Lewisham Local Care Partners Strategic Board
Date: 30 May 2024, 14.00-16.00 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Tom Brown

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 14 March 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**				14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	To Note	14.10-14.15 5 mins
	Delivery				
4.	**SEND assessment framework**	Enc 4	Reinhild Onuoha/ Paul Creech	For Discussion	14.15-14.30 15 mins
5.	**Lewisham Five Year Forward View 2024/25 refresh**	Enc 5	Kenny Gregory	For Approval	14.30-14.45 15 mins
6.	**High Intensity User (HIU) contract award notification**	Enc 6	Yvonne Davies	To Note	14.45-14.50 5 mins
7.	**Health & Wellbeing Charter**	Enc 7	Charles Malcolm-Smith	For Endorsement	14.50-15.00 10 mins
8.	**People's Partnership update**	Enc 8	Anne Hooper	To Note	15.00-15.10 10 mins
	Governance & Performance				
9.	**Corporate Objectives**	Enc 9	Laura Jenner/ Chima Olugh	For Discussion	15.10-15.25 15 mins
10.	**Provider Selection Regime (PSR) update**	Enc 10	Corinne Moocarme	For Decision	15.25-15.35 10 mins

11.	**Risk Register**	Enc 11	Ceri Jacob	For Discussion	15.35-15.45 10 mins
12.	**Finance update**	Enc 12	Michael Cunningham	For Discussion	15.45-15.55 10 mins
	Place Based Leadership				
13.	**Any Other Business**		All		15.55-16.00 5 mins
					CLOSE
14.	**Date of next meeting (to be held in public):** • **Thursday 25 July 2024 at 14.00 hrs via Teams**				
	Papers for information				
15.	**Minutes of:** • **People's Partnership meeting (23/04/2024) (Enc 13)** • **Primary Care Group Chairs Report (Enc 14)** • **Place Executive Group (PEG) (05/02/2024) (Enc 15)**				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 14 March 2024 at 14.00 hrs

via MS Teams

Present:

Michael Kerin (MK) (Chair)	Healthwatch Lewisham representative
Tom Brown (TB)	Executive Director for Community Services (DASS) LBL
Anne Hooper (AH)	Community Representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham
Dr Helen Tattersfield (HT)	GP, Primary Care Representative
Fiona Derbyshire (FD)	CEO Citizens Advice, Voluntary Sector Representative
Dr Prad Velayuthan (PV)	Chief Executive One Health Lewisham
Pinaki Ghoshal (PG)	Director of Children's Services, LBL
Vanessa Smith (VS)	Chief Nurse, SLaM

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director Primary Care, SEL ICS
Yvonne Davies (YD)	Primary Care Commissioning Manager, SEL ICS

Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Folake Jacobs (FJ)	SEND Designated Clinical Officer
Sara Rahman (SR)	Director of Families, Quality and Commissioning
Jessica Arnold (JA)	Director of Delivery, SEL ICS
Sarah Greig (SG)	Programme Manager – Transformation, LGT
Kathyrn Griffiths (KGr)	Lewisham & Greenwich NHS Trust
Sandra Iskander (SI)	Deputy Director of Strategy (representing Neil Goulbourne), LGT
Barbara Gray (BG)	Kinaara
Kenny Gregory (KG)	Director of Integrated Adult Commissioning

Apologies for absence: Dr Simon Parton, Neil Goulbourne

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 25 January 2024** Michael Kerin (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. MK advised the meeting Housekeeping rules to attendees. Declaration of Interests – There were no new or amended declarations of interest. MK noted the conflict of interest management for agenda item 6; HIU contract modification. Dr Prad Velayuthan, Chief Executive OHL, would not participate in any discussions and would not be a voting member for this agenda item.	

