Lewisham Local Health and Care Partners Strategic Board – Part I
Date: Thursday 30 January 2025, 14.00-16.05hrs (includes 5-minute break)
Venue: MS Teams (meeting to be held in public)
Chair: Vanessa Smith

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 21 November 2024 (for approval) & Action Log**	Verbal/ Encs 1 & 2	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**Any questions from members of the public** *Note response from a previous question received from a member of the public*	Appen-dix A		For Noting	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	For Noting	14.10-14.15 5 mins
	Delivery (Lewisham priority 3) *				
4.	**System Intentions**	Enc 4	Laura Jenner	For Approval	14.15-14.30 15 mins
5.	**Health Inequalities update**	Enc 5	Dr Catherine Deborah Jenkins Dan Rattigan Laura Jenner	For Discussion	14.30-15:00 30 mins
6.	**Hypertension VCSE support award report**	Enc 6	Ashley O' Shaughnessy	For Noting	15.00-15.10 10 mins
	Break – 5 mins				
	Governance & Performance				
7.	**Interpreting Service procurement**	Enc 7	Yvonne Davies	For Noting	15.15-15.25 10 mins

8.	**Contract awards:** **Take Home and Settle & Homeless Patients Legal Advocacy Service**	Enc 8	Amanda Lloyd	For Approval	15.25-15.40 15 mins
9.	**Risk Register**	Enc 9	Ceri Jacob	For Discussion	15.40-15.50 10 mins
10.	**Finance update**	Enc 10	Michael Cunningham	For Discussion	15.50-16:00 10 mins
	Place Based Leadership				
11.	**Any Other Business**		All		16.00-16.05 5 mins
CLOSE					
12.	**Date of next meeting (to be held in public): Thursday 27 March 2025 at 14.00hrs via Teams**				
	Papers for information				
13.	**Minutes/Updates from:** • **Place Executive Group** • **Primary Care Group Chairs Report inc Appendix A&B** • **Lewisham People's Partnership notes from November 2024 meeting**	Enc 11			

***To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes**

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 21 November 2024 at 14.00 hrs

via MS Teams

Present:

Ceri Jacob (CJ) (Chair)	Place Executive Lead (PEL) Lewisham, SEL ICS
Denise Radley (DR)	Interim Executive Director of Adult Social Care & Health, LBL
Dr Neil Goulbourne (NG)	Chief Strategy & Transformation Officer & Deputy CEO, LGT
Pinaki Ghosal	Director of Children's Services
Anne Hooper (AH)	Community representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Barbara Gray (BG)	VCSE representative, KINARAA
Michael Kerin (MK)	Healthwatch representative
Dr Simon Parton (SP)	GP, Primary Care representative (LMC)

In attendance:

Cordelia Hughes (CH) (Mins)	Borough Business Support Lead
Lizzie Howe (LH)	Corporate Governance Lead, SEL ICS
Laura Jenner (LJ)	Director of System Development, SEL ICS
Michael Cunningham (MC)	Associate Director of Finance
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Kenny Gregory (KG)	Director, Adult Integrated Commissioning, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director of Community Based Care & Primary Care, Lewisham, SEL ICS

Amanda Lloyd (AL)	Assistant Director Service Development & UEC, SEL ICS
Simon Whitlock (SWh)	Head of Service - CYP Joint Commissioning
Ann Guindi (AG)	Clinical and Care Professional Lead, CYP
Raj Rajeev (RR)	Clinical and Care Professional Lead, CBC
Tim Bradley (TB)	Member of the public
John Dunning (JD)	CYP Joint Commissioning
Chima Olugh (CO)	Neighbourhood Development Manager, ICB
Sara Rahman (SR)	Director of Families Quality and Commissioning
Helen Marsh (HM)	Head of Communications and Engagement
Adeniyi Aderinto (AA)	Adeniyi Aderinto, SLaM
Emily Newell (EN)	Children and Young People's Joint Commissioner
Oluwalola Orioke (OO)	Healthwatch Committee Member

Apologies for absence: Vanessa Smith, Fiona Derbyshire, Dr Helen Tattersfield, Sabrina Dixon

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 19 September 2024** Ceri Jacob (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. CJ advised attendees of the housekeeping rules. Apologies for absence were noted as detailed above. Declaration of Interests – There were no new or amended declarations of interest. Minutes of the Lewisham LCP Strategic Board meeting held on 19 September 2024 – these were agreed as a correct record.	

	Action log – The following items listed on the action log have been kept open. The remaining were closed. 1. **Primary Care Access** 2. **Intermediate care bed extension** (to be discussed at this meeting). Matters Arising None **The LCP Board approved the Minutes of the meeting held on 19 September 2024.**	
2.	**Questions from members of the public** Tim Bradley (TB) asked a question about the South East London (SEL) community Musculoskeletal Services (MSK). The question relates to how the current service is decentralised, with each borough operating its own physiotherapy services. However, this has led to substantial variations in routine wait times, currently ranging from 2.5 weeks to over 52 weeks, exacerbated by the COVID-19 pandemic. TB asked about Lewisham's wait list for MSK which is at 19 weeks and six times those of some of the neighbouring boroughs. TB asked what Lewisham is not getting right in comparison to other boroughs and what does Lewisham plan to do around this. CJ thanked TB for his question and agreed to provide a response in in a timely manner offline. The final response will be provided at the next LCP meeting in January 2025.	
3.	**PEL (Place Executive Lead) report** **Rotation of Co-Chair for the Lewisham Health and Care Partnership Strategic Board.** Ceri Jacob (CJ) welcomed Denise Radley, Interim Executive Director of Adult Social Care & Health to this meeting who represents the Local Authority. CJ also noted that Fiona Derbyshire will join Vanessa Smith as co-chair on a rotation basis for the next 12 months.	

	10-year plan – A joint team from the Department of Health and Social Care (DHSC) and NHS England is working on a 10-Year Health Plan, set to be published in Spring 2025. There are three key shifts: 1. Moving more care from hospitals to communities. 2. Making better use of technology in health and care. 3. Focusing on preventing sickness, not just treating it. An engagement process is underway closing in January 2025, with the 2nd December being the deadline for organisational responses, which will inform the 10-year plan. **SEND inspection** – CJ reported that the Care Quality Commission (CQC) and Ofsted carried out an inspection of arrangements for children with Special Educational Needs and Disabilities (SEND). The inspection included all three main partners in SEND; the Council, education and health. PK added that a report has been published with the outcome being that service 'requires improvement' but that there are many positives, but some areas need more work. PK agreed to circulate the report with the minutes of this meeting. **Action:** PK to circulate SEND inspection link to members of the Board. NG asked about the new operating framework and a change in role for ICBs. Is there a process or what are the timescales regarding this and what does this mean for Place. CJ said that this referred to ICBs and their role and accountability for performance management. The proposal is that in the future, poor performance will be managed by NHSE. However, there is no clear guidance at present, and there should be no impact at Place. The detail is being worked through once finalised nationally. **The Lewisham LCP Board noted the PEL report.**	**PK**
4.	**Children's Services DfE Family Help Pathfinder Update** Sara Rahman (SR) presented on DfE Family Help Pathfinder update and mentioned that in March 2024, Lewisham Council were successful in receiving DfE funding to test out reforms to children's social care arrangements following the Government's Stable Homes: Built on Love (2023) - an implementation strategy and consultation. The strategy sets out a vision to rebalance children's social care away from costly crisis intervention to more meaningful and effective early support.	

	Pathfinder and Reforms – The LA received £3.5m to pilot the pathfinder. The Pathfinder will test reforms and make improvements across four main sectors called "pillars": Family Help, Multi Agency Safeguarding Arrangements, Child Protection and Family Group Decision Making approach. **Multi agency help safeguarding.** The Pathfinder is led by the LA. However, it is a partnership programme with: Health (ICB, LGT and SLaM), Police, Education and Voluntary sector organisations. **Child protection** Child Protection Teams x 2 broadly working with intra-familial harm and an Adolescent Protection Team working with and vulnerable adolescents, children looked after, extra-familial harm. The integrated Adolescent Service will be the family help offer. There has been a lot of engagement with families in the process. **Family group decision**- being family led in decision making. **Family-Led Approach** - Family Help Lead Practitioner will support children and families throughout their journey, instead of constantly changing workers. The Family Help Lead Practitioner may not always be a social worker. Staff from other agencies- such the voluntary sector or a nurse will have the opportunity to support and advocate for families as Lead Practitioners. **Within the Pathfinder,** we will be trialling a range of initiatives with a few schools to promote educational attainment and improve attendance through relational safety. PG mentioned that the principle is working with families and that the language and power balance also needs to shift. In addition, PG mentioned that ITN are filming the Local Authority regarding the Pathfinder project next week regarding a feature on the pathfinder. PG added that the bidding process timeline is until March 2025, and only two boroughs have been allocated to undertake this piece of work: Redbridge and Lewisham. CJ said it would be good to have a comparison between Redbridge and Lewisham at some stage. **The LCP Board noted the Family Help Pathfinder update**	
5.	**GP-Led Youth Clinic Update and Plans for Potentially Scaling Provision Across the Borough**	

	Simon Whitlock (SWh) reported on the GP youth clinics in Lewisham and that this piece of work came about as young people felt some conversations were difficult to discuss with their GPs, especially around areas such as stress, mental health. SWh said the team had worked with SLaM, a primary care network (PCN) and the voluntary sector; and a charity called Metro. The GP led youth clinic is based in the Mulberry Centre; with a second hub opening similar to the above model with Sevenfields PCN at Goldsmith community centre. SP said this is a great idea but asked how we scale up and where do we start. SP is keen we support this work and assist in providing a safe space. NG thanked SWh for a good presentation and confirmed it is a requirement but asked: are there any other models elsewhere that we could compare and have you got any further information on the impact on other services and longer-term outcomes. SWh confirmed he had reviewed Tower Hamlets adolescent health offer and Hackney and Newham plus abroad. BG thanked SWh for the presentation and asked about engagement and how the pilot would connect with community champions. AH thanked SWh for the presentation and asked how young people know about the GP Youth Clinic service and that it is here for them should they need it. Also, how these two pilots are being funded, especially in the longer term. SWh said the pilots are across the services and there has been an increase in funding – new pots of money need to be prioritised. **The LCP Board noted the GP Youth Clinic service update**	
6.	**Start for Life Programme Update and Continuation Beyond March 2025** Emily Sewell (ES) presented on the impact of DfE and DHSC Start for Life programme in Lewisham and the proposals for how best to continue the provision of preventative and early intervention support for perinatal and infant mental health beyond the end of the current grant funding, March 2025. In October 2022 the London Borough of Lewisham (LBL) received funding as part of the DfE and DHSC's Family Hubs and Start for Life	

	Programme, which covered financial years 2023/24 and 2024/25 and was aimed at supporting LBL to transform local services into a Family Hub model and increase provision of services in the crucial 'Start for Life' or 'perinatal' period from conception to age two. The Start for Life programme aligns with the SEL ICS 'vision for future health and care,' as is underpinned by the following principles: whole person care, reducing health inequalities and bringing together all the services together with family hub and voluntary sector. EM reported an audit of women and birthing people booking for maternity care at University Hospital Lewisham between October 2023 and March 2024, found that 36% of expectant parents (738 in total) screened positively for mental health issues. This does not include levels of domestic violence and unemployment. The Start for Life programme investment in Lewisham CAMHS sets out in the report, that there has been no mental health provision for 0–5-year-olds in the borough, and no specialist parent-infant relationship offer. EM confirmed that a Steering Group developed a delivery plan under each of the four programme objectives to be achieved by March 2025. CJ thanked EM for the presentation. AG asked about clinical staff receiving safeguarding supervision. EM reported that CAHMS are supporting with clinical supervision and providing their expertise. **The LCP Board noted the Starte for Life programme update**	
CJ advised there would be a 5-minute break. The meeting resumed at 15:25 hrs.		
7.	**Intermediate Care Beds procurement** KG gave a verbal update on the recently commissioned 14 Brymore care home beds (previously commissioned 20 beds). The contract had been extended to 12 months and KG is now requesting a further 6-month extension to allow time for procurement to be completed. KG reported that last month a market engagement event was held with colleagues from LGT but will report on the outcome at a future LCP meeting. NG asked what would be different this time compared to last time as we did not manage to appoint a provider. KG said that a reduction in	

	beds will make the offer more attractive. CJ asked for the intermediate care bed strategy to be added to forward planner when completed. **Action:** Intermediate care bed strategy to be added to the forward planner. CH to action. **The LCP Board approved the Intermediate Care Beds procurement for a further 6 months.**	**CH**
8.	**Lewisham Winter Resilience Plan** CJ highlighted that this document still requires LCP Board approval (although approved via tri-borough UEC Board). Amanda Lloyd (AL), Assistant Director for UEC gave an update on the Winter Resilience Plan which is implemented with input from partners across the system. There is also a Winter wash up workshop with the delivery partners to review what went well and what we need to do differently. Some areas for improvement: **Prevention and using voluntary sector** more effectively – The Take Home and Settle service has been a valuable service to assist with this and is embedded in ED and SDEC. Also, **improved links between the wider system and Care Homes**, - A Nurse Liaison has been recruited to smooth the pathway for patients being discharged and to review paperwork and ensure it reflects the patient needs. Also, reviewing community and NHS@Home patient pathways, and a preventative approaches such as remote monitoring which can be seen with Alexandra Care Home. UCR – will be expanded into further pathways and post discharge - take patients sooner from hospital. In addition to increasing capacity. AL added that this winter will be challenging and that it is important to make sure everyone is aligned. **The LCP Board noted the update and approved the Winter Resilience Plan.**	
9.	**Lewisham Assurance Report**	

	CJ reported Lewisham Assurance Report on the benchmarking against Lewisham and other Places and trajectories. **Childhood immunisations/vaccinations** has improved since Covid but not improved pre Covid levels. Sadly, there is a lack of confidence in vaccinations and a lack of understanding on the impact. Key actions in place include: Lewisham immunisations teams supporting practices and reviewing performance data, increase in access points such as Pharmacy and community, hubs at Lewisham shopping centre, addressing the miscommunication around vaccines and an online chat bot to answer questions parents and families may have. AOS added that the childhood immunisations cohort population is quite small and can impact data if there are any opt out/declines. Parents and families are encouraged to come forward to speak about any concerns; this is one of the many interventions we are looking at and linking in with family hubs. DR asked about older peoples and flu vaccinations particularly around Black African and Black Caribbean populations and how we are doing in relation to the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) recommendations. **Action:** JSNA summaries to be circulated to LCP Board members around vaccinations for a deep dive around data and recommendations. Also, Older Peoples and flu vaccinations stats, particularly around Black African and Black Caribbean populations to be included as an agenda item at a future LCP Strategic Board, with emphasis on how we are doing in relation to the BLACHIR recommendations.CH to add to the forward planner. **The LCP Board noted the update.**	**CMb** **CH**
10.	**PSR Cover sheet and Terms of reference** Kenneth Gregory (KG) mentioned that the previous PSR paper provided insight into how the NHS procures services and how this is changing. This paper is about the mechanisms and that procurements will be undertaken at Place on behalf of the ICB. This includes overseeing any requirement to publish and if we are being challenged that appropriate representation is in place. Therefore, the Terms of Reference (ToR) is the formal setting up of representation	

	which this paper refers to. KG agreed to come back to a future LCP Strategic Board around PSR representation. **Action:** BG to invite KG to present on the PSR and new process at a LBVN Network so they are aware of this. **The LCP Board noted the update.**	**BG**
11.	**Risk Register** Ceri Jacob (CJ) presented the agenda item and mentioned that the risk relating to intermediate care beds has been addressed at today's meeting. Therefore, the total number of risks is 14 risks, a decrease from last month with 1 new risk relating to GP collective action. Refer to page 149 to view the ICBs risk appetite. Closed risks are: NHS@Home, Initial Accommodation Centres and high level of vulnerable people and GDPR for care homes - which has been moved to the issues log. Key themes relate to financial, statutory and workforce limitations. **The Board noted the Risk Register update.**	
12.	**Finance update** Michael Cunningham (MC) provided a M6 financial report under the headings of the ICB, Lewisham Council and the Wider ICS. MC reported an overspend YTD of £0.5m which is an improvement from M5 by 50K. M7 is also seeing improvements. This supports the forecast outturn of a break-even position. **Lewisham Place** CHC run rate has slowed in M6 & M7 and other mitigations are improving YTD position. However, a note of caution regarding overspend reduction; CHC and prescribing costs can be volatile particularly in second half of the year so to be aware of this and continue with financial controls. Delegated budget is showing an underlying deficit of c.£1.5m in Lewisham, so need to take actions to address this in planning for 25/26 and prioritisation of expenditure. **ICB** is £678k adverse to plan in M6 due to costs associated with the Synnovis cyber-attack and forecast for the year will be a break-even position.	

	Lewisham Council MC thanked Council colleagues for contributing to this report and reported that the ASC forecast overspend for M6 is £4m, an improvement of £2.6m from last time and reflects actions such as improved contract management, savings achievement, and debt management. Drivers of the overspend refer to inflation, London living wage, pressure from transition from children to adulthood, Children's – forecast outturn is £7.4m for current year, reflecting activity pressures and some high-cost and complex cases. The **ICS** is forecasting break-even against plan. YTD deficit of £132M adverse to plan by 52m. Drivers are synnovis cyber-attack at £32m and slippage of £22m on efficiency programmes. MC asked Board members to refer to Appendix B for further details. **The LCP Board noted the finance update.**	
13.	**Any Other Business** CJ referred Board members to note additional papers for information and reminded those involved that there is a Part II due a conflict of interest. No other items raised. Meeting closed 16:10hrs.	
14.	**Date of next meeting.** Thursday 30 January 2025 at 14:00hrs, MST	
15.	**Minutes of previous meetings/updates** The LCP Board noted the documents attached for information.	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1.PEL Report SEND Inspection 21/11/24	PK to circulate SEND inspection link to members of the Board.	**PK**	
6. Intermediate Care Bed 21/11/24	Intermediate care bed strategy to be added to the forward planner.	**CH**	Completed 21/11/24.
8. LCP Assurance Report 21/11/24	JSNA summaries to be circulated to LCP Board members around vaccinations for a deep dive around data and recommendations. Also, Older Peoples and flu vaccinations stats particularly around Black African and Black Caribbean populations; to be included as an agenda item for a future LCP Strategic Board, with emphasis on how we are doing in relation to the BLACHIR recommendations.CH to add to the forward planner.	**CMb** **CMb/CH**	Completed 21/11/24. Add to a future LCP Board meeting.

9. PSR **21/11/24**	BG to invite KG to present on the PSR/changes to procurement at a LBVN Network so they are aware of this.	**BG**	
19/09/24 **9. Risk Register**	**Primary Care Access** - SP commented on primary care access and that access work has been quite significant in the last year. CJ and LJ would meet and discuss further.	**CJ/LJ**	**Closed**
19/09/24 **11. Finance update**	**Prescribing.** SP noted for prescribing this had been historical and would require a cultural change. OTC (over the counter) medications for example were a challenging area, Pharmacy First Scheme etc. This needed promotion to patients. CJ said she would pick this up with AOS and Erfan Kidia (meds optimisation team). CJ noted **AF/Hypertension** work and work on obesity and diabetes prevention. LJ/CMb and CJ would consider the best way forward.	**CJ/EK/AOS** **LJ/CJ/CMb**	**Closed**
19/09/24 7.Lewisham Intermediate Care Bed Extension	**Lewisham Intermediate Care Bed Extension** BG commented on the taking time to involve people and queried if any black-led VCSE had been included at all. BG also noted BLACHIR and community work. There is scope and opportunity to involve people with this. KG stated this was more for physical health rather than mental health. KG agreed to produce a summary for BG and would talk to colleagues about the right people to contribute to the development.	**KG**	Closed. As being discussed on 21/11/24

19/09/24 6. Improving Flu Uptake	**Workforce vaccination.** SP noted there had been a delay last year in practices vaccinating their own staff. LJ agreed to look into workforce vaccination and take it as an action with AOS.	**LJ/AOS**	Closed
19/09/24 4&5 Health inequalities	**Learning & Impact/Health Inequalities Funding** Evaluating the impact - evaluation of the work would be invaluable and would include qualitative feedback. CMb agreed to bring this item back to the LCP Board in the new year. CH to add to forward planner. BG said it would be helpful to see the questions being asked. CMb agreed to take this request back to the evaluation partner and would also pick this up offline with BG.	**CMb/CH**	Closed.
25/07/24 1.Welcome and previous actions. Action 2 Reopened 19/09/25 Welcome and previous actions. Action 1	**REOPENED** **Provider Selection Regime**. *Terms of reference for existing groups will be amended. Paper coming to SMT and will bring to LCP Board for noting in November.*	**KG/CJ**	Closed.

25/07/24 4.Community Integration – Fuller report.	**Community Integration – Fuller report** The team is reviewing data to understand what is driving this type 3 increase. LJ suggested that it would be useful to come back to this meeting in the future with an update.	**CH**	To add to forward planner. Closed.
30/05/2024 (3). PEL (Place Executive Lead) report	**Waldron** - *BG commented on contracts for organisations to deliver services access to space issue and booking rooms. Reception area and pop ups will be in the large ground floor space. Can space for black led VCSE organisations be accommodated. Also, space for 1:1's as well. CJ advised space is available for free for VCSE groups, CMS to take away the suggestion with LJ.*	**CMS/LJ**	Closed.

South East London Integrated Care System

NHS South East London

Appendix A

[redacted]

Friday 6th December 2024

Dear [redacted]

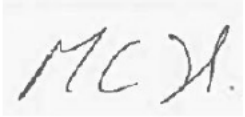
My sincere apologies for the delay in responding to you regarding your question submitted for our Local Care Partnership Strategic Board meeting held on Thursday 21st November, via our Lewisham Question's inbox.

You had asked about the wait times for physiotherapy appointments in Lewisham and Greenwich Trust (LGT) and how they compare with the other boroughs.

I can confirm the waiting times for routine physiotherapy appointments in LGT have risen due to reductions in administration capacity and clinical vacancies. The recent closure of the Musculo Skeletal physiotherapy service at One Health Lewisham has also impacted on waiting times. The team have a recruitment plan in place to address both the administration shortfall and the clinical vacancies. Other areas under consideration include creating more space, improving utilisation of clinic slots and other administrative efficiencies. The team anticipate recovery back to a target of 8-12 weeks, however this will take until April 2025, and is dependent on recruiting the staff mentioned above.

I do hope this has answered your question. If you would like to discuss this matter further, please do not hesitate to contact me. In the meantime, our next Local Care Partnership Strategic Board public meeting is taking place on Thursday 30th January 2025, 14:00 and you are welcome to attend and hear about the latest developments in Lewisham.

Yours sincerely,



Ceri Jacob
Place Executive Lead
Lewisham ICB

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**30 January 2025**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	**To provide a general update to the Lewisham Care Partnership Strategic Board**	Update / Information	**x**
		Discussion	
		Decision	

Summary of main points:

This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.

Planning Guidance
At the time of writing, planning guidance had not been received however, it is expected to be published ahead of the Lewisham LHCP Board. A verbal update on key elements will be provided on the day.

SEL Overarching Neighbourhood Development Framework
Lewisham Place has 4 well established neighbourhoods. LGT community services, SLAM mental health services and LBL social care services are all aligned to these footprints. There are 6 Primary Care Networks (PCNs) of which two span more than one neighbourhood.

Neighbourhood working is not about tweaks or layering on top of what is already in place nor is it about uprooting what is already working. Working at a neighbourhood level in INTs will require a fundamental shift in how we work together as a system, with residents and within communities.
In SEL, INTs will:

- Tackle health inequalities
- Eliminate the need for referrals and hand-offs
- Work closely with residents and within communities
- Provide holistic, person-centred care, closer to home
- Ensure that all SEL residents receive the same standards of care.

Work on neighbourhood development has accelerated recently in response to the Fuller Report of 2022 and national expectations. Lewisham LHCP has been carrying out significant engagement with local health providers, the Council and

	VCSE partners through a Design Group and dedicated workshops to shape the local response. The six Place Executive Leads (PELs) and their leads have been working together and with their local partners to develop a SEL neighbourhood and Integrated Neighbourhood Team (INT) framework. This framework is being built up from local work across the six Places and will provide a framework to guide ongoing development of neighbourhoods in south east London. This will ensure consistency where it is needed but with enough flexibility to accommodate local variation where that is needed. There is further work and engagement to be carried out on the Lewisham model and the SEL framework. This will take place over the next few weeks and a final proposal for approval will come to the LHCP Strategic Board in March. **Waldron Centre Soft Launch** The Waldron Centre is the service hub for Neighbourhood One and as such, is key to the ongoing development of Neighbourhood One. A Community Event was held at the Waldron on Wednesday 22nd January between 10am and 4pm. A programme of health and wellbeing advice was delivered in partnership with the VCS to promote proactive selfcare. The event was an opportunity to engage with the local community and find out more about the services people would like to see in the future. A constant stream of residents attended throughout the day, taking the opportunity to: - Receive general health and blood pressure checks - Engage with a nutritionist on healthy eating and the impact of salt and sugar - Meet social prescribers and hear about locally available activities - Receive support signing up for the NHS app - Hear more about the work Imago are doing to support local carers - Take away useful literature including the new 'guide to healthcare', information and vaccination and Pharmacy First A formal Waldron launch event is being planned with partners to take place in the spring.
Potential Conflicts of Interest	**None**
Any impact on BLACHIR recommendations	Neighbourhood working and INTs are expected to impact positively on health inequalities and a number of the Opportunities for Action set out in the BLACHIR report. These will be set out within the EIA.

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

	Equality Impact	An EIA will be carried out on both the SEL Neighbourhood and INT framework and the Lewisham articulation of the framework.
	Financial Impact	Not relevant to this paper.
Other Engagement	Public Engagement	Public engagement has been carried out in relation to the Lewisham neighbourhood development programme of work and representatives are being recruited to support ongoing engagement. An engagement plan is being developed to support this work at a SEL and Place level.
	Other Committee Discussion/ Engagement	Not applicable to this paper.
Recommendation:	The Board is asked to note this update.	

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 4
Enclosure 4

Title:	**Lewisham System Intentions 25/26**
Meeting Date:	30th January 2025
Author:	Laura Jenner
Executive Lead:	Ceri Jacob

Purpose of paper:	To outline the proposed Lewisham LCP System Intentions for 25/26.	Update / Information	
		Discussion	
		Decision	***Yes***
Summary of main points:	The slides provide an update on the proposed new LCP System Intentions for 2025/26. The slides also provide a short summary of system intentions from 24/25 which have now been completed, and some proposed system intentions for this year which were not shortlisted. Members are asked to approve the System Intentions for the upcoming year. Once approved, specific targets will be set for System Intentions where appropriate, based on upcoming NHS Planning Guidance and each provider's specific commitments against this guidance.		
Potential Conflicts of Interest	**N/A**		
Any impact on BLACHIR recommendations	Continue to improve access to mental health services for young people (16-25) from Global Majority backgrounds through initiatives like the 'Should I Really Be Here' project. *Continue to improve low rates of hypertension control through proactive primary care support, patient activation and VCSE development. Use NICE's 80% target as benchmark.* *Establish a new programme to strengthen local grassroots organisations through customised infrastructure support, enabling them to better serve Lewisham's communities* These align with **BLACHIR Opportunity for Action #11:** "*Commission and develop culturally appropriate and accessible services, including schools-based*		

	support, for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services."			
Intention	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The following system intentions specifically commit to tackling health inequalities based on deprivation, ethnicity and/or other Core20PLUS factors: **#1 –** Neighbourhoods Programme **#3 –** PCN Health Equity Teams **#8 –** Reducing inequality in elective waiting lists **#21 –** Improve access to mental health services for young people from Global Majority backgrounds		
	Financial Impact	System intentions set out priorities for the system for the coming financial year. Some may require funding and are therefore prioritised for any funding opportunities that arise through the Planning Guidance. They also set out quality and performance improvements that the system is aspiring to which may or may not require funding support.		
Other Engagement	Public Engagement	The final list was drawn up following engagement with colleagues representing all major health and care providers in Lewisham (Primary Care; LGT Community; LGT Acute; SLaM; CYP; Local Authority). This included a face-to-face workshop in August 2024, after which the first draft of the 25/26 Intentions was produced. Follow up meetings with partner colleagues have been carried out. A copy of the proposed System Intentions were shared with VCSE colleagues for further comment on 20th January.		
	Other Committee Discussion/ Engagement	N/A		
Recommendation:	Members of the LCP Strategic Board approve these proposed System Intentions.			

South East London Integrated Care System

Proposed Lewisham 25/26 System Intentions

12th September 2024

Laura Jenner and Jack Upton

NHS South London and Maudsley NHS Foundation Trust

ONE HEALTH LEWISHAM The Integrated Community Provider

South East London Integrated Care System

Lewisham

NHS Lewisham and Greenwich NHS Trust

LEWISHAM LOCAL©

healthwatch Lewisham

System Intentions for LGT

- Work with Lewisham system to develop the holistic care in the community for Long-Term Conditions and the Core20 population through the Neighbourhood Programme. Using population heath data to identify cohorts and develop models of care, building on the commitment from provider CEOs across Lewisham to prioritise the Neighbourhood Programme and reduce Health Inequalities.
- Continue with service redesign and system collaboration for several clinical pathways, to reduce waiting times and focus on prevention and community services. This includes MSK pathway redesign; Chronic Kidney Disease Multi-Morbidity Model of Care; and reduce ENT & Gynae waiting times.
- Continue work to reduce health inequalities in surgical waiting lists and consider how to scale this to other surgical areas and clinical pathways.
- Improve performance against cancer Faster Diagnosis Standard and 62-Day treatment standard.
- Supporting the relaunch of Older Adult's Transformation Programme as the Aging Well Programme, led by new Proactive Aging Well Service, to prevent or delay further deterioration and decrease ED attendance and acute care admissions.
- Implement enablement and recovery improvement plan to strengthen Enablement and Therapies offer in Lewisham.
- Admission Avoidance – Complete demand and capacity assessment for therapy support across acute and community, to understand gaps and opportunities to better utilise resource. Proactively identify people likely to be admitted to hospital and support through the new MDM team – with a renewed focus on prevention and admission avoidance. This includes reducing the number of type three attendances at ED by introducing redirect pathway at UHL.
- Ensure the capacity of the **NHS@Home service** is fully utilised, reviewing existing pathways to focus on reducing length of stay and building up the service to include more acute patients. Ensure digital clinical systems are compatible with LGT.
- Redesign the model of same-day urgent care for Lewisham, including the service design for the Integrated Delivery Units (IDUs) for 111 procurement.
- **Improve joint working between Primary and Secondary care,** with a focus on workforce as an enabler, to improve service delivery and improve interface between patient-clinician and clinician-clinician.
- Review **paediatric care pathways** between community and acute services, to reduce outpatient waiting times and upskill GPs.
- Deliver the SEL 'core offers' for children's **asthma** services and children's **continence** services.

System Intentions for SLaM

- Work with Lewisham system to develop the holistic care in the community for Long-Term Conditions and the Core20 population through the Neighbourhood Programme. Using population heath data to identify cohorts and develop models of care, building on the commitment from provider CEOs across Lewisham to prioritise the Neighbourhood Programme and reduce Health Inequalities.

- Continue to deliver the SEL 'core offer' for children and adult community Mental Health services (including establishing a children and adult's Single Point of Access; transformation of CMHS services; reprocurement of VCS provision to support black communities; and ensuring increased hours of mental health care are offered in primary care settings.

- Continue to **improve access to mental health services for young people (16-25) from Global Majority backgrounds** through initiatives like the 'Should I Really Be Here' project.

- Improve **community crisis care pathways across all ages.** For adult services, this involves a population health data deep dive to understand the needs of people who are presenting at A&E in mental health crisis but are discharged without being admitted. For children and young people, the focus is on mapping the existing pathway to understand what services are currently available.

- Continue to deliver the **All-Age Autism Strategy,** with a focus on reducing waiting times for assessment services, developing 'waiting well' options, and improving providers' digital flagging systems for patients with learning disabilities & autism.

- Continue to focus on **improving assessment times for completion of Education, Health and Care Needs Assessments** (EHCNA) for children and young people with Special Educational Needs in Lewisham.

System Intentions for 25/26 (Neighbourhood Programme)

1. **Embedding holistic care in the community for Long-Term Conditions and the Core20 population** through the Neighbourhood Programme. This involves using population heath data to identify cohorts and working with system partners to develop the models of care, building on the commitment from provider CEOs across Lewisham to prioritise the Neighbourhood Programme and reduce Health Inequalities. By September 2025, have tested and learnt from the new INT model of care in each neighbourhood.

2. **Establish a co-design group** to influence strategic change and co-design services to meet the needs of the population within each Neighbourhood.

3. Implement the new PCN **health inequalities programme and health equity fellows**, with a focus on CVD and supporting the Neighbourhood model.

4. **Monitor the joint (INT) Performance Framework. Create population data packs** and service mapping for each neighbourhood. Data packs will be for CVD, frailty, and complex care.

Establish a new programme to strengthen local grassroots organisations through customised infrastructure support, enabling them to better serve Lewisham's communities

South East London Integrated Care System

System Intentions for 25/26 (LTCs and Planned Care)

NHS South East London

5. Continue to improve low rates of **hypertension** control through proactive primary care support, patient activation and VCSE development. Use NICE's 80% target as benchmark.

6. Reduce the waiting list for **Musculoskeletal (MSK) services** using the RAS system.

7. Spread and scale up the **Chronic Kidney Disease Multimorbidity Model of Care** following successful pilot. Introducing INT in each neighbourhood to support people with CVD.

8. Continue work to **reduce health inequalities in surgical waiting lists,** supported by population health data.

9. Primary care and acute collaboration to **improve waiting times** for ENT, Gynae, and MSK pathways – through introducing a RAS, self-referral into physio, and other measures.

10. **Improve uptake of diabetic foot checks,** in line with national standards.

11. **Improve performance** towards meeting the Faster Diagnosis Standard and 62 Day Standard for **cancer diagnosis and treatment.**

12. Continue with Atrial Fibrillation Detection scheme and aim to embed as part of regular public health checks by end of year.

System Intentions for 25/26 (Older Adults)

13. **Older Adult's Transformation Programme to be relaunched as Ageing Well Programme.** A Proactive Ageing Well Service, led by LGT, started in October 2024. It will target moderate to severely frail adults in Lewisham with an aim to prevent or delay further deterioration and decrease ED attendance and acute care admissions. The full team and service is operational by June 2025.

14. **Implement enablement and recovery improvement plan** to strengthen the enablement and therapy offer in Lewisham.

System Intentions for 25/26 (Urgent Care)

15. **Home First** improvements – focussing on developing an intermediate care strategy and recommissioning of intermediate care beds.

16. **Admission Avoidance –** Complete demand and capacity assessment for therapy support across acute and community, to understand gaps and opportunities to better utilise resource.

Proactively identify people likely to be admitted into hospital and support through the new MDM team – with a renewed focus on prevention and admission avoidance.

17. Ensuring the capacity of the **NHS@Home service** is fully utilised, reviewing existing pathways to focus on reducing length of stay and building up the service to include more acute patients. Ensure digital clinical systems are compatible with LGT.

18. **Reduce number of type three attendances at ED** by introducing redirect pathway at UHL and proactively identifying and signposting patients towards appropriate services.

19. **Redesign the model of same-day urgent care for Lewisham,** including the service design for the Integrated Delivery Units (IDUs) for 111 procurement.

Changes to Existing System Intentions for 25/26 (Mental Health)

20. Improve **community crisis care pathways across all ages.** Adults – deep dive to understand the needs of people who are not admitted after presenting at A&E. CYP – mapping the pathway to understand what services are currently available.

21. Continue to **improve access to mental health services for young people (16-25) from Global Majority backgrounds** through initiatives like the 'Should I Really Be Here' project – building trust with communities and using their experience to inform service developments and improvements.

22. Continue to deliver the SEL 'core offer' **for children and adult community** Mental Health services. (inc. SPOA, CMHS transformation, VCS reprocurement to support black communities, increased hours of MH care offered in primary care settings).

- In considering our intentions for 2025/26 we are mindful of pressures not just across the ICB and NHS providers but also within local government.
- We will need to work with local authorities to understand where legitimate health contributions are required to meet the needs of mental health clients where joint funding arrangements are expected to be implemented e.g., in relation to S117 clients.
- Clearly prioritisation and funding of these needs will need to be reflected in prioritisation of investment decisions within local care partnerships.

Changes to Existing System Intentions for 25/26 (Neurodiversity)

23. Continued delivery of the **All-Age Autism Strategy.** Focus on reducing waiting times for children's services and Primary Care and Trusts improving their digital flagging systems for learning disabilities & autism (reasonable adjustments, care passports etc…)

Carry out a data deep dive to understand the current high prevalence of undiagnosed autism amongst Lewisham residents.

System Intentions for 25/26 (Community-Based Care)

24. Improve **Primary Care access:** increasing number of people using NHS app, Pharmacy First uptake, and increasing uptake of NHS health checks, cancer screening and immunisations. Increase the number of Primary Care appointments in line with the rest of South East London, and achieve reductions in 111 calls and type 3 ED attendances.

25. Continued implementation of **Medicines Optimisation Plan in 25/26**, including PCN and sustainability focused initiatives.

26. Develop **Community Pharmacy, Optometry, and Dental Strategies** to maximise their impact on population health, access to care and prevention.

27. **Improve joint working between Primary and Secondary care,** with a focus on workforce as an enabler, to improve service delivery and improve interface between patient-clinician and clinician-clinician interactions.

28. **Using population health data** to understand demand and capacity within primary and community care, to identify changes needed to improve sustainability and increase capacity across the system.

System Intentions for 25/26 (Governance and System Sustainability)

29. **Develop a System-Wide Performance dashboard** with agreed objectives and performance matrix. This will be supported by the system transformation programmes.

30. Lewisham Health and Care Partnership has recently reviewed its overall governance to ensure there are adequate forums to allow for system planning. The introduction and improvement of serval joint board and working groups has begun, to help develop and monitor the system transformation programme and develop our SDIP plan for 25/26.

Changes to Existing System Intentions for 25/26 (CYP)

31. Support the development and delivery of the SEL **'core offer' for children's community Mental Health services.** Specific targets include developing a **Single Point of Access**, expanding the **GP-led Youth Clinic** into all 4 Neighbourhoods, and working with the **voluntary sector** to provide early help and prevention.

32. **Support the All-Age Autism Strategy and improve the CYP neurodiversity offer**, including by reducing waiting times for autism and ADHD assessments and developing 'waiting well' options.

33. Review **paediatric care pathways** between community and acute services, to reduce outpatient waiting times and upskill GPs.

34. Further integrate child, parental and perinatal mental health services, and community paediatric services, into **Family Hubs.**

35. Deliver the SEL 'core offers' for children's **asthma** services and children's **continence** services.

36. **Improve access to respiratory diagnostic and management services for CYP.**

37. **Scope the possibility of opening a 'Crisis House'** for CYP in mental health crises.

38. **Improve completion times for Health Assessments for EHC Plans.**

24/25 Completed Intentions

- Reprocurement of community dermatology services.
- Improving access to respiratory diagnostic and management services for adults.
- Primary Care Network population health scheme implemented.
- Care home GP practice is operational.

Enablers/Golden Threads Supporting these Intentions

- Digital (including mitigations against digital exclusion)
- Workforce
- Estates
- Community Engagement
- Greener NHS – reducing carbon emissions

Suggested Intentions not on Final Shortlist

- Establish a Sleep Service at UHL, replacing referrals into GSTT service.
- Improvements to bariatric service.
- Establish a Lewisham osteoporosis service.
- Reducing medicine wastage.
- Sustainable general practice – ensuring primary care is well equipped to continue operating in the long-term.
- Considering new delegated ICB responsibility for high-cost/ specially commissioned drugs and services, support UHL to achieve Tier 2 status, making more specialised medicines available locally.
- Continued focus on the use of AI/new technologies to improve Wellbeing at Home.
- Shift towards prevention and community-focused pathways for Bladder, Bowel and Pelvic health – particularly for pelvic health postnatally.
- Set up a service at UHL for Implantable loop recorders to detect arrhythmias.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Plans for SEL Health Inequalities funding in Lewisham for 25/26**
Meeting Date:	**Thursday 30th January 2025**
Author:	Public Health
Executive Lead:	Ceri Jacob and Denise Radley

Purpose of paper:	To provide an update on projects within the Lewisham Health Inequalities and Health Equity Programme To outline the plans for SEL Health Inequalities funding in Lewisham for 25/26	Update / Information	
		Discussion	
		Decision	***Yes***

Summary of main points:

The report provides an update on the progress of several of the projects within the Health Inequalities Programme for Lewisham to date, that are funded by the South East London (SEL) Health Inequalities Fund and delivered with the Lewisham Public Health Team.

The projects presented are 'Addressing inequalities in elective surgery waiting lists, and 'Health Equity Teams', a project that brings together Community-Based Organisations and Health Equity Fellows to work together for each of Lewisham's six primary care networks. There is also an update from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) 2 years on report, presenting progress on actions from the review.

The recommendations section below outlines which projects are proposed to continue beyond April 2025, which have completed, and which require further review. Additionally, there is a proposal to include the Lewisham Pharmacy First project within the Health Inequalities programme of work.

The attached slides include update reports with information from recent evaluations of three of the programmes which fit into the Health Inequalities Programme:

- Addressing inequalities in elective surgery waiting lists – 12-month evaluation
- Health Equity Teams – Cycle 1 evaluation
- BLACHIR - 2 years on report

Potential Conflicts of Interest	**N/I**			
Any impact on BLACHIR recommendations	**Outlined within the papers**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The main content of the report relates to projects within the Health Inequalities programme of work that aims to address health inequalities faced by those in protected characteristic groups related to sexuality (those who identify as LGBTQ+) and ethnicity (those in Black and minoritised groups), and those living in areas of higher deprivation. The programme intends to improve outcomes and have a positive impact for people in these groups, and other groups with protected characteristics.		
	Financial Impact	The funding for the Health Inequalities programme has been budgeted for and should not result in any cost pressures for the system. However, as part of the ongoing work the programme will be reviewing the projects to ensure they are cost effective and providing the performance required to meet the objectives of the programme.		
Other Engagement	Public Engagement	The Health Inequalities Programme was conceived with good engagement from a number of community organisations/members of the public via a Health Inequalities Summit in November 2021 and Community Planning Day in March 2022. Some projects within the programme include ongoing engagement with community groups and wider public throughout the course of the programme e.g. BLACHIR community partner and Health Equity Teams. In terms of future planning for the programme, specific engagement is being planned/underway for projects that will be ongoing.		
	Other Committee Discussion/ Engagement	Regular updates about the programme are made to the Lewisham Health and Wellbeing Board		
Recommendation:	**<u>To agree the following plan for projects funded by the South East London ICB Health Inequalities Fund:</u>** Community Connections Lewisham (CCL) Prostate Cancer Support Role – completed 24/25 Community based preventative health outreach programme (Lewisham Community space) – continue			

	Implementation of opportunities for action from the BLACHIR review – ongoing for additional 6 months Addressing inequalities in elective surgery waiting lists – continue Population Health Fellows - continue Improving collection of special category data - review Smokefree Pregnancy Midwives – continue with review in 25/26 Health Equity Teams- continue (this includes community group and community campions) Pharmacy First – new project 25/26

Health Inequalities Workstream Summary

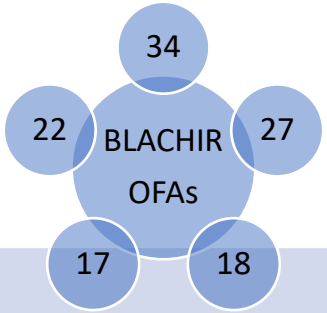
South East London Integrated Care System

Project name	Project Summary	Status for 25/26	Funding for 25/26
HEE Population Health Fellow	Using Lewisham Integrated Pop. Health data to work with clinical teams across Lewisham, to prioritise clinical services for review & identify differential clinical outcomes.	Continue	£73k
GP Health Equity Fellows & community groups and Champions	Coproduction of health equity projects by each PCN Fellow and their respective community organisation. Lewisham Health and Wellbeing Community Champions to support health promotion & health equity in the community.	Continue	GP Fellows: £224k Community: £240k (funding vis Public Health)
Addressing inequalities in elective surgery waiting lists	Proactively identifying patients at risk of inequalities to provide health optimisation support so they are fit for surgery without further delays.	Continue	£103k
Community-based preventative health outreach programme (Lewisham shopping centre community hub)	Refurbishment of Lewisham CommUNITY space in Lewisham Shopping Centre to serve as a central location for community-based preventative outreach. Operational since June 2024.	For Review	£84k
Improving recording of special category data	Improving access to data, and improved recording & coding of special category data across Lewisham health system. Plan to recruit specialist data recording role in Community Services.	For Review	TBC
Specialist Smoke Free Pregnancy Midwife	Tri-borough Specialist Smoke Free Pregnancy Midwife to be responsible for 'Smoke Free Pregnancies' through training, engagement with Stop Smoking services, and support & management of non-specialist staff. Joint funded with Greenwich Public Health.	For Review	£44k
CCL Prostate Cancer Support Role	Bringing the benefits of a social prescribing service to a secondary care setting – providing more holistic support and self-empowerment to patients. Now funded by Macmillan.	Completed	N/A
Implementation of BLACHIR opportunities for action (time-limited funding)	Commissioning of BLACHIR community partner, Social Inclusion Recovery Group (SIRG) for 16 months. Recruitment of a fixed term BLACHIR Senior Project Officer for 18 months (ends in March 2025).	Completed	N/A
Pharmacy First		Continue	£114k

Health Equity Teams 22-24

Reviewing progress and planning next steps

Health Equity Team Projects



North Lewisham PRIMARY CARE NETWORK

Red Ribbon Living Well

Community health hubs: holistic health fairs reaching 678 individuals.

400 health checks performed.

26 champions recruited

HIV training and teaching for 144 primary care staff

modality A Commitment to Care

Therapy 4 Healing

Listening and engagement at 48 venues

95 community visits reaching 1200 residents

1 holistic health fair focused on older black adults

24 patients attended 12 week complementary health clinic

Aplos Health primary care network

Action 4 Community Development

Community health and wellbeing awareness program.

