.

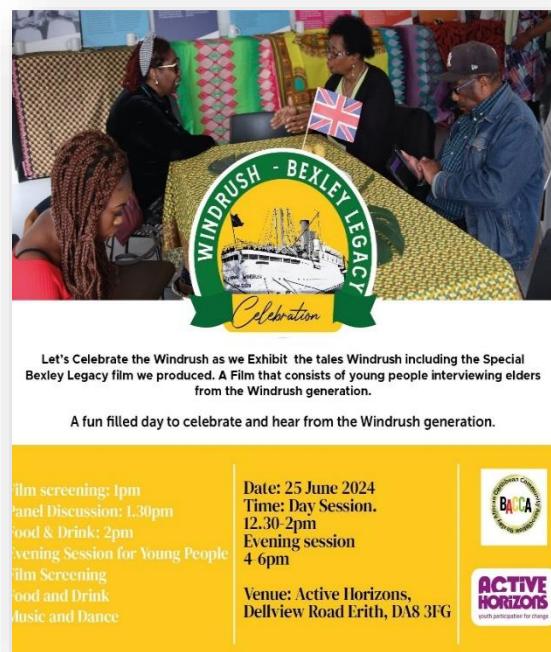
## 6. Carers Week Event

- 6.1 To mark National Carers Week, Bexley Carers Partnership and the Bexley Wellbeing Partnership, held their annual carers event, 'A Day for Carers' was on 11<sup>th</sup> June 2024. The event recognises the contribution of Bexley's unpaid carers.
- 6.2 Over 150 carers attended, with some 22 partner organisations offering advice and support with informative talks on Direct Payments, mental health throughout the day. A team of Trusted Assessors from One Bexley were also on hand to help carers complete care assessments. Carers had access to wellbeing support with massages, Reiki and Tai Chi and there were Therapy Dogs also on hand to meet carers. Carers were also provided with access to counselling services on the day. Bexley's new Mayor, Councillor Sue Gower attended, spending time with partner organisations to understand the support they provide to unpaid carers.



## 7. Windrush Legacy 2024

- 7.1 In 2023 the Bexley Wellbeing Partnership commissioned, a project to mark the 75<sup>th</sup> anniversary of the Windrush Generation. Active Horizons a local organisation led by young people produced a special film where young people interviewed local elders spoke of their experiences of working in the NHS and their immense pride at helping to build the service. One of the objectives of the project was to create a legacy through 'Young Windrush Ambassadors', to ensure that voices of the Windrush Generation are never forgotten.
- 7.2 This year the six Young Windrush Ambassadors spoke at their various schools in the borough and there was a screening of the film and a discussion at Active Horizons in Erith. The Young Windrush Ambassadors will continue to remind their peers of the importance of the Windrush Generation and the part they played in shaping not only the NHS, but also modern multicultural Britain.



## 8. Local Care Network Development Day

- 8.1 On 15<sup>th</sup> May 2024, Leaders of the three Local Care Networks in Bexley attended a facilitated development day. The session provided an opportunity for the Local Care Network Teams to connect face to face, discussing their shared vision for Local Care Networks and developing



integrated neighbourhood working in Bexley, including reviewing progress against the Fuller Recommendations.

- 8.2** Themes explored on the day included how Local Care Networks work with local people and include the community voice and how Local Care Networks can be effective in reducing health inequalities at a neighbourhood level.

## **9. Dementia Action Week**

- 9.1** As a commitment to Dementia Action Week (13-19 May 2024), all Bexley Wellbeing Partnership partner organisations were invited to attend one of two Dementia Friends sessions held in the Council Chamber. Around 50 people took part in the sessions, designed to inform and educate partners about dementia and turning that information into positive action. Following the event, monthly sessions have been scheduled across the borough targeting particularly public-facing staff in all services and inviting Bexley's Community Champions to become Dementia Friends.