	Apologies for absence were noted as detailed above. Minutes of the Lewisham LCP Strategic Board meeting held on 25 January 2024 – these were agreed as a correct record. Action log – updated. **The LCP Board approved the Minutes of the meeting held on 25 January 2024.**	
2.	**Questions from members of the public** MK acknowledged the question *(and SEL ICB response)* from a member of the public which had been submitted at the previous LCP Board meeting on 25 January 2024. The question had concerned GP and Pharmacy provision in the Forest Hill area. A redacted (anonymised) copy of the question and the SEL ICB response will be attached to the Minutes as Appendix A. CJ advised the issue regarding GP provision had been raised at the Mayor and Cabinet and a formal response from the ICB is being provided. CJ also clarified the pharmacy closure issued had been flagged with Dr Catherine Mbema (Director of Public Health, LBL) for consideration as part of the Pharmacy Needs Assessment (PNA).	
3.	**PEL (Place Executive Lead) report** Ceri Jacob presented the agenda item. The PEL report was taken as read. MCR update Final interviews now until the end of March to populate the new structure. Any vacancies unfilled at that point will go out for general recruitment. The next phase will focus on embedding new ways of working both within the ICB and across the ICS. This is being developed by the ICB OD team.	

	TOR update Terms of Reference (ToR) – it had previously been agreed that the LCP Board should be more reflective of the local population and that a black led VCSE organisation should be approached to fill a vacant VCSE position on the Board. Following discussions it was agreed that this role will be shared across two organisations; KINARAA and S.I.R.G, starting from 1 April 2024. A PMO joint approach with LGT has been established over the last year, benefits noted with regards to community services and targets/needs from the UEC Board. A review of the shared PMO will be undertaken through 2024/25. Joint Housing protocol – this links to work to improve discharge processes in Lewisham. People becoming homeless during a hospital stay is an ongoing issue and can lead to prolonged delayed discharges. Southwark law centre provide legal advice in respect of people with no recourse to public funds who have nowhere to be discharged to. HT queried if it is a housing association not the local authority (LA) how would we work with that? CJ advised Lewisham Homes has recently been "in-housed" by the LA and we do work closely with Phoenix Housing as well. The protocol will be with the council. HT noted that there is limited LA housing in Downham. CJ said the protocol would help us to work with other providers on these issues. KG updated work would be phased, Lewisham Homes has now become part of the LA housing team. The work of the Local Strategic Partnership (LSP) will lead to better community engagement and closer working with the Housing Associations. MK noted the links between housing and health which are significant. FD advised she had previously undertaken a project to support hospital discharge and had worked with all the local housing associations.	

	PG noted the nomination rights between different Housing Associations. The LA has a responsibility for the homeless population as well. It was agreed that it would be helpful to have a more detailed discussion about housing and it's links to health in a future meeting. MK noted the links to the Health & Well Being (HWB) strategy. **The Lewisham LCP Board noted the PEL report.**	**TB/CJ**
4.	**System Intentions 2024/25** Jessica Arnold presented the agenda item. Slides shared on screen. Background to the paper given to the Board. Slides detailed developing Lewisham's System Intentions for 2024/25. JA noted the committees the proposals had been discussed at. System Intentions were presented at the LCP Board for approval. JA highlighted the mix of schemes and priorities within the document. There is a real commitment to the patient and public engagement for this work. The groups involved are the engine rooms and encompass a lot of colleagues with varied skills and knowledge from across the Lewisham system. The system intentions are expected to impact in the longer term. HT advised her practice had lost its community respiratory service which does not fit with a stated focus on respiratory services. JA responded that there are four weekly community respiratory clinics in place. The change relates to cessation of two replacement clinics set up during Covid. JA mentioned workforce, space and equipment and the need to look at effectiveness of the service in terms of skill mix and times of the clinics. JA noted primary care support would be there going forward. HT felt the review did not solve the immediate problem. CJ clarified to the LCP Board there had been 4 clinics previously at Lewisham & Greenwich NHS Trust (LGT). Due to Covid 2 had been stood down to create capacity within the Trust to deal with Covid with OHL temporarily providing two clinics during this time. Therefore the	