7 events Focusing on mental health and LTCs

25 champions recruited

24 local organisations engaged

Sevenfields Primary Care Network

DCLT

SOCIAL LIFE

Community based research

4 champions recruited - 1 is now a social prescriber

9 interactive health promotion events

The Lewisham Care Partnership

MAB ADI LIKO

360 LIFESTYLE SUPPORT NETWORK CIC

Culturally tailored group consultations for Black and South Asian patients with Diabetes

24 participants achieving average 9.5mmol drop in Hba1c

Lewisham Alliance PCN

Holistic Well Women

PCN based form filling events linked to health checks. 200+ residents engaged

Peer support MH and Wellbeing groups.

Health Innovation Network (HIN) and Centric Evaluation

Impact: Opportunities for Black-led organisations to contribute to NHS service delivery, improving outcomes for residents

Improving access by bringing healthcare to the community	• Invested in and developed multi-service hubs and pop-ups in the community. • Provided an equal footing and addressed wider social determinants of health. • Leveraged existing resources and expanded their reach by engaging individuals and organisations from other localities.
The growth of community champions	• Pivotal and instrumental role in project execution. • Personal and professional development, including enhanced healthcare knowledge, strengthened community leadership skills and increased confidence.
Gains for community based organisations	• Direct investment in Black-led organisations. • Reported impact ranged from broadened and strengthened relationships, raised profile and cause awareness, scope to consider further funding.

Impact: A cohort of health equity leaders were developed

Re-invigorating Lewisham PCNs' focus on addressing health inequalities

Began to establish sustainable capacity within primary care to address health inequalities. It supported PCNs to:

- Raise awareness of health inequalities.
- Engender movement and cultural change amongst primary care leaders.
- Prioritise managing the health of Lewisham residents through a health equity lens.

Contributing to care pathway transformation

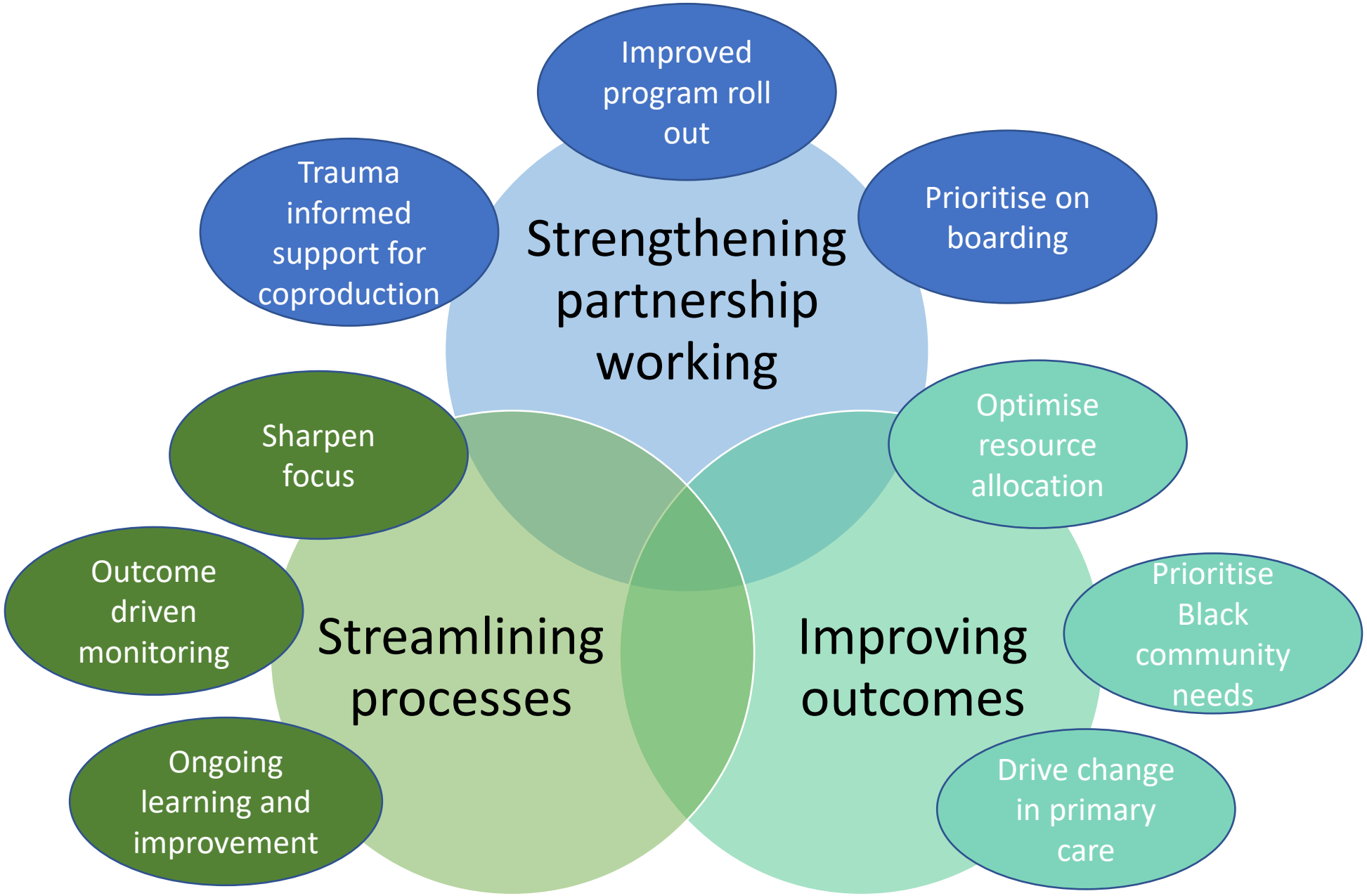
Adaptations implemented throughout the programme yielded a broader impact. These adaptations included:

- Facilitating direct engagement between GPs and community initiatives.
- Leveraging the expertise of community organisations to deliver training to GPs and encourage open dialogue regarding health inequalities.
- Tailoring and adapting primary care resources to be culturally accessible.
- Reassessing primary care procedures.

The personal growth and development of health equity fellows

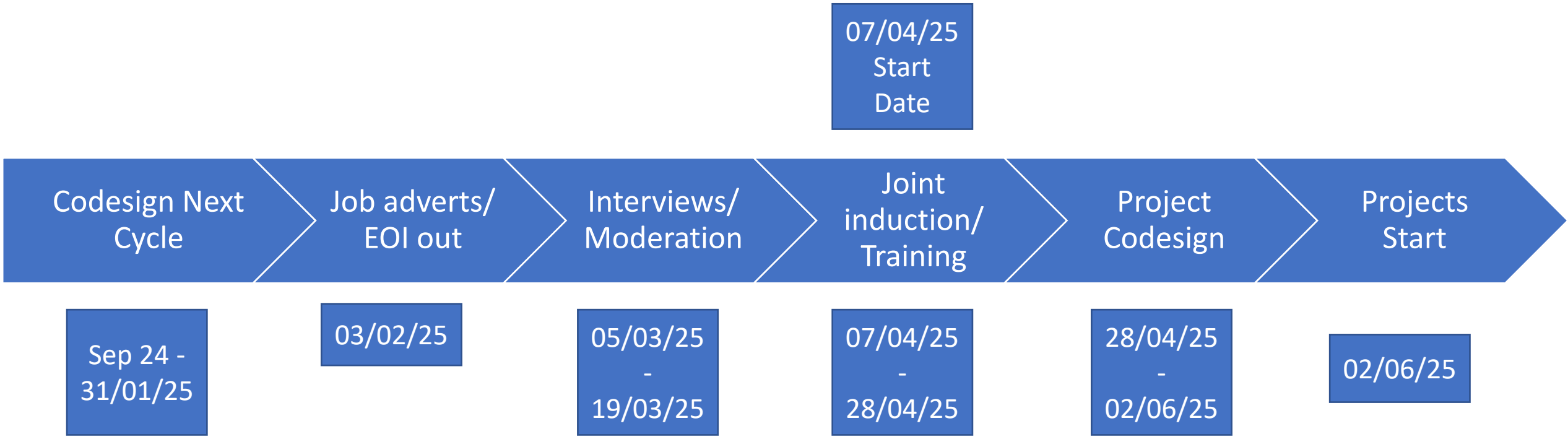
Fellows described their involvement in the programme as a profoundly transformative experience, with its significant personal and professional rewards.
It supported them to live and spread their passion, make a wider difference, and build connections. Through this, they also learnt from each other and developed their leadership skills.

Three Key Recommendation Themes



HET Project Timelines: Embedded into INTs

South East London Integrated Care System



BLACHIR 2-Year Progress Overview

The Birmingham and Lewisham African Caribbean Health Inequalities review (BLACHIR) was a joint research project between Lewisham and Birmingham City Councils. The review bought together data, expert knowledge and lived experiences to produce realistic recommendations to lead to improved health outcomes for Black African and Black Caribbean communities.

When the review report was first published in 2022, it identified seven key areas to help reduce health inequality and highlighted 39 Opportunities for Action (OFA) to improve health inequalities.

These have been the focus of the Lewisham Health Inequalities and Health Equity Programme for the past two years. This programme covers eight work streams, including primary care network health equity teams and a borough-wide workforce toolbox to equip those working in Lewisham with the skills to address health inequalities locally.

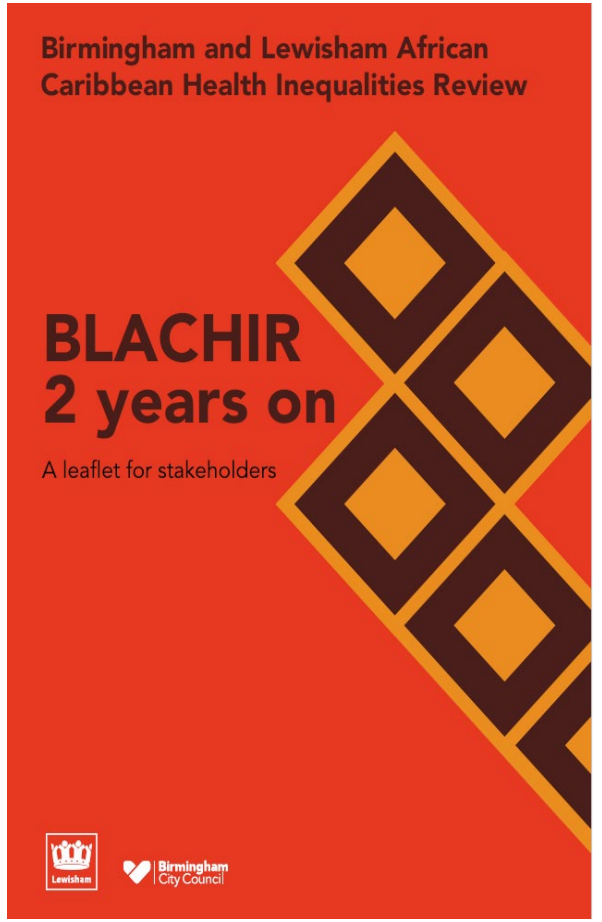
The programme acts as the delivery vehicle to implement opportunities for action from the BLACHIR report.

To date, 6 Opportunities for action (OFA) have been completed, 24 are in progress and 9 have not yet been actioned.

Activity has included the commissioning of several Black-led community organisations to work with our residents on health equity initiatives; a wide range of drop-in clinics and health screenings; and the delivery of over 620 activity sessions, focussing on physical, mental and social wellbeing.

System partners and the community have worked together, prioritising BLACHIR's implementation and shown a commitment in closing the health inequality gap.

The BLACHIR 2 years on report can be found here - Lewisham Council - Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).



Birmingham and Lewisham African Caribbean Health Inequalities Review

BLACHIR 2 years on

A leaflet for stakeholders

Lewisham

Birmingham City Council

Dr Catherine Mbema, Director of Public Health

The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) has been such an important piece of work for Lewisham in our ongoing journey to tackle ethnic health inequalities and achieve health equity.

I'm proud that we as a borough have prioritised implementation of the opportunities for action from the review since the launch of the report two years ago. This is evident in commitments within our Lewisham Council Corporate Strategy and strategies of partner organisations. Though we have some way to go to close the health inequality gap in Lewisham, I am pleased to see we have made real progress on many of the recommendations in the review.

The way in which organisations and individuals from different sectors and backgrounds have come together to progress our Lewisham Health Inequalities and Health Equity programme demonstrates true partnership working and passion around a joint ambition to achieve health equity.

Cllr Paul Bell, Cabinet Member for Health and Adult Social Care

Lewisham is home to large and diverse Black African and Black Caribbean populations, but for too long these communities have suffered from health inequalities.

When it was first published in 2022, the BLACHIR report sought to give a voice to the people who have been let down or left behind by the system. It also allowed us to combine data and lived experience to produce achievable recommendations for the NHS and our other healthcare partners.

As your Cabinet Member for Health and Adult Social Care, I'm proud of the progress we've made in the past two years. For instance, we've commissioned several Black-led community organisations to work with our residents on health equity initiatives; carried out a wide range of drop-in clinics and health screenings; and delivered over 620 activity sessions, focussing on physical, mental and social wellbeing.

There's much more work to do, but this document shows how much progress we've made in a relatively short period of time and how serious we are about minimising health inequality throughout the borough. My thanks to all those whose hard work has made this possible.

Cllr Ese Erheriene, Cabinet Advisor on BLACHIR

The BLACHIR report was a landmark step in highlighting the health inequalities that exist within Lewisham's African and Caribbean population. And in providing a benchmark guide towards addressing these gravely important concerns. Since its publication, Lewisham Council has taken every opportunity to deliver change and raise awareness. We will continue to do so until our borough is the best place for people of Afro-Caribbean heritage to grow up and grow old. As Cabinet Advisor on BLACHIR, I am proud to present this update.

What is BLACHIR?

The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) was first published in March 2022 as a joint research project between Lewisham and Birmingham City Councils.

The report was commissioned to bring together data, expert knowledge and lived experiences to produce realistic recommendations that will lead to improved health outcomes for Black African and Black Caribbean communities. It now informs the work of the Health and Wellbeing Board and influences councils, the NHS and other partners.

In Lewisham, we endorsed the findings of the report straight away and we are using them to drive change across the health and care system. Since April 2023, the Social Inclusion Recovery Group (SIRG) – a local Black-led organisation – has been working with our public health team to engage with African and Caribbean communities in Lewisham.

We have also recruited a dedicated Senior Project Manager to lead on implementing the recommendations of the review. They work closely with community partners and wider stakeholders to help embed BLACHIR into all our ways of working.

Progress so far

The BLACHIR report highlighted 39 Opportunities for Action (OFA) to improve health inequalities, and these have been the focus of the Lewisham Health Inequalities and Health Equity Programme for the past two years. This programme covers eight work streams, including primary care network health equity teams and a borough-wide workforce toolbox to equip those working in Lewisham with the skills to address health inequalities locally. The programme acts as the delivery vehicle to implement opportunities for action from the BLACHIR report.

As of October 2024, 6 OFAs have been completed, 24 are in progress and just 9 have not yet been actioned. Turn to pages 7–10 to see the status of each OFA.

BLACHIR also identified 7 key areas that will help reduce health inequality.

The following section highlights pieces of work that have either happened or are happening to make sure all these areas are addressed.

Fairness, inclusion and respect

OFA 35: We're delivering a series of funded events for the Lewisham Black Voluntary and Community Sector (VCS) to showcase stakeholders.

Up!Up! is a 12-week healthy weight programme for members of the Black African and Black Caribbean community that runs in the borough.

Between April and September 2024:

- 99% of service users said they are 'very likely' or 'likely' to recommend the programme to a family member or friend.
- 69% reported an improvement in their quality of life after completing the programme.
- Up! Up! outperforms the national average in the available indicators (completion and weight lost).

Trust and transparency

The Social Inclusion Recovery Group (SIRG) delivered a monthly community forum, exploring a different theme from the BLACHIR report. The forum was a chance to update on the progress of the recommendations and hear local views on its impact.

The BLACHIR community forums have been a powerful platform, not only for giving the Black community a voice but for deepening our understanding of the report's themes, key findings and the opportunities for action.

Participant feedback from the BLACHIR Community Forum

Better data

OFA 33: Lewisham and Greenwich NHS Trust ran a project to improve special category data. 5,872 patient records have been amended to update ethnicity records and this will be the foundation of all future work.

Early interventions

OFA 11: Should I Really Be Here? (SIRBH) is an initiative that aims to increase mental health and wellbeing literacy within Back Caribbean and Black African communities. The scheme improves ways of engaging and supporting young males aged 16-25, using community-based approaches.

The GP-led Youth Clinic is an integrated primary care and mental wellbeing service for young people aged 13-25 that has been running in north Lewisham since August 2022.

Health checks and campaigns

OFA 34: Between October 2023 and October 2024, 678 people attended 9 community health check events, which were run by Red Ribbon Living Well and North Lewisham Primary Care Network Health Equity Team. They performed 400 health checks including HIV tests, cancer screenings and liver fibro scans. 98% of attendees would recommend the community health hubs to their friends and family. This data-driven initiative has helped raise awareness and improve early detection, as well as increased levels of community trust. Of those who attended health checks, 48.8% were Black patients.

"Giving hope to those who needed my assistance and gaining skills to deliver aspects of this project was a major achievement."

Feedback from the Red Ribbon and North Lewisham PCN Health Equity Team Community Champions

OFA 27: The Lewisham Cancer Awareness Network (LCAN) has collated a wide range of resources that can be shared with residents and community groups, including translated and culturally appropriate materials.

LCAN continues to promote the importance of health screenings – especially among Black African and Black Caribbean populations.

Healthier behaviours

OFA 35: We've commissioned several Black-led organisations* to co-create health inequality initiatives in partnership with the NHS and Lewisham Council.

In the past two years, they have held countless primary care interventions. These range from community outreach health fairs and awareness raising events to a new complementary health clinic and a drop in café at Goldsmiths Community Centre.

*Red Ribbon, Action for Community Development, Therapy 4 Healing, 360 Lifestyle Support Network, Mabadilko CIC, Downham Dividend Society Community Land Trust /Social Life and Holistic Well Women.

"The way I now look at diabetes is absolutely different. It seems so much easier to cope with it after this last 6 months. I really do not know how to say thank you for all your help, kindness, encouragement, and the way you did not make me feel bad or ashamed. I would love to do this again. Thank you!"

Participant from Diabetes Group Consultations 360 Lifestyle Support Network CIC/Mabadilko CIC/The Lewisham Care Partnership Health Equity Team

"Think it's a brilliant idea and will help patients heal and progress both physically and mentally."

Testimonials from attendees at Therapy 4 Healing/Modality PCN Health Equity Team's Complimentary Health Clinic

Health literacy

OFA 27: Our Community Based Preventative Health Outreach Programme allows us and our partners to make better use of our CommUNITY Space in Lewisham Shopping Centre, increasing the frequency of health wellbeing interventions and drop-in sessions for our residents.

The space registered 515 new service users between October 2023 and June 2024 and almost half of residents that have accessed the CommUNITY Space to date have been from Black African or Black Caribbean communities (45.8%).

At a glance

- 2,400 meals were distributed by the Felix Project
- 621 activity sessions were delivered, focusing on physical, mental and social wellbeing
- Enable has 14 active local volunteers
- Hosted 17 pop-up community events

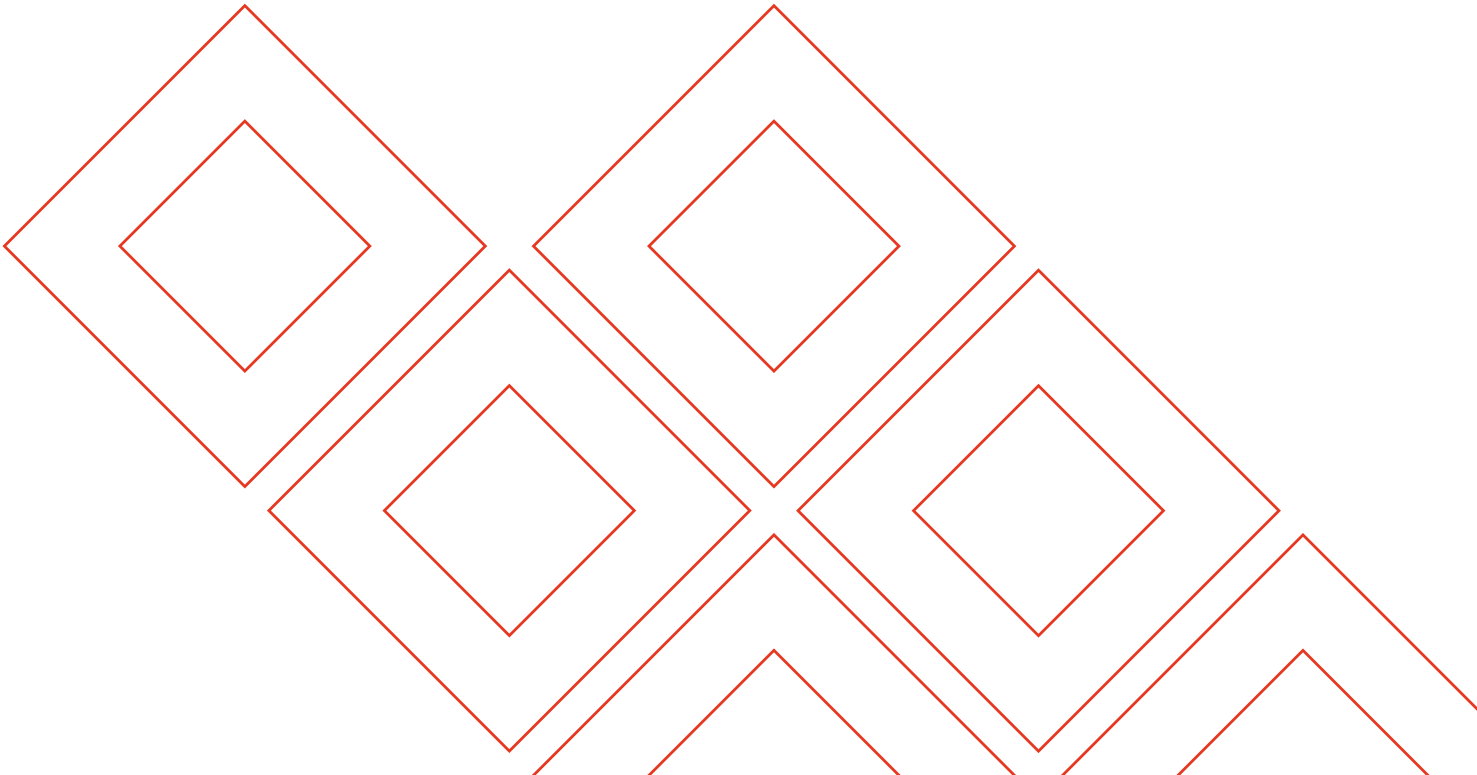
Opportunities for Action

This table lists all 39 opportunities for action (OFA) and categorises them using a traffic light system depending on their status. Green shows the OFAs that have been progressed fully, orange is OFAs that have been started but are still in progress, and brown OFAs have yet to be progressed.

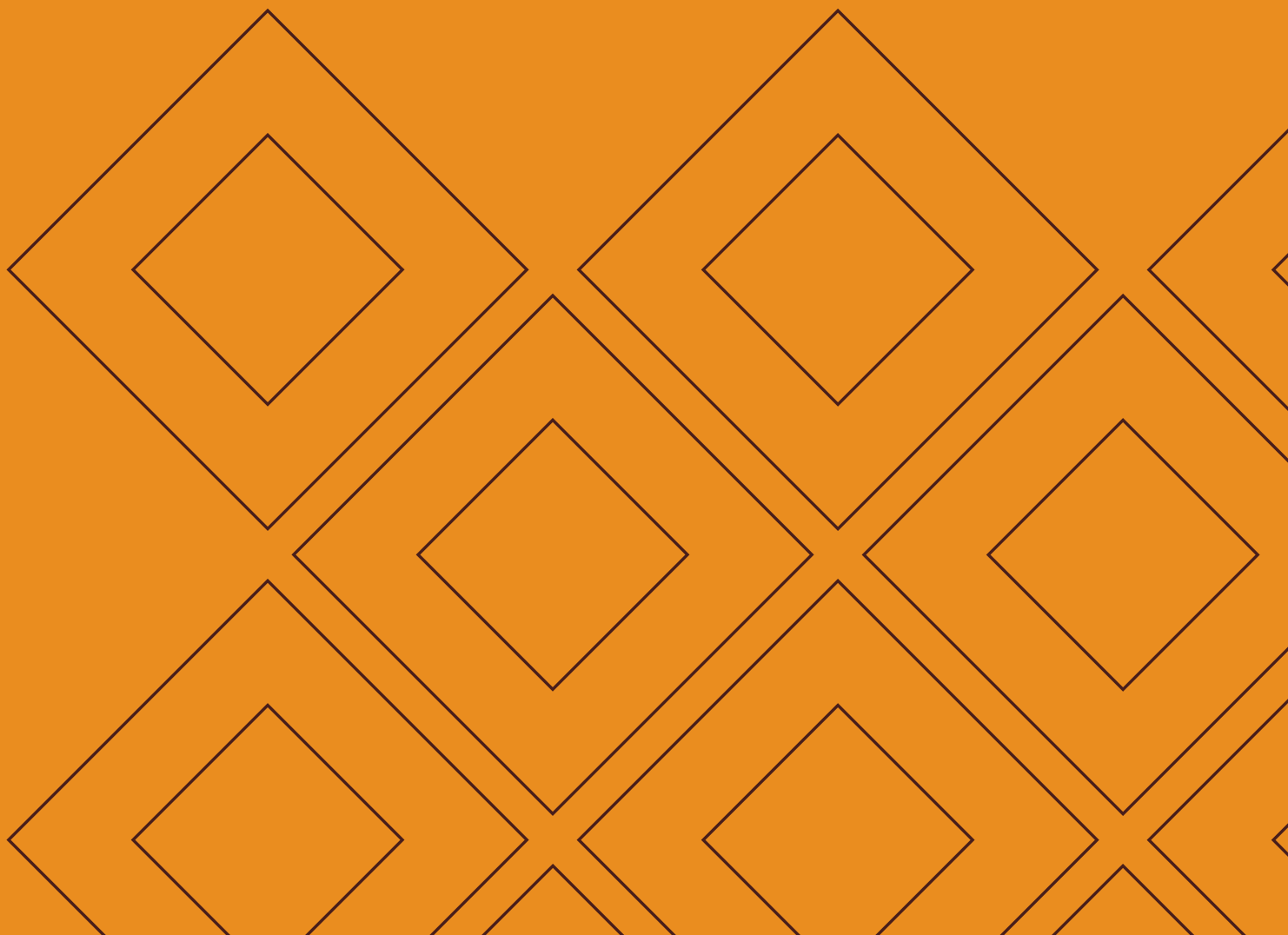
Opportunity For Action (OFA)
4. Work with education partners for all ages and local communities to explore how ethnic diversity can be further integrated into education to reflect the diverse cultures and various perspectives of history and experience.
5. Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.
6. Co-design online tool with communities to collect information on beliefs, cultural practices and traditions from ethnic groups. This resource could then be used for training to inform practice and communication with patients and service users.
7. Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.
8. Support all women who are migrants, refugees, and asylum seekers, particularly those with no access to public funds, to access appropriate care during and post pregnancy, through appropriate support and protecting them from relocation or eviction.
9. Develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.
3. Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience.
10. Provide guidance and support for Black African and Black Caribbean parents and young people on applications and transition to secondary school and further education, including online information, support liaison officers, summer schools on core subjects and finance advice.
11. Commission and develop culturally appropriate and accessible services, including schools-based support, for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services. This should be specifically actioned for mental health services and for sexual and reproductive health services and take into account issues around gender exploitation and gender based violence.
12. Review educational approach and opportunity for targeted intervention to increase academic achievement for Black African and Black Caribbean children and young people.

Opportunity For Action (OFA)
14. Work with trusted community centres and spaces to provide violence-free, accessible and attractive youth provision for access to wider opportunities, including through existing contracts and partnerships with Black-owned businesses and leaders.
15. Collaborate with African and Caribbean communities and their leadership on addressing air quality issues and continue with the in-depth work already in place with explicit consideration of these communities.
16. Put in place interventions for Black African and Black Caribbean children and young people that address specific inequalities (e.g. sickle cell disease services), ensuring proportionate targeting and equality assessments of whole population interventions for issues they are disproportionately impacted by (e.g. low traffic neighbourhoods and school streets).
17. Provide targeted and culturally appropriate screening services for Black African and Black Caribbean older adults.
20. Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation.
21. Use life course approach and consider relevant findings from this Review to develop interventions that help to mitigate health inequalities experienced by Black African and Black Caribbean older people.
22. Coproduce awareness campaigns for Black communities to promote a better understanding of different mental illnesses, facilitate early interventions and self referral in collaboration with carers, families, health services, community and faith centres.
23. Ensure practitioners use culturally competent (cultural understanding) trauma informed patient-centred engagement styles and interventions.
24. Ensure mental health workers acknowledge service users' personal histories of racism and recognise them as trauma to enable more effective intervention.
25. Promote cultural competency training within healthcare services, the criminal justice system, and the police force.
26. Apply the use of culturally competent language, including using language that considers stigma within communities, such as 'wellbeing' rather than 'mental health'.
27. Work with Black African and Black Caribbean communities and organisations to cocreate and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

Opportunity For Action (OFA)
29. Provide long-term investment for trusted Black African and Black Caribbean grass roots organisations such as faith groups, schools, voluntary and community sector organisations to deliver community-led interventions.
30. Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making.
33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.
34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.
35. Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy.
36. Consider cultural and religious influences when developing interventions to address the wider determinants of health inequalities for Black African, Black Caribbean and Black-Mixed ethnic minority groups.
37. Collaborate with government agencies and institutions to remove issues ethnic minorities face when in contact with the justice system and ensure these agencies work to address health inequalities.
38. Conduct more research to understand the impacts of the food environment and food poverty on health and wellbeing of Black African and Black Caribbean communities, and devise strategies to address the structural issues at a community level.



Opportunity For Action (OFA)
1. Pilot the removal of the colour language from ethnic coding and evaluate the impact on participation and experience of data collection.
2. Pilot the integration of discrimination and racism into the approaches to adverse childhood experiences and recognise this both in the assessment of children's needs and in the design of interventions to mitigate these adverse impacts.
13. Address low pay and associated poverty for frontline workers who are of Black African and Black Caribbean ethnicity.
18. Campaign to raise awareness and increase uptake of community-based NHS health checks in Black African and Black Caribbean older adults.
19. Assess the availability of culturally aware services for mental health and evaluate current services to determine how they meet the needs of older Black African and Black Caribbean adults.
28. Explicitly recognise racism and discrimination as a driver of ill health and put in place training and systems to enable trauma-informed practice and services.
31. Address the evidence deficit in interventions for Black African and Black Caribbean communities through targeted investment in research, including capacity and skills development for community providers in 'action research' to concurrently deliver and evaluate interventions.
32. Undertake insight research with members of smaller Black African and Black Caribbean populations (e.g. Somali, Ethiopian and Eritrean) to understand health literacy needs.
39. Take action to address employment inequalities and issues around racism and discrimination in the public sector. Offer more protection for key workers from Black African, Black Caribbean and Black-Mixed ethnic backgrounds in health or other high risk occupations.



GET Involved

There are so many ways for residents, businesses and other organisations to help improve health inequalities in the borough. To find out more and to get involved, please scan the QR code or visit: lewisham.gov.uk/BLACHIR

Tackling inequalities in the elective waiting list: 12-month evaluation

January 2025

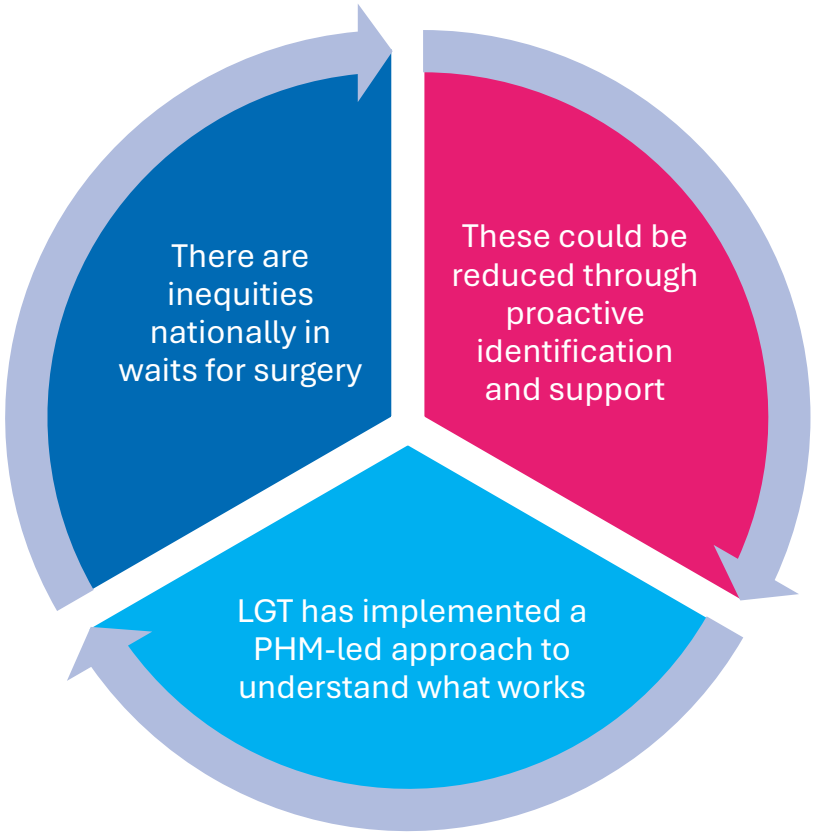
Lewisham and Greenwich NHS Trust

To be exceptional

Project overview

Lewisham and Greenwich NHS Trust

This briefing sets out our evaluation of the first 12 months of our project seeking to tackle inequalities on our elective waiting lists.



Problem

Patients from the most deprived areas of the country are **more likely to face longer waits** of over 52 weeks for treatment (7.29%) compared with 4.02% of patients from the least deprived areas (**King's Fund**)

Proposed solution

Seek to reduce inequalities in waiting times for surgery by proactively identifying patients at risk of inequity and optimising their health.

What we're doing

We have implemented a population health management-led approach **to identify patients at most risk of experiencing inequitable care** at an earlier point in the surgical pathway

Patients have been provided **proactive interventions to support them to optimise their health** ahead of surgery, so they are less likely to experience delays.

Overview of findings

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Our PMH approach is identifying **a diverse patient cohort** for review (45% White British, 69% from two most deprived quintiles)

357 patients reviewed by our clinical panel. Significant health needs found (**65%** of patient cohort requiring **health optimisation support**, an increase from 52% at M6 evaluation)

105 patients had a pre-operative assessment, with improved fitness for surgery (64% compared to 50% of overall waiting list – considerable improvement given higher complexity of our patient cohort)

43 patients progressed to surgery, expect more at M18 evaluation. **Reduced length of stay** post surgery for patients reviewed by clinical panel (mean reduction of **0.4 days per patient**, 17 bed days in total)

Two on the day cancellations within patient cohort (4.6%). One due to medical reasons (2.3%). Historical data across SEL indicated cancelation rate of 7-18% with 80% due to medical reasons

New ways of working developed – POPS clinic at Eltham CDC, proactive stop smoking support, and development of new Vital5 initiative to engage patients with lifestyle support.

What's worked (and may be applicable to wider projects...)

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Integrated dataset

Able to leverage Healthintent to identify the right patients

Clear roles and responsibilities

Clinical lead, patient navigator, project resource

Defined patient population

Patients listed for surgery, who meet certain criteria

Clarity on desired outcomes

Agreed outcomes (POA %, LoS, cancellations) that can be tracked

Tight model, that has iterated

Started with biggest drivers (e.g. anaemia), now able to consider prevention

In order to understand whether our model works, there are a number of questions to answer

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Proposition	Y/N	Current position	Relevant evidence
Are we able to identify ill-health that would delay surgery?	Y	A review of cancellation data indicates that for patients from two most deprived quintiles, 81% of on day/7-day cancellations are for patient factors, compared to 76% for all patients. There are data quality concerns with cancellation data which limits opportunity to draw insights form this. We proactively identify patients at risk of not being fit for surgery. We can view most recent Hb and HbA1c results and frailty scores, which are key factors in determining fitness for surgery. Other behavioural factors can be viewed as well.	**65%** of cohort required some form of optimisation at M12 evaluation, compared to **52% at M6**. 54% of patients have Hb below target. A diverse patient cohort is being identified through the prioritisation criteria.
Are there available interventions to improve ill health?	Y	A range of pathways have been established to provide appropriate support to optimise health ahead of surgery. A pathway coordinator in post to support patients through the process. We have also better joined up pathways for patients with a learning disability and identified more proactive support for patients on our waiting list who are current smokers.	7% of patients referred to support for anaemia, 16% referred to POPS – further information in slide 7.
Does the model reduce cancellations in the target group?	Y (TBC at M6)	Patients who have been reviewed by the clinical panel and provided support to optimise their health have a higher rate of being found fit for surgery at POA that the overall waiting list.	**64% of patients reviewed by the clinical panel were fit for surgery at POA**, compared to 50% across whole list. 43 patients have proceeded to surgery with 2 on the day cancellations (4.6%) – lower than historical SEL data, but will understand more at M18.
Are cost savings from reduced cancellations lower than the cost of the model?	TBC	Primary focus was on reducing inequalities, however there are potential ROI benefits. There are relatively limited overheads of the core model, including clinical lead and pathway coordinator. Inequalities funding has been used to expand key services where additional capacity was needed (e.g. POPS, POA) to support expansion of the model. This has also addressed LGTs inequitable POPS provision that existed previously compared to SEL partners. Previous POPS pilot had indicated a 4-day reduction in average LoS for frail patients which would result in cost savings.	We are looking to include this model within wider health economics evaluation that the population health team are working on.
Is our model sustainable?	TBC	Standard Operating Procedures have been developed to enable consistent delivery. Clinical leadership has been crucial and may need succession planning to ensure sustainable model in long-term. To reduce admin burden of applying prioritisation criteria, we are working with PHM team on automation.	As the panel has developed, there is reduced need for Anaesthetic/Surgeon input. Team reviewing approach to clinical panel to ensure effective use of time. Automation request is with Oracle to develop prioritisation flag within dashboard.
Are there other cost savings?	TBC	Expectation that there will be reduction in number of POA appointments and DNAs, freeing up capacity. There is also potential to reduce length of stay and ED attendances with improved health. There are also benefits to reducing waiting times as benefits of surgery reduce with longer waiting time – however this will be difficult to quantify.	Reduction in LoS observed compared to mean for patients from deprived communities. Wider impact on service utilisation will be included in the longer-term evaluation and health economics work.

Learnings to date and next steps

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Learning at M6	Next steps (from M6 evaluation)	Update – Dec 2024
We have been successful in identifying target patients who need support to optimise their health from communities who experience health inequalities	• Prioritisation criteria is adapted based on the complexity and patient demographics within specialties. • Developing automation approach to apply criteria, reducing admin burden.	• Prioritisation criteria has been adapted for ENT waiting list. • Request for an automated query to be built into elective dashboard has been submitted to Oracle.
Relatively low volumes of patients considered at panel to date, as initial focus has been on hip and knee replacements at UHL (Lewisham patients account for c.1/3 of LGT list). We currently pull through 30% of the Lewisham T&O patients, 40% of over 65s.	• We will be expanding approach to Greenwich once population health management data available. • Expanding to additional specialties, including ENT and General surgery, and will review other specialties that would benefit from approach.	• Panel is now reviewing patients registered to Greenwich GP practices who have signed up to HealtheIntent (c.60% of practices). • Clinical panel is now reviewing patients on ENT and General surgery lists.
Decision to expand to ENT / GS due to having longest waiting lists. However, have identified that there are varying needs across specialties due to patient population the procedure complexity. Anaemia and frailty are the factors that provide the opportunity for greatest impact.	• Reviewing data to identify the specialties that can provide greatest impact in future expansion.	• General surgery prioritisation has been adapted. • Urology patients are the next group to consider for optimisation. • Gynae patients – there are very few requiring specific clinical interventions.
There are data quality challenges that limit ability to review cancellation data and reasons for cancellations.	• Pick up with the theatres improvement programme whether addressing these data quality issues is part of plan.	
There are high levels of healthcare usage from patients identified for review. For example, from most deprived group, 90% of patients had had 3+ contacts with primary care in previous 6 months, and 18% had a hospital admission.	• To review wider healthcare utilisation as part of the longer-term evaluation.	• To review wider healthcare utilisation as part of the longer-term evaluation.
There is a high prevalence of obesity and smoking within the patient population, which reflects the boarder determinants of health and impact on health inequalities.	• Rolling out proactive identification of all active smokers on waiting list and direct contact by Trust stop smoking team. • Will use coproduction activity to shape how we communicate with patients about obesity/weight management support.	• Smoking cessation team have been contacting active smokers to offer support – expanding this to wider patient group following initial testing of approach. • Developing vital 5 approach with KHP team based on feedback from co-production work.

We have identified a diverse patient cohort for clinical panel review

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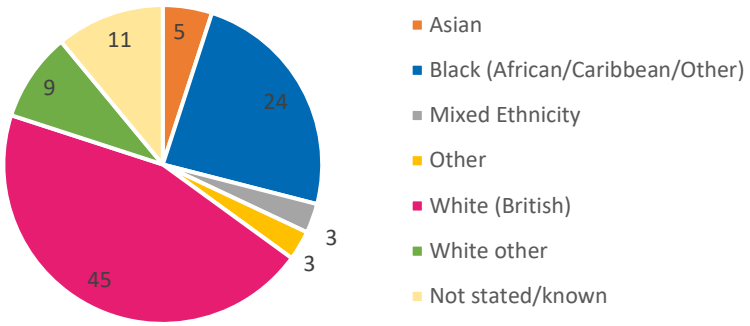
357 patients reviewed

66 mean age

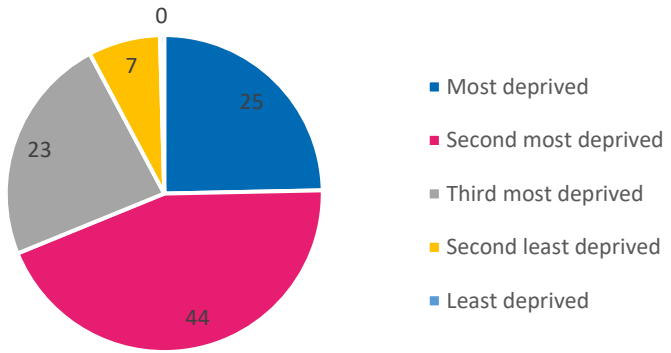
71% female

Ethnicity of patients reviewed (%)



Ethnicity is in line with demographics of patients on waiting lists, with slight overrepresentation of White British compared to Lewisham and Greenwich populations

Deprivation level of patients reviewed (%)



69% of patients are from the most and second most deprived quintiles which is above the waiting list average (66%) and in line with the local demographics of Lewisham and Greenwich.

High level of health needs - 65% of those identified required health optimisation

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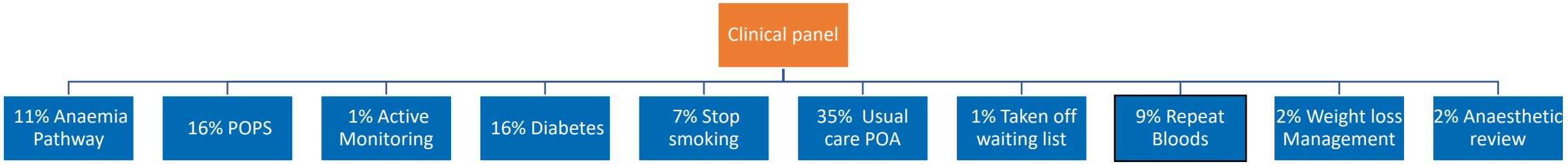
There has been an increase in complexity of patients compared to 6-month evaluation, where 52% of patients needed optimisation. The introduction of additional specialties has led to an increase in support needs for diabetes (16% compared to 1%) and stop smoking (7% compared to 3%).

Hb result	Number of patients
=>130g/L	163
115-129g/L	138
<115g/L	50
Unknown	6

Smoking status	Number of patients
Current smoker	57
Not current smoker	256
Unknown	44

BMI	Number of patients
Obese	135
Normal	51
Overweight	92
Severely obese	33
Underweight	2
Unknown	44



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NB – patients referred to POPS who need additional support from other pathways will be initially supported within POPS and referred for specialist support. Therefore, there may be an undercount within some pathways. EG a patient who needs POPS support and also need iron tablets for Anaemia may only be counted in the POPS pathway.

Improvement in fitness for surgery at POA

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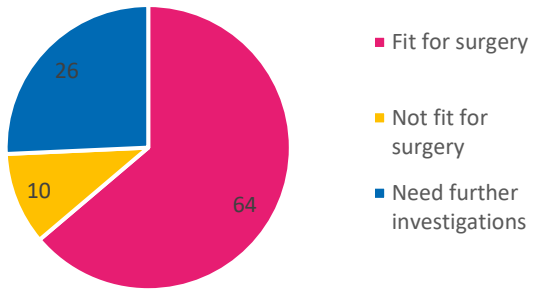
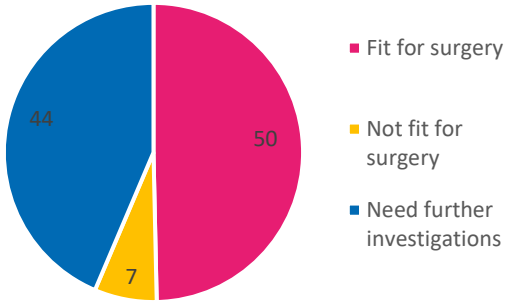
64% of patients were found **fit for surgery** at their POA assessment, compared to **50%** average across whole waiting list. This is a considerable improvement considering the higher clinical complexity of patients reviewed by the clinical panel.