## **10. Inhaler Recycling Scheme**

- 10.1** Inhalers still account for approximately [3%](#) of the NHS carbon footprint, mostly due to the propellants used to deliver the medications. These propellants will, if disposed of via landfill, continue to emit greenhouse gasses into the atmosphere. Interventions to reduce emissions focus on the reductions available from inhalers, including commitments made in the NHS Long Term Plan that are already underway. These interventions include optimising prescribing, substituting high carbon products for low-carbon alternatives, and improvements in production and waste processes.
- 10.2** To help support the NHS ambition of becoming net carbon zero, NHS South East London Integrated Care Board has commissioned an [inhaler recycling scheme](#) across various hospital and community pharmacy sites in South East London.
- 10.3** Of the 20 community pharmacies involved with this scheme, 4 are in Bexley, including Station Road Pharmacy, Bellegrave Pharmacy, Olins Pharmacy and Roadnight Pharmacy. Community pharmacies are in a good position to identify and support patients who are prescribed inhalers and can educate patients about the importance of the return of used inhalers for appropriate disposal. This inhaler recycling scheme will ensure every part of the metered dose inhalers (MDIs) returned are recycled, including the aluminium canister and the propellants which would contribute to global warming, will instead be extracted and repurposed for use within refrigerators and air conditioning units.

## **11. Bexley Primary Care Networks & Community Pharmacists Event**

- 11.1** Bexley's second pharmacy engagement event took place on 14<sup>th</sup> March 2024 in Bexley. Pharmacists from Primary Care Networks and community pharmacy got together to share best practice across an array of topics including:
- Respiratory management
  - Understanding the impact and response to stock shortages for diabetic patients
  - Benefits of national services such as Pharmacy First and Discharge Medicines services
  - Increasing collaboration through utilisation of Community Pharmacy Neighbourhood leads.

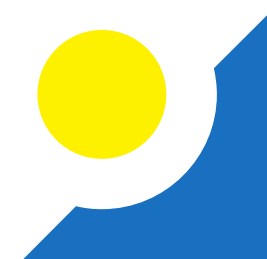
## **12. Severe Mental Impairment Health Checks**

- 12.1 In Bexley the number for people with a Severe Mental Impairment (SMI) who have received their health checks continues to improve year on year. The Bexley Wellbeing Partnership has a dedicated steering group to enhance delivery of annual health checks. Working closely with GP Surgeries and the Community Learning Disability Team together with a health event in December 2023, the borough achieved 86.8% of health checks completed.
- 12.2 Plans for the coming year include the employment of a support worker to speak individually with people from communities who are often marginalised from mainstream healthcare and explain the benefits of a health check.

**Agenda Item: 14**  
**Enclosure: I**

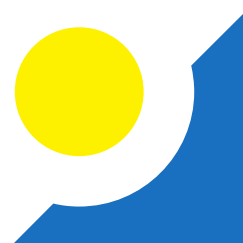
## **Bexley Wellbeing Partnership Committee**

### **Glossary of NHS Terms**

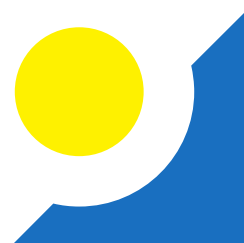




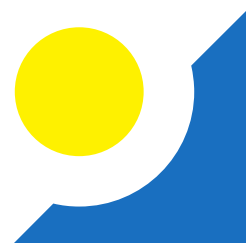
<b>A&amp;E</b>	Accident & Emergency
<b>AHC</b>	Annual health Checks
<b>AAU</b>	Acute Assessment Service
<b>ALO</b>	Average Length of Stay
<b>AO</b>	Accountable Officer
<b>APMS</b>	Alternative Provider Medical Services
<b>AQP</b>	Any Qualified Provider
<b>ARRS</b>	Additional Roles Reimbursement Scheme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



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



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



<b>SMT</b>	Senior Management Team
<b>SRO</b>	Senior Responsible Officer
<b>STPs</b>	Sustainability and Transformation Plans
<b>TCP</b>	Transforming Care Partnerships
<b>TCST</b>	Transforming Cancer Services Team
<b>THIN</b>	The Health Improvement Network
<b>TOR</b>	Terms of Reference
<b>UHL</b>	University Hospital Lewisham
<b>UCC/UTC</b>	Urgent Care Centre of Urgent Treatment Centre
<b>VCS</b>	Voluntary and Community Sector/Organisations
<b>WIC</b>	Walk-in-Centre