Proportion of patients by POA outcome reviewed by clinical panel



Proportion of patients by POA outcome - all patients on T&O waiting list (comparator data)



Patients on admitted T&O waiting list who had a POA appointment Jan-Dec 2024.

- Up to end of October 2024, 105 patients who had been reviewed by clinical panel have had a pre-operative assessment (POA).
- Of those patients considered by the clinical panel, **a higher proportion were fit at the POA appointment** compared to the whole T&O waiting list.
- The whole T&O list includes all demographics, whilst the **clinical panel cohort is specific to the more complex patients who are impacted by health inequalities**.
- The POA outcome data for the T&O waiting list patients refers to the latest POA outcome a patient has had, rather than any previous POA appointments which may have found the patient not fit. Therefore, there is likely even greater impact of the clinical panel in improving the rate of patients found to be fit for surgery. **We are further analysing this data.**

Learning from patients who were unfit or needed further investigations

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Review of patients not fit for surgery

- Five patients taken off waiting list for variety of reasons, including health factors not related to clinical panel (eg new acute illness: pneumonia, pulmonary embolism)
- Patient had a separate surgery booked at GSTT which took precedence – patient removed from waiting list whilst they recovered.
- One patient had anaemia who had been optimised but communication with POA did not follow through
- Two patients had asymptomatic bacteria requiring further review
- Two patients needed further investigations – oximetry and cardiology

Next steps

- Reviewing with Anaesthetics if the clinical panel could provide additional benefits in addressing infections
- Ensure anaemia pathway works as efficiently as possible by ensuring that patients referred for anaemia support are supported further in advance of their POA.

Improvements in length of stay and on the day cancellations

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Length of Stay

- The average post surgery length of stay for patients reviewed by the clinical panel was **4.1 days**.
- The average length of stay for patients from two most deprived quintiles who had hip/knee replacement procedure in six-month period between 01/06/2023 and 30/11/2023 was **4.5 days**
- An average of 0.4 days across the 43 patients who have surgery to date provides a saving of **17 days.**

On the day cancellations

- One patient was not medically fit for surgery – due to anaemia. Patient had been reviewed by panel and referred to POPS and had a subsequent Anaesthetic Review and been treated for anaemia. Review of patient notes indicates treatment of anaemia had initially been successful, but by day of surgery, patient was again anaemic.
- Across SEL the historical on the day cancellation rate was between 7-18% with 80% for clinical/health related reasons.
- An additional patient decided not to have the surgery following discussion with surgeon about the likely benefit of surgery due to other health issues and therefore patient was removed from waiting list.

Up to end of October 2024, 43 patients reviewed by the clinical panel have had their surgery. We will see more patients progress to surgery through this project as patients reach top of waiting list.

Stop smoking pathway

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A pathway has been established to identify and offer support to ‘active smokers’ on the elective surgery pathway. Initially this was tested with patients who had been prioritised for review by the clinical panel.

314	17	59	20
referrals	Booked into service	Declined service	Already in service

Next steps:

- Expand the number of patients contacted – all patients on elective surgery pathway with an active smoking status will be contacted by stop smoking team.
- Patients who have declined service will be contacted in few months' time to check in and see if anything has changed.
- Coordinator will check in with patients booked into service to maintain contact and encouragement.

Impact of investment in Pre-operative Care for Older People having Surgery (POPS)

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- In addition to supporting the establishment of our inequalities model, the funding provided has enabled LGT to expand the capacity of our POPS workforce, with a band 8a and 7 nurse.
- This has enhanced the POPS inpatient clinical service with more clinical visibility and more patients seen.
- Additional capacity has enabled senior POPS nurse to lead on a new preoperative outpatients' clinic at Eltham Community Diagnostic Centre (CDC) and support the health inequalities project.
- POPS clinic at Eltham CDC:
  - Clinical panel identifies appropriate patients (with complex comorbidity +/- frailty) who would benefit from early specialist assessment in perioperative pathway
  - POPS clinic once a week utilising onsite diagnostic and phlebotomy services
  - Benefits:
    - Cost effective - led by senior nurse with clinical supervision from consultant geriatrician
    - Bringing services closer to the community it serves. Patients given the choice to attend at Eltham CDC or UHL (freeing up POPS clinic appointments at UHL)
    - Seen sooner - shortening time to be seen for a preoperative comprehensive geriatric assessment though increased activity
  - Outcomes
    - 36 patients seen from April 2024
    - Patient satisfaction and environmental impact being measured

Insights from co-production

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- Healthwatch Greenwich were commissioned to co-design solutions with patients and communities to support patients to optimise health before surgery.
- Seven sessions were held with people from ethnic minority communities, mental health needs, physical disabilities, and parents/carers of people with learning disabilities.

Key insights:

Anxiety and isolation

Feeling of life on hold

Lack of proactive communication

Impact on work and personal plans (e.g. attending family weddings)

Personalised information

Needing personalised information, guidance and support

Tailored approaches to the person – clinically and culturally appropriate

Consideration of family/carers

Accessible information

Use plain English

Reliance on younger family members to translate

Inconsistent application of Accessible Information Standards

Peer support and accountability

Community support important to stay motivated

Shared experience provided encouragement and inspiration to take proactive actions to improve health

Knee club highlighted as good example

Input across pathway

Make use of clinical touchpoints to emphasise importance of wider health on surgery

Provide information to enable self-management

Updates to reassure patients

More information help patients prepare for appointments

Next steps:

- Development of a pilot project in partnership with King's Health Partners to test provision of Vital 5 approach which aims to identify patients with missing Vital 5 data or results out of range. The Vital 5 are healthy blood pressure, stop smoking, safe drinking, healthy mind, health weight.

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Annex

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Logic model

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SITUATION

- Patients from more deprived parts of our boroughs are likely to wait longer for surgery
- LGT has the longest waits in SEL
- Patients being found unfit for surgery is the largest driver in cancellations (T&O)
- 71% of our T&O list are from Lewisham's two most deprived deciles – ill health is a significant driver of cancellations (31%)
- Health needs can also change through a long wait for surgery.
- We started with our T&O (hip and knee) lists as it built on previous work and the higher risk profile of procedures, but are now expanding to other lists (ENT/GS)

INPUTS

- Develop model to proactively identify patients at risk of inequalities and provide necessary support
- £ from SEL (APC and Lewisham) to support project
- £ from Health Foundation for co-production approach
- Population Health database
- Patient coordinator role
- Collaboration across MDT/clinical panel
- Resource in-kind from POPS, POA, smoking cessation, learning disability services, primary care

OUTPUTS

ACTIVITIES

- Proactive identification of patients using PHM approach
- Establish clinical panel to review
- Relevant pathways established and SOPs produced
- Recruitment into key roles – patient coordinator, POPS, POA, smoking cessation
- Undertake co-production work to refine approach and communication methods
- Undertake 6-12 monthly evaluations
- Refine patient prioritisation criteria across specialties

PARTICIPATION

- Fortnightly clinical panels held to review lists
- Number of patients reviewed
- Number of patients receiving optimisation
- Number of patients managed by coordinator
- Number of patients engaged in coproduction work
- Relevant specialty Clinical Directors engaged

OUTCOMES

SHORT-TERM

- PHM approach is successful in identifying appropriate patients and referring to pathways
- Increased capacity in key teams (e.g. POPS, POA)
- Improved ways of working between the clinical panel and relevant services
- Better case management of patients with an LD
- Stop smoking services can begin to contact relevant patients
- Approach expanded to Greenwich patients and beyond T&O (hip and knee)

MEDIUM-TERM

- Patients are proactively managed while they wait
- Patients have required investigations (e.g. Echo) in good time to avoid cancellations
- Improved clinical outcomes (eg Hb, HbA1c, BP)
- Reduced number of POA/outpatient appts ahead of surgery
- Increased uptake of smoking cessation service and quit rates.

LONG-TERM

- Outcome measures begin to feed through, including:

1. Reduced cancellations for patients identified, against a control group
2. Reduced LoS
3. Reduced healthcare utilisation following surgery (eg primary care, ED, readmission)
4. DNA reduction
5. Wider health benefits – (eg smoking and obesity)

- The learning from the PHM and coproduction work is embedded across LGT's Surgery division.

ASSUMPTIONS

- By identifying patients and intervening early, we will be able to help optimise their health – reducing delays for surgery, complications and LoS
- Patients will be receptive to intervention

EXTERNAL FACTORS

- Wider determinates of health – e.g. housing
- Wider system capacity (eg primary care, public health)

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	Lewisham Pharmacy First Plus 2024
Meeting date:	30th January 2025
Author:	Erfan Kidia – Assistant Director, Medicines Optimisation Pharmacist (Lewisham)
Executive lead:	Laura Jenner- Director, System Development

Purpose of paper:	Lewisham Pharmacy First Plus service Outcomes for 2024	Update / information	
		Discussion	
		Decision	x
Summary of main points:	- The Lewisham Pharmacy First Plus service is funded from the non-recurrent Health Inequalities budget. - The report below details service provision in the calendar year 2024.		
Potential conflicts of interest:	None		
Relevant to the following Boroughs:	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	X	Southwark	
	Equality impact	Included		
	Financial impact	£114,624		
Other engagement:	Public engagement	None		
	Other committee discussion/ engagement	Lewisham Medicines Optimisation Prescribing (LMOP)		
Recommendation:	Continue commissioning of the Lewisham Pharmacy First Plus service, as per the current cohorts into FY 2025-26			

REPORT

Lewisham Minor Ailments Scheme (MAS), the Lewisham Pharmacy First Plus Service

Senior Responsible Owner: Ceri Jacob, Place Executive Lead (Lewisham)

Report Author: Erfan Kidia, Assistant Director, Medicines Optimisation Pharmacist (Lewisham)

Distribution: Restricted

Document Control

Document Title	Lewisham Minor Ailments Scheme (MAS), the Lewisham Pharmacy First Plus Service
Version	1
Author	Erfan Kidia, Assistant Director, Medicines Optimisation Pharmacist (Lewisham)
Date	30th January 2025

Approvals

Approver	Role	Date
Erfan Kidia	Assistant Director, Medicines Optimisation Pharmacist (Lewisham)	tbc
Laura Jenner	Director for System Transformation (Lewisham)	tbc
Ceri Jacob	Place Based Executive Lead (Lewisham)	tbc

Background & Rationale

What is a Minor Ailments Service (MAS)?

Many minor ailments are self-limiting, with treatments available to alleviate symptoms or reduce illness duration. The majority of treatments for a range of common illnesses are available without a prescription from a community pharmacy; items that are licensed as 'pharmacy (P)' or 'General Sales List (GSL)' medicines.

It is estimated that nationally over 50,000,000 GP appointments are made for minor illnesses[1]. Whilst some studies have shown that up to 13% and 5.3% of GP appointments and Emergency Department attendances respectively, were for minor illnesses that could otherwise have been managed by a community pharmacy [2].

A locally commissioned minor ailments service (MAS) provides residents free advice and treatment (free if exempt from prescription-charges) for a wide range of common illnesses directly from a local community pharmacy without the need for an appointment or prescription.

What is the difference between a locally commissioned MAS and the nationally commissioned Pharmacy First service?

The nationally commissioned Pharmacy First service is comprised of two parts: a referral service (previously known as the Community Pharmacy Consultation Service (CPCS)) for minor ailments or urgent repeat medicines supply, and the newly launched 7 Common Conditions consultation and treatment service. Referrals made to the community pharmacy for minor ailments are for a consultation only. A decision to supply an OTC treatment is charged to the patient, regardless of prescription-exemption status.

Where a locally commissioned MAS is present, and a decision is made to supply an OTC treatment; the treatment may be provided free-of-charge to the patient where they are normally exempt from prescription charges.

A locally commissioned MAS would further support UEC redirection plans, where patients who would be better managed by a local pharmacy are redirected rather than being seen/treated by the UEC service. With restrictions in place on OTC prescribing in Primary Care, and the need to reduce UEC demand. The locally commissioned MAS service would support patients with access to a free-of-charge* OTC medication without being seen medically.
**where exempt from prescription charges*

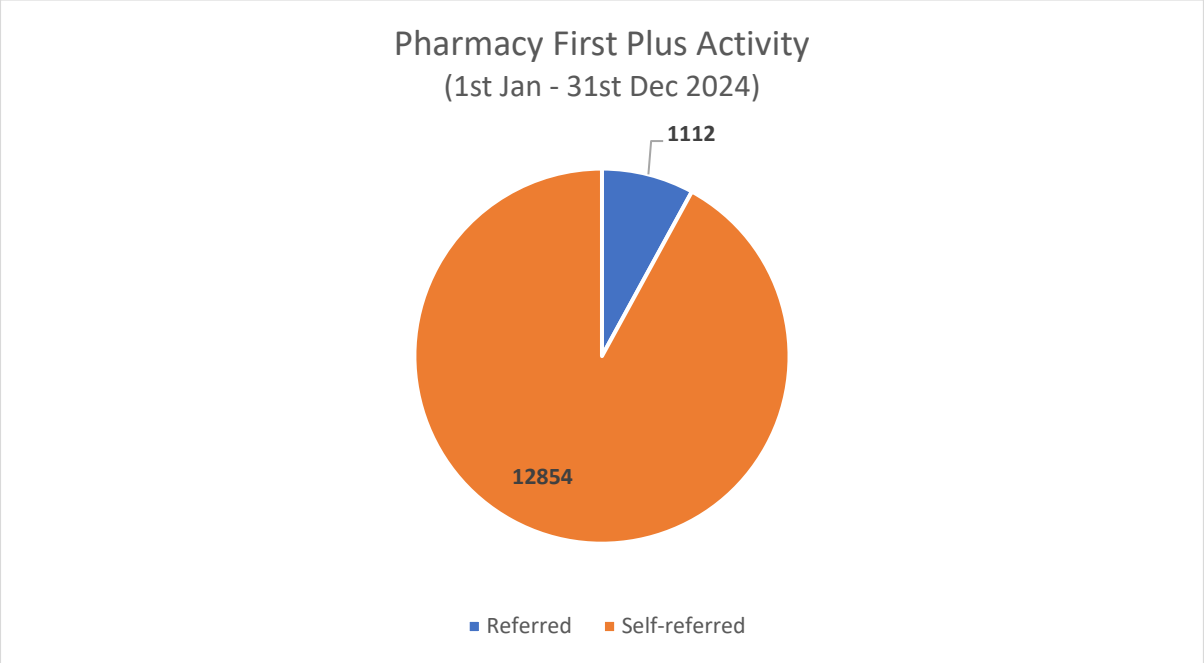
Lewisham Pharmacy First Plus

In Lewisham, the locally commissioned MAS is called the Lewisham Pharmacy First Plus service. The service is freely available to all Lewisham residents who are registered with a Lewisham GP. The service comprises a consultation and medicines supply service without an appointment, provided by 88% of pharmacies across Lewisham (42 of 48 pharmacies), and for 28 minor ailments.

The aims of the service are to:

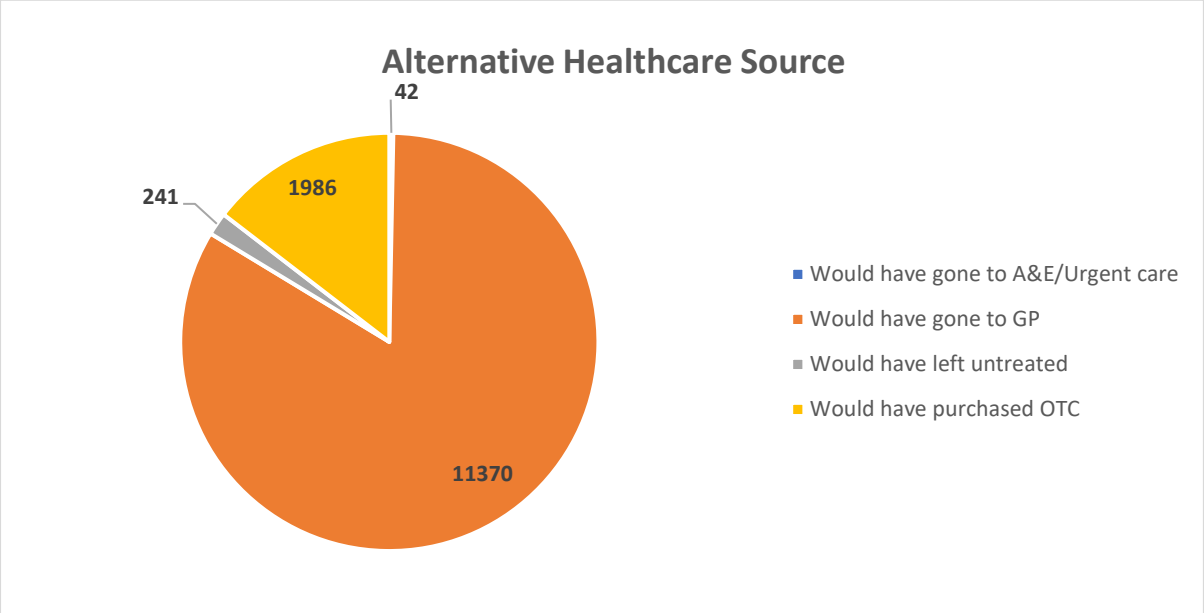
- To promote self-care and educate patients on the appropriate utilisation of healthcare services
- To alleviate pressure on prescriber-led services for management of common illness.
- To improve access to healthcare, by increasing healthcare availability locally
- To reduce health inequity, through provision of healthcare advise and treatments especially to economically deprived areas of Lewisham.
- To support the local healthcare infrastructure by reducing inappropriate demand on other primary care and emergency related services.

Activity



In 2024 13'966 consultation were completed under the Pharmacy First Plus service. Of which, 92% were self-referred whereby the patient did not consult another healthcare service prior to attending the pharmacy for the Pharmacy First Plus service.

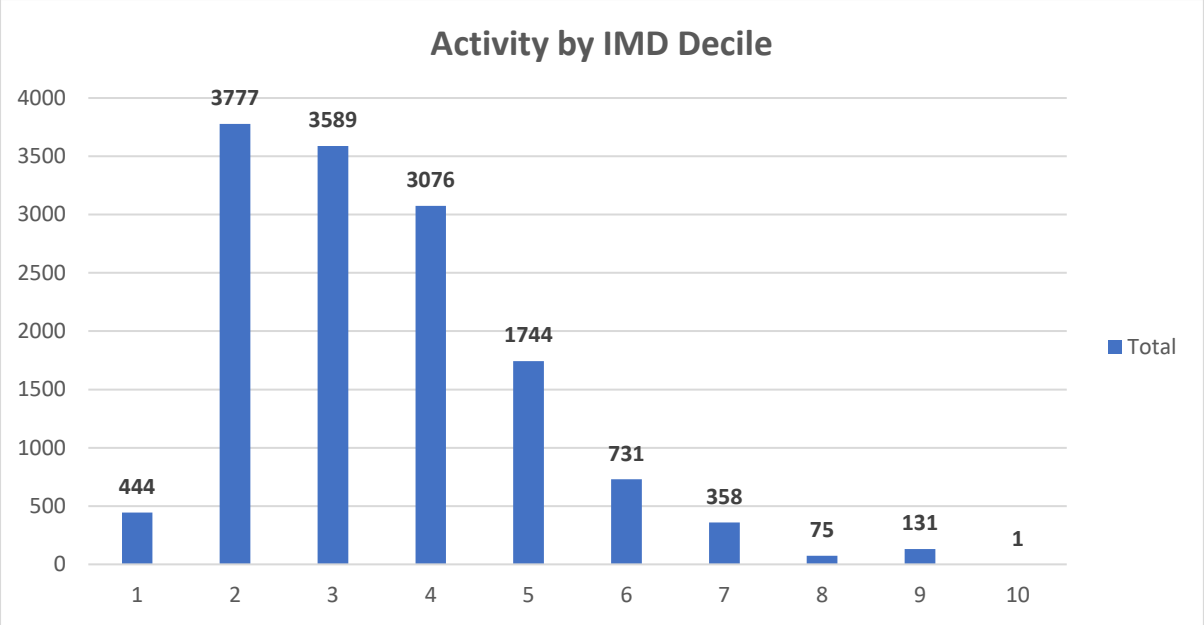
Right Service, Right time:



Of the total number of interactions made under the Pharmacy First Plus service 11,370 (83%) of service users would have accessed their GP in the first instance for their minor ailment. With the average cost of a GP appointment at £42[3], by using the Pharmacy First Plus service, a cost avoidance of £535,542 is saved.

Health Inequities:

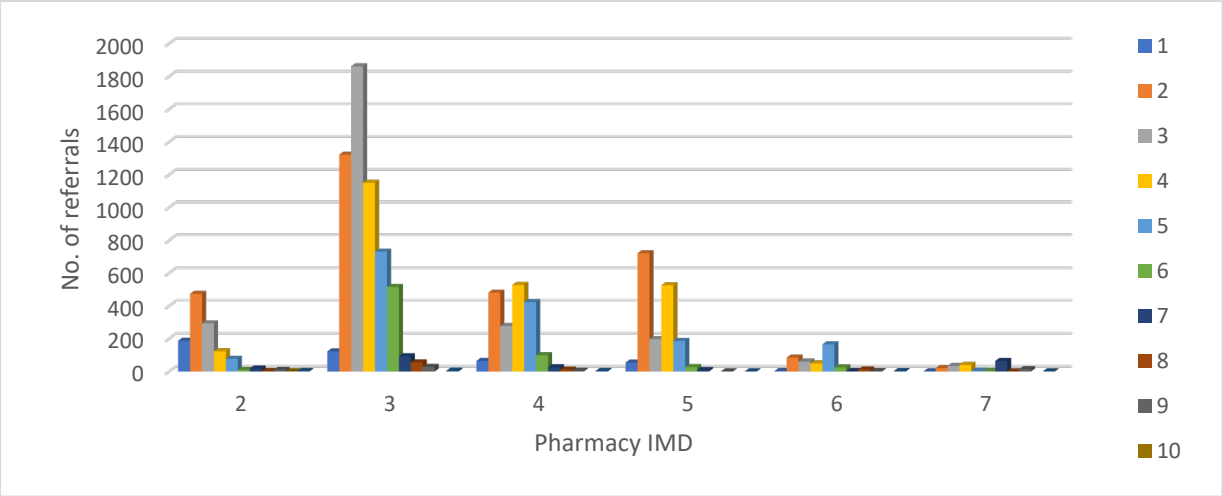
Lewisham is ranked the 63rd most deprived area nationally – 2019, the Pharmacy First Plus service supports the reduction of unwanted variation in healthcare access and reduced inequities of healthcare. This is through an Increased availability of healthcare via the wide distribution of community pharmacies and extended opening hours that are beyond typical working week hours[4]. With the difficulties in Primary Care access with services such as GPs[5] and dentists[6], this service works to enable access and availability to healthcare to those who are unable to and whom are from the most deprived parts of the community[7].



30% of all activity was completed in CORE20 deprived areas, and 56% of consultations carried out in the most deprived areas of Lewisham, IMD Deciles 1, 2 and 3. Activity distribution is therefore geared to the most deprived populations of Lewisham, meeting a key service objective.

Lewisham Pharmacy IMD Decile Location vs. Service User IMD

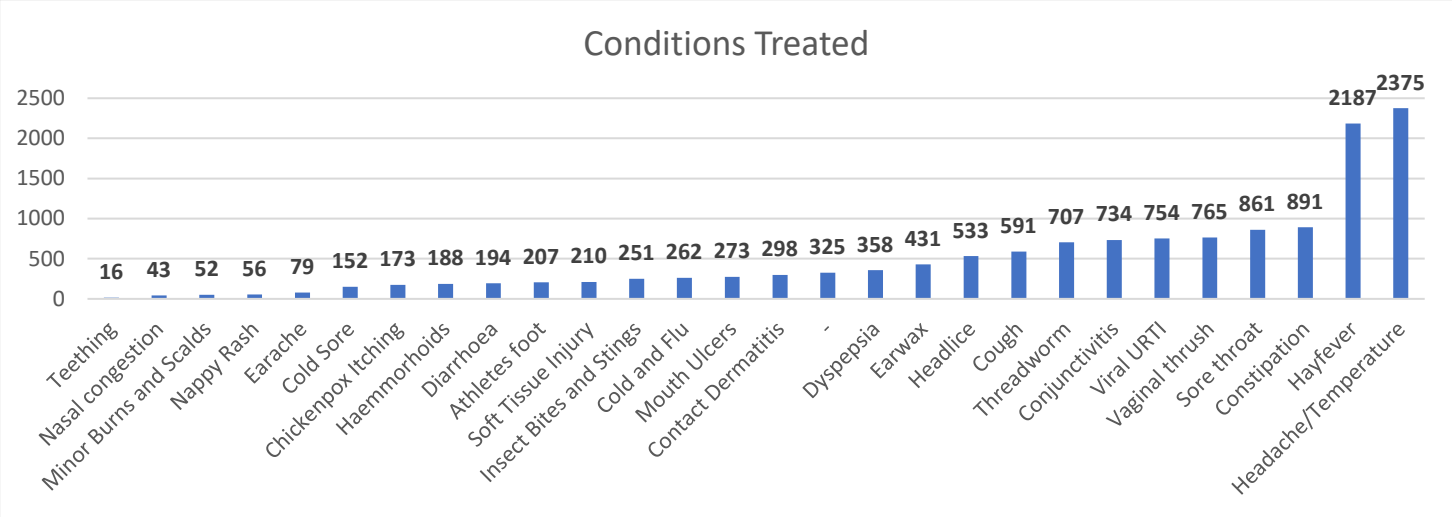
The previous chart demonstrates that the service is utilised primarily by the lower IMD decile population, however, does not detail where the service user accessed the service. i.e., is the Pharmacy First Plus service only utilised in lower IMD decile pharmacies? The graph below therefore displays the IMD Decile location of the pharmacy against the IMD decile status of the service user.



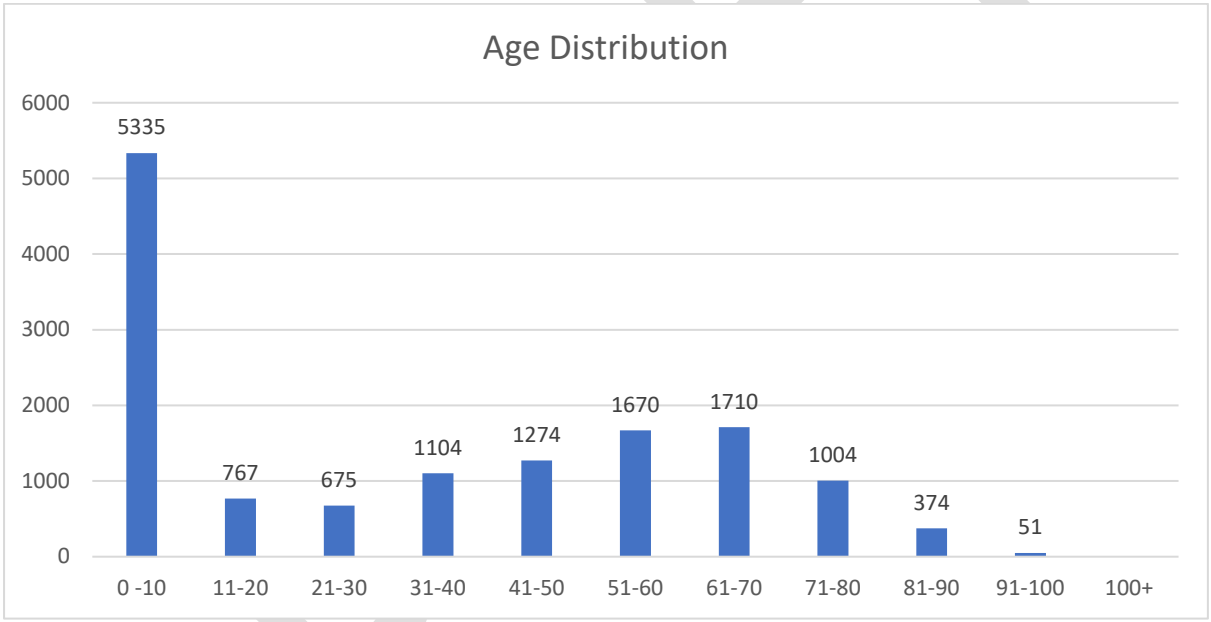
Service users are primarily lower IMD Decile patients (i.e. 1 – 4). Therein, commissioning a revised service with pharmacies in only lower IMD Decile areas would result in an inequitable service where patients with lower IMD decile status but accessing pharmacies in higher IMD decile areas would not receive equitable healthcare.*

*23-24 data

Minor Ailments:



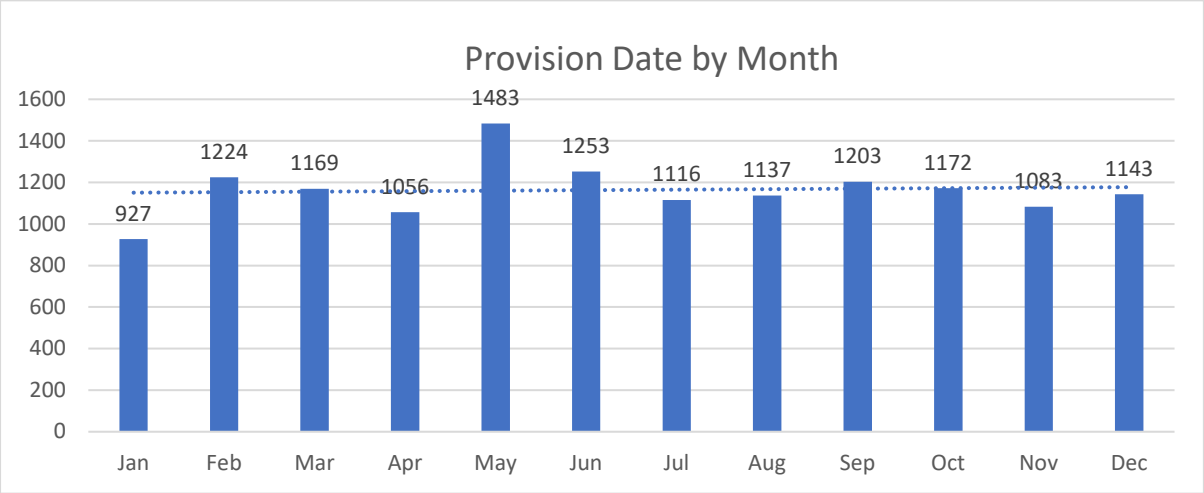
Age:



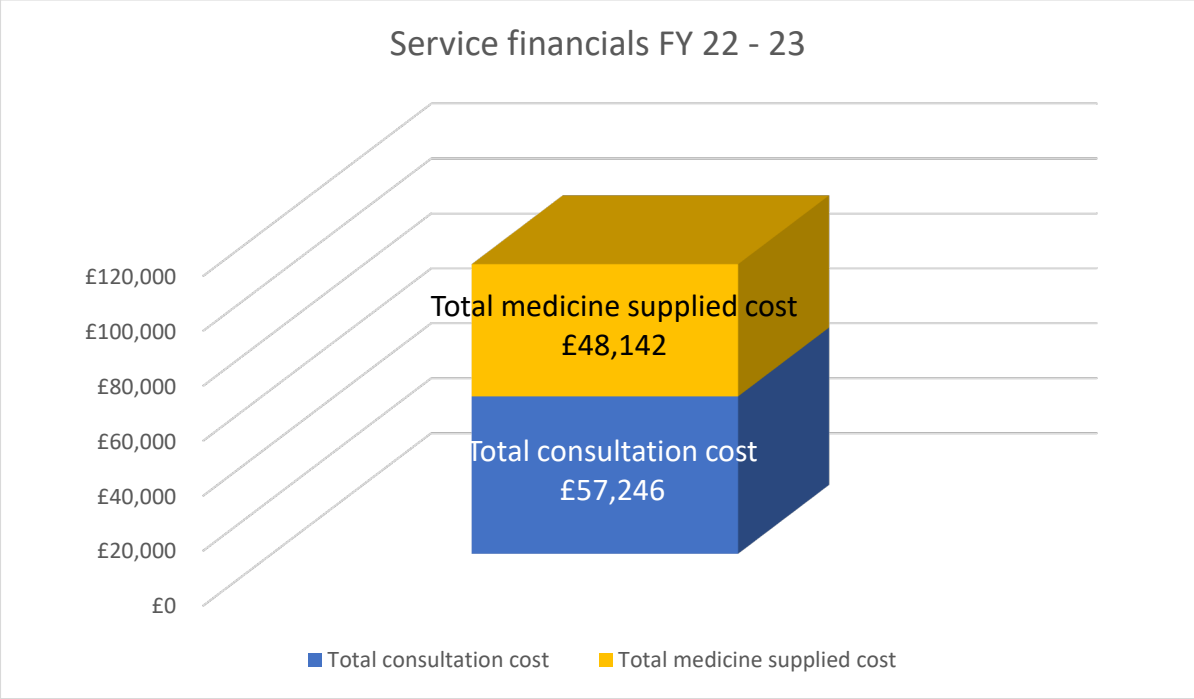
In Lewisham, 15.6% of children under 16 are living in families with relative low income based on contemporary median income (FYE 2022). 38% of consultations for the Pharmacy First Plus service were for the youngest age group (0 – 10 years) of all the age groups seen. It is therefore most utilised by/for the youngest cohort of residents (0 -10 years old), and from primarily the most deprived areas (IMD Decile 2 and 3) of Lewisham. Children under 5 from the most deprived areas are more likely to attend A&E services, compared to older children from lesser deprived areas[8]. The Pharmacy First Plus service therefore reduces unnecessary A&E attendances as well as GP appointments for minor ailments from potentially high frequency attenders. Lewisham also has a significant cohort of older people living in income deprived areas (24%)*(IDAOPI) – 2019 data*. 22% of consultations were for older persons over the age of 60.

Monthly Utilisation:

Service utilisation is relatively even throughout the year. Where there are peaks these may coincide with significant seasonal changes such as the cold and flu and hay fever seasons, and the return to school terms.



Financial:



The total cost of the service in FY 22-23 (*latest full FY data) was £105,527 split between consultation and medicines supply. Total cost avoidance based on solely GP appointments saved, provides a net cost avoidance of £430k, not including A&E attendance saved.

Wider qualitative societal, healthcare access and health equity benefits are also realised.

SEL Pharmacy First Plus Schemes

The table below summarises the Pharmacy First Plus services as delivered by other boroughs in South East London:

	Southwark	Lambeth (Pilot scheme)	Greenwich (Pilot scheme)
Conditions	Top conditions- **Headache and temperature** (3579), **hayfever** (1935) and **cold and flu** (1401) **Conjunctivitis Vaginal thrush**	Due to the time of year the pilot was initiated, the top condition managed through Pharmacy First Plus (**hay fever**) is as expected. In line with the top age category accessing the service, the management of **fever** and **conjunctivitis** as the 2nd and 3rd top conditions is also as expected due to these conditions being generally common in children. **Headache, sore throat and vaginal thrush** also in top 6	Minor ailments – cough/colds "winter meds" and Vitamin D maintenance for "at risk patients"
Age	Majority of the interventions carried out were for the very young, **people aged <13** (5348) followed by elderly, people aged 75+ (948)	Majority of the interventions carried out were for people aged **0 – 12** (380 interventions), people aged 45 – 54 (193 interventions) and people aged 55 –	In pilot, not evaluated

		64 (196 interventions)	
Medications	3 medicines supplied in Southwark for this service are paracetamol paediatric SF suspension, paracetamol tablets and paracetamol 250mg/5ml suspension	Not reported	In pilot, not evaluated
Patients' deprivation	The top 10 Southwark Pharmacies providing the service are in the postcodes of SE17, SE16, SE21, SE15 and SE5. Patients living in SE17, SE16, SE15 are from Decile 1-3 and are from the most deprived areas The highest volume of interventions is made in pharmacies from the most deprived areas (SE16, SE17, SE1) SE16= 23.0% (2622) SE17=26.5% (3011) SE1= 19.4% (2209) Total 11377 **68.9% from top 3 postcodes**	The majority of the interventions (**77%, 931 interventions) have taken place for patients whose registered post code district falls within the top 3 most deprived 10% areas nationally.** The largest group of people using the Pharmacy First Plus Service are those who receiving Universal Credit (467 interventions) which is generally for people who are on a low income, out of work or cannot work	In pilot, not evaluated
Access	Not reported	Over half of the people (55% - 663) who accessed the Pharmacy First Service would contact their GP	In pilot, not evaluated

		practice if they were unable to access OTC medication for their minor/self-limiting condition via the pharmacy first service The 553 people (44%) who would go without medication if the Pharmacy First Plus Service was not available demonstrates the health inequalities	
Spend per month average	£9025, **£108,229 per year**	£2188 (March to Nov). If mainstreamed expected £6666 per month or **£80k per year**	£50k for 6 months £100k for 12 months
Savings per year to system (by improved access)	Through the availability of the Pharmacy First Service in Southwark, an additional 10,098 face to face GP appointments have potentially been avoided, therefore, allowing waiting times for regular appointments to be reduced and giving patients better access to GPs. If use same £42 per appointment that Lewisham/Southwark used: **£424k** savings	Through the availability of the pharmacy first service, 663 face to face GP appointments have potentially been avoided alongside a potential cost avoidance of **£27,846. (in pilot only)**	In pilot, not evaluated
Self-care spend £/ASTRO-PU	£1321.80 (April to October 23)	£1315.40(April to October 23)	In pilot, not evaluated

Does it reduce OTC spend on FP10? (from high impact dashboard) *Bexley £1199.00* *Bromley £1153.30* *Greenwich £1250.70*			
Net savings *(GP appointment avoidance - OTC spend - Pharmacy first scheme)*	=£424k-£108k =£316k per annum	=£27,846-£2188 =£25,658 **In pilot only**	In pilot, not evaluated

SUMMARY

Lewisham Pharmacy First Plus is meeting its objectives to provide a service to reduce unwarranted health inequity, to increase access to healthcare, support emergency service utilisation, and to provide a service to those with most need.

The service is most accessed by younger, more deprived residents (IMD deciles 1 – 4); however, with a significant proportion utilised by older residents who are from lower IMD Decile areas.

The most common treatment options being accessed in the 30% most deprived population are for bacterial conjunctivitis, headlice treatment, hay fever, pain/fever and threadworms. Many of which are among the most expensive treatments available OTC from pharmacies.

Significant numbers of lower IMD decile populations access the service from higher IMD Decile areas, therefore pharmacy location has little bearing on the cohort of patients accessing the service.

The service has a net financial cost avoidance benefit to the local NHS economy of £430,000.

References

1. https://www.hetheringtongp.co.uk/minor_illness.aspx
2. Estimating the burden of minor ailment consultations in general practices and emergency departments through retrospective review of routine data in North East Scotland - PMC (nih.gov) - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4371893/
3. NHS: Key Facts And Figures | The King's Fund (kingsfund.org.uk) - https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-nhs
4. Lewisham pharmaceutical needs assessment PNA March 2023 (1).pdf - C:\Users\ErfanKidia(NHSSouthE\Downloads\Lewisham pharmaceutical needs assessment PNA March 2023 (1).pdf
5. NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25 - https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/
6. NHS England » Millions more dental appointments to be offered under NHS Dental Recovery Plan - https://www.england.nhs.uk/2024/02/millions-more-dental-appointments-to-be-offered-under-nhs-dental-recovery-plan/
7. The Relationship Between Poverty And NHS Services | The King's Fund (kingsfund.org.uk) - https://www.kingsfund.org.uk/insight-and-analysis/long-reads/relationship-poverty-nhs-services#:~:text=The%20NHS%20does%20not%20always%20reach%20those%20in%20poverty&text=This%20is%20a%20variation%20of,of%20GP%20care%20is%20worse.
8. Reducing health inequalities faced by children and young people (nhsproviders.org) - https://nhsproviders.org/reducing-health-inequalities-faced-by-children-and-young-people/inequalities-faced-by-children-and-young-people#:~:text=Children%20living%20in%20statutory%20care,likely%20to%20experience%20health%20inequalities.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 6

Title:	SEL VCSE Hypertension Engagement and Support Service (Lewisham) - Award report
Meeting Date:	30 January 2025
Author:	Jonathan McInerny, Head of LTC and Cancer
Executive Lead:	Ceri Jacob

Purpose of paper:	To outline the procurement process undertaken for the SEL VCSE Hypertension Engagement and Support Service (Lewisham) and to note the awarding of the contract to the Africa Advocacy Foundation on December 18th 2024.	Update / Information	**X**
		Discussion	
		Decision	
Summary of main points:	This paper summarises the procurement process that was undertaken in accordance with SEL ICB's Standing Financial Instructions. This procurement was an open competition published via Atamis portal. The paper outlines the background, process and outcomes of the procurement process. It aims to demonstrate that the service was procured through a competitive and meaningful process in line with SEL ICB's Standing Financial Instructions. The Lewisham Local Care Partners Strategic Board is asked to note the decision made for Africa Advocacy Foundation to be awarded the contract for the provision of a VCSE Hypertension Engagement and Support Service in Lewisham. Africa Advocacy Foundation is expected to start the delivery of the services from April 2025 subject to finalisation of the contract. The contract awarded following this process shall be bound by the terms and condition of NHS Standard Contract as set out in the Request for Quotation (RfQ) documents.		
Potential Conflicts of Interest	None identified.		
Any impact on BLACHIR recommendations	This service seeks to build on the areas for action from the BLACHIR report within the resident engagement and community approaches workstream. We have consulted with key partners and organisations and have adjusted our programme to reflect these discussions.		

<table>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">The aim of this service to improve the diagnosis and self-management of hypertension within the borough, particularly from the Core20Plus5[1] and the black African and Caribbean communities.</td></tr>
<tr><td>Financial Impact</td><td colspan="3">The total value of the contract is £100,000 (Inc VAT) with a period of 2 years (£50,000 Per Anum).</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">A co-design workshop with the local VCSE sector was held on September 10th 2024 to develop the service specification and KPIs for the new service. Further engagement with local stakeholders will be carried out in early 2025 to finalise the service and performance indicators.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">The paper has been shared with SMT on January 21st 2025
The Hypertension Business Case, which this service is a key part of, was approved by the Lewisham Local Care Partners Strategic Board on March 14th 2024.</td></tr>
<tr><td>Recommendation:</td><td colspan="4">The Board is asked to note the:
• Awarding of the contract for the VCSE Hypertension Engagement and Support Service to Africa Advocacy Foundation.

Next Steps:
• Contract signing will take place as soon as practicable following award.
• The service is planned to commence from April 2025 following a period of consultation.
• A steering group with membership from across the ICB and public health will be set up to oversee the delivery of the work.
• A mobilisation and project plan will be developed and agreed, with the recruitment of a project manager by Africa Advocacy Foundation.</td></tr>
</table>

[1] Core20Plus5 is a national approach to reduce health inequalities for 20% most deprived part of the population that focuses on 5 clinical areas: asthma, diabetes, epilepsy, oral and mental health

SUMMARY

Contract Title:	SEL VCSE Hypertension Engagement and Support Service in Lewisham
Commissioner/Contracting Authority:	South East London Integrated Care Board
Project Lead:	Jonathan McInerny
Contract Duration:	2 years
Contract Start Date:	TBD
Contract End Date:	2 years from start date
Procurement Lead	Salman Uddin – Procurement Support Officer, Procurement and Contracting Hub hosted by NEL ICB
Date Request for Quote Issued:	7th October 2024
Date Quotations Returned:	18th November 2024 (deadline)
Number of Bids Returned:	Three Bids
Preferred Bidder:	Africa Advocacy Foundation
Contract Award Value:	£ 50,000 per Annum (£100,000 x 2 years)

1. INTRODUCTION

NHS Southeast London ICB was seeking to identify a suitable provider to provide a VCSE Hypertension Engagement and Support Service in Lewisham.

As part of this procurement, South East London ICB via Atamis (e-portal) invited the Three successful bidders to participate in this Request for Quotation (RfQ) process.

2. PROCUREMENT PROCESS

2.1 It was agreed between the Procurement team and the contracting Authority, that a Request for Quotation (RfQ) closed competition via Procontract with responses sent via the same e-tendering portal was the most appropriate procurement route for this requirement.

The RfQ documentation was published on 7th October 2024.

The table below outlines the original procurement process timetable:

Milestone	Date
Issue of RfQ documents	07/10/2024
Deadline for receipt of Clarification Questions (CQ's)	04/11/2024
Deadline for submission of Bids	18/11/2024
Evaluation of Bids	25/11/2024-27/11/2024
Moderation	02/12/2024-03/12/2024
Approval of Contract Award	15/12/2024
Notification of Contract Award	17/12/2024
Mobilisation	19/12/2024
Service Commencement	1/2/2025

A clarification question and answer process was undertaken during the bid period where providers were able to ask the ICB clarification questions about the opportunity.

3 BID SUBMISSION

3.1 Three organisations submitted bids by the deadline of 18th November 2024 at 5pm:

4 EVALUATION

4.1 Evaluation Criteria

Bidders were required to demonstrate in detail how they would deliver the service as described in the service specification through their responses to a number of questions. In considering and scoring these responses, the panel assessed the capability, capacity and quality of each bidder's proposals.

The evaluation process commenced once the formal tendering period was complete. The procurement team undertook the assessment to ensure bidder met the requirements set out to enable them to respond to tender. The evaluation was undertaken in two stages:

Stage 1 – Eligibility Questionnaire (EQ) Evaluation (Pass/Fail questions). The bid passed this stage and proceeded to the next stage to enable the bid to be fully evaluated.
Stage 2 – ITT Quality Evaluation (scored questions). Evaluators independently scored each tender response alongside a financial evaluation, which was undertaken by Michael Cunnigham, Associate Director of Finance. The bid was fully evaluated.

Section	Criteria	Evaluation criteria/Weighting (%)
3.1	Targeted Groups	20%
3.2	Process	10%
3.3	Does your organisation have an experience in working with the BAME community in South East London?	N/A
3.4	If you have answered no to 3.3, please explain how you will deliver this service targeted at BAME community in South East London	N/A
3.5	Working with Lewisham Stakeholders	20%
3.6	Evaluation	10%
3.7	Safeguarding	10%
3.8	Social Value: Wellbeing - Improving Health and Wellbeing	10%
3.9	Finance	20%

4.2 Evaluation Process

The sections were scored by a number of panel members. The process was as follows:

- The moderation panel identified a few areas needing clarification from the bidder. The clarification responses provided by the bidder were satisfactory and provided the required assurance to proceed to contract award stage.
- On receipt of the tender response, The Evaluation Panel then carried out their assessments of the responses independently, according to tender instructions, the submissions were checked for compliance to ensure that all questions had been answered.
- Bid responses were then made available to the panel via e-mail
- Bids were checked for completeness and bidders' adherence to stated word limits was checked by Procurement team. The members were asked to undertake their bidder evaluation based on the information provided by the bidder and any subsequent clarifications.
- Responses to each question were evaluated independently by the respective panel members with scores and rationale for their score recorded on an individual scorecard.
- The individual evaluator applied a marking score between 0-4 depending on the material and information provided along with comments.
- After each individual panel member completed their scorecard, Procurement prepared a summary score sheet.
- A Moderation meeting was carried out to discuss the differences in scores and views between evaluators and to agree a consensus score and comment for each question for each bidder. Moderation discussions were facilitated by NHS London Commercial Hub (LCH) to ensure a robust process. The evaluation panel received procurement advice and support from LCH's clinical procurement team throughout the process.

Grade Label	Score	Definition
Non-compliant	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.

Grade Label	Score	Definition
Major concern(s)	1	Response addresses some or all parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	2	Response addresses most or all parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	3	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
Excellent	4	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

The scoring criteria/mechanism for Quality is contained in Table 2.

4.3 Evaluation Panel

An evaluation panel was established prior to receipt of the bid responses. The panel received procurement advice and support from NEL's procurement team throughout the process.

Members of the evaluation panel were:

Name	Organisation	Role
Jonathan McInerny	**Lewisham Council**	**Head of LTC and Cancer and Lead Commissioner for this procurement**
Kerry Lonergan	**SEL ICB (Lewisham)**	**Assistant Director of Public Health, Lewisham Council**
Reanna Watts	**SEL ICB**	**LTC and Cancer Development Manager**
Michael Cunningham	**SEL ICB**	**Associate Director of Finance**

All evaluators signed conflicts of interest declarations prior to the bids being released for evaluation. These declarations were reviewed for any relevant conflicts and are kept on file by the procurement team.

In addition, the bidders were also asked to declare any conflicts of interest and these returns were evaluated as part of the bid due diligence process to ensure that any declared conflicts were appropriately managed.

Based on the declaration received from the panel and the bidders, we are confident that the process was not subject to any conflicts of interest which would call into question the objectivity of the procurement.

4.4 Moderation

Following the individual scoring, 2 moderation meetings were held on 1st and 2nd December 2024 where the panel agreed consensus scores and comments for each question and each bidder. The meeting was facilitated by the Procurement Lead to ensure a robust process.

4.5 Financial Evaluation

The budget available for the project was stated in the RfQ as £100,000 (inc VAT) (£50,000 per Anum).

The financial model contained within the RfQ scoring mechanism, was constructed with a weighting of 20%. The bidder's score for the pricing element was scored according to the following formula:

5 SCORES AGAINST AGREED CRITERIA

5.1 Pass/Fail Results

All bidders passed the Pass/Fail questions in the evaluation stage.

Africa Advocacy Foundation achieved the highest score following application of the quality and cost criteria.

The recommendation of the evaluation panel was to appoint Africa Advocacy Foundation as the winning bidder.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 7
Enclosure 7

Title:	**Primary Care Interpreting Service across Lambeth, Lewisham and Southwark– Contract Award Recommendation Report**
Meeting Date:	**30th January 2025**
Author:	Yvonne Davies, Primary Care Commissioning Manager (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	This report is to provide an update for information only on the outcome of the preferred bidder as outlined in Contract Award Recommendation Report (Appendix A) for Primary Care Interpreting Service procurement which, due to identified conflicts of interest, went to the LCP Strategic Board Part II meeting on the 21st November 2024 for approval.	Update / Information	
		Discussion	
		Decision	***X***

Summary of main points:

Service Background

- SEL ICB commissions a primary care interpreting service across Lambeth, Lewisham and Southwark HIU Service. Lewisham are the contract host and manage the contract on behalf of Lambeth and Southwark.
- Quarterly contract meetings are held between SEL ICB (Lewisham) and the provider with quarterly finance reports outlining spend against budget, forecasted spend and growth trends shared with ICB primary care and finance colleagues.
- In 2023/24 81,576 interpreting requests were made across the 3 boroughs totalling 1,282,759 minutes/words of interpreting across all service lines in 107 languages at a total spend of £647,543.35.
- Since 2020, demand for interpreting has increased by 129% with a 419% increase in the number of languages requested,
- The contract is currently provided by DA Languages Ltd on a 3+2year contract commencing in 2020 until 31st March 2025.
- In line with Procurement regulations, SEL ICB is required to recommission the contract with a contract start date of 1st April 2025.
- In June 2024, the Senior Management Teams and Primary Care groups across Lambeth, Lewisham and Southwark approved the recommendation to undertake a mini competitive procurement exercise using the Shared Business Services (SBS) Framework for language and translation services on a 3+2 year contract.
- The Provider Selection Regime (PSR) is not applicable to this contract as this is a non-healthcare service and therefore normal procurement regulations apply.
- The procurement process supported by the London Commercial Hub received 4 bids. The bids were evaluated, and moderated and a successful bidder identified.

- An update on the procurement was presented to and approved by the following committees in line with the governance structures across each borough

Lewisham	Lew SMT	19/11/24
	LCP Strategic Board Part II (confidential)	21/11/24
Lambeth	Lam SMT	19/11/24
	Lam LTPCCC	20/11/24
Southwark	Sou SMT	19/11/24
	Sou PCG	26/11/24

- The successful bidder for the service is Bidder 4, **DA Languages Ltd.**
- A 10-day standstill period has been completed and mobilisation and implementation has commenced with a new contract start date of 1st April 2025 on a 3+ 2-year contract.
- As DA Languages is the incumbent provider the service will continue with no disruption to patients, service delivery or service pathways.

Potential Conflicts of Interest

No known conflicts of interest identified.

Any impact on BLACHIR recommendations

None Identified

Relevant to the following Boroughs

Bexley		**Bromley**	
Greenwich		**Lambeth**	✓
Lewisham	✓	**Southwark**	✓

IMPACT

Equality Impact

The service does not discriminate against any of the 9 protected characteristics. A full EIA or QIA were not required following review by relevant SEL ICB equality and quality leads.

Financial Impact

The contract value £496,890 p.a. as outlined in the Contract Award Recommendation Report (CARR) is based on indicative activity reflecting 2023/24 activity but as is a variable contract and taking account of activity pressures and variation from activity levels modelled is likely to be a greater value.

The current budget for this contract is £659,740 and an envelope of £700,000 had been allowed reflecting activity pressure equating to approximately £3.5 (£2.1m +£1.4m) based on a 3+2-year contract.

36 months			24 months		TOTAL
25/26	26/27	27/28	28/29	29/30	
£700k	£700k	£700k	£700k	£700k	
		£2.1m		**£1.4m**	**£3.5m**

Other Engagement

Public Engagement

A service user survey was conducted in Q4 of 2023/24. Feedback from the survey was used to inform the development of the service specification. The new service specification outlines the requirements for service user and stakeholder feedback.

	Stakeholder Engagement	As part of the service specification development, feedback was received from key stakeholders which assisted in informing of future service development.
	Other Committee Discussion/ Engagement	The following groups were engaged with as part of the specification development. - Primary Care groups across the 3 boroughs - LSL SMT meetings - Practice manager Forums across 3 boroughs.
Recommendation:	**To note this report which is for information only.** Lambeth and Southwark will provide updates to relevant committees as per their internal governance structures.	

NHS South East London

Interpretation Services for Primary Care

Procured on behalf of South East London ICB

Contract Award Recommendation Report

Tender Ref: PRJ-1268

15th November 2024

NHS London Commercial Hub

NHS

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Ratification Summary

Contract title:	Interpretation Services for Primary Care, SEL ICB
Organisation(s):	South East London Integrated Care Board
Type of Project	Mini competition through NHS SBS Interpretation and Translation Services Framework (SBS/21/NL/ZXV/10127), Lot 6
Contract reference:	PRJ-1268
Period of contract:	3 years + 2-year optional extension
Contract start date:	1st April 2025
Contract end date:	30th March 2030
Date report produced:	15.11.24
Report author[s]:	James Saville, Procurement Manager, London Commercial Hub hosted by North East London ICB, and Yvonne Davies, CBC Development Manager, SEL ICB
Date tenders issued:	30th August 2024
Date tenders returned:	10th October 2024
Number of tenders returned:	4
Pre Tender budget estimate:	Financial envelope, £700,000 per annum
Total contract value:	£496,890 p.a. (£1,490,670 for three years) The contract value (£496,890 p.a.) is based on indicative activity reflecting 2023/24 activity, but it is a variable contract and taking account of activity pressures and variation from activity levels modelled, the actual value charged is likely to be greater, but remain close to the recurrent budget for this service. The current budget for this contract is £659,740 and an envelope of £700,000 had been allowed reflecting activity pressure equating to approximately £3.5 (£2.1m +£1.4m) based on a 3+2-year contract.
Associated risks in awarding this:	One provider was disappointed not to be invited to presentation and has suggested they are seeking legal advice. However, they had no mathematical chance of winning the procurement; they have been informed they will be given a full debrief at the standstill phase. Overall, risk remains low.

This document confirms there is no conflict of interest with any member of the decision-making team.

Procurement Process

Prior to undertaking the procurement exercise approval was sought and granted by the relevant committee within South East London ICB to procure Interpretation Services for Primary Care on a 3-year contract with an option to extend for 2 years.

A mini competition procurement approach was agreed together with the overall evaluation criteria / weighting, Eligibility Questionnaires which includes Pass/Fail and scored questions with the scoring range of 0 – 4.

The Request for Quotation (RFQ) was advertised on the Atamis portal to framework providers. The portal was also used to control all aspects of the procurement exercise in order to provide a full audit trail of all procurement actions and decisions (excepting evaluation, which was done off-line). 4 bids were received and evaluated for the best combination of quality and price. The evaluation process sought to identify the Bid that represents the most economically advantageous solution in terms of quality and price.

The timetable for the procurement and evaluation process was as follows:

Event	Date
Find A Tender Service and Contract Finder adverts published	30th August 2024
ITT published	30th August 2024
Deadline for the receipt of clarification questions	2nd October 2024
Target date for responses to clarification questions	5th October 2024
Deadline for receipt of tenders	10th October 2024
Evaluation of tenders	10th October – 5th November 2024
Moderation meeting	5-7th November 2024
Bidders presentations and interview (if required)	14th November 2024
Notify successful and unsuccessful bidder outcome	17th December 2024
Voluntary standstill period	8th January 2024
Contract award	After 8th January 2024
Service go live	1st April 2025

The evaluation process commenced once the formal tendering period was complete. The procurement team undertook the assessment to ensure bidder met the requirements set out to enable them to respond to tender. The evaluation was undertaken in two stages:

- Stage 1 – Eligibility Questionnaire (EQ) Evaluation (Pass/Fail questions). The bids passed this stage and proceeded to the next stage to enable the bid to be fully evaluated.

- Stage 2 – ITT Quality Evaluation (scored questions). Evaluators independently scored each tender response alongside a financial evaluation, which was undertaken by Michale Cunningham, Associate Director of Finance, SEL ICB.

- Stage 3: Bidder Presentation & Interview Stage. Bidders with a mathematical chance of winning the contract following the moderation of the written ITT responses were invited to this stage where they were evaluated against the advertised criteria as set out in ITT. Two of the bidders who submitted tenders were invited to this stage.

Evaluation Panel

A core evaluation panel was established at the start of the procurement process prior to the advertisement being issued. The evaluation panel were taken from a wide selection of stakeholders including subject matter specialists.

Evaluation Panel:

Name	Organisation	Role
Yvonne Davies	CBC Development Manager (Lewisham)	Project Lead
Jonathan McInnery	Head of Long term Conditions and Cancer (Lewisham)	Borough Commissioner
Sarah Cofie	Project Manager - Community Based Care (Southwark Place)	Borough Commissioner
Janita Patel	Primary Care Manager (Lambeth)	Borough Commissioner
Michael Cunningham	Associate Director of Finance	Finance
Sandra Younsi	Practice Manager (Lewisham)	Service User
Razaz Salih	Office Manager, Refugee council (Lewisham)	Service User
Hannah Clarke	Senior HR Business Partner	HR

Tender Responses

Four tender responses were received from the suppliers before the tender response deadline at 5pm on the 10th October 2024 via the Atamis e-tendering portal.

Bidder 1
Bidder 2
Bidder 3
Bidder 4

Written Bid & Price Evaluation

The Evaluation Panel constructed the following evaluation criteria/weightings to evaluate the written tenders:

Criteria	% weighting
Quality	
Technical Merit	7%
Service Response and Timescales	9%
Patients Needs	6%
Service Improvement	4%
Service User Engagement and Feedback	3%
Complaints and Feedback Handling	4%
Mobilisation and Implementation	6%
Contract Management and Reporting	8%
Workforce	6%
Risk and Deliverability	2%
Social Value	10%
Pricing	
Commercial Schedule	25%
Presentation	
Presentation	10%

The criteria for the scoring range were as follows:

Grade Label	Score	Definition
Non-compliant	**0**	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
Major concern(s)	**1**	Response addresses some or all parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	**2**	Response addresses most or all parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	**3**	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard.

Grade Label	Score	Definition
		Demonstrates how most or all of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas, but this does not cause the evaluator concern over the future delivery of services.
Excellent	**4**	A very strong and well-detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

On receipt of the tender response, the submission was checked for compliance to ensure that all questions had been answered.

The Evaluation Panel then carried out their assessments of the responses independently, according to tender instructions. The members were asked to undertake their bidder evaluation based on the information provided by the bidder and any subsequent clarifications. A moderation meeting was held after the evaluation in order to discuss the differences in views on the bidder's response and to arrive at an agreed consensus score and comment for each question. Moderation discussions were facilitated by NHS London Commercial Hub (LCH) to ensure a robust process. The evaluation panel received procurement advice and support from LCH's clinical procurement team throughout the process.

The moderation panel for quality identified no areas needing clarification from the bidder. The evaluation of the financial tenders did require clarifications from tow of the bidders, which were responded to.

The final scores achieved by the bidder are provided in Appendix A (note that Bidder 1 or Bidder 2 qualified for the presentation stage).

The recommendation of the evaluation panel is to appoint Bidder 4, DA Languages Ltd as the preferred bidder.

Ratification Award Recommendation

The paper summarises the procurement process that was undertaken in accordance with the South East London Integrated Care Board Procurement policy to commission the interpretation services for primary care. Following a robust process, the Governing Body is asked to endorse the decision for DA Languages Ltd. to be appointed as the preferred bidder.

The Board is also asked to approve proceeding to contract discussions on successful completion of the standstill period and the award of contract within the terms of the tender as outlined above.

Risks/Outstanding Issues

One bidder has written that they will be seeking legal advice, following their failure to be shortlisted for the presentation stage (but were mathematically unable to overcome the difference in scores between them and the first-place provider).

There remains a risk of challenge from the second placed bidder, who was only a small percentage behind the winner.

Next steps

On agreement of the recommendation to appoint DA Languages Ltd. as the preferred bidder by the Governing Body the bidders will be notified, and the 10 days standstill period will begin. The SEL ICB will then initiate contract finalisation and proceed to signing of the Services Contract. This will be followed by operational mobilisation.

Evaluation Panel Signatories

We confirm that following the competitive procurement process as described in this report, we endorse the recommendation to award the contract to DA Languages Ltd.

Name	Job Title	Email Approval
Yvonne Davies	CBC Development Manager (Lewisham)	YES
Jonathan McInnery	Head of Long term Conditions and Cancer (Lewisham)	YES
Sarah Cofie	Project Manager - Community Based Care (Southwark Place)	YES
Janita Patel	Primary Care Manager (Lambeth)	YES
Michael Cunningham	Associate Director of Finance	YES
Sandra Younsi	Practice Manager (Lewisham)	YES
Razaz Salih	Office Manager, Refugee council (Lewisham)	YES
Hannah Clarke	Senior HR Business Partner	YES

Ratification Report Approval Signatory

Following the review of this report, I/we approve the recommendation to award the contract to DA Languages Ltd:

Name	Job Title	Approval	Date
LEWISHAM			
LAMBETH			
SOUTHWARK			

APPENDIX A PRJ1268 - Contract Award Recommendation Report

			Bidder 1		Bidder 2		Bidder 3		Bidder 4	
Question Number	Question Title	Weighting	SCORE	WEIGHTED SCORE	SCORE	WEIGHTED SCORE	SCORE	WEIGHTED SCORE	SCORE	WEIGHTED SCORE
Technical Merit (7%)										
8.1	Service Provision	3.00%	3	2.25%	2	1.50%	3	2.25%	3	2.25%
8.2	Single Point of Access	2.00%	2	1.00%	3	1.50%	3	1.50%	3	1.50%
8.3	Contingency arrangements	2.00%	3	1.50%	3	1.50%	3	1.50%	4	2.00%
Service Response ansd timescales (9%)										
9.1	Bookings, response timeframes and cancellations	3.00%	2	1.50%	3	2.25%	3	2.25%	3	2.25%
9.2	Response Times	3.00%	3	2.25%	3	2.25%	3	2.25%	4	3.00%
9.3	Capacity and Demand Planning	3.00%	3	2.25%	3	2.25%	3	2.25%	4	3.00%
Patient Needs (6)										
10.1	Spoken Languages	2.00%	2	1.00%	2	1.00%	3	1.50%	4	2.00%
10.2	Non- Spoken service provision	2.00%	2	1.00%	2	1.00%	3	1.50%	3	1.50%
10.3	BSL knowledge and experience	2.00%	2	1.00%	3	1.50%	4	2.00%	4	2.00%
Service Improvement (4%)										
11.1	Video Relay Services	2.00%	2	1.00%	2	1.00%	3	1.50%	3	1.50%
11.2	Innovation and Technology	2.00%	2	1.00%	3	1.50%	3	1.50%	3	1.50%
Service user engagement and feedback (3%)										
12.1	Service User Engagement and Feedback	3.00%	3	2.25%	2	1.50%	2	1.50%	2	1.50%
Complaints and Feedback handling (4%)										
13.1	Staff Support and Feedback	2.00%	3	1.50%	3	1.50%	3	1.50%	3	1.50%
13.2	Complaints Handling	2.00%	3	1.50%	3	1.50%	3	1.50%	4	2.00%

Mobilisation and Implementation (6%)										
14.1	Mobilisation Plan	2.00%	2	1.00%	2	1.00%	3	1.50%	4	2.00%
14.2	Transitional Requirements	2.00%	3	1.50%	3	1.50%	3	1.50%	4	2.00%
14.3	Communications and Engagement	2.00%	3	1.50%	3	1.50%	4	2.00%	4	2.00%
Contract Management and Reporting (8%)										
15.1	Management Information Data	2.00%	3	1.50%	3	1.50%	4	2.00%	4	2.00%
15.2	Contract/s Management	2.00%	3	1.50%	3	1.50%	3	1.50%	4	2.00%
15.3	Quality Standards	2.00%	3	1.50%	3	1.50%	3	1.50%	3	1.50%
15.4	Contingency Planning and Disaster Management	2.00%	2	1.00%	3	1.50%	3	1.50%	2	1.00%
Workforce (4%)										
16.1	Staffing Model	2.00%	2	1.00%	4	2.00%	3	1.50%	4	2.00%
16.2	Qualifications, Competencies, Training and Continuous Professional Development	2.00%	2	1.00%	3	1.50%	2	1.00%	4	2.00%
16.3	Confidentiality	2.00%	2	1.00%	3	1.50%	3	1.50%	4	2.00%
Risks and Deliverability (2%)										
17.1	Risk	2.00%	2	1.00%	2	1.00%	3	1.50%	3	1.50%
Social Value (10%)										
18.1	Social Value Act	5.00%	2	2.50%	3	3.75%	4	5.00%	4	5.00%
18.2	Tackling Inequality	5.00%	3	3.75%	4	5.00%	4	5.00%	4	5.00%
Commercial Schedule (25%)										
		25.00%		22.02%		24.53%		24.56%		25.00%
Presentation and Interview (10%)										
Presentation Q1	Safeguarding	6.00%					3	4.50%	3	4.50%
	Equity	2.00%					2	1.00%	3	1.50%
Q 2	Dignity and respect	2.00%					3	1.50%	3	1.50%
ITT Grand Totals (100.00%)										
100.00%			**62.77%**		**71.03%**		**83.06%**		**90.00%**	

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 8

Title:	**Hospital Discharge Services procurement**
Meeting Date:	**30th January 2025**
Author:	Amanda Lloyd, AD Service Development and UEC
Executive Lead:	Ceri Jacob

Purpose of paper:	This paper is to provide a report for approval on the procurement of two services supporting Hospital Discharge.	Update / Information	
		Discussion	
		Decision	*x*

Summary of main points:

Background

- UHL hospital discharge has been well supported over the last few years by two key non-clinical services which support patients to discharge safely home.
- Take Home and Settle (THAS), provided to date by Age UK (Bromley and Greenwich) was commissioned in 2021 to sit alongside the existing LGT service offered at QEH. The service takes vulnerable patients home from hospital, ensuring they are safe when arriving home, have food, heat and light, next of kin advised, and referrals to other helpful services made. A follow-up call is made the following day to ensure the patient remains safe and well at home and the service provides further follows up if additional support is needed. The service has consistently delivered good outcomes, with positive patient feedback, and higher levels of activity than commissioned at no extra cost.
- Homeless Patients Legal Advocacy Service (HPLAS), provided to date by Southwark Law Centre was commissioned in 2022 to provide support to patients who were stuck in hospital due to their having No Recourse to Public Funds and therefore no access to accommodation, work or non-acute healthcare services. This impacts heavily on their health and quality of life and often results in a cycle of re-admissions and poor mental health. The service is very highly regarded by the hospital discharge team for the support it provides to patients. It receives high praise from those patients it has supported over the last two years and has been successful in completing home office applications in almost all the cases they have supported resulting in permission to stay and access to work, housing and healthcare.

	• Under advice from our procurement advisors, both services needed to be re-procured under PSR regulations.
	• Discussions were held with LGT (QEH) and Borough teams, resulting in agreement with Greenwich Borough to jointly procure the services.
	• The two services have gone to full procurement and the outcomes of this for ratification by this Board are:
	  ○ Take Home and Settle – contract 3+2 years, to be awarded to the highest-scoring bidder. Contract value p.a. £135,793 of which Greenwich funds £53,100 and Lewisham funds £82,693. Allocation of contract activity to reflect the allocation of contract funding.
	  ○ HPLAS – contract 3+2 years, to be awarded to the highest-scoring bidder. Contract value p.a. £81,357 of which Greenwich funds £27,000 and Lewisham funds £54,357. Allocation of contract activity to reflect the allocation of contract funding.
	• Mobilisation plans will be implemented where relevant.

Potential Conflicts of Interest	None identified.
Any impact on BLACHIR recommendations	None identified.

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

	Equality Impact	The services accept referrals of adults aged 18+ who are hospital patients at QEH or UHL. An EIA and QIA for each service is currently being completed for review by SEL ICB Equality and Quality Leads.
	Financial Impact	HPLAS: Total £406,785 (5 years) plus uplifts in line with the annual NHS tariff increase. THAS: Total £677,468 (5 years) (bidder's quote) plus uplifts in line with the annual NHS tariff increase.
Other Engagement	Public Engagement	Engagement with service users is a constant for both services, and feedback is used for service development. This approach will continue into the new contracts.
	Other Committee Discussion/ Engagement	The procurement has followed required procurement practice with confidentiality an essential element of this, and has therefore not been widely discussed in other forums.

Recommendation:	Lewisham LCP are asked to approve the awards to the successful bidders for the two contracts, THAS and HPLAS.

NHS South East London

Take Home and Settle Service (THAS)

Procured on behalf of NHS South East London ICB

Ratification Report

Tender Ref: PRJ-1365

20 January 2025

NHS London Commercial Hub

NHS

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Ratification Summary

Contract title:	Take Home and Settle Service
Organisation(s):	South East London ICB
Type of Project:	Open Procedure – Light Touch Regime
Contract reference:	PRJ-1365
Period of contract:	3 years with an option to extend for a further 2-year period at the sole discretion of the Authority.
Contract start date:	1 April 2025
Contract end date:	31 March 2028
Date report produced:	20 January 2025
Report author[s]:	Phil Hall - Project Manager, Urgent & Unplanned Care NHS South East London (Bexley and Greenwich Boroughs). Luke Lenz – Procurement Support Officer, LCH Bilan Sharif – Procurement Support Officer, LCH Odezi Stephen Ivuerah – Procurement Manager, LCH
Date tenders issued:	23 October 2024
Date tenders returned:	4 December 2024
Number of tenders returned:	8 (Eight)
Pre Tender budget estimate:	THAS have been offered the tariff uplift of 0.6% which will mean the new contract value will be: Lewisham £82.693 pa Greenwich £53,100 pa. Total: £135,793 (The indicated contract value covers the boroughs of Lewisham and Greenwich)
Total contract value:	£677,468 (5 years)
Associated risks in awarding this:	None identified

This document confirms there is no conflict of interest with any member of the decision-making team.

Procurement Process

Prior to undertaking the procurement exercise approval was sought and granted by the relevant committee within NHS South East London ICB to procure a Take Home and Settle Service on a 3-year contract with an option to extend for 2 years at the sole discretion of the Authority.

An Open Procurement – Light Touch Regime approach was agreed together with the overall evaluation criteria / weighting, Eligibility Questionnaires which includes (Pass/Fail and scored questions) with the scoring range of 0 – 4.

The tender was advertised on Find a Tender and Contract Finder website via the Atamis portal. The portal was also used to control all aspects of the procurement exercise in order to provide a full audit trail of all procurement actions and decisions.

The following 20 organisations expressed an interest in the tender via the e-tendering portal Atamis system (Health Family), 2 organisations declined to participate in the process, and only 8 providers submitted a bid by the deadline of Friday, 4 December 2024, 5:00 p.m. (17:00). Of the 8 providers that submitted a bid, 1 withdrew from the process. The Bidders' names have been redacted as is standard practice when submitting Contract Award Recommendation Reports for ICB approval to mitigate against conflicts and to maintain confidentiality of the award results:

Bidders who submitted bids

- Bidder 1
- Bidder 2
- Bidder 3
- Bidder 4
- Bidder 5
- Bidder 6
- Bidder 7
- Bidder 8

Bidders who expressed an interest

- Bidder 9
- Bidder 10
- Bidder 11
- Bidder 12
- Bidder 13
- Bidder 14
- Bidder 15
- Bidder 16
- Bidder 17
- Bidder 18
- Bidder 19
- Bidder 20

Bidders who declined to participate in the process

- Bidder 9
- Bidder 14

The timetable for the procurement and evaluation process was as follows:

Event	Date
Find A Tender Service and Contract Finder adverts published	23 October 2024
ITT published	23 October 2024
Deadline for the receipt of clarification questions	20 November 2024
Target date for responses to clarification questions	22 November 2024
Deadline for receipt of tenders	4 December 2024 at 5pm
Evaluation of tenders	9 December 2024 – 20 December 2024
Moderation meeting	6 January 2025 - 10 January 2025
Notify successful and unsuccessful bidder outcome	7 February 2025
Standstill period	10 February 2025 – 19 February 2025
Contract award	24 February 2025 – 25 February 2025
Service go live	1 April 2025

The evaluation process commenced once the formal tendering period was complete. The procurement team undertook the assessment to ensure bidder met the requirements set out to enable them to respond to tender. The evaluation was undertaken in two stages:

- Stage 1 – Eligibility Questionnaire (EQ) Evaluation (Pass/Fail questions). The bid passed this stage and proceeded to the next stage to enable the bid to be fully evaluated.
- Stage 2 – ITT Quality Evaluation (scored questions). Evaluators independently scored each tender response alongside a financial evaluation, which was undertaken by the Associate Director of Finance for Lewisham and the Associate Director of Finance for Greenwich. The bid was fully evaluated.

Evaluation Panel

A core evaluation panel was established at the start of the procurement process prior to the advertisement being issued. The evaluation panel were taken from a wide selection of stakeholders including patients and subject matter specialists.

Evaluation Panel:

Name	Organisation	Role
Amanda Lloyd	South East London ICB	Assistant Director Service Development and UEC
Andrew Coombe	South East London ICB	Designated Nurse for Adult Safeguarding
Angela Paradise	South East London ICB	Director of HR & OD
Chris Dance	South East London ICB	Associate Director of Finance
Deane Kennett	South East London ICB	Deputy Director of Community Contracts (Bexley and Greenwich)
Erica Bond	South East London ICB	Programme Lead Bexley and Greenwich
Halima Dagia	South East London ICB	EDI Manager for SEL ICB
Loui French	South East London ICB	EDI Officer
Michael Cunningham	South East London ICB	Associate Director of Finance
Phil Hall	South East London ICB	Urgent and Unplanned Care Project Manager (Bexley and Greenwich)

Tender Responses

8 tender responses were received from the suppliers before the tender response deadline at 5 pm (17:00) on 4 December 2024 via the Atamis e-tendering portal. The Bidders' names have been redacted as is standard practice when submitting Contract Award Recommendation Reports for ICB approval to mitigate against conflicts and to maintain confidentiality of the award results.

Bidders who submitted bids:

- Bidder 1
- Bidder 2
- Bidder 3
- Bidder 4
- Bidder 5
- Bidder 6
- Bidder 7
- Bidder 8

Written Bid & Price Evaluation

The Evaluation Panel constructed the following evaluation criteria/weightings to evaluate the written tenders:

Evaluation Matrix for Final Selection Process	Weighting
1. QUALITY CRITERIA	
1.1 - Service Delivery	10.00%
1.1(a) - Organisational Chart	0.00%
1.2 - Achieving Positive Patient Outcomes	10.00%
1.3 - Service Outcomes	10.00%
1.4 - Capacity and Team	10.00%
1.5 - Mobilisation and Approach	8.00%
1.5(a) - Mobilisation	0.00%
1.6 Communication Tools Utilised	8.00%
1.7 Working Partnership	8.00%
1.8 Social Value, Environment and Sustainability	8.00%
1.9 TUPE Transfers - 1.9.a Please describe in detail how you would deal with any TUPE Transfers.	2.00%
1.9.b Please describe in detail how you will apply the principles set out in the Cabinet Office Statement on Transfers in the Public Sector (January 2000) and as amended in November 2007 ("COSOP") and the annex to it.	2.00%
1.9.c Please provide written confirmation of your understanding of your pension obligations and give written commitment to fulfilling these pension obligations	2.00%
1.9.d Please describe your Exit Management Strategy in relation to TUPE upon Contract expiry	2.00%
Section 2. Financial Submission (Price)	
Section 2. Financial Submission (Price)	20.00%
➢ **Total Quality Weighting**	**80.00%**
➢ **Total PRICE Weighting**	**20.00%**
Total Weight for Quality and Price	**100.00%**

The criteria for the scoring range were as follows:

Grade Label	Score	Definition
Non-compliant	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
Major concern(s)	1	Response addresses some or all parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	2	Response addresses most or all parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	3	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
Excellent	4	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

On receipt of the tender response, the submission was checked for compliance to ensure that all questions had been answered.

The Evaluation Panel then carried out their assessments of the responses independently, according to tender instructions. The members were asked to undertake their bidder evaluation based on the information provided by the bidder and any subsequent clarifications. A moderation meeting was held after the evaluation in order to discuss the differences in views on the bidder's response and to arrive at an agreed consensus score and comment for each question. Moderation discussions were facilitated by NHS London Commercial Hub (LCH) to ensure a robust process. The evaluation panel received procurement advice and support from LCH's clinical procurement team throughout the process.

The moderation panel identified a few areas needing clarification from the bidder. The clarification responses provided by the bidder were satisfactory and provided the required assurance to proceed to contract award stage.

The final scores achieved by the bidder are provided below:

Pass and Fail section:

#	Question	Total Weighting	Bidder 1	Bidder 2	Bidder 3	Bidder 4	Bidder 5	Bidder 6	Bidder 7	Bidder 8
	SUPPLIER INFORMATION	Information Only	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included
1	**QUALIFICATION CRITERIA**									
1.1	Terms and Conditions of Contract	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.2	The bidder confirms they have the resources available, and a flexible model to start work	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.3	Please indicate on the attached form if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.4	Discretionary Exclusion	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.5	1.5 Self-Cleaning (This applies to sections 1.3 and 1.4)	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.6	Audited Accounts	Pass/Fail	Pass	Fail	Withdrew from process	Pass	Fail	Fail	Pass	Pass
1.7	Minimum level of economic and financial standing and/ or a minimum financial threshold	Pass/Fail	Pass	Fail	Withdrew from process	Pass	Fail	Fail	Pass	Pass
1.8	1.8 Alignment to Specification	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.9	Named Point(s) of Contact	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
1.10	Service Go-Live	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
2	**SECTION 2**									
2.1	Confidential Information	Information Only	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included
2.1	Contact Details and Declaration	Information Only	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included
2.3	Form of Tender	Information Only	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included

21	Conflict of Interest Form	Information Only	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included	Information Included

Scored section: Tender Scoring

Following a review of the final overall scores, the collective scores from the evaluation panel overseen by the procurement team proposes to award the contract to **Bidder 1 with a total score of 82.20%.**

The recommendation of the evaluation panel to the **relevant committees within NHS SEL ICB** is to appoint Bidder 1 as the preferred bidder.

Ratification Award Recommendation

The paper summarises the procurement process that was undertaken in accordance with the NHS South East London ICB Procurement policy to commission a Take Home and Settle Service.

Following a robust process, the Governing Body is asked to endorse the decision for the **relevant committees within NHS SEL ICB** to be appointed as the preferred bidder. The Board is also asked to approve proceeding to contract discussions on successful completion of the standstill period and the award of contract within the terms of the tender as outlined above.

Risks/Outstanding Issues

No risks/outstanding issues identified

Next steps

On agreement of the recommendation to appoint Bidder 1 as the preferred bidder by the **relevant committees within NHS SEL ICB.** The bidder will be notified, and the 10 days standstill period will begin. NHS South East London will then initiate contract finalisation with the winning Bidder and proceed to signing of the latest version of the NHS Standard Contract available at the time.

Ratification Report Approval Signatory

Following the review of this report, I/we approve the recommendation to award the contract to Bidder 1:

Name	Job Title	Approval	Date

Bidders Name	Scores	Qualification Stage
Bidder 1	82.20%	
Bidder 2	56.00%	Failed qualification question 1.6 and 1.7
Bidder 3	Withdrew from the process	Withdrew from the process
Bidder4	64.89%	
Bidder 5	42.50%	Failed qualification question 1.6 and 1.7
Bidder 6	45.00%	Failed qualification question 1.6 and 1.7
Bidder 7	58.00%	
Bidder 8	48.50%	

Number	Description	Weight	Bidder 1 Score	Bidder 1 - Weighting (%)	Bidder 1 Moderation Comment
1.1	Service DeliveryPleas	10%	3	7.50%	Strong response addressing all parts of the question providing confidence that the service will be delivered to a good standard. Strengths include being able to utilise adjacent services delivered by the provider to both the service user and carers, documenting home hazards, experienced staff with appropriate training, providing staff with Employee Assistance Programme. However, to have scored higher there could have been more detail/examples on how the supplier would adapt the service to support service users with protected characteristics and how they would ensure their staffing reflects the local population. The response could have said more about marginalised groups.
1.2	Please outline how yo	10%	2	5.00%	Supplier's response addresses most parts of the question. The supplier provided a good answer however, the response is lacking relevant detail needed in some of the points especially in the EDI section. The supplier should have provided more details on how they would deal with different needs of patients, what training staff will be provided with. The response would benefit from more explicit examples of how they ensure inclusion for protected characteristics.
1.3	Please describe how	10%	3	7.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking further detail which would need to be addressed. The response is missing some information on hospital staff teams feedback.
1.4	Your staffing model for	10%	4	10.00%	A very strong and well detailed response that addresses all of the question and provides the evaluators with confidence that the service will be provided to an excellent standard. Very strong performance evidenced. The response confirms all aspects of the service are available within the constraints of the economic envelope.
1.5	a) Please describe yo	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Good use of enhanced quality discharge objectives. Reduction of admissions is a good addition of content to add here. The approach to deliver the service is well thought out, methodical and shows areas of development from previous learning. The resources needed and key metrics listed is strong evidence of a sound implementation plan and additional benefits including out of office hours coverage and key metrics listed that support the plan for the patient. This is a very good answer that contains evidence of a solid service for the patient. However, the response didn't read as a mobilisation plan rather a list of objectives. No time frames attached to the objectives. Difficult to understand what would be mobilisation and what is objectives of the service Risk Register attached
1.6	Please explain as des	8%	4	8.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response is comprehensive and addresses the points needed for good engagement and communication with service users. However, they could have expanded on their EDI section to include what they would do for those who may not speak English as their first language or maybe those who have disabilities etc.
1.7	Please provide your pr	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Really good detail considered in the response. However, the evaluators feel that more detail should be added on how service users are involved in the feedback loop process and what tangible changes have been brought about following the escalation of service-user feedback (i.e. there only seems to be a focus on getting feedback from the hospital staff - re: discharge team feedback, why is feedback not being collected from discharged patients also?).
1.8	Theme 5: Wellbeing -	8%	3	6.00%	A strong response that addresses all parts of the question and provides confidence that the service will be provided to a good standard. The response demonstrates how most of the relevant requirements of the service will be met. However, the information lacks detail in some areas but this does not cause concern over the future delivery of services. The response could have been more detail on how the bidder could use procurement/purchasing to encourage suppliers to be more eco-friendly/sustainable. Very strong on providing added value to the contract through the other services they run. Good information on vehicle emissions and efficient routing. Also undertaking community events.
1.9a	1.9.a Please describe	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. They are the incumbent so TUPE wouldn't apply if successful. They acknowledge that they could be unsuccessful and reference their response in a separate question regarding Exit Management but in order to score higher the bidder could have provided more information on the TUPE process should they be unsuccessful, in this response.
1.9b	1.9.b Please describe	2%	4	2.00%	A very strong response that addresses all parts of the question and provides the evaluator with confidence. Demonstrates commitment to adhering to COSOP principles.
1.9c	1.9.c Please provide w	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Please describe	2%	4	2.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response provided assurance that Exit Plan would be successful, covering all the main elements.
2.1	The financial envelope	20%	18.7	18.70%	Awarded 18.70% (out of 20%)
	Total	100%		82.20%	

Number	Description	Weight	Bidder 2 Score	Bidder 2 - Weighting	Bidder 2 Moderation Comment
1.1	Service DeliveryPleas	10%	1	2.50%	Response addresses some parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. The response fails to demonstrate how most of the relevant requirements of the service will be met. Operating hours unclear, model of delivery vague. For example the response doesn't list first aid training, doesn't specify their expected hours of operation, offers culturally appropriate meals however whilst good this is not a part of the service and is quite generic overall with little tangible evidence of delivery.
1.2	Please outline how yc	10%	2	5.00%	The supplier's response addresses most parts of the question. However, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services. Terminology 'care plans' suggests a care service rather than THAS and raises concerns about provider's understanding of service requirements. Broad range of tools proposed for use, however, which is a positive. No evidence of meeting KPIs from other contracts given. Bidder's reponse does not answer the EDI aspect which does not provide assurance that this is at the top of their list. The EDI aspect is underdeveloped and lacks specificity about how diverse needs are proactively identified, monitored, or addressed beyond assurances of general EDI training (which also could have been specified further i.e. Cultural Competence, Unconscious Bias etc.)
1.3	Please describe how	10%	3	7.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response demonstrates how most or all of the relevant requirements of the service will be met, however, the information lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
1.4	Your staffing model fo	10%	3	7.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response confirms the supplier can scale operations but likely not within the existing financial envelope. The use of volunteers may not provide a fully reliable service.
1.5	a) Please describe yo	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response provides a strong plan and approach, however, IG sign off timeline is likely to be significant underestimate, leading to an inability to launch the service in time.
1.6	Please explain as des	8%	4	8.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Incredibly comprehensive in its approach, detailing a variety of methods of communication and engagement, in a way that ensures accessibility. While not explicit, a good range of Protected Characteristics are covered by this answer.
1.7	Please provide your p	8%	4	8.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. This response covers many of the points in detail - more evidence/examples should have been given (however evaluators understand there will be a word count limit).Supplier did not mention using service feedback/engagement within this section as this can really help to shape the service and ensure delivery of service improved.
1.8	Theme 5: Wellbeing -	8%	2	4.00%	Response addresses most parts of the question and provides confidence that the service will be provided to an acceptable standard. The response demonstrates how most of the relevant requirements of the service will be met, however, the information is lacking relevant detail. Offer Employee Assistance Programme, flexible working, health checks, subsidised gym membership. However a few responses are non-committal e.g. "Consider the Possibility of...", "Explore the possibility of...". Surprised that car usage was not an area considered for improvement given this will be necessary for this service.
1.9a	1.9.a Please describe	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that TUPE would be undertaken to a good standard. The response demonstrates how all of the relevant requirements will be met during and post transfer with regards to the ongoing support to help the new member of staff settle into the new organisation. The response mentions early engagement but to score higher there could have been more technical detail on timings of the TUPE transfer.
1.9b	1.9.b Please describe	2%	4	2.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence. Demonstrates commitment to compliance with COSOP, the Fair Deal for Staff Pensions, and Good Employment Practice principles.
1.9c	1.9.c Please provide \	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Please describe	2%	4	2.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response provide assurance that Exit Plan would be successful. Good detail and commitment to ensuring that staff are at the heart of the transfer.
2.1	The financial envelop	20%	N/A	0.00%	Not assessed, the bidder did not meet the pass criteria as per question 1.6 and 1.7 of the qualification envelope of the evaluation to make eligible for assessment.
	Total	100%		56.00%	

Number	Description	Weight	Bidd	Bidder	Bidder 3	Moderation Comment
1.1	Service De	10%				
1.2	Please out	10%				
1.3	Please des	10%				
1.4	Your staffi	10%				
1.5	a) Please	8%				
1.6	Please exp	8%				
1.7	Please pro	8%				
1.8	Theme 5:	8%				
1.9a	1.9.a Plea	2%				
1.9b	1.9.b Plea	2%				
1.9c	1.9.c Plea	2%				
1.9d	1.9.d Plea	2%				
2.1	The financ	20%				
	Total	100%				

Number	Description	Weight	Bidder 4 Score	Bidder 4 - Weighting (%)	Bidder 4 Moderation Comment
1.1	Service De	10%	2	5.00%	Response addresses most parts of the question and provides confidence that the service will be provided to an acceptable standard. However, the information gives the evaluator minor concern over the future delivery of the services. Good response in terms of qualifications, protected characteristics, staff retention (90%), continuity of care and base in Greenwich and Lewisham. Minor concerns that the staffing model is affordable, particularly as they are proposing that the service will operate 24-7, 365 days a year, they also say that their response target will be 30 mins to 2 hours. The response claims that they will provide carers that speak the service users language, with 170 different languages spoken in Lewisham alone I think this would be hard to deliver in practice. QEH provision reads as if they would sub-contract out to other providers and that they would only visit high-risk service users, providing a virtual service to others.
1.2	Please out	10%	2	5.00%	The supplier's response addresses most parts of the question. The response mentions 'goal setting' for individuals, however, the service being commissioned is a short-term intervention service so this raises concerns about the providers' understanding of the service being commissioned. Evaluators have noted in the post discharge surveys - supplier did not explain what they do with the data - how it helps with improvements. It would have been good to use examples in this answers to evidence what they are doing is working. Lastly, EDI monitoring - supplier did not elaborate how this data helps them to be inclusive.
1.3	Please de	10%	2	5.00%	Supplier's response addresses most parts of the question. However, there was no mention of staff management approach in quality performance management. Question answered but lacks greater depth detail. Hospital feedback for example is documented but no clear pathway to how, complaint process added but more detail required. The response addresses the question but lacks the detail required. Commissioners would like to see more outcome measured, what supplier need to do to achieve the outcomes and what is the impact of those outcomes.
1.4	Your staffi	10%	2	5.00%	Supplier's response addresses most parts of the question. The delivery model refers to 'draw up the carers planned visits and allocate the shifts via our rostering/ ECM system care plan' this reads like a care service, not a THAS service. and raises concerns about the model of service being proposed.
1.5	a) Please	8%	1	2.00%	Response addresses some parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. This is not a council contract, this is an ICB contract. The supplier refers to Havering in their response - this is a contract for Lewisham and Greenwich so concerns with attention to detail.
1.6	Please exp	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Overall, a good response however it is lacking detail in certain sections - Section 2 - Mentions HIPAA which is not how we are governed in the UK - we would mention GDPR/Equality Act 2010. No mention of how they would comply with GDPR with information they would obtain. Section 8 - needs to be expanded on- this is one of the requirements for the question - they briefly mentioned collection of feedback but more information is needed on how it will work, also they do not mention what they will do with this information. A lot of technology is being used for these communication methods - no mention of how elderly patients who do not know how to use them would get support (face to face interactions will only be taking place at the point for taking them home). - What support will patients be given to allow them to use this technology?
1.7	Please pro	8%	3	6.00%	strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Good answer with good suggestions to deliver and provide quality support - Evaluators would like the idea of champions, training staff and the way they intend to work collaboratively. I think examples of work they have already taken would have been able to evidence it better. However, I feel that it is repetitious in some areas and would be strengthened overall if EDI considerations and engagement were touched on in more detail.
1.8	Theme 5: '	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response demonstrates how most of the relevant requirements of the service will be met. However, the information lacks relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services. Highlights include in-house councillor, MH first aid training, good case studies provided. The response could have been stronger on added value and some of the initiatives rely on other providers to deliver them.
1.9a	1.9.a Plea	2%	2	1.00%	The supplier's response addresses most or all parts of the question and provides the evaluator with confidence that TUPE will be undertaken to an acceptable standard. The response demonstrates experience in undertaking TUPE, however, the information is lacking relevant detail about the process itself, the bidder also confuses the ICB with the Local Authority.
1.9b	1.9.b Plea	2%	2	1.00%	The supplier response addresses most parts of the question and provides the evaluator with confidence that COSOP principles will be adhered to. Demonstrates experience in undertaking TUPE, however, the information is lacking relevant detail in places and doesn't reference the Fair Deal for Staff.
1.9c	1.9.c Plea	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Plea	2%	4	2.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response provide assurance that Exit Plan would be successful. Good detail and commitment to ensuring that staff are looked after through the process and notes the importance of starting the process as early as possible to ensure success.
2.1	The financ	20%	18.89	18.89%	Awarded 18.89% (out of 20%)
	Total	100%		64.89%	

Number	Description	Weight	Bidder 5 Score	Bidder 5 - Weighting (%)	Bidder 5 Moderation Comment
1.1	Service DeliveryPle	10%	1	2.50%	Response addresses some parts of the question but does not provide the evaluator with confidence and gives rise to minor concerns that the service will be provided to an acceptable standard. The response doesn't provide enough information on how the service will be delivered. Vague on how the different sites would be managed. The response appears very transport focused, though good that they have accessible vehicles.
1.2	Please outline how	10%	2	5.00%	The supplier's response addresses most parts of the question. Response covers all key areas, but lacks depth and specificity - i.e. PAM and NPS are mentioned, more details on how they are implemented practically would strengthen the answer. The EDI section is also quite broad, with limited detail on how the diverse needs of service users are proactively being addressed or how their monitoring will be conducted. It is good, however, they were not specific on the EDI training undertaken by their staff.
1.3	Please describe hc	10%	2	5.00%	The supplier's response addressed the question but the response is very generic and could be positioned next to any organisation. No in-depth examples of how supplier will do the monitoring, or what KPIs will be included and monitored for example. The complaints procedure is acceptable.
1.4	Your staffing model	10%	2	5.00%	Supplier's response addresses most parts of the question. Limited information regarding stakeholders. Big emphasis on transport. The response refers to drivers and ambulance assistant which is positive and clearly references the type of service being commissioned. Discussion of service growing, likely this will require further funding which would create pressures.
1.5	a) Please describe	8%	2	4.00%	Supplier's response addresses most parts of the question. Good description of patient transport requirements. The supplier's response focus on transportation and not the full requirement of the service. Concerns that there is no mention of IG in the mobilisation plan. More information on infrastructure and capacity would have been beneficial.
1.6	Please explain as c	8%	2	4.00%	Supplier's response addresses most parts of the question. Overall good answer however no examples given. Supplier also need to go into more detail about patient feedback and how exactly they will collect it - seems like the onus would be on the patient to provide this feedback and that they will not be actively seeking for feedback. No mention of what they will do with this information either. No mention of how they will tackle the issue of digital inclusion - especially if they will be developing an APP.
1.7	Please provide you	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Addresses most aspects of the question that have been requested - provides clear explanations and relevant examples - provides a clear plan for engaging with hospital teams, local healthcare providers, and community organisations, highlights specific activities as part of this; has set actions for maximising collaborative efforts; solid feedback mechanisms for increasing engagement and gathering feedback; and explains how resources are adjusted based on the needs of the borough. Answer could be made stronger, however, through more detail - especially regarding how EDI considerations will be embedded throughout the service delivery and specific past evidence on the effectiveness of the methods proposed. There seems to be a focus on the travel but there is also the other aspect of ensure the client is settled and has the needs. How will they involve the NOK? they are also stakeholders etc.
1.8	Theme 5: Wellbeing	8%	2	4.00%	Response addresses most parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. The response demonstrates how most of the relevant requirements of the service will be met, however, the information is lacking relevant detail which gives the evaluator minor concern over the future delivery of the services. Response talks a lot about "will do" which indicates that these aren't existing practices in all cases. Added value equates to potentially donating money to charities.
1.9a	1.9.a Please descri	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that TUPE would be undertaken to a good standard. The response demonstrates how all of the relevant requirements will be met during and post transfer with regards to the ongoing support to help the new member of staff settle into the new organisation. The supplier could have given a timeline of how these will be achieved before go-live.
1.9b	1.9.b Please descri	2%	4	2.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence. Demonstrates commitment to adhering to COSOP principles, Fair Deal for staff pensions.
1.9c	1.9.c Please provid	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Please descri	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response provide assurance that Exit Plan would be successful. Could have provided greater detail and specified timings.
2.1	The financial envel	20%	N/A	0.00%	Not assessed, the bidder did not meet the pass criteria as per question 1.6 and 1.7 of the qualification envelope of the evaluation to make eligible for assessment.
	Total	100%		42.50%	

Number	Description	Weight	Bidder 6 Score	Bidder 6 - Weighting	Bidder 6 Moderation Comment
1.1	Service DeliveryP	10%	1	2.50%	Response addresses some parts of the question but does not provide the evaluator with confidence and gives rise to minor concerns that the service will be provided to an acceptable standard. Vague responses, lacking in operational detail. Particularly vague on how different site funding would be addressed. Good that they are proposing to be based at UHL/QEH. No description of model of delivery or support provided to patients.
1.2	Please outline hov	10%	2	5.00%	The supplier's response addresses most parts of the question. A wide range of tools proposed which is positive, however, the tools proposed appear to be about tracking a patient's / user's recovery journey over a period of time which raises concerns that the provider is seeing this as a care provision service over time, rather than a one-off transport with support from hospital. Bidder response needed more case studies to strenghten the response.
1.3	Please describe h	10%	2	5.00%	Supplier's response addresses most parts of the question. Overall a strong response, however, the response discusses adherence to care plans and assessment of progress using outcomes star which tracks longer-term improvements for users. This raises some concern for the commissioner as this is a quick turnaround service, not commissioned to provide long-term care.
1.4	Your staffing mode	10%	2	5.00%	Supplier's response addresses most parts of the question. The response discusses staff holding 'caseloads', this raises concerns for the commissioner as the service is not about long-term provision of care.
1.5	a) Please describe	8%	2	4.00%	Supplier's response addresses most parts of the question. The response appears to significantly underestimate the difficulty of IG sign-offs & stakeholder engagement / buy in to the new service. Risks detailed with mitigations. However, full service suggested as being in place between months 5-12 which is a concern.
1.6	Please explain as	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The responses covers a wide range of comms tools and how they will ensure inclusivity for diverse service user needs; it explicitly ties the tools to the service spec requirements; each tool is explained with its purpose, usage scenarios, and benefits; demonstrates a priority of cultural competence and general inclusion. However, while a lot of examples have been provided, it feels that the detail only scratches the surface of what should be covered as part of this answer. However requires examples as evidence. They do not inform us what they will do with the data they collect from patient feedback. No mention of how they will deal with digital inclusion.
1.7	Please provide yo	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Overall a really good response - I like that they will be undertaking mapping to see who they can collaborate with. The one thing that would have taken this response to a 4 would have been providing information on the expected outcomes.
1.8	Theme 5: Wellbeii	8%	2	4.00%	Response addresses most parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. The response demonstrates how most of the relevant requirements of the service will be met. However, the information is lacking relevant detail which gives the evaluator minor concern over the future delivery of the services. The response talks a lot about "will do" which indicates that these aren't existing practices in all cases. The response could do with more specific details on case-studies/evidence of actions already taken.
1.9a	1.9.a Please desc	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that TUPE would be undertaken to a good standard. The response demonstrates how all of the relevant requirements will be met during and post transfer with regards to the ongoing support to help the new member of staff settle into the new organisation. Supplier could have given a timeline of how these will be achieved before go-live.
1.9b	1.9.b Please desc	2%	4	2.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence. Demonstrates commitment to adhering to COSOP principles, Fair Deal for staff pensions and Good Employment Practice.
1.9c	1.9.c Please provi	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Please desc	2%	4	2.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response provide assurance that Exit Plan would be successful. Good detail and commitment to ensuring that staff are looked after through the process and notes the importance of starting the process as early as possible to ensure success.
2.1	The financial enve	20%	N/A	0.00%	Not assessed, the bidder did not meet the pass criteria as per question 1.6 and 1.7 of the qualification envelope of the evaluation to make eligible for assessment.
	Total	100%		45.00%	

Number	Description	Weight	Bidder 7 Score	Bidder 7- Weightin	Bidder 7 Moderation Comment
1.1	Service DeliveryPleas	10%	2	5.00%	The Supplier's response addresses most parts of the question but does not provide the evaluator with confidence and gives rise to minor concerns that the service will be provided to an acceptable standard. Vague response with little tangible details, doesn't state expected hours of operation, appears to think LGT are commissioning the service, no qualification details. Limited description of service delivery model, with no reference to patient wellbeing and onward referrals i.e to VCS. The information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
1.2	Please outline how you	10%	2	5.00%	The supplier's response addresses most parts of the question. However, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services. The tools proposed sound positive, however, appears to be about tracking a patient's / user's recovery journey over a period of time which raises concerns that the provider is seeing this as a care provision service over time, rather than a one-off transport with support from hospital.. Strengths-based support; swimming example. More details on how EDI is directly applied would strengthen the answer the further - while it is reassuring that they have a zero-tolerance policy, it would be good to have more specifics on the training offered to staff and what they do to ensure accessibility for those with barriers/protected characteristics (i.e. comms formats, translators etc.)
1.3	Please describe how y	10%	2	5.00%	Supplier's response addresses most parts of the question. However, the response discusses use of care plans and assessment of progress. This raises some concern for the commissioners as this is a quick turnaround service, not commissioned to provide long-term care.
1.4	Your staffing model for	10%	2	5.00%	Supplier's response addresses most parts of the question. The response references use of 4x4 vehicles if staff can't travel, or arranging meals on wheels when staff can't travel. The service cannot be provided if transport for patients is not provided, so if staff can't travel the service won't operate therefore this response raises significant concerns.
1.5	a) Please describe you	8%	2	4.00%	Supplier's response addresses most parts of the question. The response references avoiding admissions - not discharging to home. The response reads like a care service, with reference to matching staff to patient need/preference, this raises some concerns as to whether the provider has fully understood the service being requested.
1.6	Please explain as desc	8%	1	2.00%	Response addresses some parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. The response addresses some of what will be covered however it is very focused on working with stakeholders and not service users and how they will engage with them - options such as email, apps, portals etc are not part of this answer. Response also did not discuss how feedback will be obtained from service users and what they would do with this data. The response did not address any digital inclusion aspects either and does not hone in on any issues faced by service users with accessibility issues (and, by extension, the mitigations in place) at the level of detail expected.
1.7	Please provide your pr	8%	2	4.00%	Supplier's response addresses most parts of the question. however, it makes references to CCG's - we are ICB's - do they understand the complexities of ICB's? They mentioned they have previously been a part of a take home and settle service - so evaluators would have expected more examples as part of evidence. Overall there needs to be elaboration on the points stated but more so on the allocation of the shared service.
1.8	Theme 5: Wellbeing - I	8%	1	2.00%	Response addresses some of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met. Response provides basic answers, doesn't provide any case-studies or examples of work they have undertaken. Very little, if any response to environmental sustainability.
1.9a	1.9.a Please describe i	2%	3	1.50%	A strong response that addresses most or all parts of the question and provides the evaluator with confidence that TUPE will be undertaken to an acceptable standard. The response demonstrates experience in undertaking TUPE, however, the information is lacking relevant detail about the process itself, such as timings to ensure ready for go-live.
1.9b	1.9.b Please describe i	2%	3	1.50%	A stong response that addresses all parts of the question and provides the evaluator with confidence that TUPE will be undertaken to an acceptable standard. However, the information is lacking relevant detail about the process itself, and doesn't go into enough detail about how the process will be applied.
1.9c	1.9.c Please provide w	2%	3	1.50%	Written confirmation that the bidder understands their legal responsibilities, but doesn't confirm that the bidder will fulfill them.
1.9d	1.9.d Please describe y	2%	3	1.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response provides assurance that Exit Plan would be successful. Could have provided greater detail on how staff will be treated during the transfer e.g. communication, HR support during and post transition.
2.1	The financial envelope	20%	20	20.00%	Awarded 20% (out of 20%)
	Total	100%		58.00%	

Number	Description	Weight	Bidder 8	Bidder 8 Wei	Bidder 8 Moderation Comment
1.1	Service DeliveryPl	10%	3	7.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response demonstrates how most of the relevant requirements of the service will be met. However, to improve their score, supplier could have been clearer on how they are going to deliver at the two sites and onward referrals to voluntary sector. Good points include 8-8pm service with emergency response, teams at QEH/UHL, provision of interpreters.
1.2	Please outline hov	10%	2	5.00%	The supplier's response addresses most parts of the question. However, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services. The tools proposed sound positive, however, the response appears to be about tracking a patient's / user's recovery journey over a period of time which raises concerns that the provider is seeing this as a care provision service over time, rather than a one-off transport with support from hospital. For example, the response cites discharge planning, monitoring progress etc. Response could have benefited from more case studies examples.
1.3	Please describe h	10%	3	7.50%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The reponse mentions typical KPIs to start their question which include acceptable entities. The response also mentions outcomes and how they will be monitored. The reponse provides an acceptable answer for the complaints process. The response also identified which hospitals the service falls in and how they will work with them. However, this doesn't have a huge amount of detail.
1.4	Your staffing mode	10%	2	5.00%	Supplier's response addresses most parts of the question. The response references 'caseload' held by staff and does not refer to drivers or how patients will be transported home from hospital, this raises concerns that the provider has not fully understood the service to be provided under this contract.
1.5	a) Please describe	8%	2	4.00%	Supplier's response addresses most parts of the question. The response has provided a very basic plan for both risk and mobilisation. There is a lot of detail missing here. The detail they provide doesn't provide a clear picture of how they would successful implement this service. All of the sections of the question have been added but with limited detail provided. No reference to IG sign off and the timeline required for this. The response also uses care service terminology such as 'comprehensive discharge planning' which is not part of this service requirement and raises a concern that the provider may not have fully understood the service required.
1.6	Please explain as	8%	2	4.00%	Supplier's response addresses most parts of the question. A good response however much more elaboration on the information is required about how supplier would do it, impact of it and what they hope to achieve. Supplier's response did not mention or consider digital inclusion and how they would address this. Feedback from patients is mentioned but needs more elaboration - it gives the sense the onus is on the patient to provide feedback and that it will not be actively sought and does not state what they would do with the feedback and how they will use it for making changes to the service.
1.7	Please provide yo	8%	3	6.00%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. However it would have been beneficial to provide examples as evidence for previous work where the suggestions have worked and how well they have worked. Some of the points do need elaboration but it seems like they have a good grasp on how to work collaboratively. Re: Service allocation, they have explained how they would do it based on the budget - but need to explain how it will be proportional and how will they ensure that the borough with a smaller budget allocated will not have a negative impact on the patients.
1.8	Theme 5: Wellbeir	8%	1	2.00%	Response addresses some of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met. Response provides basic answers, doesn't provide any case-studies or examples of work they have undertaken. Could have done with case studies/examples of current practice, feels like a lot of the initiatives are yet to be implemented.
1.9a	1.9.a Please descr	2%	3	1.50%	Strong response that addresses all parts of the question and provides the evaluator with confidence that TUPE would be undertaken to a good standard. Demonstrates how all of the relevant requirements will be met during and post transfer with regards to the ongoing support to help the new member of staff settle into the new organisation. The supplier could have given a timeline of how these will be achieved before go-live.
1.9b	1.9.b Please descr	2%	4	2.00%	A very strong response that addresses all parts of the question and provides the evaluator with confidence. Demonstrates commitment to adhering to COSOP principles, Fair Deal for staff pensions and Good Employment Practice.
1.9c	1.9.c Please provi	2%	4	2.00%	Written confirmation provided by bidder
1.9d	1.9.d Please descr	2%	4	2.00%	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. The response provided assurance that Exit Plan would be successful, covering all the main elements.
2.1	The financial enve	20%	0	0.00%	No mark awarded. The bid breached the envelope parameters as set out within the ITT.
	Total	100%		48.50%	

NHS South East London

Homeless Patients Legal Advocacy Service (HPLAS)

Procured on behalf of NHS South East London ICB

Ratification Report

Tender Ref: PRJ- 1366

20.01.2025

NHS London Commercial Hub

NHS

Table of Contents

Ratification Summary

Contract title:	Homeless Patients Legal Advocacy Service (HPLAS)
Organisation(s):	NHS South East London ICB
Type of Project:	Open Procedure - Light Touch Regime
Contract reference:	PRJ 1366
Period of contract:	3 years with an option to extend for a further 2 years period at the sole discretion of the Authority.
Contract start date:	01 April 2025
Contract end date:	31 March 2028
Date report produced:	20 January 2025
Report author[s]:	Phil Hall - Project Manager, Urgent & Unplanned Care NHS South East London (Bexley and Greenwich Boroughs). Luke Lenz - Procurement Support Officer. LCH Bilan Sharif – Procurement Support Officer. LCH Odezi Stephen Ivuerah – Senior Procurement Manager, LCH.
Date tenders issued:	23 October 2024
Date tenders returned:	4 December 2024 at 5pm
Number of tenders returned:	1 (One)
Pre Tender budget estimate:	£81,357 (of which Greenwich to contribute £27,000) per year Total £406,785 (of which Greenwich to contribute £135,000)
Total contract value:	£406,785
Associated risks in awarding this:	None identified

This document confirms there is no conflict of interest with any member of the decision-making team.

Procurement Process

Prior to undertaking the procurement exercise approval was sought and granted by the relevant committee within SEL ICB to procure Homeless Patients Legal Advocacy Service (HPLAS) Service on 3 years with an option to extend for a further 2 years period at the sole discretion of the Authority (3+2).

An open procurement approach was agreed together with the overall evaluation criteria / weighting, Eligibility Questionnaires which includes (Pass/Fail and scored questions) with the scoring range of 0 – 4.

The tender was advertised on Find a Tender and Contract Finder website via the e-tendering portal Atamis system (Health Family). The portal was also used to control all aspects of the procurement exercise in order to provide a full audit trail of all procurement actions and decisions.

The following 2 organisations expressing interest in the tender via the e-tendering portal Atamis system (Health Family), only 1 provider submitted a bid by the deadline of Friday, 4 December 2024, 5:00 p.m. (17:00). The Bidders' names have been redacted as is standard practice when submitting Contract Award Recommendation Reports for ICB approval to mitigate against conflicts and to maintain confidentiality of the award results.

Bidder who submitted bid:

- Bidder 1

Bidder who expressed an interest

- Bidder 2

The timetable for the procurement and evaluation process was as follows:

Event	Date
Find A Tender Service and Contract Finder adverts published	23 October 2024
ITT published	23 October 2024
Deadline for the receipt of clarification questions	20 November 2024
Target date for responses to clarification questions	22 November 2024
Deadline for receipt of tenders	4 December 2024 at 5pm
Evaluation of tenders	9 December 2024 – 20 December 2024
Moderation meeting	6th January 2025 - 10 January 2025
Notify successful and unsuccessful bidder outcome	7 February 2025
Standstill period	10 February 2025 – 19 February 2025

Contract award	24 February 2025 – 25 February 2025
Service go live	1 April 2025

The evaluation process commenced once the formal tendering period was complete. The procurement team undertook the assessment to ensure bidder met the requirements set out to enable them to respond to tender. The evaluation was undertaken in two stages:

- Stage 1 – Eligibility Questionnaire (EQ) Evaluation (Pass/Fail questions). The bid passed this stage and proceeded to the next stage to enable the bid to be fully evaluated.

- Stage 2 – ITT Quality Evaluation (scored questions). Evaluators independently scored each tender response alongside a financial evaluation, which was undertaken by the Associate Director of Finance for Lewisham and Associate Director of Finance for Greenwich. The bid was fully evaluated.

Evaluation Panel

A core evaluation panel was established at the start of the procurement process prior to the advertisement being issued. The evaluation panel were taken from a wide selection of stakeholders including patients and subject matter specialists.

Evaluation Panel:

Name	Organisation	Role
Amanda Lloyd	South East London ICB	Assistant Director Service Development and UEC
Andrew Coombe	South East London ICB	Designated Nurse for Adult Safeguarding
Angela Paradise	South East London ICB	Director of HR & OD
Chris Dance	South East London ICB	Associate Director of Finance
Deane Kennett	South East London ICB	Deputy Director of Community Contracts (Bexley and Greenwich)
Erica Bond	South East London ICB	Programme Lead Bexley and Greenwich
Halima Dagia	South East London ICB	EDI Manager for SEL ICB
Loui French	South East London ICB	EDI Officer
Michael Cunningham	South East London ICB	Associate Director of Finance
Phil Hall	South East London ICB	Urgent and Unplanned Care Project Manager (Bexley and Greenwich)

Tender Responses

One (1) tender response was received from the suppliers before the tender response deadline at 5 pm (17:00) on 4 December 2024 via the Atamis e-tendering portal. The Bidders' names have been redacted as is standard practice when submitting Contract Award Recommendation Reports for ICB approval to mitigate against conflicts and to maintain confidentiality of the award results.

Bidder who submitted bid:

- Bidder 1

Written Bid & Price Evaluation

The Evaluation Panel constructed the following evaluation criteria/weightings to evaluate the written tenders:

The bid's total weighting was split as follows:

Evaluation Matrix for Final Selection Process	Weighting
1. QUALITY CRITERIA	
1.1 - Service Delivery	10.00%
1.1(a) - Organisational Chart	0.00%
1.2 - Achieving Positive Patient Outcomes	10.00%
1.3 - Service Outcomes	10.00%
1.4 - Capacity and Team	10.00%
1.5 - Mobilisation and Approach	8.00%
1.5(a) - Mobilisation	0.00%
1.6 Communication Tools Utilised	8.00%
1.7 Working Partnership	8.00%
1.8 Social Value, Environment and Sustainability	8.00%
1.9 TUPE Transfers - 1.9.a Please describe in detail how you would deal with any TUPE Transfers.	2.00%
1.9.b Please describe in detail how you will apply the principles set out in the Cabinet Office Statement on Transfers in the Public Sector (January 2000) and as amended in November 2007 ("COSOP") and the annex to it.	2.00%
1.9.c Please provide written confirmation of your understanding of your pension obligations and give written commitment to fulfilling these pension obligations	2.00%
1.9.d Please describe your Exit Management Strategy in relation to TUPE upon Contract expiry	2.00%
Section 2. Financial Submission (Price)	
Section 2. Financial Submission (Price)	20.00%
➢ **Total Quality Weighting**	**80.00%**

➢ **Total PRICE Weighting**	**20.00%**
Total Weight for Quality and Price	**100.00%**

The criteria for the scoring range were as follows:

Grade Label	Score	Definition
Non-compliant	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
Major concern(s)	1	Response addresses some or all parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	2	Response addresses most or all parts of the question and provides the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	3	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how most or all of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
Excellent	4	A very strong and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

On receipt of the tender response, the submission was checked for compliance to ensure that all questions had been answered.

The Evaluation Panel then carried out their assessments of the responses independently, according to tender instructions. The members were asked to undertake their bidder evaluation based on the information provided by the bidder and any subsequent clarifications.

A moderation meeting was held after the evaluation in order to discuss the differences in views on the bidder's response and to arrive at an agreed consensus score and comment for each question. Moderation discussions were facilitated by NHS London Commercial Hub (LCH) to ensure a robust process. The evaluation panel received procurement advice and support from LCH's procurement team throughout the process.

The moderation panel identified a few areas needing clarification from the bidder. The clarification responses provided by the bidder were satisfactory and provided the required assurance to proceed to contract award stage.

The final scores achieved by the bidder are provided below:

Pass and Fail section:

#	Question	Total Weighting	Bidder 1
	SUPPLIER INFORMATION	Information Only	Information Provided
1	QUALIFICATION CRITERIA		
1.1	Terms and Conditions of Contract	Pass/Fail	Pass
1.2	The bidder confirms they have the resources available, and a flexible model to start work	Pass/Fail	Pass
1.3	Please indicate on the attached form if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world	Pass/Fail	Pass
1.4	Discretionary Exclusion	Pass/Fail	Pass
1.5	1.5 Self-Cleaning (This applies to sections 1.3 and 1.4)	Pass/Fail	Pass
1.6	Audited Accounts	Pass/Fail	Pass
1.7	Minimum level of economic and financial standing and/ or a minimum financial threshold	Pass/Fail	Pass
1.8	1.8 Alignment to Specification	Pass/Fail	Pass
1.9	Named Point(s) of Contact	Pass/Fail	Pass
1.10	Service Go-Live	Pass/Fail	Pass
2	**SECTION 2**		
2.1	Confidential Information	Information Only	Information Provided
2.1	Contact Details and Declaration	Information Only	Information Provided
2.3	Form of Tender	Information Only	Information Provided
21	Conflict of Interest Form	Information Only	Information Provided

Scored section: Tender Scoring

PRJ1366 HPAS
Redacted Moderatic

Following a review of the final overall scores, the collective scores from the evaluation panel overseen by the procurement team proposes to award the contract to **Bidder 1 with a total score of 81%.**

The recommendation of the evaluation panel to the **relevant committees within NHS SEL ICB** is to appoint Bidder 1 as the preferred bidder.

Ratification Award Recommendation

The paper summarises the procurement process that was undertaken in accordance with the NHS South- East London ICB (hereafter referred to as "the Authority") Procurement policy to commission PRJ 1366 Homeless Patients Legal Advocacy Service (HPLAS).

Following a robust process, the **relevant committees within NHS SEL ICB** are asked to endorse the decision for Bidder 1 to be appointed as the preferred bidder. The Board is also asked to approve proceeding to contract discussions on successful completion of the standstill period and the award of contract within the terms of the tender as outlined above.

Risks/Outstanding Issues

No risks/outstanding issues identified

Next steps

On agreement of the recommendation to appoint Bidder 1 as the preferred bidder by the **relevant committees within NHS SEL ICB.** The bidder will be notified, and the 10 days standstill period will begin. NHS South East London will then initiate contract finalisation with the winning Bidder and proceed to signing of the latest version of the NHS Standard Contract available at the time.

Ratification Report Approval Signatory

Following the review of this report, I/we approve the recommendation for **Bidder 1** to be appointed as the preferred bidder.

Name	Job Title	Approval	Date

Number	Description	Weight	Bidder 1 Score	Bidder 1 Weighted S	Bidder 1 Moderated Comment
1.1	Service Delivery Please outline how you will deliver a Provision of Take Home & Settle Service Service (THAS) that will meet the requirements outlined in the service specification. Your response should include but not be limited to: •Key personnel, qualifications, CVs •Hours of operation, provision, location etc. •Models of delivery across each site (bearing in mind	10%	3	8%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response demonstrates how most of the relevant requirements of the service will be met. However, the information lacks relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services. For example, the response could have been stronger on how staff reflect service users feedback.
1.2	Please outline how you will achieve positive outcomes for those accessing the service?	10%	3	8%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. However, the supplier has failed to addressed any of the EDI aspect of the question and other aspects. case studies would have been good, mention of feedback and what they will do with it would have also been good. EDI considerations are implicit in their focus on vulnerable groups (especially those who require support with an immigration application), but the answer would have been strengthened with a more explicit discussion on how they deal with intersectionality (i.e. a homeless patient with a disability or language barrier).
1.3	Please describe how your service will promote high-quality service outcomes? What measures will you use in this contract to monitor and record the performance of the contract and inform continuous improvement.	10%	3	8%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Comprehensive and convincing response. Minimal high quality service outcomes highlighted. Mention of quarterly reports and feedback against outcomes but nothing specific mentioned. Client and referral partners is well mentioned but a lack of information behind how this turns into a high quality service outcome is apparent.
1.4	Your staffing model for the delivery of the service: •The teams track record in engaging and working with multiple stakeholders •What the capacity of the team will be (i.e. active caseload) by side •Confirmation that you can mobilise by 1st April 2025.	10%	3	8%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Elements of the question were answered comprehensively. However, the adult safeguarding aspect was incomplete and this would be addressed at the Contract stage if successful.
1.5	a) Please describe your organisation's approach to deliver the requirement detailed in the service specification. b) Please outline your mobilisation plan, referencing your infrastructure and capacity, as well as how you will mitigate any potential issues/challenges that may arise. Your response should include, but not be limited to: •Risk log	8%	3	6%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Although they are the incumbent provider they have addressed steps they need to take in order to continue to raise the profile of the service. Identify the risk of staff leaving but mitigation in place. But could have included more detail in the specifics.
1.6	Please explain as described in the service specification what communication tools you will use to engage service users	8%	3	6%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. However, the response is lacking consideration on other methods of engagement they could be undertaking, how they would undertake engagement with those who for example, do not have English as their first language. They need to be able to demonstrate what changes they have made from feedback (they have advised what they do but no 'so what'?). They have also not answered the second point in two points that they were asked to cover but not to limit it.
1.7	Please provide your proposals as to how your staff will work in partnership with the hospital and other local stakeholders to deliver the service and provide the best quality support for those accessing the service.	8%	3	6%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. However, the supplier could have provided more information/evidence - the response is lacking detailed answers on some of the points they have been asked to cover and one of the points has not been covered (allocation of service as it is a shared contract). Other protected characteristics have not been mentioned within the this response.
1.8	Theme 5: Wellbeing - Improve health and wellbeing •Describe the commitment your organisation will make to ensure that opportunities under the contract will seek to improve health and wellbeing within your workforce and the wider community. •Please address the following two points within your response; •MAC 7.1: A demonstration of action to support health and wellbeing, including physical and mental health, in the contract workforce. •MAC 7.2: How you will influence staff, suppliers, customers and communities through the delivery of	8%	3	6%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Very clear information relating to staff wellbeing. A good sense of how to help a staff member if a tough situation occurs due to the in depth experience, they already have. They have included information regarding their environmental and sustainability model but it is quite generic. Evaluators would have liked to have seen specific targets in respect of what they could implement as an organisation rather than listing what they have supplied. The supplier responded to the first part of the question adequately but evaluator would have liked to have seen more information on the sustainability issues
1.9a	1.9.a Please describe in detail how you would deal with any TUPE Transfers.	2%	3	2%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. They are the incumbent so TUPE wouldn't apply if successful, they have named organisations that would support them if TUPE was required. To receive a higher score the bidder could have provided more information on the TUPE process should they be unsuccessful.
1.9b	1.9.b Please describe in detail how you will apply the principles set out in the Cabinet Office Statement on Transfers in the Public Sector (January 2000) and as amended in November 2007 ("COSOP") and the annex to it.	2%	4	2%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. The response demonstrates that they understand COSOP and that it wouldn't apply in this scenario.
1.9c	1.9.c Please provide written confirmation of your unde	2%	4	2%	Written confirmation provided
1.9d	1.9.d Please describe your Exit Management Strategy in relation to TUPE upon Contract expiry	2%	3	2%	A strong response that addresses all parts of the question and provides the evaluator with confidence that the service will be provided to a good standard. Comprehensive response, putting the patients interests at the heart of the process. Could have been more details in terms of timeline for providing TUPE information etc...
2.1	The financial envelope available for this work is £135,793 per annum, equating to a total value of £678,965 (inclusive of any VAT charged to the ICB if applicable) for a duration of 3+2 years. Please complete the Financial Model Template provided and attach with your submission. Providers are required to submit a clear, comprehensive Financial Model Template explaining all costs involved with delivering the service as per the specification. It should cover (but is not restricted	20%	20%	20%	Awarded 20% (out of 20%)
	Total	**100%**		**81%**	

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 9
Enclosure 9

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 30 January 2025**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob Place Executive Lead

Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health & Care Partners Strategic Board regarding the Lewisham Risk Register.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

1.Current Status, Direction of Risk and current Risk Appetite Levels

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**498.** *Achievement of Recurrent Financial Balance 2024/25.* Cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m). There is a material risk that the borough will not be able to achieve recurrent financial balance in 2024/25.	⟺	Open (10-12)
Financial	**549.** *Achievement of Non-Recurrent Financial Balance 2024/25.* Cost pressures are on an upward trend and are continuing into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m). There is a risk that the borough will not be able to achieve non-recurrent financial balance in 2024/25.	⟺	Open (10-12)
Financial	**496.** *Prescribing Budget Overspend.* Risk that the prescribing budget 2024/25 may overspend.	⟺	Open (10-12)
Clinical, Quality and Safety	**528.** *Access to Primary Care* There is a risk that patients may experience an inequality (and inequity) in access to primary care services.	⟺	Cautious (7–9)
Clinical, Quality and Safety	**529.** *Increase in vaccine preventable diseases* due to not reaching herd immunity coverage across the population. *Childhood Immunisations*	⟺	Cautious (7–9)
Clinical, Quality and Safety	**561.** *Increase in vaccine preventable diseases* due to not *reaching herd immunity coverage across the population - Seasonal Vaccinations*	⟺	Cautious (7–9)
Strategic	**334.** Inability to deliver revised *Mental Health Long Term* Plan trajectories.	⟺	Open (10-12)

Financial	**335.** Financial and staff resource risk in 2023/24 of *high-cost packages* through transition.	⟺	Open (10-12)
Financial	**506.** The CHC outturn for adults will not deliver in line with budget.	⟺	Open (10-12)
Clinical, Quality and Safety	**527.** Intermediate Care Bed Provision. There is a risk that Lewisham will not have Intermediate Care Bed provision within the Borough.	↑	Cautious (7–9)
Governance	**347.** Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.	⟺	Open (10-12)
Clinical, Quality and Safety	**TBC –** Limited capacity in Adults Safeguarding team due to designate safeguarding lead going on long term medical leave.	TBC	TBC
Governance	**359.** Failure to deliver on statutory timescales for completion of *EHCP health assessments*.	⟺	Open (10-12)
Governance	**360.** Failure to deliver on statutory timescales for completion of *ASD health assessments*.	⟺	Open (10-12)

Key - Direction of Risk ***refer to risk appetite statement 24/25 for level descriptions.**

↓ Risk has become worse.

⟺ Risk has stayed the same.

↑ Risk is improving.

2.Process

Risks are discussed monthly with risk owners and reported at the now quarterly Risk Forum chaired by the Chief of Staff. Key areas for discussion relate to themes around workforce, nationally and regionally identified risks, potential risks, funding and delivery of service. In addition, what mitigations have been implemented in the interim.

3. Risk Appetite Statement and Levels

The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards, costs and benefits. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make changes or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed. *Appendix 1 – Risk Appetite Statement.*

4.Local Care Partnership Risks - Comparative Review

A comparative risk review takes place quarterly to ensure a proactive review across all 6 risk registers and their respective scores. The aim is to identify potential risks that should be considered for inclusion in LCP risk registers, comparable analysis of risks with suggestive similarities and/or contrasts. Refer to *Appendix 2 – LCP Risks Comparative Review.* A new LCP Risk Comparative few is in development.

5.New/Closed Risks

There are a total of 15 risks on the Lewisham risk register, an increase of 1 from last month; new risk relates to – limited capacity in Adults Safeguarding team due to Designate Safeguarding Lead going on long term medical leave. There is also an Issue's Log which has been created to monitor previous risks considered BAU and/or in development.

	New/closed risk(s) are detailed below: • **NEW** – Limited capacity within Adults Safeguarding team due to Designate Safeguarding Lead being on medical leave. **6.Key Themes:** The key themes from the risk register relate to finance, budgetary and statutory impacts, workforce limitations, and quality of care around delivery of services.
Potential Conflicts of Interest	**N/a**
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.

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

	Equality Impact	Yes
	Financial Impact	Yes
Other Engagement	Public Engagement	Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.
	Other Committee Discussion/ Engagement	Not in relation to this paper but some actions may require engagement and will be picked up via individual teams and initiatives. Risks are allocated each month for a deep dive at a weekly Senior Management Team and is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board.
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level (red) will meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.	

Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of Risk	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance														
498	Financial	**Achievement of Recurrent Financial Balance 2024/25**	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures, material non recurrent measures were also required to achieve financial balance. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m), it is unlikely these will be sufficient and available non recurrent measures are limited. There is therefore a material risk the borough will not be able to achieve recurrent financial balance in 2024/25.	5x3=15	5x3=15	2x2=4	Open (10–12)	⟺	Cori Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
549	Financial	**Achievement of Non Recurrent Financial Balance 2024/25**	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures, material non recurrent measures were also required to achieve financial balance. These cost pressures are on an upward trend and are continuing into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m), it is unlikely these will be sufficient and available non recurrent measures are limited. There is therefore a risk the borough will not be able to achieve non recurrent financial balance in 2024/25.	3x3=9	3x2=6	3x2=6	Open (10–12)	⟺	Cori Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
Medicines Optimisation														
496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2024/25 may overspend due to: 1- Medicines supplies and cost increases -NCSO/price concessions and Category M. 2- Lack of capacity to implement in year QIPP schemes by borough medicines optimisation teams following post MCR staffing changes may effect implementation of the QIPP scheme. 3- Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget. 4- Increased patient demand for prescriptions including self-care items, LTC. 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget. 6- Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting hospital avoidance or discharge. 7-Income protection for MOP scheme 24/25 (practices are de-incentivised to reach targets).	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Laura Jenner	Erfan Kidia	1. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend 2. Monthly meetings with finance colleagues reviewing PPA budgets to date 3. 2 weekly Place finance meetings 4. Monthly savings meeting with SMT at Place to review prescribing spend and development mitigations. 5. Borough QIPP plans, and incentive schemes developed, with following ongoing: -QIPP and Incentive scheme monitoring dashboards -Practice level budget deep dives with RAG and action plans -Face to face practice visits with targeted spend analysis and feedback. -Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum) 5. SEL rebate schemes continue to be reviewed, evaluated and processed	Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Place Executive, Associate Director of Finance.	Cost and budget pressure	1. No gaps in control identified
Primary Care / Community Based Care														
528	Clinical, Quality and Safety	**Access to Primary Care Services**	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate alternatives that are available 2.GP Practices operating different access and triage models 3.Digital exclusion 4.Workforce challenges 5.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4x4=16	4x3=12	4x2=8	Cautious (7 – 9)	⟺	Cori Jacob	Ashley O'Shaughnessy	The current controls in place are: 1.Local implementation of the national "Delivery plan for recovering access to primary care" 2.The Modern General Practice model is being implemented across practices supported through the national transition and transformation funding. 3.All practices have telephone and digital access options in place to support and maximise patient access. 4.Work with PCNs to implement the Capacity and Access Improvement Payment metrics for 24/25 which focus on better digital telephony, simpler online requests and faster care navigation, assessment, and response. 5.The PCN Additional Roles Recruitment Scheme is fully operational to support use of a diverse skill mix and provide additional workforce capacity. 6.The PCN Enhanced Access service is operational to provide additional capacity between 6.30pm and 8pm, Monday – Friday, and 9am – 5pm on Saturday. 7.Implementation of the national Pharmacy First scheme to support the management of minor ailments and supply of prescription only medicines for specific conditions. 8.Community self-referral pathways have been developed to empower patients to manage their own health. 9.Continued promotion of the NHS APP so patients can directly book appointments, request repeat prescriptions and access their own medical record. 10.Ongoing review of practice websites to ensure up to date and consistent to support patient navigation 11.Continued support for PCN digital inclusion hubs to support patients who are willing and able to maximise use of digital tools 12.Focused work on the primary/secondary care interface to free up capacity in General Practice 13. Oversight through the Lewisham Primary Care Group	As outlined in controls.	Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	Need an effective public-facing communications and engagement plan to educate and inform the public on the new ways of working in general practice and wider primary care to improve understanding of services and manage expectations. Ongoing industrial action may have an impact on patient access.
561	Clinical, Quality and Safety	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	⟺	Ashley O'Shaughnessy	Marvlyn Clarke	The current controls in place are: 1. All practices administer vaccinations and where clinically appropriate and operationally feasible, make co-administration of seasonal vaccinations the default model. 2. Practices have robust patient call and recall systems in place. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/Covid/polio. 9. Collaborative working with Population Health team to target smaller cohorts for flu vaccinations.	Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health	Severe and harmful disease outbreaks. Increased pressure on Primary Care. Increased A&E attendances and emergency admissions. Poor patient outcomes, including disability and mortality.	There is vaccine hesitancy, fatigue and reluctance following covid 19 pandemic Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity
529	Clinical, Quality and Safety	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Childhood Immunisation Programme**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x3=9	3x3=9	3x2=6	Cautious (7 – 9)	⟺	Ashley O'Shaughnessy	Marvlyn Clarke	The current controls in place are: 1. Practices have robust patient call and recall systems in place. 2. A national failsafe should ensure that unvaccinated individuals are flagged with registered practices. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' and at 'what age' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/polio.	As outlined in controls.	Severe and harmful disease outbreaks. Increased pressure on Primary Care. Increased A&E attendances and emergency admissions. Poor patient outcomes, including disability and mortality.	There is also a clear lack of knowledge of the importance and effectiveness of vaccinations amongst young parents Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I.
562	Clinical, Quality and Safety	**GP Collective Action**	There is a risk that the BMA recommendation for GP Collective Action results in reduction in primary care access and provision, and pressure on acute sector through some of the actions.	4x3=12	4x3=12	2x3=6	TBC	⟺	Cori Jacob	Ashley O'Shaughnessy	National Sitrep in place and daily local monitoring of impact based on situation . Use local information and understanding of key pressure points to monitor the situation. Continue to engage / contact local practices. PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact	National Sitrep in place and daily local monitoring of impact based on situation . Use local information and understanding of key pressure points to monitor the situation. Continue to engage / contact local practices. PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact	See controls	Negotiations at a national level will be required to resolve issue. System plans with Trusts. Workarounds may be required to minimise patient impact.
Commissioning														
334	Strategic	**Inability to deliver revised Mental Health Long Term Plan trajectories**	There is a risk that Mental Health Long Term Plan trajectories cannot be met as a result of activity and financial pressures that are currently affecting SLAM. This is caused by increased demand, limited bed availability, insufficient workforce and insufficient digital solutions to meet a proportion of local demand. This will impact on the ICB's ability to meet statutory requirements and reduce health inequalities.	5x5=15	2x5=10	3x2=6	Open (10–12)	⟺	Kenny Gregory	Natalie Sutherland	1.Outcomes framework measure for Community Mental Health Transformation (CMHS) being produced across SEL ICB. 2.Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board. 3.Understand the needs of people not being admitted after attending A&E to understand what interventions could be accessed instead of A&E and gaps in the system. 4.Continue to implement the CMHS transformation plan and local priorities. 5.Quality Impact Assessments undertaken on all of the priority investments that have been proposed as result of mitigating financial pressures in SLaM and the ICS.	Alliance data/performance review process to be established to provide local oversight and improvement actions. SLaM Stocktake of CMHS through Quality Centre to understand impact of CMHS transformation.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	1.Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMI. 2.Additional in-patient 16 bed male ward in Lewisham (trust wide resource) to help with bed capacity, as well as Bed management pilot in Lewisham to manage bed supply locally and not Trust wide. 3. SLaM Stocktake of CMHS to review effectiveness has taken place. Reviews of services and initiatives taking place. Culturally appropriate programme review taken place. Annual review of Bridge Cafe to take place Q3/4. 4. Mobilisation 24/7 Community mental health Centre in N2 in progress. 5. Project to increase capacity within Primary Care taking place by working with the resource currently in place. 6. Reiestablish alliance sub-groups for improved oversight and ownership i.e. Crisis Collaborative, Adult Transformation and assurance and outcomes forum to review system dashboard and other key system assurance processes.
335	Financial	**Financial and staff resource risk of high cost packages through transition. This is a recurring annual risk.**	The financial risk identified in 2023/24 of new high cost LD packages through transition remains. There are a small number identified but at very high cost. These are young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. There is a potential impact of eligible patients leaving day schools in 24/25 which will represent (a) additional day time care costs previously met by education, or (b) 'hotel and support' costs additional to the costs of education if the person is placed in a residential college or (c) costs relating to full time residential care. This risk is SEL wide. These risks are reflected both in financial terms with cost of care potentially being in the hundreds of thousands of pounds a year. The complexity of health need also represents an increase in nurse time on complex case management.	4x4=16	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Tom Bird (Interim)	1. Head of CHC is attending quarterly Transition panels from a CHC perspective to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions. Also to flag early warning signs for joint funding requests. Regular comms (1) from the CYP DSR meeting to the adult DSR meeting and (2) from the CYP CHC lead re children already joint funded and where likely demand for joint funding in adulthood is predictable. Quarterly flagging of transition you people not alerted through either process and a RCA of why those young people were not flagged to the adult CHC Team. 2. Quarterly review of ongoing requirement for joint funding funding of packages. 3. Adult Social Care are working with SENs to engage with them whenever they are considering a placement in a residential school or college.	Prioritising review of all new LD packages transferring from LBL to look for savings opportunities. Compliance with the Joint Funding Protocol. Weekly reporting through Funding & Governance Standing agenda item CHC Executive.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	1. Quarterly projection of when younger SEN adults will leave day education and the potential impact on CHC budget to CHC Exec. (High cost) Joint Funded packages to be included as a standing agenda item at monthly Integrated Commissioning Budget Monitoring. Also to review at CHC Executive.
506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables: •Growth in the number of LD complex transition cases at a high cost appears to have stabilised but this is still a risk due to high long term care costs associated with these cases. •Alongside this is the pressure caused generally by costs of existing packages being driven up both by inflation and increases in both NLW and LLW and the hourly rate for homecare included within the MMAH framework. There was a 4.5% increase in the AQP rate (2024/25) and the ICB's contract with Fairlie/ Highfield increased by 2.4%. •CHC continues to see an increase in patient acuity in the 24/25 year particularly in terms of PoC at home for patients requiring tracheotomy care and other health related tasks needing specialist care worker input. •Numbers of newly eligible for CHC appear to have increased compared to 2023/24 with number of patients fast track or eligible due to physical disability increasing, however LD eligibility appears to have plateaued. •There continues to be a large number of delayed reviews which might have offered opportunities for savings through reduction or eligibility decisions. •Staff vaccancies and sickness, across CHC Team and Social Work Team have impacted on timely referral to assessment activity which has meant backdating of costs, which show as large stepped changes in spend, making budget projection and management problematic. •Significantly delayed discharge from RHND and BBIU for 2 people that the ICB has struggled to influence (housing issues)	5x4=20	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Corinne Moncarme	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages 2. Attendance at quarterly Transition panels to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions 3. Regular comms from CYP and Adult DSR meetings to clarify risk of Joint Funding Requests from the LDA hospital admission diversion imperative and to clarify S117 pathways 4.Quarterly review of joint funding funded packages to divert risk 5.Cost avoidance of the increase in the existing ICB contract with Fairlie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 6. Monthly budget review meetings 7. Weekly review of CHC eligibility decisions and related cost of packages 8. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to discharge not in the control of the ICB	Prioritising review of all new LD packages transferring from LBL to look for savings opportunities Allocating SEL ICB review resource to prioritise remaining outstanding reviews Participating in wider SEL ICB CHC savings programme	Absence of Head of CHC and Team Leader has meant that attendance at Transition Panels has not been robust Pressure from other CHC priorities (particularly appeals/ LRMs/ RPs) have taken significant management time and attention Review of outstanding eligibility assessments and presentation scheduling for CHC Eligibility Panel	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider 2. Reputation of the ICB with Councillother partners – LBL regularly updated on progress against assessment, though there is one long term outstanding dispute 3. Increase in complaints because of reduction in packages – Assessing nurse to be clear about the rationale for the reduction in package and this explanation to be put in writing at time decrease is being enacted.
527	Clinical, Quality and Safety	**Intermediate Care Bed Provision in Lewisham**	There is a risk that Lewisham will not have Intermediate Care Bed provision within the Borough. It is caused by: •The current provider not meeting contractual obligations and the contract is being terminated. •However, provider is currently performing against contractual conditions. •The current provider has submitted evidence to address areas of concern - to be reviewed by subject matter experts. •In the meantime, the current providers have been extended (by 6 months) to September 2025. Leading to: •No intermediate care bed provision in Lewisham. •Cohort of patients not being able to receive bed based rehabilitation locally. •Delay in patients being discharged from an acute bed when medically fit.	4x3=12	3x3=9	4x2=8	Cautious (7 – 9)	⇧	Kenny Gregory	Lorraine Sinclivor	1.Quarterly contract monitoring in place. 2. Monthly meetings to address areas of concern identified as part of procurement. 3. Signed NHS Standard contract in place (01/04/24 – 31/03/25 with the option to extend by 6 months) which includes both organisations giving adequate notice if contract to be terminated. 4. Current provider has held a contract for 10 years+ and there have never been any major concerns / safeguarding issues / incidents to cause commissioners a significant cause of concern.	Service continuity for longer term absence. Reporting and escalation process for incidents and where governance sits within the organisation. How learning will be disseminated from incidents and complaints.	No intermediate care bed provision in Lewisham. Cohort of patients not being able to receive bed based rehabilitation locally. Delay in patients being discharged from an acute bed when medically fit.	Monthly meetings to be arranged with relevant SME's. Uncertainly of next steps following contract expiry, especially given the most recent 2 failed procurements.
Safeguarding														

347	Governance	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	Initial Health Assessment (IHA) – By law, Children Looked After require an IHA to be undertaken by a medical professional within 20 working days of the child entering care. The Lewisham CLA Health Team is able to see all CLA within 20 working days of notification. To give context, in 2023, 50% of IHA were completed outside the timescale (with a monthly range of 0-90%). Children not seen for their IHA may not have their health needs addressed in a timely manner and their carers are not enabled to promote their health appropriately.	4x3=12	2x3=6	2x3=6	Open (10–12)	⇧	Ceri Jacob	Christiane Nitsch/Rachel Lansdun	1.KPIs and provider data set in place. Provider data set includes IHAs undertaken outside of statutory timescales and IHAs on children placed in Lewisham by other local authorities. 2.The Designated Doctor, Medical Adviser and medical colleagues undertake IHAs. The Designated Doctor for Children Looked After who is involved in completion of Initial Health Assessment (IHA) and normally covers 12 IHA clinic sessions . However a Medical Advisor has been appointed. 3.The Named Nurse supports CLA Admin with IHA data collection (although IHA are not a nursing remit). There is no Named Doctor in place to focus on this issue (The Designated Doctor does not have any time ringfenced for operational issues but uses some of the allocated DD time to support the Named Nurse). 4. Both Named and Specialist Nurse for CLA have regular discussions with Social Workers preparing forms for IHAs (at a drop-in). 5.Local Authority business support is expected to help with the timely preparation of IHA forms (completing demographic and contact details), provide a reminder to Social Workers regarding the completion of consent forms within 5 days of a child becoming looked after and sent those forms to the CLA health team. 6.Designated and Named Professionals are part of the Partnership CLA Steering Group for service improvement. 7.The quarterly Health and Social Care CLA Steering Group looks has a standing item looking at the issues affecting the timely completion of initial health assessments (includes children placed out of borough and those placed in Lewisham by other local authorities). 8.Health and CSC have developed a SOP for IHAs. 9.LAC health team plans to provide powerpoint slides - this is under review. Reiterating good practices around IHA paperwork and consent. Slides will be included in new Social Worker starter pack.	Statutory guidance in place. Integrated Care Pathway with SOP for Social Workers (and Doctors) in place. IHAs are being completed but assessments are delayed as required forms (consent and demographic/contact details) are not being completed by Social Workers in a timely manner. Designated Doctor, Medical Adviser and other doctors continue completing IHAs as soon as consent is available. Health and Social Care CLA steering group continues monitoring.	IHAs are being completed but assessments are delayed as required forms (consent and demographic/contact details) are not being completed by Social Workers in a timely manner. Designated Doctor, Medical Adviser and other doctors continue completing IHAs as soon as consent is available. Health and Social Care CLA steering group continues monitoring.	1. Any gaps in service provision escalated to Lewisham Place Executive Director.
NEW	Governance	**Limited capacity in Adults Safeguarding team due to Designate Safeguarding Lead going on long term medical leave.**	The Named GP for safeguarding is covering the role of Designated Adult Safeguarding Lead due to the latter's long-term medical leave. However, they are only available to provide support for 6 sessions, which raises concerns about limited workforce and capacity. This situation may impact the ability to effectively manage safeguarding responsibilities and respond to cases in a timely manner.						Ceri Jacob	Fiona Mitchell	1. Workload will be shared and distributed amongst children's safeguarding lead, designate LAC and HoN at SEL. 2. Engage external safeguarding experts or organisations to assist with cases if needed. 3. Focus on high-risk cases and ensure that urgent safeguarding concerns are addressed promptly. 4. Collaboration with partners: Work closely with local safeguarding boards and agencies to ensure effective information sharing and support.	See Ongoing Controls	Provide assurance in safeguarding team	Gap in cover - raised with Place Executive Lead in Lewisham.
Children and Young People														
359	Governance	**Failure to deliver on statutory timescales for completion of EHCP health assessments**	Failure to deliver on statutory timescales for completion of Education Health Care Plan health assessments (EHCP). This is being driven by challenges in recruitment and capacity of community paediatricians and therapists. Significant increase in families requesting Special Educational Needs Assessment (SENA) Lewisham has one of the highest numbers for requests for Special Educational Needs Assessment. This will impact on the ICB's ability to meet statutory timescales for completion of EHCP assessments as it does not have the capacity to carry them out within the 22 weeks deadline.	4x4=16	3x4=12	2x3=6	Open (10 – 12)	⇧	Sara Rahmen	Paul Creech	1.GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. There has been limited uptake from GPs so no further scope to expand. 2. Paediatric Nurse in place to support medical work which does not require a Paediatrician. 3. Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are reviewing the applications. 4.Therapists continue to work weekends to clear the back-log of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 6.The DCO reviewing the joint working arrangements between health and SEND to streamline the process. EHCNA requests are triaged to reduce the number of new assessments necessary. 7. Recruitment has improved, demand still higher than capacity.	Monitoring ongoing to gauge impacts of controls. New Head of Integrated SEND is now in place and attending monitoring meetings.	Increase in EHCPs health assessments being completed on time.	1. Families not attending appointments., 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Brexit has led to loss of staffing (therapists). 5. COVID has also had an impact on staffing levels. 6. Increase in EHCP requests.
360	Governance	**Failure to deliver on statutory timescales for completion of ASD health assessments.**	Failure to deliver on statutory timescales for completion of Autism Spectrum Disorder health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. Impact on ICB - referral to treatment timescale, reputational risk, financial risk - ICB to pay for private assessments.	4x3=12	3x3=9	2x3=6	Open (10 – 12)	⇔	Sara Rahmen	Paul Creech	1.Quarterly review of ASD assessments with LCG, includes audit of initial assessments. 2.DCO commissioning reviewing existing autism support pathway to provide pre-diagnostic support. There is the all aged autism service which provides advise and info without the need for a diagnosis. 3.GPs are being rotated from Primary Care into community paediatrics to free up capacity for ADOS assessments. Paediatric Nurse in place to support medical work. 4.International recruitment ongoing (x2 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants. No further recruitment - 1.2 vacancies at present and another round of recruitment due. In terms of capacity, clinical staff assessing ECHP will prioritise where possible ASD assessments too to assist with work demands. 5. Outsourced some assessment capacity for CYP waiting the longest to reduce the backlog (outsourced 200 assessments - in progress). 6. SDIP in progress to increase capacity.	Monitoring ongoing to gauge impacts of controls via Quarterly monitoring meetings.	Reduction in waiting times for assessments.	1. Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.

Key - Direction of Risk

⇩ Risk has become worse.

⇔ Risk has stayed the same

⇧ Risk is improving

Lewisham Risk Register Issue Log (last updated 10/09/24)

	Item	Risk description	Issue	Severity	Risk Appetite	Status	Date Logged	Owner	Action Plan/Status
1	**CAMHS waiting times**	There is a risk of CYP in Lewisham not receiving the mental health support they need within the expected timeframes of the service. This has been caused by continued increased demand. This impacts on the ICB's ability to ensure waiting times are met and could affect the ICB's reputation.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob
2	**Diagnostic waiting times for children and young people**	There is a risk that waiting time targets for children and young people waiting for and ADHD assessment is unacceptably long. There is no ADHA pathway which is needed - need a neurodiversity pathway with links to both Autism and ADHA and other neurodevelopmental conditions. This impacts on the ICB's ability to ensure waiting time targets are met and could affect the organisations reputation. This could also have an adverse affect on CYP who are waiting for a diagnosis.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob
3	**A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House.**	There is a potential risk of failure to protect and safeguard the residents (adults and children) placed at Pentland House (temporary/emergency accommodation) due to a lack of health information available to form accurate assessments and provide appropriate support. Since Oct/Nov 2023, families were transferred to Pentland House accommodation. To date, information shared regarding families that have been placed in the accommodation has been limited and LBL CYP Joint Commissioning and LBL Housing are liaising with Tower Hamlets Housing Services to try to resolve this. Section 208 notice – housing legal requirements from Tower Hamlets to Lewisham is to provide data on all individuals including health. Emergency accommodation for Pentland House should only be for 56 days - this has now been breached. Families are also registered with Tower Hamlets (through choice) but the impact and risk is: pregnant females travelling across London for obstetric care, those fleeing domestic abuse, lack of advocacy generally within the location, those re-housed due to domestic / familial abuse and honour based violence abuse, nutritional concerns and limitations with security at Pentland House.	*Low Impact Issue*	*Low*	Cautious (7-9)	Open	10/09/2024	Margaret Mansfield/ Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Ceri Jacob
4	**NHS@Home / Virtual Ward**	The NHS@Home Service is now significantly busier than it was earlier in the year. However, the outstanding risk remains that while patients are actively discharged from hospital, there is no agreement on the criteria which would define these patients as an early discharge. SEL Testing approaches are in place to measure patient acuity levels and Lewisham will adopt one of the measures in due course.	*Medium Impact Issue*	*Medium*	Eager (13 - 15)	Open	28/10/2024	Jack Howell/Amanda Lloyd	Moved from Risk Register to Issue Log at the request of Jack Howell and Amanda Lloyd. Developments in progress.
5	**GDPR: A number of staff in an Older People's Care Home are not compliant with GDPR regulations as using personal NHS Mail addresses.**	Recent cessation of IT assistance for the last few Care Homes in 'setting up' NHS email addresses in x 3 Older People's Care Homes in Lewisham. Risk impact : Could lead to a risk of breaching of GDPR guidelines. Breach of confidentiality Reduce confidence in exchange of residents' personal data, alongside consideration of recent cyber-attacks.	*Medium Impact Issue*	*Medium*	Cautious (7 - 9)	Open	14/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Shirley Spencer. Developments in progress
6	**All Initial accommodation centres such as Lewisham Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.**	Initial Accommodation Centres:- Stay City apartments Deptford Bridge has high levels of vulnerable adults, children and young people (asylum seekers) and to date no safeguarding adult referrals into MASH, ATHENA or PREVENT. Impact: data raises concerns that referral pathways are not being followed and nonconcordance with Lewisham local safeguarding referral pathway for adults. Risk is; large volume of adults, children young people deemed to be at risk. NOTE: Pentland House closed on 11th September 2023 - the rationale has not been shared.	*low Impact Issue*	*Medium*	Cautious (7 - 9)	Open	29/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Fiona Mitchell. Developments in progress

Key

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

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

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

showing direction of travel. Green arrow up (improving risk), yellow arrow sideways (risk has stayed the same) and red arrow down (risk has become worse).

Likelihood Matrix

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

Severity Matrix

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

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 10
Enclosure 10

Title:	**Month 8 Finance Report 2024/25**
Meeting Date:	**30th January 2025**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the ICB - Lewisham Place financial position at month 8 2024/25. A month 8 position is also included for the wider ICB/ICS and LA, reflecting reporting timescales.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 8 2024/25 – SEL ICB – Lewisham Place

At month 8, the borough is reporting an overspend year to date (YTD) of £224k (Month 7 £436k) but is retaining a forecast outturn (FOT) of breakeven. All budget areas individually are showing breakeven or an underspend except for continuing care services (CHC), prescribing and delegated primary care (where list size growth pressure is now reflected).

A breakeven FOT is currently maintained in anticipation that sufficient financial recovery measures will be implemented in the remainder of the year.

Whilst some measures will be non-recurrent, these can only be used once. It is therefore vital that overspends are managed downwards as far as possible and other recurrent mitigations are applied to bring the place back to recurrent financial balance. Further details of the financial position and the approach to financial recovery are included in this report.

Month 8 2024/25 – Lewisham Council

At month 8 Adult Social Care Services is forecasting an overspend of £4.4m and Children's Social Care Services is forecasting an overspend of £14.2m. Further details are provided in this report.

Month 8 2024/25 – SEL ICB

- As at month 8, the ICB is reporting a year to date (YTD) surplus of £2,447k against the RRL, which is £745k adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the

	Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£3,192k) of its additional savings requirement. As at month 8, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the surplus of £33,321k included in the ICB plan on behalf of ICS partners. The detail of the ICB position is also shown within Appendix A to this report. **Month 8 2024/25 – SEL ICS** Appendix B shows the financial highlights for the ICS at month 8. The key elements are as follows: • At M8 the system is forecasting to deliver breakeven against plan. • At M8 SEL ICS is reporting a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£35.7m), and slippage in efficiency programmes (£27.4m).
Potential Conflicts of Interest	Not applicable
Any impact on BLACHIR recommendations	Not applicable

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

	Equality Impact	Not applicable
	Financial Impact	The paper sets out the YTD financial position and forecast for 2024/25.
Other Engagement	Public Engagement	Not applicable
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the YTD financial position and forecast for 2024/25.	

NHS
South East London

Lewisham LCP Finance Report

Month 8 – 2024/25

ICB – Lewisham Delegated Budget – Month 8 2024-25

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	882	533	348	1,322	800	522
Community Health Services	19,512	18,450	1,062	29,268	27,676	1,593
Mental Health Services	5,130	5,128	3	7,696	7,552	144
Continuing Care Services	15,371	18,360	(2,990)	23,056	27,608	(4,552)
Prescribing	28,668	29,989	(1,322)	42,591	44,603	(2,012)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	1,577	1,133	444	2,366	1,700	666
Other Programme Services	2,236	17	2,219	3,355	(304)	3,659
Delegated Primary Care Services	39,289	39,353	(64)	65,321	65,417	(96)
Corporate Budgets	2,102	2,026	75	3,146	3,069	77
Total	**114,766**	**114,990**	**(224)**	**178,120**	**178,120**	**(0)**

- At month 8, the borough is reporting an overspend year to date (YTD) of £224k (Month 7 £436k) but is retaining a forecast outturn (FOT) of breakeven. All budget lines individually are showing breakeven or an underspend except for continuing care services (CHC), prescribing and delegated primary care (where list size growth pressure is now reflected).

- CHC shows a material overspend YTD of £2,990k and FOT of £4,552k (Month 7 £4,977k) (outturn 2023/24 £3,638k). The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year, a significant element relating to LD clients.

- The Place Executive Lead continues to lead weekly financial recovery meetings of the Lewisham CHC team to try to mitigate this financial position, and additional resource has been approved to focus on conducting client reviews to assess ongoing eligibility and levels of care provided. The impact of this recovery work has started to show in the reported financial position which has improved in consecutive months since month 5.

- Prescribing shows an overspend YTD of £1,322k and FOT £2,012k (Month 7 £2,131k). This compares to a risk assessed forecast overspend of £2,737k set out by the Lewisham Borough at the start of the current financial year.

- The overspend is mainly caused by increased costs relating to appliances, central nervous system and Endocrine system prescribing costs. The prescribing overspend is being managed in the following ways as set out in previous reports:

1. Review of further QIPP opportunities mainly relating to Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care.

2. Further QIPP review is being undertaken by the Lewisham team to identify further potential opportunities for savings, and a medicines optimisation savings meeting is held monthly to track progress.

3. In respect of Prescribing non PPA budgets. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, some saving will be achieved against the annual budget of £626k. This is not likely to have a material impact in the current year but may generate some recurrent savings going into 2025/26.

- The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing and has also identified other non-recurrent mitigations to help ensure a breakeven position is achieved at the year end. At month 8 the YTD overspend has reduced for the third consecutive month and it is anticipated this will continue to reduce in the remainder of the year as additional mitigations continue to impact.

- However, there remains potential for further activity pressures to emerge on CHC and prescribing as the year continues.

- The borough 4% efficiency target is £3,576k, is fully identified and forecast to deliver in full, but is insufficient on its own to mitigate the scale of financial pressures faced by the borough, and material additional mitigations have been implemented.

Month 8 2024/25 – Lewisham Council

NHS South East London

Overall Position

2024/25 Efficiencies	Year-to-date Month 8 2024/25				Full-Year Forecast 2024/25		
	Plan	Forecast	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	2.5	2.5	0.0		3.7	3.7	0.0
Childrens Care Services	0.6	0.5	(0.1)		0.9	0.7	(0.2)
Total	**3.1**	**3.0**	**(0.1)**		**4.6**	**4.4**	**(0.2)**

2024/25 LBL Managed Budgets	Year-to-date Month 8 2024/25				Full-Year Forecast 2024/25		
	Budget	Forecast	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	51.4	54.3	(2.9)		77.1	81.5	(4.4)
Childrens Care Services	43.5	52.9	(9.4)		65.2	79.4	(14.2)
Total	**94.9**	**107.2**	**(12.3)**		**142.3**	**160.9**	**(18.6)**

Adults Commentary:

The Adult Social Care & Health Directorate is forecasting a £4.4m overspend for 2024/25. This is 0.4m adverse movenent from previous report. The movement relates to increasing demand in 65+ Physical support Nursing and Homecare packages. .

The key cause of the overall overspend, is the unusually high inflation requests from providers, largely due to the increase in London Living Wage, which is estimated to be £4m (which is £2.5m higher than budget). This pressure is further exacerbated by the complexity of care requirements for discharged clients. Additionally, there is a steady increase in both the number of and cost of children transitioning to adulthood. Work is ongoing to ensure early intervention and planning so that their care costs can be better managed.

There is an ongoing challenge around collecting service user care costs where they are liable to pay for all or part of the care provided. There has been a concerted effort around Debt management which is yielding results and it remains a corporate priority with a dedicated project group in place to ensure that these processes are continually improved.

Children's Social Care Commentary:

The projected overspend for Children's Social care in 2024/25 is £14.2m. The overall number of children looked after (CLA's) has remained consistent during 2024/25. There continues to be more children with a high level of need and care costs as was the case during 2023/24. The significant adverse movement since Period 6 is due to improvements made by the service and finance in understanding the data in Controcc and starting to cleanse this to enable the Controcc commitment report to be the basis of the care costs forecast moving forward.

NHS
South East London

Appendix A

SEL ICB Finance Report

Month 8 2024/25

Contents

NHS South East London

1. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k** against the revenue resource limit (RRL), which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£3,192k)** of its additional savings requirement. **All boroughs are reporting that they will deliver a minimum of financial balance at the year end. Two boroughs are reporting overspends YTD, compared to three last month, with recovery plans being implemented.**
- ICB is showing a YTD underspend of **£1,604k** against the running cost budget, which is largely due to vacancies within the ICB's staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 8 period.
- As at month 8, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, **whilst noting the surplus of £33,321k included in the ICB plan on behalf of ICS partners.**

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	3,182,241	3,182,986	4,735,905	4,735,905	
Operating Under Resource Revenue Limit	3,183,242	3,180,795	4,774,863	4,774,863	
Not to exceed Running Cost Allowance	21,451	19,848	32,177	32,177	
Month End Cash Position (expected to be below target)	4,438	224			
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%	98.8%			
Mental Health Investment Standard (Annual)			469,778	470,729	

2. Executive Summary

NHS South East London

- This report sets out the month 8 financial position of the ICB. The financial reporting is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB which has now been adjusted due to the impact of the deficit support funding by £1,800k, to give a revised surplus of **£38,969k.**
- The ICB's financial allocation as at month 7 is **£4,774,863k.** In month, the ICB has received an additional **£31,739k** of allocations. These are as detailed on the following slide. This included as anticipated **ERF funding of £29,886k.**
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k,** which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack – specifically, to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£3,192k)** of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received six months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend YTD of **£2,862k** at month 8. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget **(£2,570k YTD),** a small improvement from last month. Lewisham **(£2,990k),** Bromley **(£401k)** and Greenwich **(£270k)** boroughs are particularly impacted, with the other boroughs reporting small underspends.
- The ICB continues 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 business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of **circa £500k per month and £3,825k YTD.** The first redundancy payments are expected to be made in January 2025.
- Two places are reporting overall overspend positions YTD at month 8 – **Lewisham (£224k), improved** by **£212k** from last month and **Bromley (£43k),** an **improvement** of **£297k.** Financial focus meetings are being held with all places and the CFO/Deputy CEO in December.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
  - Underspending **(£1,604k YTD)** against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
  - 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 8, the ICB is reporting a forecast breakeven position against its plan for a **£38,969k** surplus. However, of this, **£33,321k**, is outside the ICB's control. We are expecting local providers to improve their financial positions by **£18,321k** as per the operating plan of 12 June, and **£15,000k** relates to the stretch savings target for KCH, for which the ICS does not currently have identified mitigations. The remaining surplus of **£5,648k** is being delivered by the ICB.

3. Revenue Resource Limit (RRL)

NHS South East London

	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**
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	**11,975**
M2 Budget	**148,679**	**253,095**	**179,062**	**216,601**	**171,844**	**170,217**	**3,333,341**	**4,472,839**
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	**7,959**
M3 Budget	**149,965**	**254,761**	**179,874**	**218,499**	**173,356**	**171,758**	**3,332,585**	**4,480,798**
M4 Internal Adjustments	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	**18,310**
M4 Budget	**150,104**	**254,971**	**180,000**	**218,627**	**173,551**	**171,886**	**3,349,969**	**4,499,108**
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	**2,705**
M5 Budget	**150,231**	**255,267**	**180,165**	**218,858**	**173,734**	**172,095**	**3,351,463**	**4,501,813**
M6 Internal Adjustments	578	290	804	1,021	660	891	(4,244)	-
M6 Allocations	1,137	1,635	1,489	2,124	1,694	1,756	110,442	**120,277**
M6 Budget	**151,946**	**257,191**	**182,459**	**222,003**	**176,088**	**174,741**	**3,457,662**	**4,622,090**
M7 Internal Adjustments	277	425	372	442	325	414	(2,256)	-
M7 Allocations	1,346	3,400	1,913	1,883	1,557	1,588	109,347	**121,034**
M7 Budget	**153,569**	**261,017**	**184,744**	**224,328**	**177,971**	**176,743**	**3,564,753**	**4,743,124**
M8 Internal Adjustments								
Adult Continuing Healthcare team transfer from GSTT				365		299	(664)	-
Diabetes Outcomes Incentive Scheme	85	97	98	115	103	103	(600)	-
Cost uplift factor - Hospices	47	93	92		30		(262)	-
Other	112	(32)	50	51	16	23	(220)	-
M8 Allocations								
ERF allocation							29,886	**29,886**
Microsoft License Funding Transfer							(1,079)	**(1,079)**
DWP - EA in Talking Therapies	110	114					502	**725**
Ambulance capacity funding							668	**668**
Oliver McGowan Mandatory Training							429	**429**
DOAC - Prescribing rebates							419	**419**
Digital Histopathology Acceleration Funding							196	**196**
Kings FT - National Recovery Programme							147	**147**
PCT Asylum Health - Contingency Hotels							118	**118**
Other							230	**230**
M8 Budget	**153,922**	**261,288**	**184,983**	**224,859**	**178,120**	**177,168**	**3,594,523**	**4,774,863**

- The table sets out the Revenue Resource Limit (RRL) at month 8.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 8, 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 transfer of the adult CHC teams from GSTT, diabetes outcomes incentive scheme and the Hospice uplifts, which were added to borough delegated budgets.
- In month, the ICB has received an additional **£31,739k** of allocations, giving the ICB a total allocation of **£4,774,863k** at month 8**.** The additional allocations received in month were in respect of the **ERF allocation (£29,886k),** Microsoft licence funding transfer (£-1,079k), DWP Talking Therapies (£725k), ambulance capacity funding (£668k), Oliver McGowan mandatory training (£429k) plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

NHS South East London

	M08 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,336	5,273	4,813	801	882	57	1,669,191	**1,684,353**
Community Health Services	15,017	60,537	26,019	18,797	19,512	24,162	176,046	**340,090**
Mental Health Services	7,100	9,819	5,721	15,396	5,130	6,838	356,714	**406,719**
Continuing Care Services	17,426	18,086	19,480	23,077	15,371	13,174	-	**106,613**
Prescribing	25,208	34,363	25,102	28,722	28,668	23,635	356	**166,055**
Other Primary Care Services	2,252	1,507	1,523	2,657	1,577	858	12,366	**22,741**
Other Programme Services	799	-	667	-	2,219	531	30,544	**34,760**
Programme Wide Projects	-	-	-	-	17	167	4,083	**4,267**
Delegated Primary Care Services	26,714	38,429	34,022	52,694	39,289	42,213	(1,717)	**231,644**
Delegated Primary Care Services DPO	-	-	-	-	-	-	142,762	**142,762**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	2,018	2,333	2,352	2,516	2,102	2,196	28,723	**42,238**
Total Year to Date Budget	**99,870**	**170,346**	**119,700**	**144,661**	**114,766**	**113,831**	**2,419,068**	**3,182,241**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	3,285	5,209	4,821	792	533	57	1,668,590	**1,683,288**
Community Health Services	14,907	60,453	25,365	18,821	18,450	23,537	177,068	**338,602**
Mental Health Services	7,074	10,242	6,127	15,781	5,128	7,727	356,296	**408,373**
Continuing Care Services	17,292	18,486	19,750	22,872	18,360	12,423	-	**109,183**
Prescribing	25,644	34,064	25,865	28,689	29,989	24,268	397	**168,917**
Other Primary Care Services	2,252	1,507	1,335	2,599	1,133	858	12,451	**22,134**
Other Programme Services	799	-	-	-	-	-	29,259	**30,059**
Programme Wide Projects	-	-	(4)	-	17	167	4,560	**4,739**
Delegated Primary Care Services	26,714	38,429	34,211	52,694	39,353	42,417	(1,717)	**232,101**
Delegated Primary Care Services DPO	-	-	-	-	-	-	143,369	**143,369**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	3,827	**3,827**
Corporate Budgets	1,832	1,998	2,182	2,228	2,026	2,032	26,095	**38,393**
Total Year to Date Actual	**99,801**	**170,389**	**119,651**	**144,474**	**114,990**	**113,485**	**2,420,196**	**3,182,986**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	51	63	(8)	9	348	(0)	601	**1,065**
Community Health Services	109	83	655	(24)	1,062	625	(1,023)	**1,488**
Mental Health Services	26	(423)	(406)	(384)	3	(889)	419	**(1,654)**
Continuing Care Services	134	(401)	(270)	206	(2,990)	751	-	**(2,570)**
Prescribing	(436)	299	(763)	33	(1,322)	(632)	(41)	**(2,862)**
Other Primary Care Services	(0)	(0)	189	59	444	0	(85)	**606**
Other Programme Services	0	-	667	-	2,219	531	1,284	**4,701**
Programme Wide Projects	-	-	4	-	-	0	(477)	**(472)**
Delegated Primary Care Services	(0)	-	(189)	-	(64)	(204)	-	**(457)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(607)	**(607)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(3,827)	**(3,827)**
Corporate Budgets	186	335	170	288	75	164	2,627	**3,845**
Total Year to Date Variance	**69**	**(43)**	**49**	**187**	**(224)**	**346**	**(1,129)**	**(745)**

- **As at month 8, the ICB is reporting a year to date (YTD) surplus of £2,447k, which is £745k adverse to plan.** The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. **Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£3,192k) of its additional savings requirement.**
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has received six months of prescribing data. Using an estimate for October and November based on prescribing days, the ICB is reporting an overall YTD overspend of **£2,862k**, although it should be noted that the position is differential across places. This is clearly a significant financial risk area as in previous years.
- The continuing care (CHC) financial position is **£2,570k** overspent which is a small improvement on last month. Lewisham continues to have the largest overspend **(£2,990k)** which is predominantly driven by the full year effect of activity pressures seen in the second half of last year. Further details are included later in the report.
- 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 no longer requires DHSC approval and the ICB has started to issue notice to impacted staff. The additional cost YTD is **£3,825k.**
- The MH/LD cost per case (CPC) budgets across the ICB are highlighting a cost pressure, with MH budgets reporting an overall overspend of **£1,654k,** a small improvement on last month. The CPC issue is differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are also a pressure in all boroughs.
- Two places are overspending YTD at month 8 **– Lewisham (£224k) & Bromley (£43k), with improvements delivered at both in-month.** More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing – Overview as at Month 8

NHS South East London

- The table below shows the month 8 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received six months of 2024/25 prescribing data. Based upon a prescribing days methodology to estimate spend for October and November, the ICB is reporting an overall overspend on **PPA prescribing of £3,129k.**

M08 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY Flu (Benefit)/Cost Pressure	Cat M Clawback	Total 24/25 PPA Spend	M08 YTD Budget	YTD Variance - (over)/under	Annual Budget
BEXLEY	24,858,495	93,955	829,249	(264,235)	3,336		25,520,800	25,046,515	(474,285)	37,205,018
BROMLEY	33,138,283	161,401	1,103,309	(414,316)	(31,432)		33,957,245	34,201,777	244,533	50,804,582
GREENWICH	24,947,480	149,085	832,830	(215,015)	(1,687)		25,712,692	24,908,497	(804,195)	37,000,001
LAMBETH	27,801,583	226,564	927,687	(243,246)	(23,696)		28,688,892	28,670,475	(18,417)	42,588,181
LEWISHAM	28,498,610	314,952	957,882	(175,843)	(6,642)		29,588,960	28,216,131	(1,372,829)	41,913,282
SOUTHWARK	23,304,612	213,084	781,912	(196,878)	(45,179)		24,057,551	23,395,188	(662,363)	34,752,075
SOUTH EAST LONDON						41,464	121,464	80,000.00	(41,464)	120,000
Grand Total	**162,549,064**	**1,159,040**	**5,432,869**	**(1,509,534)**	**(105,300)**	**41,464**	**167,647,603**	**164,518,584**	**(3,129,019)**	**244,383,139**

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items are showing a higher % increase than is being seen nationally. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure **(£1,372k YTD).** Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring an annual review of patient needs, recurrent savings will be achieved against the annual budget of circa £626k.
- Non PPA budgets are underspent by **£267k** giving an overall YTD overspend on PPA and non-PPA prescribing of **£2,862k,** an **overspend of £168k** in-month.

5. Prescribing – Comparison of 2425 v 2324

NHS South East London

- The table below compares April to September prescribing data for 2023 and 2024. The headlines are that expenditure in the ICB is increasing faster **(2.0%)** than nationally **(1.3%)** and slower than the London average **(2.4%).** This is driven by a combination of the cost per item falling more slowly **(2.1%)**, together a rise in activity **(4.2%)** albeit at a slower rate than across London **(6.0%)**.

Prescribing
Comparison of April to September 2024 v 2023

	2023 April to September	2024 April to September	Change £	Change %
South East London ICB:				
Expenditure (£'000)	119,602	122,021	2,419	**2.0%**
Number of Items ('000)	12,646	13,181	535	**4.2%**
£/Item	9.46	9.26	-0.20	**-2.1%**
London ICBs:				
Expenditure (£'000)	608,255	622,858	14,603	**2.4%**
Number of Items ('000)	70,960	75,190	4,230	**6.0%**
£/Item	8.57	8.28	-0.29	**-3.4%**
All England ICBs:				
Expenditure (£'000)	5,020,657	5,086,611	65,954	**1.3%**
Number of Items ('000)	589,245	614,530	25,284	**4.3%**
£/Item	8.52	8.28	-0.24	**-2.9%**

- It is difficult to base judgements solely on six months of information, but the key factors explaining the SEL position include:
  - Increase in drugs activity and expenditure to support patients with long term conditions;
  - Increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items continue to show a higher % increase than is being seen nationally;
  - Impact of NCSO remains a factor.

6. Dental, Optometry and Community Pharmacy

NHS South East London

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 8 YTD and forecast basis.

Month 8 - Delegated DOPs						
Service	**YTD Budget £'000s**	**YTD Actual £'000s**	**YTD Variance - (over)/under £'000s**	**Annual Budget £'000s**	**Forecast £'000s**	**FOT Variance - (over)/under £'000s**
Delegated Primary Dental	68,830	66,976	1,854	103,245	100,464	2,780
Delegated Community Dental	5,131	5,131	(0)	7,696	7,696	0
Delegated Secondary Dental	37,160	37,159	0	55,207	55,207	(0)
Total Dental	**111,120**	**109,266**	**1,854**	**166,148**	**163,368**	**2,780**
Dental Ring Fence	108,674	108,674	0	163,011	163,011	0
Dental Non Ring Fence	2,446	592	1,854	3,137	357	2,780
Total Dental	**111,120**	**109,266**	**1,854**	**166,148**	**163,368**	**2,780**
Delegated Ophthalmic	10,336	11,713	(1,377)	15,504	17,570	(2,066)
Delegated Pharmacy	20,824	21,909	(1,084)	30,218	31,845	(1,626)
Delegated Property Costs	481	481	0	722	722	0
Total Delegated DOPs	**142,762**	**143,369**	**(607)**	**212,592**	**213,504**	**(911)**

a) Delegated Dental

- Overall, Dental is showing a YTD underspend against budget of **£1,854k,** and a forecast of **£2,780k** for the full year. **The underspend is forecast to partially mitigate the overspends within Ophthalmic and Community Pharmacy. The dental ringfence of £163,011k is expected to be fully spent, with annual expenditure forecast to be circa £163,368k. Any year-end underspend against the dental ringfence is likely to be clawed back by NHSE. Due to the volatility of dental activity the 2425 budget was set greater than the ringfenced value.** The month 8 accrual is based November's dental report downloaded from the national e-Den system. The year-to-date level of dental activity is 59.0% and the forecast is 94.3%, with activity levels expected to pick up as the year progresses. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites and rent is charged.

b) Delegated Ophthalmic

- The YTD position is an **overspend of £1,377k**. The spend largely relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- The YTD position is an **overspend of £1,084k**, noting that information is received 2 months in arrears with an accrual then based upon the 6 months average using the number of Prescribing days. A further review of data provided will be undertaken to understand the drivers of this overspend. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

7. NHS Continuing Healthcare

NHS South East London

- As of month 8, the overall CHC financial position reflects an **overspend of £2,570k, a small improvement of £26k from last month**, with variable underlying cost pressures across boroughs. Three of the six boroughs (Bromley, Greenwich, and Lewisham) are reporting overspends, while the remaining three boroughs are underspending, collectively by circa £1,000k.
- **Lewisham** accounts for the majority of the **overspend (£2,990k),** primarily due to the full-year effect of activity pressures from the latter half of last year (approximately £1,445k), significantly impacted by Learning Disability (LD) clients. The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress is monitored through weekly meetings with the ledger reflecting any changes made to the database. **This work has led to a monthly improvement in the run rate of £263k as of month 8**. The overspend in **Bromley** relates to increased activity which have been ongoing since the summer due to increased bed capacity in the borough, and increased staff costs due to the change in contracting arrangements. Given the pressure on the Bromley budget caused by settlements over the provision value for retrospective cases, a review of these cases is being undertaken to better understand why Bromley appears to be an outlier compared to other boroughs. In **Greenwich,** the CHC position has worsened slightly in-month **(£67k),** and further work is being undertaken to mitigate this increase in spend.
- At the start of the year, the ICB established a panel to review provider price increase requests above 1.8%, ensuring consistency across SE London and mitigating significant cost increases. This panel met weekly to discuss and approve, where appropriate, cost increase requests from CHC care providers, with boroughs then updating their client databases accordingly. In start budgets, boroughs provided for a 4% inflationary uplift. As reported last month, during month 7 we were able to release reserves being held in each borough where agreements had been reached at less than budgeted for. This exercise will be repeated in quarter 4.
- All boroughs are reporting progress on their CHC savings initiatives, with 3 boroughs predicting exceeding their savings target for CHC. Nonetheless, increased activity and a rising number of higher-cost patients continue to contribute to the CHC budget overspend.

8. Provider Position

NHS South East London

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 **£3,235,127k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£763,138k**
    - Kings College Hospital **£894,603k**
    - Lewisham and Greenwich **£680,446k**
    - South London and the Maudsley **£327,831k**
    - Oxleas **£254,834k**

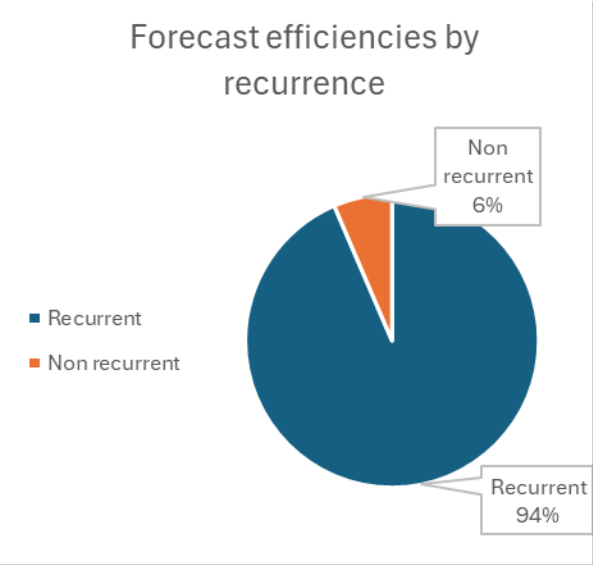
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

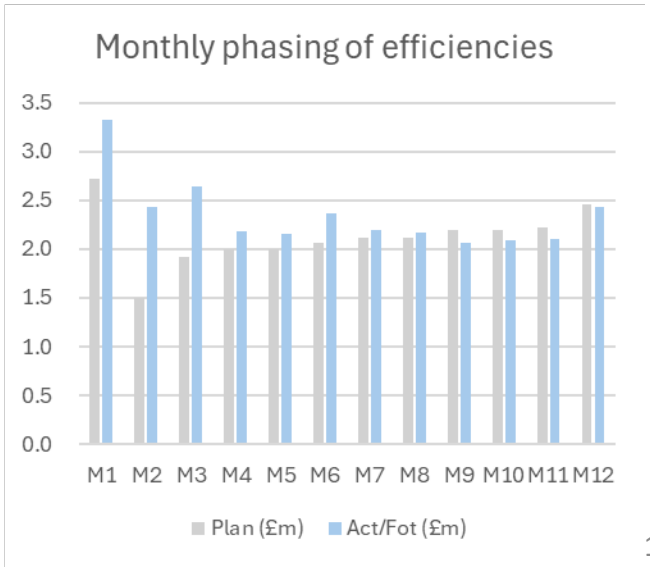
9. ICB Efficiency Schemes at as Month 8

NHS South East London

- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m.** In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency scheme as at month 8.
- **As at month 8, overall, the ICB is reporting actual delivery ahead of plan (£3.1m).** At this stage in the financial year, the annual forecast is to exceed the efficiency plan **(by £2.7m),** although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£0.5m** of the forecast outturn of **£28.2m** has been assessed by the places as **high risk.**
- Most of the savings **(94%)** are forecast to be delivered on a recurrent basis.

	M8 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
Places	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	2.6	2.8	0.2	3.5	3.7	0.3	3.5	3.7	0.3	3.1	0.1	0.5
Bromley	3.8	4.0	0.2	6.3	6.4	0.1	6.3	6.4	0.1	4.2	2.2	0.0
Greenwich	2.2	2.8	0.5	3.5	4.6	1.1	3.5	4.6	1.1	2.6	2.0	0.0
Lambeth	3.4	4.8	1.4	5.2	6.0	0.7	5.2	6.0	0.7	2.0	4.0	0.0
Lewisham	2.1	2.4	0.3	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	2.3	2.7	0.4	3.8	3.8	0.1	3.8	3.8	0.1	3.8	0.0	0.1
SEL ICB Total	16.4	19.5	3.1	25.5	28.2	2.7	25.5	28.2	2.7	18.7	9.0	0.5



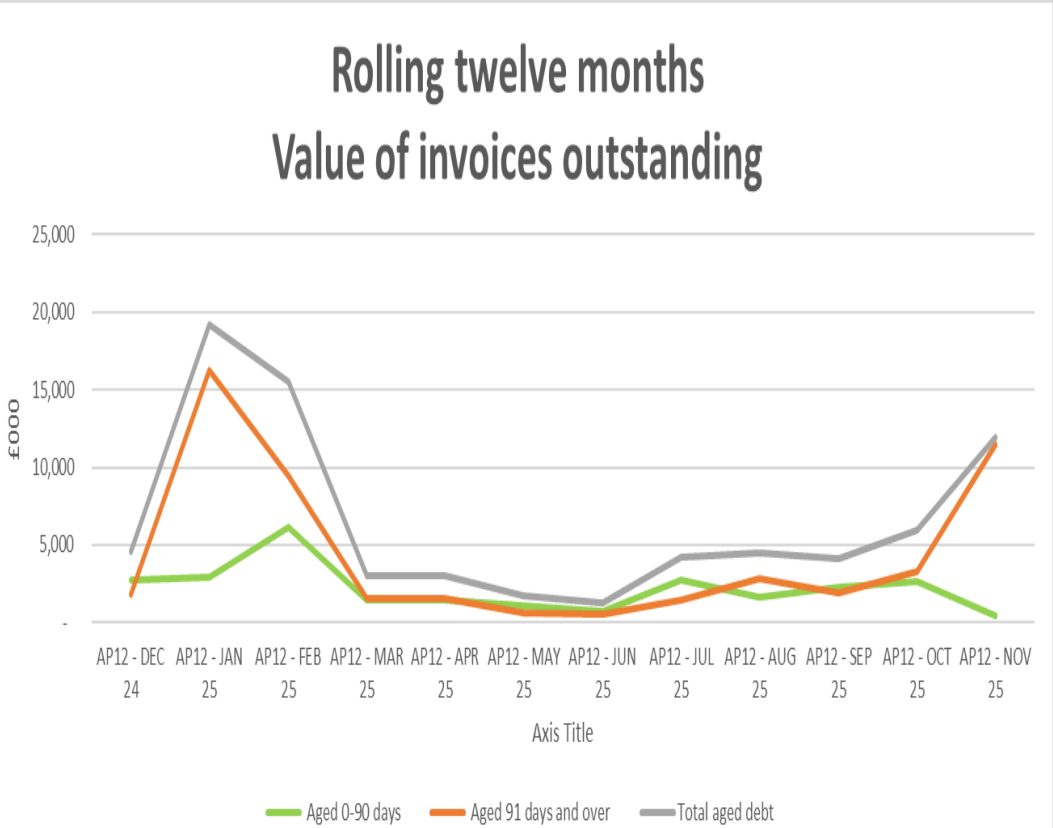


10. Corporate Costs – Programme and Running Costs

Area		Year to Date		
	Annual Budget	Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,629,810	1,746,542	1,561,015	185,527
Bromley	3,314,269	2,221,847	1,806,227	415,620
Greenwich	3,221,499	2,163,665	2,026,101	137,564
Lambeth	3,737,440	2,359,782	2,065,517	294,265
Lewisham	2,930,436	1,957,624	1,882,198	75,426
Southwark	3,320,399	2,117,855	1,953,615	164,240
Subtotal	**19,153,853**	**12,567,315**	**11,294,673**	**1,272,642**
Central				
CESEL	461,544	307,696	189,984	117,712
Chief of Staff	3,133,875	2,089,250	1,893,611	195,639
Comms & Engagement	1,677,650	1,118,433	886,632	231,801
Digital	1,688,342	1,125,561	736,380	389,181
Digital - IM&T	3,163,430	2,108,952	1,999,315	109,638
Estates	649,177	432,784	495,596	(62,812)
Executive Team/GB	2,387,601	1,591,735	1,523,604	68,130
Finance	3,099,563	2,066,375	1,868,921	197,454
Staff at Risk Costs	-	-	3,825,388	(3,825,388)
London ICS Network	(1)	0	0	(0)
Medical Director - CCPL	1,604,413	1,066,609	813,286	253,323
Medical Director - ICS	271,387	180,924	146,259	34,665
Medicines Optimisation	4,353,888	2,902,591	2,352,584	550,007
Planning & Commissioning	8,402,233	5,601,487	4,963,141	638,345
Quality & Nursing	1,937,472	1,291,645	1,164,751	126,894
SEL Other	-	-	(14)	14
South East London	-	-	144,596	(144,596)
Subtotal	**32,830,574**	**21,884,041**	**23,004,033**	**(1,119,993)**
Grand Total	**51,984,427**	**34,451,356**	**34,298,706**	**152,649**

- The table shows the YTD month 8 position on programme and running cost corporate 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 no longer requires approval from DHSC, NHS England approval is sufficient. Therefore, the process of issuing notices to at risk staff has now begun with the first redundancy payments due in January 2025. The delay has generated additional costs for the ICB both in respect of the ongoing cost **(circa £500k per month and £3,825k YTD)** together with the impact upon the final redundancy payments, given longer employment periods etc.
- **Overall, the ICB is reporting a YTD underspend position on its corporate costs of £153k,** which includes the impact of the additional pay points for bands 8 and above backdated to April 2024. Vacancies within directorates are currently more than offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- As highlighted in earlier slides, the ICB is underspending **(£1,604k YTD)** against its management (running) costs allocation.

11. 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	28	414	9	0	0	0	451
Non-NHS	2,475	8,878	91	60	0	3	11,507
Unallocated	0	1	0	0	0	0	1
Total	**2,503**	**9,293**	**100**	**60**	**0**	**3**	**11,959**

- The ICB has an overall debt position of **£11.9m** at month 8. This is **£6.0m higher** when compared to last month; this is mainly due to a large value invoice being raised to LB Lambeth which has subsequently been settled. **The age profile of debtors is very similar to last month.** Of the current debt, there is only **£3k** of debt over 3 months old, which is being repaid on a payment plan. **The largest debtor values this month are 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, likely at some point during 2025. 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	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	LAMBETH LONDON BOROUGH COUNCIL	8,063	8,063	-
2	LONDON BOROUGH OF BROMLEY	2,276	2,276	-
3	ROYAL BOROUGH OF GREENWICH	606	605	1
4	SOUTHWARK LONDON BOROUGH COUNCIL	282	282	-
5	NHS ENGLAND	237	237	-
6	NHS NORTH CENTRAL LONDON ICB	156	156	-
7	BEXLEY HEALTH NEIGHBOURHOOD CARE CIC	92	92	-
8	GREATER LONDON AUTHORITY	62	62	-
9	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	36	36	-
10	GREENWICH HEALTH LTD	22	22	-

12. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 8 was **£4,733,906k**. The MCD available as at month 8, 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 **£1,615,686k**.
- As at month 8 the ICB had drawn-down 65.9% of the available cash compared to the budget cash figure of 66.7%. No supplementary cash drawdown was needed in month 8. In month 9, the ICB has requested a supplementary cash drawdown of £25.0m so that the ICB can pay providers their EFR funding. It is expected that all ICBs in the country will have been required to take this same action.
- 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 8 was **£224k**, well within the target set by NHSE **(£4,438k). 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.

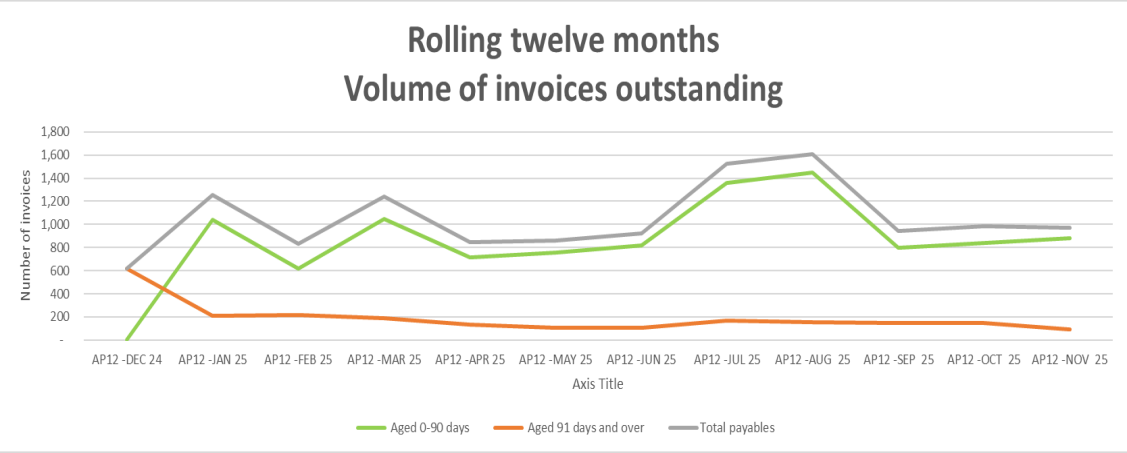
ICB Annual Cash Drawdown Requirement for	2024/25 AP8 - NOV 24	2024/25 AP7 - OCT 24	2024/25 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,733,906	4,702,167	31,739
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,868,000)	(2,513,000)	(355,000)
Prescription Pricing	(186,988)	(161,781)	(25,207)
HOT	(1,508)	(1,316)	(193)
POD	(61,766)	(55,387)	(6,380)
Pay Award charges			0
PCSE POD charges	43	9	35
Pension Uplift			0
Remaining Cash limit	**1,615,686**	**1,970,692**	**(355,006)**

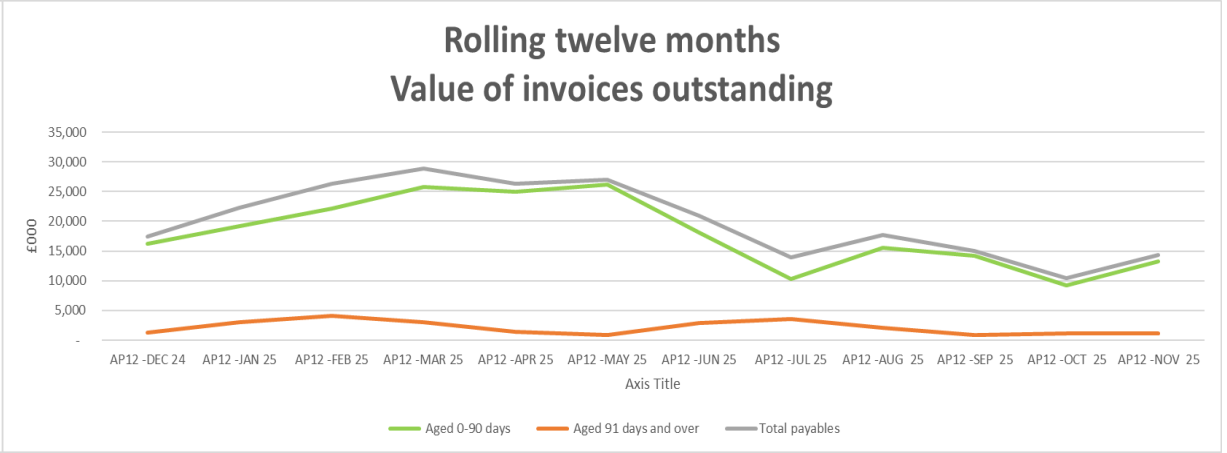
Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Aug-24	320,000	0	1,700,000	41.57%	4,000	661	0.21%
Sep-24	360,000	0	2,060,000	49.00%	4,500	3,744	1.04%
Oct-24	347,000	106,000	2,513,000	58.10%	4,338	3,419	0.99%
Nov-24	355,000	0	2,868,000	65.90%	4,438	224	0.06%
Dec-24	365,000	25,000	3,258,000		4,563		
Jan-25	380,000		3,638,000		4,750		
Feb-25			3,638,000				
Mar-25							
	3,507,000	**131,000**					

13. Aged Creditors

- The ICB has been advised by NHS England that the move to a new ledger ISFE2 at the start of 2025/26 has now been delayed and a revised go live date will be issued in due course. However, ICBs are being asked to continue to maintain the housekeeping of the ledger until such times as the transition to a new ledger takes place. The table below shows that there are circa **£1,081k** of invoices which are **over 90 days**, most of which are non-NHS. **This represents an in-month reduction of £35k in the value over 90 days**. However, the overall value of creditors has increased in-month, and it will be important to ensure that this is reduced further on an ongoing basis. Borough Finance leads, and the central Finance team continue to actively support budget holders to resolve queries with suppliers.
- As part of routine monthly reporting, 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 constant basis to review 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	114	71	10	33	34	11	273
Non-NHS	11,725	366	995	213	312	478	14,089
Total	**11,839**	**437**	**1,005**	**246**	**346**	**489**	**14,362**





14. Metrics Report

NHS South East London

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to October 2024 as the November report will not be received until the end of December which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has moved to 1st in the country following three consecutive months at 2nd.** The metric scores below show a further improvement this month which is very positive, the main improvement being on accounts receivable. The ICB has also had confirmation that the GL and VAT score should have been a 5.0 which would have further improved our score. This will be corrected in the November report.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas and this month further improvements can be seen in Accounts Payable NHS and general accounts which includes areas such as cash and journals.

Organisation Name	NHS South East London ICB			
Organisation Code	QKK		**Period**	Oct-24
Region	London		**Peer Rank**	1 / 42 ICB

	Aug-24	Sep-24	Oct-24	3 month average
Overall Score (max 25)	18.59	19.04	19.12	18.92

	Aug-24	Sep-24	Oct-24	3 month average
Accounts Payable - NHS	3.21	3.63	3.68	3.51
Accounts Payable - Non NHS	2.56	2.67	2.67	2.63
Accounts Receivable	4.82	4.59	4.94	4.78
General Accounts	3	3.15	3.23	3.13
GL and VAT	5	5	4.6	4.87

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

NHS South East London

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 2023/24 outturn by a **minimum of the growth uplift of 6.85%, a target of £469,778k.** As previously reported, the target has increased by 2.63% to reflect the medical and Agenda for Change pay uplifts. This spend is subject to annual independent review. The 2023/24 review is due to take place in early February 2025.

- 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. As at Month 8 we are forecasting MHIS delivery of **£470,729k**, exceeding the target by **£951k** (0.20%). This is largely made up of over-delivery against the plan on prescribing of approximately £2m, noting the potential volatility of prescribing spend based on the supply and cost of drugs. We are also seeing an increase in spend in some mental health placements, offset in part by underspends on community mental health services. Slide 3 sets out the position by ICB budget area.

Risks

- We continue to see growth in mental health cost per case spend both in terms of activity and complexity, for example on S117 placements. Actions to mitigate this include ensuring that timely client reviews are undertaken, reviewing and strengthening joint funding panel arrangements and developing new services and pathways.

- Learning disability placements costs continue to increase in some boroughs. Mitigating actions include reviewing LD cost per case activity across health and care to understand care package costs, planning for future patient discharges to agree funding approaches and developing new services to prevent admissions

- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend on both ADHD and ASD, with a forecast in excess of £3.0m and an increasing number of independent sector providers for Right to Choose referrals. We are increasing local provider capacity to reduce waiting times and are working to create sustainable services and will be undertaking an accreditation process to ensure the quality and VFM of independent sector providers. We are working with local providers across both adult and CYP ADHD services to review and transform care pathways.

15. Summary MHIS Position – Month 8 (November) 2024/25

NHS South East London

Mental Health Spend By Category	Category	Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 30/11/2024 YTD £'000	Mental Health - Non-NHS Actual 30/11/2024 YTD £'000	Total Mental Health Actual 30/11/2024 YTD £'000	Mental Health - NHS Forecast 31/03/2025 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2025 Year Ending £'000	Total Mental Health Forecast 31/03/2025 Year Ending £'000	Total Mental Health Variance 31/03/2025 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	45,046	27,015	3,129	30,144	40,523	4,755	45,278	(232)
Children & Young People's Eating Disorders	2	2,841	1,894	0	1,894	2,841	0	2,841	0
Perinatal Mental Health (Community)	3	9,749	6,499	0	6,499	9,749	0	9,749	0
NHS Talking Therapies, for anxiety and depression	4	35,799	19,658	4,320	23,978	29,487	6,480	35,967	(168)
A and E and Ward Liaison mental health services (adult and older adult)	5	19,376	12,917	0	12,917	19,376	0	19,376	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	13,205	8,803	0	8,803	13,205	0	13,205	0
Adult community-based mental health crisis care (adult and older adult)	7	35,639	23,657	224	23,881	35,485	336	35,821	(182)
Ambulance response services	8	1,173	782	0	782	1,173	0	1,173	0
Community A – community services that are not bed-based / not placements	9a	122,258	74,034	6,972	81,006	111,051	10,599	121,650	608
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,758	9,919	6,538	16,457	14,879	9,837	24,716	1,042
Mental Health Placements in Hospitals	20	4,454	2,216	741	2,957	3,323	1,025	4,348	106
Mental Health Act	10	6,189	0	4,173	4,173	0	6,225	6,225	(36)
SMI Physical health checks	11	865	464	113	577	696	169	865	0
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	128,232	85,717	0	85,717	128,575	0	128,575	(343)
Adult and older adult acute mental health out of area placements	14	9,762	6,251	36	6,287	9,376	53	9,429	333
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**460,346**	**279,826**	**26,246**	**306,072**	**419,739**	**39,479**	**459,218**	**1,128**
Mental health prescribing	16	9,190	0	7,481	7,481	0	11,222	11,222	(2,032)
Mental health in continuing care (CHC)	17	242	0	193	193	0	289	289	(47)
Sub-total - MHIS (inc CHC, Prescribing)		**469,778**	**279,826**	**33,920**	**313,746**	**419,739**	**50,990**	**470,729**	**(951)**
Learning Disability	18a	16,917	10,301	1,442	11,743	15,451	2,126	17,577	(660)
Autism	18b	3,837	1,945	289	2,234	2,917	426	3,343	494
Learning Disability & Autism - not separately identified	18c	48,399	3,220	31,147	34,367	4,830	46,264	51,094	(2,695)
Sub-total - LD&A (not included in MHIS)		**69,153**	**15,466**	**32,878**	**48,344**	**23,198**	**48,816**	**72,014**	**(2,861)**
Dementia	19	14,936	8,820	1,146	9,966	13,230	1,719	14,949	(13)
Sub-total - Dementia (not included in MHIS)		**14,936**	**8,820**	**1,146**	**9,966**	**13,230**	**1,719**	**14,949**	**(13)**
Total - Mental Health Services		**553,867**	**304,112**	**67,944**	**372,056**	**456,167**	**101,525**	**557,692**	**(3,825)**

15. Summary MHIS Position M8 (November) 2024/25 - by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M08 2024/25		Year to Date position for the seven months ended 30 November 2024						Forecast Outturn position for the financial year ended 31 March 2025					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	**Category**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Children & Young People's Mental Health (excluding LD)	1	30,030	27,015	3,129		30,144	(114)	45,046	40,523	4,755	0	45,278	(232)
Children & Young People's Eating Disorders	2	1,894	1,894	0		1,894	0	2,841	2,841	0	0	2,841	0
Perinatal Mental Health (Community)	3	6,499	6,499	0		6,499	0	9,749	9,749	0	0	9,749	0
Improved access to psychological therapies (adult and older adult)	4	23,866	19,658	4,320		23,978	(112)	35,799	29,487	6,480	0	35,967	(168)
A and E and Ward Liaison mental health services (adult and older adult)	5	12,917	12,917	0		12,917	0	19,376	19,376	0	0	19,376	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	8,803	8,803	0		8,803	0	13,205	13,205	0	0	13,205	0
Adult community-based mental health crisis care (adult and older adult)	7	23,759	23,657	224		23,881	(122)	35,639	35,485	336	0	35,821	(182)
Ambulance response services	8	782	782	0		782	0	1,173	1,173	0	0	1,173	0
Community A – community services that are not bed-based / not placements	9a	81,505	74,034	6,972		81,006	499	122,258	111,051	10,599	0	121,650	608
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	17,172	9,919	6,538		16,457	715	25,758	14,879	9,837	0	24,716	1,042
Mental Health Placements in Hospitals	20	2,969	2,216	741		2,957	12	4,454	3,323	1,025	0	4,348	106
Mental Health Act	10	4,126	0	4,173		4,173	(47)	6,189	0	6,225	0	6,225	(36)
SMI Physical health checks	11	577	464	113		577	0	865	696	169	0	865	0
Suicide Prevention	12	0	0	0		0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	85,488	85,717	0		85,717	(229)	128,232	128,575	0	0	128,575	(343)
Adult and older adult acute mental health out of area placements	14	6,508	6,251	36		6,287	221	9,762	9,376	53	0	9,429	333
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**306,897**	**279,826**	**26,246**	**0**	**306,072**	**825**	**460,346**	**419,739**	**39,479**	**0**	**459,218**	**1,128**
Other Mental Health Services:													
Mental health prescribing	16	6,127	0	0	7,481	7,481	(1,354)	9,190	0	0	11,222	11,222	(2,032)
Mental health continuing health care (CHC)	17	161	0	0	193	193	(32)	242	0	0	289	289	(47)
Sub-total - MHIS (inc. CHC and prescribing)		**313,185**	**279,826**	**26,246**	**7,674**	**313,746**	**(561)**	**469,778**	**419,739**	**39,479**	**11,511**	**470,729**	**(951)**
Learning Disability	18a	11,277	10,301	1,442	0	11,743	(466)	16,917	15,451	2,126	0	17,577	(660)
Autism	18b	2,558	1,945	289	0	2,234	324	3,837	2,917	426	0	3,343	494
Learning Disability & Autism - not separately identified	18c	32,267	3,220	8,583	22,564	34,367	(2,100)	48,399	4,830	12,668	33,596	51,094	(2,695)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**46,102**	**15,466**	**10,314**	**22,564**	**48,344**	**(2,242)**	**69,153**	**23,198**	**15,220**	**33,596**	**72,014**	**(2,861)**
Dementia	19	9,957	8,820	830	316	9,966	(9)	14,936	13,230	1,245	474	14,949	(13)
Sub-total - LD&A & Dementia (not included in MHIS)		**56,059**	**24,286**	**11,144**	**22,880**	**58,310**	**(2,251)**	**84,089**	**36,428**	**16,465**	**34,070**	**86,963**	**(2,874)**
Total Mental Health Spend - excludes ADHD		**369,243**	**304,112**	**37,390**	**30,554**	**372,056**	**(2,813)**	**553,867**	**456,167**	**55,944**	**45,581**	**557,692**	**(3,825)**

- Approximately 89% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- The remaining spend is in borough budgets including voluntary sector contracts and cost per case placements, mental health prescribing and mental health continuing health care net of physical healthcare costs.
- Other LDA spend includes LD continuing health care costs

SEL ICB Finance Report

Updates from Boroughs

Month 8

Appendix 1 – Bexley

NHS South East London

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Actual	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	3,336	3,285	51	5,004	4,928	76
Community Health Services	15,017	14,907	109	22,525	22,361	164
Mental Health Services	7,100	7,074	26	10,650	10,582	68
Continuing Care Services	17,426	17,292	134	26,139	25,963	176
Prescribing	25,208	25,644	(436)	37,448	37,868	(420)
Other Primary Care Services	2,252	2,252	(0)	3,377	3,377	0
Other Programme Services	799	799	0	1,199	1,199	0
Delegated Primary Care Services	26,714	26,714	(0)	44,542	44,542	(0)
Corporate Budgets	2,018	1,832	186	3,037	2,831	206
Total FOT	**99,870**	**99,801**	**69**	**153,921**	**153,651**	**270**

Month 8 (M8) Financial overview- Underspend reported year to date (YTD) and forecast outturn (FOT) by £69k and £270k, respectively.

Key drivers to the position:

- Prescribing reports an overspend of £436k YTD and £420k FOT. This is a £150k deterioration from last month's position. As usual, the position is 2 months lag in actual data and an average estimate of same has been included. The primary drivers continues to be significant growth in medicines aimed at preventing complications and optimise the management of long-term conditions. The impact of the efficiency and recovery plans is expected to decelerate the run rate however this is still expected, and monitoring will continue through out the financial year.

- CHC reports a YTD underspend of £134k and FOT of £176k, marking the third month of underspend. The deceleration in the run rate is attributed to the implementation of efficiency plans, particularly in CHC reviews, personal health budget refunds, and improved payment practices with CHC providers. Monitoring will continue due to the inherent volatility of the service and the potential for retrospective claims.

- Corporate budget reports £186k and £206k underspend YTD and FOT respectively due to existing vacancies which are now being filled.

- Community Health Services reports an underspend of £109k and £164k YTD and FOT respectively due to efficiency delivery within various contracts.

- Acute Services delivered an underspend of £51k YTD and FOT of £76k, driven by efficiency within the urgent care contract.

- Other service areas are delivering a marginal underspend/break-even position against budget YTD and FOT.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	5,273	5,209	63	7,909	7,814	95
Community Health Services	60,537	60,453	83	90,805	90,680	125
Mental Health Services	9,819	10,242	(423)	14,728	15,306	(578)
Continuing Care Services	18,086	18,486	(401)	27,128	27,685	(557)
Prescribing	34,363	34,064	299	51,047	50,467	580
Other Primary Care Services	1,507	1,507	(0)	2,261	2,261	0
Programme wide projects	-	-	0	-	-	0
Delegated Primary Care Services	38,429	38,429	0	63,929	63,929	0
Corporate Budgets	2,333	1,998	335	3,480	3,146	334
Total	**170,346**	**170,389**	**(43)**	**261,288**	**261,288**	**0**

- The borough is reporting an overspend of £43k at Month 8 and is forecasting a breakeven position at year end.
- The Mental Health budget is £423k overspent year to date and is forecasting an overspend of £578k. This is due to the cost per case budget being overspent due to an increase in client numbers. Cost per case clients are reviewed on a regular basis.
- The Continuing Healthcare budget is £401k overspent year to date and the forecast is £557k overspent. The increase in adult CHC and FNC client numbers which is impacting adversely upon the position. This is because of an increase in care home beds in the borough. The national FNC increase for 24/25 was 7.4%.
- The prescribing budget is £299k underspent year to date and is forecasting a £580k underspend at year end. This position represents a deterioration in the forecast position compared to last month of £23k. Prescribing information (PPA) is received 2 months in arrears, so this position is calculated using six months of current data. It is difficult to forecast the position in the early part of the year and caution should be taken with regards to the ongoing delivery of this position.
- The Corporate budget is £335k underspent year to date due to vacancies and these are expected to be filled soon. The forecast position is £334k underspent as additional non-pay costs are anticipated due to the Place Team moving later in the year, at which point it will be co-located with the Local Authority.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to achieve these savings and is reporting full delivery of the target.

Appendix 3 – Greenwich

NHS South East London

Overall Position

Description	Annual Budget £'000s	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	7,220	4,813	4,821	(8)	7,232	(12)
Community Health Services	39,029	26,019	25,365	654	38,047	982
Mental Health Services	8,582	5,721	6,127	(406)	9,204	(622)
Continuing Care Services	29,220	19,480	19,749	(269)	29,855	(635)
Prescribing	37,290	25,102	25,865	(763)	38,394	(1,104)
Other Primary Care Services	2,285	1,523	1,335	189	2,002	283
Other Programme Services	1,000	667	0	667	0	1,000
Programme Wide Projects	0	0	(4)	4	(203)	203
Delegated Primary Care Services	56,854	34,022	34,211	(189)	57,137	(283)
Corporate Budgets	3,503	2,352	2,182	170	3,315	188
Total	**184,983**	**119,700**	**119,651**	**49**	**184,983**	**(1)**

- The overall Greenwich financial position is £49k favourable to the year-to-date plan, with a forecast breakeven position.
- The Prescribing position is £763k adverse to plan. The medicine optimisation team is currently undertaking practice visits to launch the workplan for 2024/25. These visits are now fully completed and anticipating the phased delivery of savings to take traction from Q2 (PPA activity data) to reflect outcome of the practice visits.
- CHC is £269k overspent to date and is attributable to a retrospective increase in children commissioned packages. The underpinning (Care-Track) database is being reviewed to ensure accuracy of information reported and is reflecting in the forecast expenditure aligning to plan.
- The £8k overspend within Acute services is higher activity than planned at the Hurley (Bexley) UCC site. The £406k adverse variance in Mental Health is attributable to additional joint funded clients in month (cost per case activity) alongside continued , and sustained pressure from Psych UK reflecting an increasing behavioural change with patients exercising “right to choose”.
- The £667k underspend in Programme Services is the release of contingency funds to mitigate the pressures reported in other service lines.
- Delegated Primary Care is £283k adverse to plan, attributable to growth in population list size. An interim solution has been reached for 2024/25, offsetting the balance with SDF funds (Other Primary Care), albeit, with a recurrent risk of this eventuating into a substantial financial pressure.
- The forecast recovery £200k within Programme Wide Projects is a contingency assumption on delivery of a financially balanced plan with upcoming Place discussions to detail the underpinning schemes for implementation within M9 reports. This will be closely monitored to assure continued robustness, noting there are potential pressures emerging within MH (Adults), CHC (Children) & Prescribing as outlined above.

Appendix 4 – Lambeth

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	801	792	9	1,202	1,188	14
Community Health Services	18,797	18,821	(24)	28,195	28,282	(87)
Mental Health Services	15,396	15,781	(384)	23,094	23,560	(466)
Continuing Care Services	23,077	22,872	206	34,616	34,205	411
Prescribing	28,722	28,689	33	42,666	42,666	0
Other Primary Care Services	2,657	2,599	59	3,986	3,898	88
Delegated Primary Care Services	52,694	52,694	0	87,088	87,088	0
Corporate Budgets	2,516	2,228	288	4,012	3,709	303
Total	**144,661**	**144,474**	**187**	**224,859**	**224,596**	**264**

- The borough is reporting an overall £187k year to date underspend position and a forecast £264k underspend position at Month 08 (November 2024). The reported year to date position includes £384k overspend on Mental Health Services and £24k overspend on Community Health Services mainly driven by increased cost of the Cardiovascular Diagnostics contract, offset by underspends in Corporate, Continuing Health Care (CHC) and other Budgets.

- The current underlying key risks within Lambeth's finance position relate to - costs for Cardiovascular Diagnostics Services, Interpreting Services, Mental Health (including learning disabilities) budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care). Prescribing, Mental Health and CHC have savings schemes.

- Mental Health budget year to date overspend is driven by increased ADHD, Section 12 assessments claims, Mental Health and Learning Disabilities (LD) placement expenditure, and mitigated by constraining investments. Borough Commissioners leading on savings and efficiencies schemes (including Provider-focused service and model reviews, High-cost joint health funded case reviews, etc. to manage cost.

- The CHC team continues to deliver on reducing packages for high-cost (PLD and OP) cases including for 1:1 care, Fast track reviews, PHB clawbacks and reduction, and transfer of out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M08 is 589.

- Prescribing information data is provided two months in arrears by the NHS Business Services Authority (previously PPA - Prescription Pricing Authority). The borough is reporting a YTD underspend position of £33k and forecast breakeven at month 08 (November 2024) based on six months actual data. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.

- The 2024/25 borough minimum savings requirement is £3.9m and has a savings plan of £5.2m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.4m) and Prescribing (£1.4m) budgets. Year to date delivery at M08 is £1.5m above plan due to plan profile which differs from actual delivery profile. The forecast delivery is £0.8m above plan.

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	882	533	348	1,322	800	522
Community Health Services	19,512	18,450	1,062	29,268	27,676	1,593
Mental Health Services	5,130	5,128	3	7,696	7,552	144
Continuing Care Services	15,371	18,360	(2,990)	23,056	27,608	(4,552)
Prescribing	28,668	29,989	(1,322)	42,591	44,603	(2,012)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	1,577	1,133	444	2,366	1,700	666
Other Programme Services	2,236	17	2,219	3,355	(304)	3,659
Delegated Primary Care Services	39,289	39,353	(64)	65,321	65,417	(96)
Corporate Budgets	2,102	2,026	75	3,146	3,069	77
Total	**114,766**	**114,990**	**(224)**	**178,120**	**178,120**	**(0)**

- At month 8, the borough is reporting an overspend year to date (YTD) of £224k (Month 7 £436k) but is retaining a forecast outturn (FOT) of breakeven. All budget lines individually are showing breakeven or an underspend except for continuing care services (CHC), prescribing and delegated primary care (where list size growth pressure is now reflected).

- CHC shows a material overspend YTD of £2,990k and FOT of £4,552k (Month 7 £4,977k) (outturn 2023/24 £3,638k). The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year, a significant element relating to LD clients.

- The Place Executive Lead continues to lead weekly financial recovery meetings of the Lewisham CHC team to try to mitigate this financial position, and additional resource has been approved to focus on conducting client reviews to assess ongoing eligibility and levels of care provided. The impact of this recovery work has started to show in the reported financial position which has improved in consecutive months since month 5.

- Prescribing shows an overspend YTD of £1,322k and FOT £2,012k (Month 7 £2,131k). This compares to a risk assessed forecast overspend of £2,737k set out by the Lewisham Borough at the start of the current financial year.

- The overspend is mainly caused by increased costs relating to appliances, central nervous system and Endocrine system prescribing costs. The prescribing overspend is being managed in the following ways as set out in previous reports:

1. Review of further QIPP opportunities mainly relating to Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care.

2. Further QIPP review is being undertaken by the Lewisham team to identify further potential opportunities for savings, and a medicines optimisation savings meeting is held monthly to track progress.

3. In respect of Prescribing non PPA budgets. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, some saving will be achieved against the annual budget of £626k. This is not likely to have a material impact in the current year but may generate some recurrent savings going into 2025/26.

- The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing and has also identified other non-recurrent mitigations to help ensure a breakeven position is achieved at the year end. At month 8 the YTD overspend has reduced for the third consecutive month and it is anticipated this will continue to reduce in the remainder of the year as additional mitigations continue to impact.

- However, there remains potential for further activity pressures to emerge on CHC and prescribing as the year continues. The local authority has also indicated an intention to recover health contributions towards section 117 mental health clients which will have a material financial impact. This is estimated at c.£2m on a recurrent basis, although it is expected transitional arrangements will apply in the current year. Discussions are ongoing with the local authority to reach an agreed position. The ICB will need to take account of this recurrent pressure in planning for 2025/26 and prioritise accordingly in the allocation of mental health investment standard (MHIS) growth in 2025/26.

- The borough 4% efficiency target is £3,576k, is fully identified and forecast to deliver in full, but is insufficient on its own to mitigate the scale of financial pressures faced by the borough, and material additional mitigations have been implemented.

Appendix 6 – Southwark

NHS South East London

Overall Position

	M08					
	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s	FOT Budget £'000s	FOT Actual £'000s	FOT Variance £'000s
Acute Services	57	57	(0)	85	87	(2)
Community Health Services	24,162	23,537	625	36,243	35,224	1,018
Mental Health Services	6,838	7,727	(889)	10,257	11,522	(1,265)
Continuing Care Services	13,174	12,423	751	19,760	18,757	1,003
Prescribing	23,635	24,268	(632)	35,112	36,129	(1,016)
Prescribing Reserves	-	-	-	-	-	-
Other Primary Care Services	858	858	0	1,287	1,287	0
Other Programme Services	531	-	531	796	-	796
Programme Wide Projects	167	167	0	250	250	-
Delegated Primary Care Services	42,213	42,417	(204)	69,897	70,203	(306)
Corporate Budgets	2,196	2,032	164	3,480	3,302	178
Total FOT	**113,831**	**113,485**	**346**	**177,168**	**176,762**	**406**

- The borough is reporting a YTD underspend of £346k and forecast outturn underspend of £406k as at the end of November 24. Key areas of risk continue to be mental health, prescribing , delegated primary care with underspends in continuing care, community services and corporate budgets absorbing some of overspends.

- For mental health we are reporting a forecast overspend of £1.3m as at month 8. This is driven mainly by overspends in Right to Choose adult ADHD/Autism pathways (£232k) and £909k on placements. Placements costs for Learning disability continues to be a cost pressures. Other pressures are primarily driven by Right to Choose adult ADHD/Autism pathways, and there is a risk of increased pressure in tri-partite Children and Young People mental health costs. Our spend on mental health placements continues to increase. The borough has started a review of placements spend as part of its recovery plan for 2024/25 and through the support of additional interim staff review gaps in service provision.

- Prescribing actual data is provided two months in arrears and the borough is reporting a year to date overspend of £632k and forecast overspends of £1.02m at month 8. This is a deterioration of £102k from month 7. The rate of increase in overspend month on month is reducing. Most of the saving schemes were expected to take effect from September and appears to be having impact. There is significant growth in medicines to prevent and optimise the management of long-term conditions. The Medicines Ops team continue to monitor prescribing spend and prioritise elements of medicines optimisation in the Prescribing Improvement Scheme (PIS) to deliver medicines value.

- Most of the budgets in community services are breakeven due to contracts, however we are showing an overspend in our integrated equipment contract of £181k due to increase in activity and costs.

-

- Corporate budgets are forecast to underspend by £178k as at month 8 due to vacancies resulting from the MCR process. All the vacancies have now been filled and the monthly spend in Corporate budgets are increasing which is reflected in the forecast position.

- Continuing Care underspend has increased this month due to closure of some packages. We are reporting a £1m forecast underspend as at month 8 which is a favourable movement of £243k.

- Delegated Primary Care forecast overspend is expected to be £306k. The borough has a significant risk (£1m) on this budget due to list size growth and the allocation not keeping pace with current run rate requirements. Non recurrent solutions (£650k) have been identified to manage some of this risk for 24/25 leaving a forecast overspend of £306k. The borough is undertaking a review to identify recurrent solutions to manage this deficit.

- The borough is forecasting an underspend overall of £406k and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health. Growth in community services has been restricted to manage the overall position. The borough has an underlying deficit position, and a series of financial recovery meetings have been held by Place Executive lead focused on opportunities and recurrent savings proposals to support its underlying position and minimise the risk going into 2025/26.

- Borough has an efficiency target of 4% which on applicable budgets amounts to £3.3m. A savings plan of £3.7m has been identified. Within this figure prescribing savings total £1.1m and are phased to deliver after quarter 1. As at month 8 the borough is reporting year to date actual savings in line with plan. forecast savings for the year is also expected to be in line with plan of £3.7m. Some savings on mental health placements have been achieved in month 8.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 8 2024/25

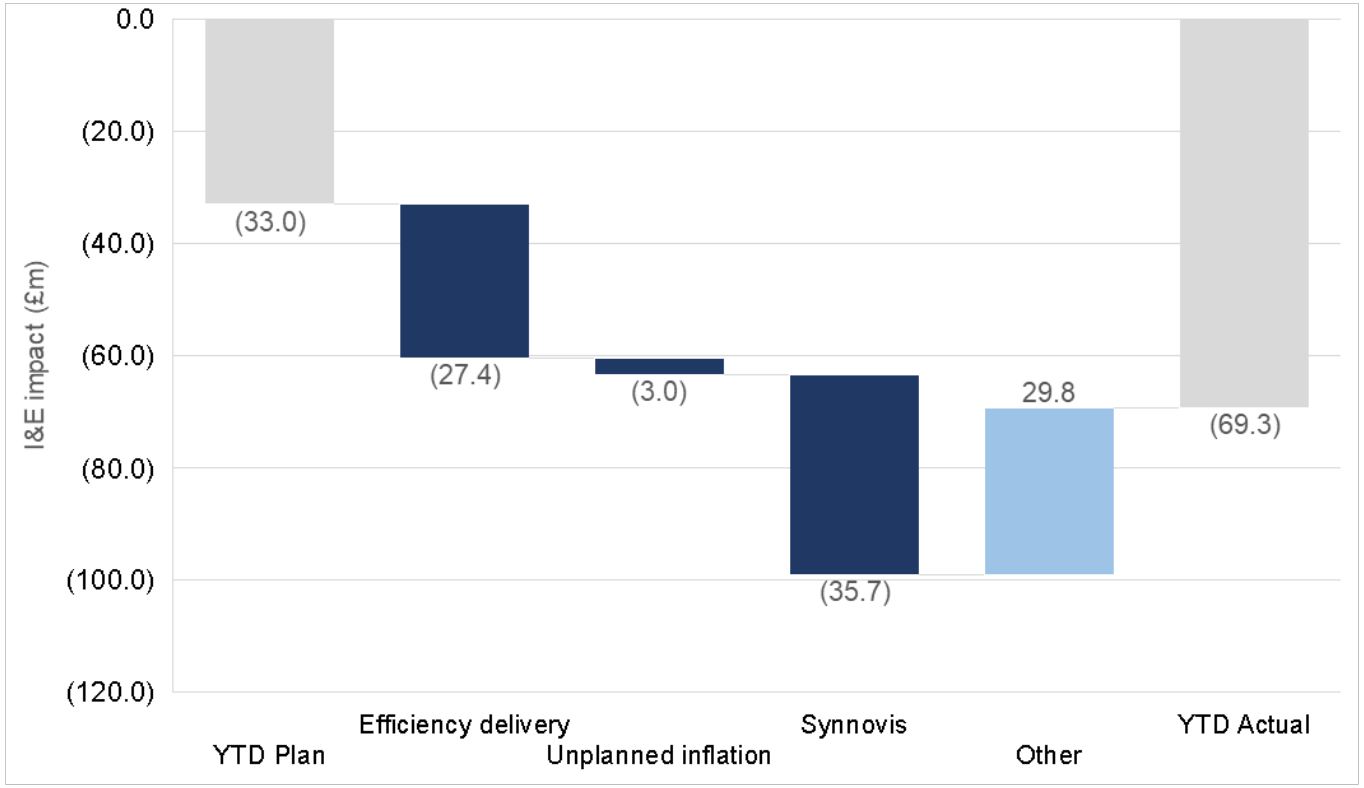
Headlines

- At month 8 the system submitted a forecast to deliver breakeven, in line with the plan.
- The ICB is forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. The ICB surplus includes £34.2m of improvement that will be delivered by providers but has been held, to date, in the ICB for planning purposes.
- For month 8 SEL ICS reported a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers are the impact of the Synnovis cyber-attack (£35.7m), and slippage in efficiency programmes (£27.4m).

Analysis of month 8 system YTD position

M8 figures show a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers are:

- Measuring the full financial impact of the Synnovis cyber-attack, both identifying the direct costs as well as the indirect impact, is difficult. The cost included in the YTD position is £35.7m. The biggest impact is on the loss of income due to the impact on activity. This is marginally offset by a reduction in pathology related costs.
- The under-delivery of the efficiency programme is a driver of £27.4m of the variance.
- Pay award inflationary pressure of £3.0m YTD .
- Offsetting favourable variances are mainly non-recurrent prior year benefits and non-recurrent underspends.



Lewisham Local Care Partners Strategic Board
Cover Sheet

Item Enclosure

Title:	**Primary Care Group**
Meeting Date:	**30 January 2025**
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of this report is to provide the Lewisham Local Care Partnership with an update on key primary care priorities discussed at the recent meeting(s) of the Primary care Group.	Update / Information	*X*
		Discussion	
		Decision	

Summary of main points:	The following items were discussed at the December 2024 Primary Care Group meeting: 1. **PCN Enhanced Access Report** The Group received a report which provided a high-level summary of Enhanced Access activity and service utilisation between April – June 2024 across Lewisham. **2. Q2 PMS Premium Dashboard** The Q2 dashboard highlights areas of the PMS Premium where practices are performing well and some areas that require improvement. **3. Synnovis Issues** The Group discussed issues associated with the June 2024 Synnovis cyber-attack.
Potential Conflicts of Interest	There are no conflicts of Interest as the paper is solely for information purposes.
Any impact on BLACHIR recommendations	**NA**

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

	Equality Impact	NA
	Financial Impact	NA
Other Engagement	Public Engagement	NA
	Other Committee Discussion/ Engagement	The Q2 PMS Premium Dashboard has been shared with Lead GPs and Practice Managers.
Recommendation:	The Lewisham Local Care Partners Strategic Board is asked to note the report.	

1. Q2 PCN Enhanced Access Report

The Group received a report which provided a high-level summary of Enhanced Access (EA) activity and service utilisation between April – June 2024 across Lewisham.

PCNs must provide EA between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (the "Network Standard Hours"), in accordance with the Network Contract DES Specification.

All 6 PCNs are meeting the requirements of the "Network Standard Hours".

- Required "Network Standard Hours": 674.1 hours
- Delivered "Network Standard Hours": 725 hours

There is however an overall high Do Not Attend rate (17%) which will be investigated by commissioners.

The full report can be found in appendix A.

2. Q2 PMS Premium Dashboard

The Group received an update on GP practice performance across a range of locally commissioned services known as the PMS Premium.

The Q2 dashboard (appendix B) highlights areas of the PMS Premium where practices are performing well and some areas that require improvement.

2.1 PMS Premium Areas, RAG thresholds and performance narrative

a) Alcohol

- Green – More than 70% of patients with diabetes, ischemic heart disease and heart failure have had AUDIT C screening.
- Amber - More than 60% and less than 70% of patients with diabetes, ischemic heart disease and heart failure have had AUDIT C screening.
- Red - Less than 60% patients with diabetes, ischemic heart disease and heart failure have had AUDIT C screening.

This specification has been in the PMS Premium for a number of years and practices perform consistently well in this area.

b) Delivering Coordinated Care: Risk Profiling & MDT Working

- Green – Practices that hold a register of 0.5% or more of patients with high or complex needs.
- Amber – Practices that hold a register of between 0.49% and 0.3% of patients with high or complex needs.
- Red – Practices that hold a register of 0.29% or less of patients with high or complex needs.

There was a slight improvement in Q2 compared to Q1.

c) Bowel Cancer Screening Uptake

- Green – Practices contacted 90% or more of non-responders within 1 month of being notified by the hub.

- Amber – Practices contacted more than 80% and less than 90% of non-responders within 1 month of being notified by the hub.

- Red – Practices contacted less than 80% of non-responders within 1 month of being notified by the hub.

There was a reduction in number of patients contacted in Q2 compared to previous quarter.

d) Childhood Obesity and BMI centile calculated
- Green – Over 80%
- Amber – Between 60% and 79%
- Red – Below 60%.

A reduction in improvement in Q2 compared to quarter 1.

e) End of Life Care and patients with a Universal Care Plan
- Green – 0.3% and over
- Amber – Between 0.2% and 0.29%
- Red – Less than 0.2%

Commissioners and a clinical care and professional lead have reviewed this area and taken the following actions to support practices:
  - Made suggestions to practices about Universal Care Plan training
  - Reviewed and updated the data requirements for the annual audit
  - Developed searches to support the updated data requirements.

f) Breast Cancer Screening Uptake
- Green – Contacted 90% or more of non-responders within the last quarter.
- Amber – Contacted more than 80% and less than 90% of non-responders within the last quarter.
- Red – Contacted less than 80% of non-responders within the last quarter.

This is a new specification and following a couple of amendments to the clinical search requirements practices are developing good practice.

2.2 Contract and Performance Management Framework

As outlined in the PMS Premium Contract and Performance Management Framework, where a practice is not achieving the upper thresholds of any service specification at the six month period of the year it will be required to develop an improvement plan to address performance.

Practices have been asked to review the quarter 1 and 2 PMS Premium dashboards and develop an improvement plan.

The improvement plan needs to address:
  - How the targets be achieved
  - Outline any barriers to achievement (if any)
  - Actions needed to improve performance and meet the target
  - Whether the practice needs additional support to improve performance

Actions need to be completed within 3 months and will be monitored through quarters 3 and 4.

3. Synnovis Issues

Since the cyber attack on NHS pathology provider Synnovis in June 2024 there have been significant impact across the South East London (SEL) healthcare system including disruption to blood testing and pathology services which is an important part of clinical care provision.

A level 3 critical incident was declared by NHS England London region, the ICB and acute and mental health providers in SEL.

Synnovis has a 15 year contract to run the pathology services for King's College NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust.

Locally, the disruption has impacted services monitored by the Care Quality Commission, drug monitoring and phlebotomy services.

The disruption has been impacted further by Synnovis pathology staff voting to strike in December 2024, and although the strike was called off at the last minute it added to the existing disruption and backlog.

An urgent blood request pathway has been incorporated for Lewisham, Greenwich and Bexley to help work through urgent tests and alleviate the backlog.

Additionally, there have been serious ongoing quality concerns in regard to inaccurate potassium reporting where inaccurate readings are leading to patients being directed to A&E. This is time consuming for practices and patients and has caused a lack of confidence in the laboratory's services.

South East London Integrated Care System

PCN Enhanced Access Reporting: Lewisham Q2 (2024/25)

November 2023

Yvonne Davies, Primary Care Commissioning Manager, SEL ICB (Lewisham)
Yvonne.davies@selondonics.nhs.net

PCN Enhanced Access sites

South East London Integrated Care System

- This report provides a high-level summary of Enhanced Access (EA) activity and service utilisation between April – June 2024 across Lewisham.
- PCNS were required to submit EA activity using a reporting template issued by SEL ICB Lewisham primary care team.
- Data is validation is ongoing and as such numbers should be viewed with a degree of caution.

Enhanced Access – Sites

South East London Integrated Care System

- Lewisham has 6 PCNs delivering EA across 23 sites.

Aplos	Modality	Lewisham Alliance	The Lewisham Care Partnership (TLCP)	North Lewisham PCN (NLPCN)	Sevenfields
4 sites	3 sites	5 sites	5 sites	1 site	5 sites
1. Sydenham Group Practice 2. The Vale MC 3. Wells Park Practice 4. Woolstone MC	1. The Jenner Practice 2. South Lewisham group Practice 3. Bellingham Green Surgery	1. Lee Road Surgery 2. Lewisham Medical Centre 3. Nightingale Surgery 4. Triangle group Practice 5. Woodlands Health centre	1. Belmont Hill 2. Morden Hill 3. Hillyfields HC 4. Honor Oak 5. St Johns MC	1. Waldron Health Centre	1. Downham FMP 2. Parkview 3. Burnt Ash 4. Novum 5. Torridon Rd

Key summary/ actions

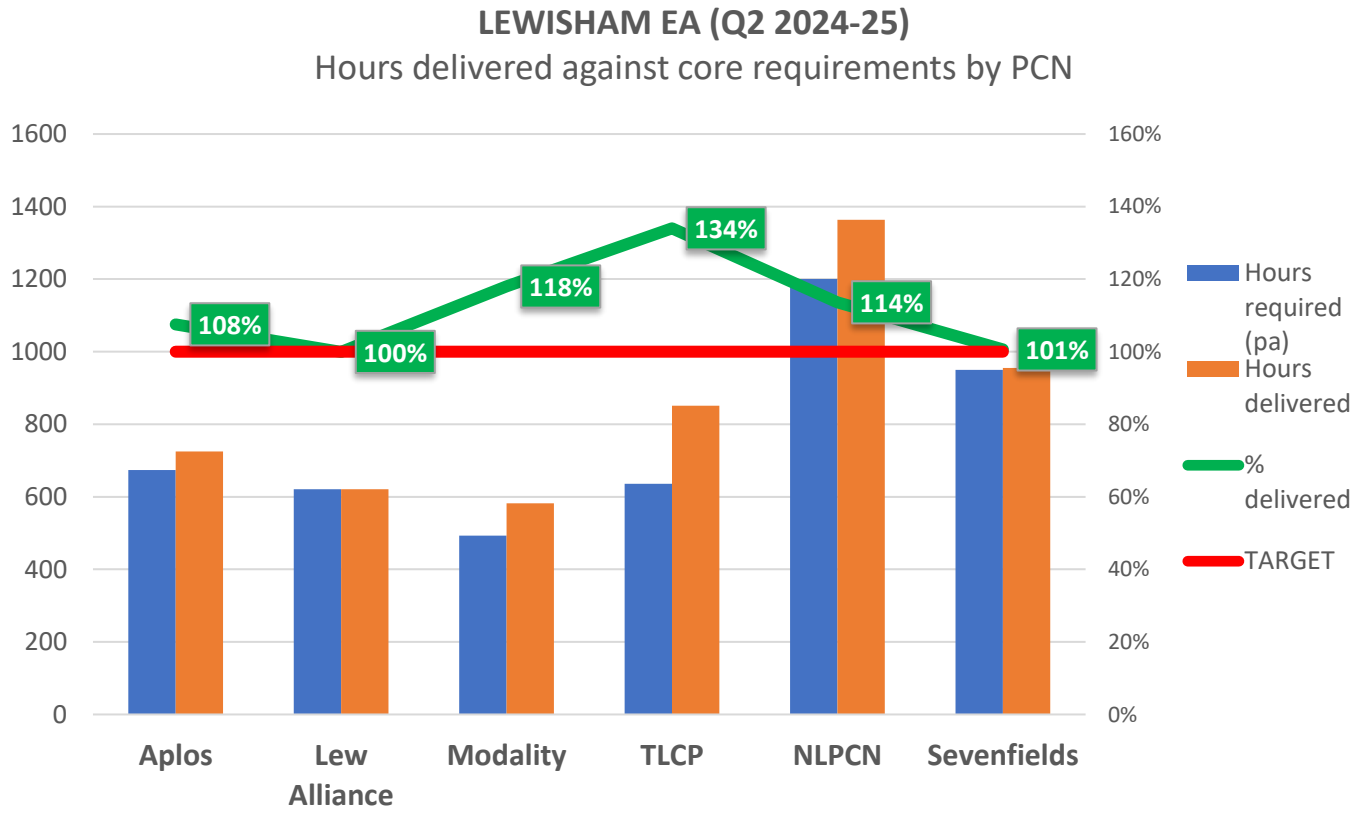
Core Hours	• 725 hrs were offered against a target of 674.1 = 108% offer rate.
Activity	• **1184** Total appointments offered • **87%** average booking rate (down from 94% in Q1) (1 PCN @ 90% booking rate, 3 @ 87-88% and 2 between 77-79%) • **83%** attendance rate =comparable to Q1 (ranged from 75-91% across PCNs) • **17%** average DNA rate = comparable to Q1 (variable across PCNs from 9% to 25%) • **2.9 appts** per hour offered on average = increase from Q1 (2.8%). (variable across PCNs from 1.6 to 4)
Recovery Plans	• 0 recovery plans required.
Urgent Care	• 2 PCNs offer appointments to Same Day /urgent care/ 111.
Complaints/ Serious Events	• 1 significant event reported, investigated and plan implemented *(information located later in slides)*
Service delivery requests	• None received

Enhanced Access Offer

- Lewisham delivered approximately **725** hours from the required **674.1** hours **(+11% variance).**

	Additional hours to be delivered per quarter	Delivered	Variance (hrs)	% variance
Aplos	674.1	725	20.9	8%
Modality	620.8	620.5	-0.3	0%
Lew Alliance	493.3	582	88.7	18%
TLCP*	635.4	851.5	216.1	34%
NLPCN	1200.5	1364	163.5	24%
Sevenfields	949.6	955.6	5.9	1%
Total Year	**4573.9**	**5098.6**	**524.7**	**11%**

The variance for Lewisham Alliance (0.3hrs) has already been recouped in Q3

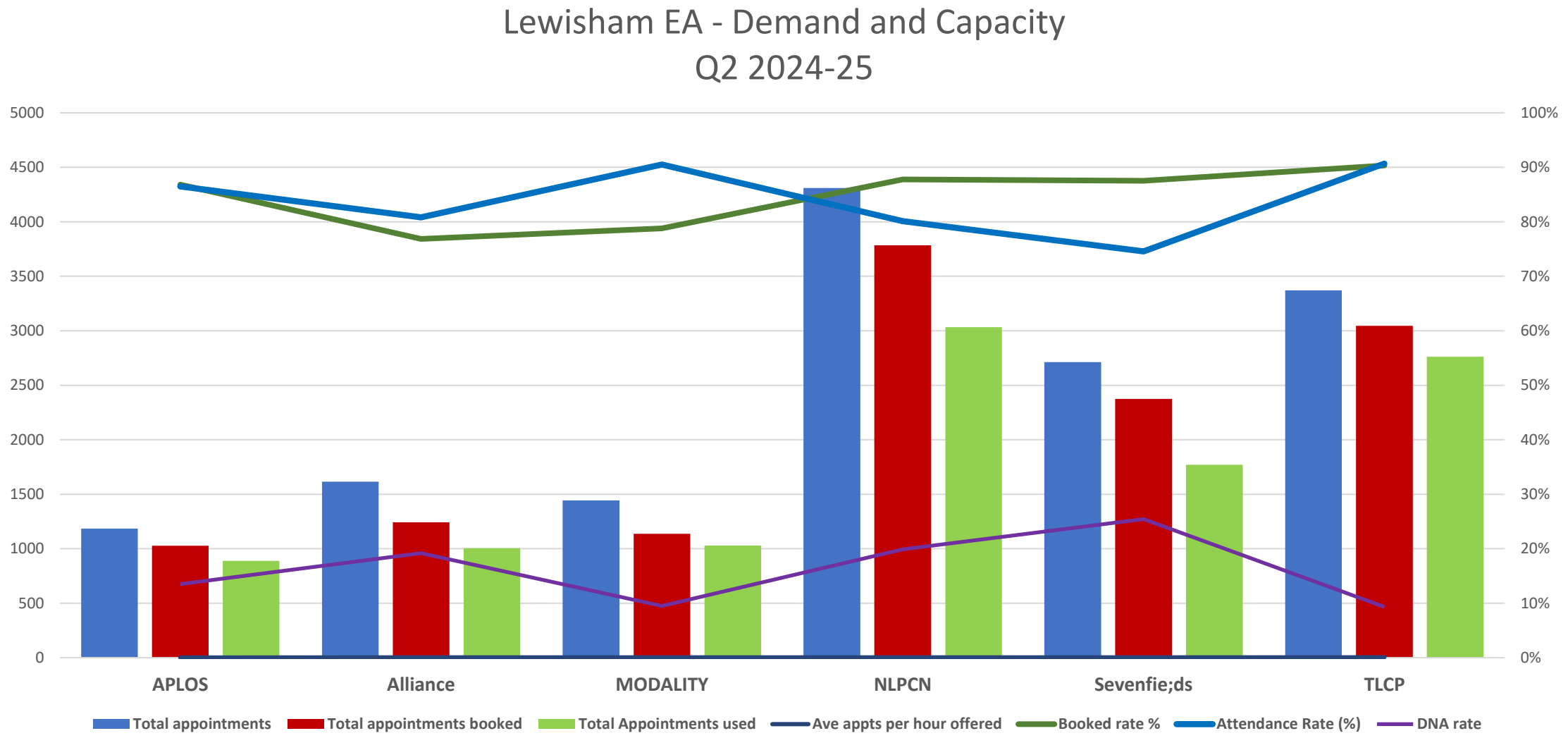


Demand and capacity

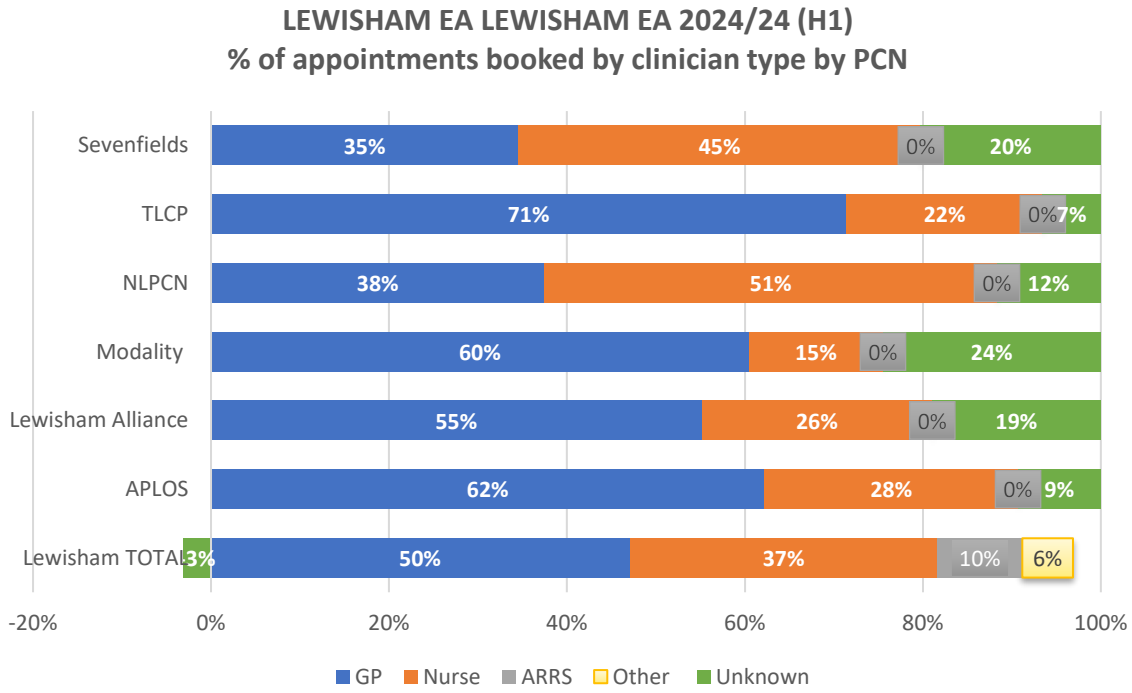
South East London Integrated Care System

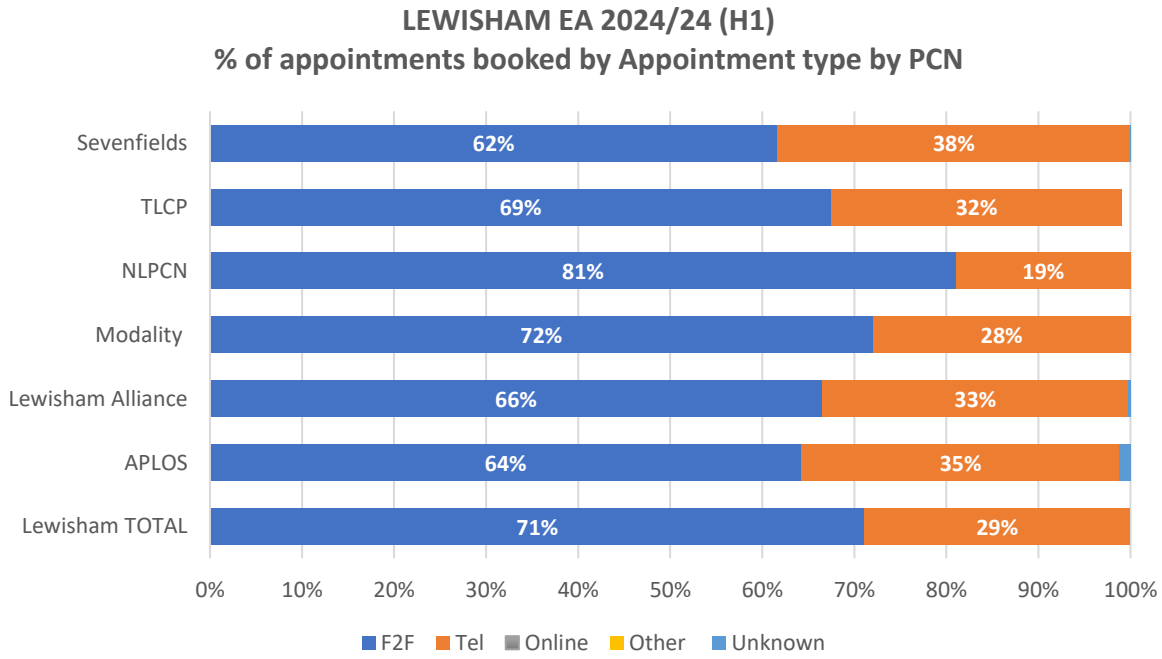
LEWISHAM		APLOS	Alliance	MODALITY	NLPCN	Sevenfields	TLCP	Total
Core requirements	Hours offered	725	621	582	1364	956	852	5074
	Hours required	674.1	620.8	493.3	1200.5	949.7	635.4	4573.9
	% Delivery rate	101%	99.9%	116%	127%	102%	104%	111%
Appointment Delivery	Total appointments	1184	1616	1443	4311	2713	3371	14638
	Total appointments booked	1028	1242	1137	3784	2375	3045	12611
	Total Appointments used	889	1004	1029	3032	1771	2761	10486
	Ave appts per hour offered	1.6	2.6	3.3	3.1	2.8	3.4	2.8
	% prebook able appts	100%	61%	100%	82%	92%	1.0	#DIV/0!
	% Same day/urgent appts	0%	39%	0%	18%	8%	0%	12%
Performance	Booked rate %	87%	77%	79%	88%	88%	90%	89%
	Attendance Rate (%)	86%	81%	91%	80%	75%	91%	83%
	DNA rate	14%	19%	9%	20%	25%	9%	17%
Recovery plans	Total recovery plans implemented (to recoup hours)	0	0	0	0	0	0	0

Demand and capacity



EA Activity – by clinician type





- **50%** of total appointments offered were for GPs compared to 37% nurses, 10% ARRs and 6% other HCPs.
- **49% of** DNA rate relate to nurse appts, GPs (33%), ARRs (8%), Other (10%)

- **71%** of appointments were for face-to-face appointments.
- F2F appointments was the most utilised across all 6 PCNs.
- **21%** DNA rate for F2F bookings and Telephone (6%)
- **94%** attendance rate for Telephone compared to Fa2F (79%)

Please note comparisons are made against each service type and total activity

Service Delivery/ changes

	Changes	Commissioner request
APLOS	No reported changes	No requests
ALLIANCE	No reported changes	No requests
MODALITY	No reported changes	No requests
NLPCN	No reported changes	Escalation of estates issues at Waldron HC
SEVENFIELDS	No reported changes	No requests
TLCP	No reported changes	No requests

Operations and Quality Reporting

South East London Integrated Care System

IT

- Wi-Fi access
- No access to T-quest

Operational

None reported

Estates

Lack of /loss of estates space

Work Force

- None reported

Complaints and Safeguarding

- 2 complaints in Q1 (NLPCN)
- 1 complaints in Q2 (NLPCN)
- 2 significant incidents (NLPCN)

(See overleaf)

Complaints – Q1-2

	Q1(1) NLPCN	Q1 (2) NLPCN	Q2 (1) NLPCN
Source	Patient AS from Deptford Surgery and GP-AN locum GP for NLPCN	Patient OD from Kingfisher Medical Centre	Patient KE from Clifton Rise Family Practice (CR)
Date	24th June 2024	26 June 2024	
summary	Patient was not happy with GP treatment during appointment on 21 June 2024. The GP also made a complaint against Patient AS on the same day of the appointment. The GP alleged that the Patient was so aggressive that he felt the need to use the panic button. Investigation concluded that the origin of emotions (anger, frustration, etc) seemed to be the patient's expectation that the GP would do all the actions as recommended by her the private doctor (including BP check, pulse check, abdominal examination and temperature check) which the GP did not feel he needed to to.	The patient was prescribed the Lifestyle Libre by the nurse (during PCN CVD-focused service during enhanced access hours). Following expiration of her unit, she unsuccessfully tried to get a prescription from her GP surgery and so sent through a complaint.	Complaint received on 12th August 2024 CR. It was in relation to perceived incorrect details about the Patient KE's comments entered into his NHS health care record following his 1st physiotherapist telephone appointment on the 6th August 2024 from 10:20-11am (**not during enhanced access**). Investigation was carried out and it was agreed by that the consultation notes will not be amended. However, the KE was given the option to request the clinician add an addendum to include the points he mentioned in the complaint. The addendum would include the fact that it has be created as per patient's request.
Further issues raised	Technical issues with the SAFE panic button identified and investigated. The panic button was found not to be alerting the correct people in an emergency situation.	Eligibility for continuous glucose monitoring. The PCN was following the NICE CKS guidance to determine which patients are eligible for continuous blood glucose monitoring. The pharmacist at Kingfisher said that their eligibility criteria was different and more restrictive and hence she could not give the patient the prescription. Our ANP spoke to Sarkar from the ICB who confirmed that SEL has its own guidance which is much more limited and so that patient did not qualify for continuous blood glucose monitoring. [This has been accepted by the PCN albeit the fact that it does not do well for a borough with high CVD numbers and patients failing to manage their glucose levels or get regular support from their GP surgeries. The continuous glucose monitoring would help to support self-monitoring.]	Recommended to the physiotherapy healthcare service that they use telephony services that include the provision for recording patient encounters to enable among other things, the assessment, review and improvement of services provided via telephone.
Actions taken	Investigation of both complaints; email sent to PCN Enhanced Access Clinical lead to confirm all steps taken by GP were in line with expectations and did not affect patient safety; Email communications and updates with the patient's surgery; the panic button was correctly programmed by DTL to contact the correct people who are in the building and are able to assist during the EA clinic.	PCN nurses updated as well as their patients including Patient OD.	Letter sent to patient with investigation outcome, option for action and recommendation made.
Resolution	Investigation outcome was communicated to patient's GP surgery; 2WW referral, blood tests, FIT test were correctly ordered by GP during appointment; Panic button sorted	**Not Stated**	Patient did not respond. Matter closed

Significant Events– Q2

	Q2 (1) NLPCN	Q2 (2) NLPCN
Source	Site Incident Took Place: North Lewisham PCN (U53896) or (Y07654) Type of Incident: Cold chain	North Lewisham PCN Supplies room, suite 4 of Waldron Health Centre.
Date	07/09/2024	2nd November 2024
summary	Fridges were switched off by onsite refurb team without prior notice; team did not realise that outage had caused fuses to blow in the wall socket where the main fridges were plugged. Vaccines worth over £10,000 and used for enhanced access were put at risk.	Wednesday, 6th November while clearing and re-stocking the store room, one of the PCN's care coordinators found and reported that patients' specimens were left on one of the trolleys, likely from the Enhanced Access session held on Saturday, 2nd November 2024. Investigations revealed all patients concerned were seen and had their blood and other samples taken by the HCA on duty who carries out the 8 care processes for patients with type 2 diabetes as part of the patients' annual review
Further issues raised		There is extra burden placed on the clinicians at the end of the clinic sessions as they are now expected to clear (and clean) all clinical equipment and consumables from the clinical rooms because the rooms do not belong to the PCN. Although no excuse, it is understandable that some things may be overlooked and/or misplaced.
Actions taken	Vaccine incident was reported to NHS E London; ICARS London; Erfan Kidia; Vaccine manufacturer's contacted, vaccine stability reports made	The HCA was contacted. Patients were contacted for apology and new appointment offered to do re-test.
Resolution	Most vaccine were fine for use off-label	**Not Stated**

Service User feedback

	SU undertaken	Findings
APLOS	Patient Feedback Survey	Not reported
ALLIANCE	Patient Access Survey	Not reported
MODALITY	None reported	None reported
NLPCN	Links via website and text	Not reported
SEVENFIELDS	FFT	FFT feedback is captured via text message. 96% of feedback is good or very good
TLCP	FFT	Not available specifically for EA

Service feedback specific to Enhanced Access is not a contractual requirement. PCNs collate generic access feedback but are unable to break it down to EA specific feedback.

South East London
Integrated Care System

Questions?

Lewisham PMS Premium Dashboard - Quarter 2 (2024/25)

				SS13 - Alcohol Intervention			SS3 - Delivering Co-ordinated Care: Risk Profiling & MDT Working			SS4 - Bowel Cancer			SS5 - Childhood Obesity			SS6 - Post Operative wound and suture removal	SS2 - End of Life			SS14 - Breast Cancer		
PRACTICE NAME	LIST SIZE - All Registered Patients	RAW LIST SIZE - 18+ (1/4/2024)	WEIGHTED LIST SIZE (1/4/2024)	SS13 ALC - LTC patients & AUDIT C NUMERATOR (A)	SS13 ALC - LTC over 16yrs DENOMINATOR (B)	SS13 % LTC patients & AUDIT C	SS3 Target 0.5% of (pts over 18)	SS3 Case management started (Active Care Plans)	SS3 % Active Care Plans	SS4 Verbal advice or letter sent within 1 MTH	SS4 Non-responder BCSP	SS4 % Verbal advice or letter sent within 1MTH	SS5 3-5 yrs attended for pre school booster	SS5 Had weight, height measurement check & BMI centile calculated	SS5 % Had weight, height measurement check & BMI centile calculated	SS6 - Wound & Suture removal activity	SS2 Target 0.3% of (weighted pts)	SS2 Has end of life care plan (Universal Care Plan (UCP)	SS2 % Has end of life care plan	SS14 Verbal advice or letter sent within QUARTER	SS14 Breast screening non attender	SS14 % Verbal advice or letter sent within the QUARTER
Amersham Vale Training Practice	15727	13,833	14,903	721	742	97.2%	69	159	1.1%	44	48	91.7%	36	32	88.9%	54	45	32	0.21%	20	26	76.9%
Ashdown Medical Group	13143	10,116	12,903	895	986	90.8%	51	124	1.2%	49	57	86.0%	32	23	71.9%	52	39	38	0.29%	26	53	49.1%
Clifton Rise Family Practice	4407	3,724	4,861	515	529	97.4%	19	51	1.4%	24	28	85.7%	3	1	33.3%	13	15	2	0.04%	0	10	0.0%
Deptford Medical Centre	4088	3,310	3,989	426	463	92.0%	17	21	0.6%	19	19	100.0%	8	7	87.5%	21	12	9	0.23%	30	30	100.0%
Deptford Surgery	12057	10,372	10,482	351	383	91.6%	52	110	1.1%	23	31	74.2%	17	3	17.6%	42	31	6	0.06%	0	3	0.0%
Grove Medical Centre	12808	10,953	11,290	583	671	86.9%	55	101	0.9%	53	56	94.6%	34	30	88.2%	53	34	15	0.13%	63	69	91.3%
ICO	10167	8,037	10,217	786	1021	77.0%	40	28	0.3%	48	64	75.0%	27	17	63.0%	34	31	1	0.01%	0	30	0.0%
Kingfisher Medical Centre	16367	13,951	14,362	726	769	94.4%	70	200	1.4%	47	73	64.4%	20	6	30.0%	34	43	10	0.07%	0	15	0.0%
Lee Road Surgery	13328	10,106	12,511	532	622	85.5%	51	221	2.2%	29	41	70.7%	35	18	51.4%	31	38	5	0.04%	4	8	50.0%
Lewisham Medical Centre	14715	12,249	13,630	772	810	95.3%	61	100	0.8%	70	78	89.7%	36	16	44.4%	29	41	7	0.05%	0	9	0.0%
Modality Lewisham	36282	29,084	36,679	2812	3313	84.9%	145	197	0.7%	184	201	91.5%	82	43	52.4%	181	110	70	0.19%	30	41	73.2%
New Cross Health Centre	9840	8,217	9,432	642	647	99.2%	41	160	1.9%	53	54	98.1%	22	19	86.4%	31	28	4	0.04%	33	33	0.0%
Nightingale Surgery	6638	4,857	6,102	409	445	91.9%	24	43	0.9%	34	35	97.1%	15	4	26.7%	34	18	3	0.05%	0	14	0.0%
Novum Health Partnership	22162	16,555	20,808	1377	1693	81.3%	83	116	0.7%	108	111	97.3%	70	48	68.6%	68	62	15	0.07%	0	0	0.0%
Oakview Family Practice	6336	4,613	5,762	391	438	89.3%	23	21	0.5%	39	40	97.5%	30	24	80.0%	18	17	2	0.03%	14	17	82.4%
Parkview Surgery	10303	7,346	8,959	509	616	82.6%	37	100	1.4%	30	44	68.2%	40	32	80.0%	32	27	65	0.73%	4	6	66.7%
Sydenham Green Group Practice	15265	12,280	15,232	1062	1325	80.2%	61	48	0.4%	74	113	65.5%	39	19	48.7%	51	46	14	0.09%	0	0	0.0%
The Lewisham Care Partnership	53113	43,189	51,540	3102	3550	87.4%	216	283	0.7%	255	255	100.0%	128	115	89.8%	201	155	172	0.33%	38	45	84.4%
The Queens Road Partnership	9235	7,802	9,725	710	794	89.4%	39	67	0.9%	50	66	75.8%	7	6	85.7%	47	29	2	0.02%	9	10	90.0%
The Vale Medical Centre	16214	12,103	13,964	660	689	95.8%	61	23	0.2%	49	50	98.0%	63	49	77.8%	81	42	22	0.16%	0	14	0.0%
Torridon Road Medical Practice	11863	9,462	11,194	991	1055	93.9%	47	54	0.6%	65	76	85.5%	24	19	79.2%	72	34	24	0.21%	0	9	0.0%
Triangle Group Practice	6686	5,336	6,876	515	591	87.1%	27	36	0.7%	42	44	95.5%	12	12	100.0%	32	21	16	0.23%	2	2	100.0%
Vesta Road Surgery	6623	5,454	6,305	314	329	95.4%	27	20	0.4%	12	32	37.5%	15	14	93.3%	24	19	0	0.00%	3	9	33.3%
Wells Park Practice	12637	9,854	11,792	917	971	94.4%	49	217	2.2%	40	60	66.7%	28	28	100.0%	71	35	15	0.13%	0	3	0.0%
Woodlands Health Centre	10829	7,717	9,720	787	804	97.9%	39	46	0.6%	31	58	53.4%	56	38	67.9%	31	29	0	0.00%	0	7	0.0%
Woolstone Medical Centre	9386	7,252	9,174	632	637	99.2%	36	44	0.6%	50	50	100.0%	18	16	88.9%	39	28	9	0.10%	7	8	87.5%
Grand Total	360,219	287,772	342,412																			

LEWISHAM PEOPLE'S PARTNERSHIP

Discussions and actions from the meeting held on 13th November 2024

AGENDA

Time	Activity
1.45pm – 2.00pm	Arrivals
2.00pm - 2.15pm	What voices do we have at this meeting?
2.15pm - 2.30pm	Integrated Neighbourhood Programme
2.30pm – 2.40pm	Lewisham General Practice Excellence Awards 2024/25 – People's Choice Award 25
2.40pm – 3.00pm	Improving Primary Care
3.00pm – 3.15pm	Break
3.15pm – 3.50pm	Improving Primary Care – Continued
3.50pm – 4.00pm	Any other business and dates for 2024/25 Lewisham People's Partnership Meetings

Voices at the meeting:

Present at the Civic Centre
Anne Hooper – Chair of Lewisham People's Partnership
Caz Fox – Chair, Clement and Pendennis Tenants Association
Carolyn Denne – Lewisham Carers Forum and Local Advisory Committee Member, Healthwatch
Nalan Salih – Lewisham Parent Carer Forum
Camille Hirons – CCPL Community based care
Rachel Ellis – Table Talk
Wendy Osman – Carer
Jean Goodison – Carer and volunteer Lewisham Pensioner Forum (LPF)
Stephen Lawrence – Lewisham Independent Advisory Group / NTCB Lee
Michael Kerin – Healthwatch Lewisham
Leonie Down – SLaM
Simone Myers – SLaM
Chima Olugh – Primary Care team SEL ICB (Lewisham)
Layla Egwenu – Programme Manager – System Transformation & Change - Integrated Programme Management Team
Teresa Rodriguez – SEL ICB Communications and Engagement Manager (Lewisham and Bromley)

Online – MS Teams
Kelvin Whelan – Carer's Consultant for Older Adults with Dementia
Lisa Fannon – Senior Public Health Programme Manager for Health Inequalities at Lewisham Public Health
Alex Camies – Chair, Modality Patient Participation Group Lewisham
Ashley O'Shaughnessy – South East London Integrated Care Board (SEL ICB) Associate Director of Primary Care and Community-Based Care (Lewisham)

Maria Kogkou – Head of Business & Development at Citizens Advice Lewisham
Barbara Gray – Kinaraa
Sue Boland – BLG Mind
Helen Marsh – SEL ICB Head of Communications and Engagement (Lewisham and Bromley)
Shaniqua Pinnock – SEL ICB Communications and Engagement Admin Assistant

Agenda Item 1 – Integrated Neighbourhood Programme

Layla Egwenu, Lewisham INT Programme Manager gave an overview on the programme in Lewisham and next steps for engagement.

- What are Integrated Neighbourhood Teams (INTs)
  INTs are designed to meet the holistic needs of their local population, teams based in the neighbourhood are drawn from a range of partners across the community. INTs are a way of working together as professionals and as a local community to ensure people get the right care, at the right time, in the right place, from the right people, first time and to tackle health inequalities. Partners include health and social care organisations, community organisations, residents and patients.

- What does an INT look like at Place level? Local partners:
  - **Collaborate on projects** which focus on preventing common health conditions and addressing health inequalities
  - **Work together** to address wider determinants of health locally
  - **Look for opportunities** to better join up the system for the benefit of patients with complex conditions

- INTs in Lewisham currently focus on **managing and preventing four key conditions** due to high prevalence and impact on long-term health: **diabetes, hypertension, atrial fibrillation (AF), and chronic kidney disease (CKD).** The goal is to reduce risks, improve condition management, and enhance health outcomes for individuals and communities.

- **INTs offer multiple benefits**, including having the right expertise to meet community needs and measuring the effectiveness of their initiatives. They will also build on existing programs, such as SLAM's hypertension initiative, and collaborate to address broader health factors like housing and financial support. This integrated approach aims to enhance patient care overall.

- Patients within INTs are grouped by complexity:
  - Low complexity: generally healthy but at risk of long-term conditions.

    - Medium complexity: at rising risk of three or more long-term conditions.
    - High complexity: managing multiple chronic conditions and additional vulnerabilities.

- Community engagement is key for INTs. The engagement plan has covered:
    - Waldron Community Stakeholder engagement event
    - Neighbourhood Three Partnership
    - INT Neighbourhood Marketplace event
    - Plans for further engagement include:
        - Co-design with Key stakeholders, specifically VCSE including Black Led Organisations. Attendance to Black Voluntary Sector Network in November to ensure perspectives and insights from the opportunities for action of BLACHIR. There are plans to commission preventative health and support services to the population reflected in the BLACHIR report, opportunities for action, theme 6.
        - Co-design sessions with recruited lived-experience residents to reach a wide demographic. With drop-in sessions for information and support for applications in December 2024 and January 2025.

Members in the group shared:

- Nalan - To consider involving young people with special needs (SEND), young adults (18-25) with chronic conditions or autism, and those with severe mental health issues and disabilities, especially those under 25. Annual health checks for young people were highlighted as a priority.
- Leonie – There are other co-design projects in the NHS. Layla added the co-design process aims to engage neighbourhoods, encouraging them to learn from each other and adapt services to local needs.
- What about mental health? Initially, the focus will be on cardiovascular health and health inequalities, with mental health as a future priority.
- Somaya - Importance of engaging a broad community, including colleges, young adult carers, young black men, and minority ethnic young carers, in design efforts. Prevention efforts around cardiovascular health, mental health, and support for adult parents with chronic conditions are also essential.
- Kelvin – Why is dementia not considered in the project at this stage? Layla explained dementia is already supported by the Lewisham Frailty Team.

- Alex – Communication - Some patients feel obliged to use online methods and they may face challenges, particularly those without access to digital resources. There is also need for standardisation for GP surgeries, they work in diverse ways.
- Caz - Patients with multiple conditions or difficulty understanding forms often struggle with paperwork, highlighting the need for flexible communication options to support everyone effectively.
  Layla clarified communication and ways to be contacted were part of the next steps of the programme and co-design sessions.

Agenda Item 2 – Lewisham General Practise Excellence Awards 24/25

Chima Oluh shared information on the second edition of the Annual General Practice Awards, organised to recognise outstanding contributions from GP practice staff in Lewisham. This is open to both clinicians and non-clinicians. Award categories include:

- GP Practice of the Year
- Practice Manager of the Year
- Innovation in Health Project
- People's Choice Award, which allows Lewisham residents to nominate general practice staff.

This year's nominations are open via an online form which will be open until December 16th. The award ceremony is scheduled for January 31st.

Lewisham General Practice Excellence Awards 2024/25 - Public Vote

Agenda Item 3 – Improving Primary Care

Ashley O'Shaughnessy, Associate Director of Primary Care and Community-Based Care in Lewisham, introduced the Five Year Plans for Primary Care. This is a long-term initiative with Lewisham People's Partnership aimed at improving primary care services in Lewisham over the next 5 years (2023-2028). The main goals are:

- to enhance access to primary care
- address ongoing issues related to GP services
- shift the primary care model to improve the overall health and well-being of the community.

A key aspect of the initiative is community engagement, with a strong emphasis on gathering feedback from residents to ensure that their voices influence decision-making. The partnership recognises:

- the importance of establishing clear objectives for engagement before decisions are made
- that different forms of engagement are necessary

- one-size-fits-all feedback system is not sufficient for the diverse needs of the community. Additionally,
- a feedback action plan needs to be developed, ensuring that there is clarity on who is responsible for providing responses, and that there is accountability in how feedback is processed.
    - Engagement activity – clear objective
    - Engagement ladder and method of evaluation
    - How to collect feedback
    - Who is responsible for follow-up answers, and time.
    - How and with who we share

Michael reminded that Healthwatch plays a critical role in this process as an independent voice in the health system. Healthwatch's commitment to the local community is vital, and it is essential for the organization to collaborate with existing mechanisms rather than creating new bodies for engagement. This ensures that resources are used effectively and that input from the community is consistently fed back into the system. One of the main challenges for local organizations is the limited resources available to address the needs of the community. This makes it essential to make the best use of existing resources before replicating services or introducing new ones.

Additionally, Healthwatch has conducted studies highlighting issues like digital exclusion and the specific needs of vulnerable groups. These studies show that there are significant gaps in access to services for certain populations, which must be addressed. Coordination with the voluntary sector is also seen as crucial to this process, as it allows for better collaboration and sharing of resources. However, both Healthwatch and the voluntary sector face challenges in engaging effectively across Lewisham's six neighbourhoods.

Caroline took the opportunity to thank Ashley for his presentation at the Unpaid Carers Forum.
Sue mentioned it is important to train staff and increase awareness to support patients and get feedback.

The NHS Five Year Forward View aims to create a more patient-centred and responsive primary care system by addressing key issues such as GP access, improving community engagement, and making better use of existing resources. The collaboration with Healthwatch and the voluntary sector, along with a strong focus on feedback and accountability, will be central to achieving these objectives.

Community and Engagement Plan

Ashley continued and shared information on the Communications and Engagement Plan. The plan aims to enhance access to primary care by consolidating activities and improving communication strategies.

Co-designing communication materials in collaboration with various stakeholders. The goal is to emphasise the wider primary care team, which includes not only GPs and nurses but also prescribers and clinical pharmacists. This approach ensures that the public is aware of the broad range of services available within primary care, not limited to traditional roles. It is essential to clarify how GP practices operate and the elements that can be influenced by the partnership.

- GP contracts are agreed nationally – there is limited flexibility at local level
- Workforce – We are not able to influence
- Specific services – We are able to promote uptake using incentives, based on data for local needs
- GP practices standardisation – There is an opportunity to adapt to local needs

Shift in how general practice access is provided: Practice new roles and new model of access. Traditionally, patients would call on Monday mornings to book an appointment, but this model is transitioning to a triage system. Under this new model, patients can access care through reception, phone, or online consultations, and they will be directed to the most appropriate clinician or service based on their needs. However, communication improvements are necessary to ensure that patients understand this change. While individual practices have communicated this shift, there is a need for a more consolidated communication campaign to manage patient expectations about access. There is national engagement and we will have a localised campaign.

Promoting self-care and self-referral options for patients. Many patients can manage some health issues independently, such as self-referring to podiatry or physiotherapy services. The NHS app plays a crucial role in facilitating this process, allowing patients to manage repeat prescriptions without needing to visit a GP. Additionally, proxy access for carers should be communicated effectively to ensure that caregivers can manage appointments and prescriptions for those they care for.

The role of wider primary care services, such as community pharmacies, is also being highlighted in the plan. The Pharmacy First initiative encourages patients to visit pharmacies for managing specific conditions, and pharmacies are also being leveraged for services like blood pressure checks. There is also consideration of dental and orthotic services, acknowledging these services often operate under different commercial models. This needs to be considered when integrating them into the broader primary care system.

Promote NHS App and Repeat Prescription. Patients can use this system to book appointments, access test results and order repeat prescriptions.

The group raised the following Points raised regarding improving primary care:

Issues with Communication from Healthcare Providers:

- Lack of Proactive Information: Receptionists and healthcare providers often do not offer enough proactive information to help patients navigate services.

Challenges in Pharmacy Services:

- Concerns about Pharmacy Closures. The closure of pharmacies, due to redevelopment, creates gaps in service, especially in underserved areas.
- Pressure on Pharmacies under NHS Demand: Pharmacies are increasingly under strain, making it harder for them to maintain adequate service levels.

Issues with Pharmacy First Services:

- Lack of Visibility: Patients often find it confusing to access or understand Pharmacy First services because they are not clearly advertised or explained.
- Inconsistent Services: Some pharmacies do not offer services such as blood pressure checks for patients already on medication, which leads to a lack of consistency in care provision.

Communication and Support for Pharmacies:

- Need for Clear Communication: It is essential that pharmacies communicate clearly about the services they offer, including vaccinations, blood pressure checks, and other health services.
- Pharmacy Advertising: Pharmacies should actively promote the services they provide to ensure that patients are aware of the options available to them.

Role of Local Authorities:

- Local authorities play a significant role in supporting pharmacies to ensure services are accessible and available to all community members.

- Pharmaceutical Needs Assessment: This tool helps evaluate existing pharmacy provision and identify gaps, ensuring that local services meet the needs of the population.

Digital Inclusion

- Avoiding Exclusion Due to Lack of Digital Access: It is important not to exclude individuals who do not have access to digital resources like smartphones or email.
- Inclusive Engagement: Efforts must be made to engage all individuals, regardless of their access to digital tools, ensuring everyone has an equal opportunity to participate and provide feedback.

Feedback Mechanism

- Concerns about Lack of Feedback: Participants in meetings often feel ignored when they do not receive any follow-up or feedback after providing input.
- Value of Feedback: Older adults are concerned about wasting time on meetings if their input is not acknowledged or incorporated into future plans.
- It is critical to ensure that feedback from participants is not only collected but also actively incorporated into the planning and engagement process.
- Utilising Traditional Methods: In addition to digital channels, traditional engagement methods should be used to ensure broader participation, especially for those who are less digitally connected.

Next steps:

• Outcomes from the meeting to be shared with the Lewisham Health and Care Partners Strategic Board

AGENDA ITEM 4 – Any other business and dates of future meetings:

- Lewisham Health and Care Partners seeking residents with long-term conditions. Looking for individuals with experience in cardiovascular or respiratory services Information will be circulated to attendees.
- **15th January 2025 –** 10.00am to 12 noon - in person at Lewisham Civic Centre, (Committee Room 3) and online
- **5th March 2025** – 14.00 to 16.00 - in person at Lewisham Civic Centre, (Committee Room 3) and online

Date of Meeting	Agenda Item	Presenter
6th Jan - Cancelled		
3rd Feb - Online (Extended) Beckie to chair	Good News Stories	ALL
	ED Front Door issues	Jen Cassettari
	Highlight Report: Autism Deep Dive	Dorett Davis & Simon Whitlock
	Highlight Report: MH Community Pilot Update	Kenny Gregory & Lesa Bartlett
	Paws, Older People Update	Sirajul Islam, Integrated Commissioning Manager
	SDIP transformation BC 205/26	Tom Hastings
	Review Risk Register	ALL
	AOB	ALL
3rd March - Online Laura to chair	Outpatients	Tom H
	Health & Inq	?
	GP Access	AOS
7th April - Online Beckie to chair	N'hoods	Fiona K / Layla
	Long term cnd	Jonathan
	SDEC/UCR	Amanda L

Place Executive Lead Action Tracker
Commenced - 2nd December 2024

Date of Meeting	Agenda Item	Description	Responsible	Deadline	Update	Completed Date
02/12/2024 - Online	(Agenda item 2) Highlight Reports:	UEC / UEC front door building works: Amanda Lloyd & Jen Cassettari. AL highlighted that there will be a new post and going out for advert with the view that potentially the new post will provide support to the wider system	KG/LJ/AL to look at the JD for the new post	6th December		
	(Agenda item 3) Lewisham Start for Life Perinatal Mental Health and Parent-Infant Relationship Programme: Evaluation and plan for future investment:		SR / SMh & LB to pull together a business case on what the programme has been able to do and potential shortcomings.	3rd February 2025		
	(Agenda item 4) Review Risk Register		AOS to circulate wording around the 'Community Dermatology Service - waiting times' issues to identify what the issues are.	3rd February 2025		
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
04/11/2024 - Online	(Agenda item 2) Highlight Reports	Was agreed for the Community Pilot project to come back to a future meeting	KG/AA to come back to provide an update	3rd February 2025		
		It was agreed for the two highlighted risks to be added onto the PEG risk register:- - Placement overspend has a financial risk, which has an impact on SLaM, Local Authority and ICB recognising that is doesn't have an impact on all partners but does have an impact on majority of our LCP age partners noting the MH Alliance Committee are in works to secure a plan to mitigate the risk. - ED risk potentially needs to be reviewed in terms of presentation and flow in which has an impact on ICB, Local Authority and the Acute sector recognising been an ongoing risk and with systems in place to mitigate the risks but will have a impact on those that are fit for discharge and wait times in ED.	KG to come back to provide an update in terms of Placement overspend	3rd February 2025		
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
07/10/2024 - In Person	(Agenda item 2) Highlight Reports	Helen Laing agreed to come back to a future meeting to feedback from Self-referral for Physiotherapy Pilot	LW/HL	7th April 2025		
		Scott Pendleton to come back to a future meeting to share service plan in terms of which services and where they fit.	LW/SP	6th January 2025		
		JMc/LJ/BB to touch base in terms of how Respiratory would fit into PEG	JMc/LJ/BB	6th January 2025		
		It was agreed for MH/Children Highlight Reports and to do a deep dive around Autism and ADHD	LW/Simon Whitlock and Dorett Davis	6th January 2025		
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
02/09/2024 - Online	(Agenda item 2) Highlight Reports	agreed LJ would touch base with FK in terms of MDMs/attendance and to come back to the 2nd of December meeting around Neighbourhoods, model of care and how can we involve patients in delivering the work.	LJ	2nd December		
		SR agreed to come to a future meeting to give an update in terms of CYP & Adults.	LW/SR	On going		
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
	20/07/2024	Agreed that director of housing, Lewisham Council needs to be brought into the conversation regarding system intentions. LJ to arrange.	LJ	On going	07/10 - LJ to touch base with Ellie Eghtedar to attend a future meeting. 02/09 – Action to remain open, KG to provide update at next PEG Meeting on 7th of October or beforehand. Action from PEG meeting held on 2nd October 2023. 10.06 KG raised at a LBL meeting but will go back to ask who from housing will be able to attend PEG.	

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
04/11/2024 - Online	agreed a touch point meeting to be scheduled between JH/AL/LJ and MC with potentially someone from acute	LJ/MC	2nd December		2nd December
	MC/RS to touch base around pop health data.	MC/RS	2nd December		2nd December
	Agreed MH Pilot needs to be added onto MH intentions	LJJ	2nd December		2nd December
	The working on the community dermatology risk needs to be revised and consolidated into one	AOS/LJ	2nd December		2nd December

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
07/10/2024 - Online	LJ agreed to take the principles to discuss at a future LCP meeting to get Primary Care and voluntary sector input.	LJ	7th October	Being managed through the Lewisham & Peoples Partnership	4th November
	LJ to set up a SDIP focused meeting which will also discuss where MSK reports into and look at other services and to look around how dermatology fits together	LJ	4th November	SDIP meetings have been schulded, which will cccur the third Monday of every 1 month, these meetings will support the development of the community services, agree SDIP funding for next year and pick up on areas where are unclear where they fall too.	4th November
	LJ agreed to take the principles to discuss at a future LCP meeting to get Primary Care and voluntary sector input.	LJ	7th October	Being managed through the Lewisham & Peoples Partnership	4th November

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
20/07/2024 - In Person	TH mentioned around including planned care and elective care in some capacity via the programmes as sometimes this can get lost – is there something specific for Lewisham residents such as MSK in order to do some coherent planning. BB agreed with TH and mentioned health inequalities work in the surgical pathway and bringing this to this meeting.	LJ/BB/CH	7th October	07/10 - Action to be closed as agenda item 02/09 – Action to remain open and to be Include as part of the future agenda.	7th October