	number of clinics has remained the same but are now all with the original provider. CMb commented on advice within primary care and noted the importance of BLACHIR locally. We need to make that explicit. Barbara Gray from Kinaara queried an action plan. JA advised this is a summary of many action plans. BG further commented that Lewisham has the largest Black African and Black Caribbean population and it is important to involve the VCSE sector and to ensure we are referencing and addressing BLACHIR recommendations. JA said this was summarised in the full document. We can present the system intentions to other organisations (including VCSE groups) if requested. BG noted that Kinaara are here to support black led VCSE organisations and bring them together. Kinaara is happy to help with promoting conversations at an early stage. JA noted CMb point that it is a document that may change through the year as new priorities emerge. FD said there was absolutely a role here for the VCSE sector as some initiatives are struggling with engagement. Need to consider some element of funding as well. Can leverage a borough wide forum event if needed. MK stated this shows the value of the VCSE sector. FJ noted there were a good range of priorities in the presentation and queried if children and young people (CYP) ages 0-25 with SEND were included? For example, transition with long term conditions (LTC) with complex conditions like mental health into adulthood from children's services. Consideration is needed for employment, independence and social inclusion. JA reminded FJ the document was not the only work underway in Lewisham. Sara Rahman stated she was happy to discuss with FJ offline about work underway in the CYP team.	

	CJ summarised the document and noted other work taking place outside of the priorities highlighted. MK noted that at some point the financial aspects would need to be considered for inclusion. **The LCP Board approved the System Intentions 2024/25.**	
5.	**Hypertension business case** Jessica Arnold and Sarah Greig presented the agenda item. JA gave the background to the agenda item and noted only half of our population who have hypertension have this illness well controlled. Some 20,000 patients are at risk from this. SG presented the slides which were shared on screen. Hypertension is one of the main risk factors for heart attacks and strokes. Work is focussing on those patients already diagnosed. Noted there are a number of undiagnosed cases as well and that this will be the focus of a future piece of work. SG highlighted the data on management figures across the SEL boroughs. In particular it was noted that, despite more people with hypertension in Lewisham are white, it is in our Black African and Black Caribbean population that we see most uncontrolled hypertension. SG outlined the aims and objectives. The initiative is intended to increase the number of hypertensive patients in Lewisham whose hypertension is controlled from 55% to 77% in accordance with NICE standards. The plan is to work in partnership with the VCSE sector and identify the local barriers and enablers. The programme scope will encompass three priority workstreams: • Primary care enhancement • Public engagement • Community approaches The work also addresses some of the Opportunities for Action (OFA) set out in the BLACHIR report. Budget breakdown slide noted by SG. SI noted the population health team had been spoken to and mentioned CKD (kidney disease) and diabetes would also benefit from further investment.	

	BG mentioned more focus on enabling those in the community most at risk to benefit from this initiative. AH welcomed the patient engagement element. JA summarised, £120k primary care resource set out within the bid will be spread across all practices. There will also a training offer to a wide range of colleagues. Funding beyond the first two years will be dependent on the impact this scheme has on hypertension control in the borough. SI mentioned other test specific interventions for patients with multi-morbidities and would discuss with JA. **The LCP Strategic Board approved the Hypertension business case.**	**SI/JA**
6.	**HIU (high intensity user) contract modification** MK noted the COI management again for this agenda item. Ashley O'Shaughnessy and Yvonne Davies presented the agenda item. The service is currently delivered by OHL. A Single Tender Waiver had been issued previously. Procurement commenced, but an error in procedure occurred. The decision was made to abandon the procurement and begin a new procurement process. YD updated that the failed procurement had resulted in a 12 week delay which could lead to a gap in provision. Changes to the Provider Selector Regime (PSR) were noted. These changes mean a Single Tender Waiver was not an option for the contract gap. An options paper had been submitted to the LCP Senior Management Team. The preferred option was a 3-month contract modification with the current provider. SMT endorsed the recommendation. This rationale allows continuity for patients. The LCP is in the process of awarding a new contract. **The LCP Board approved the HIU contract modification.**	

7.	**Risk Register** Ceri Jacob presented the agenda item. The main areas were summarised in the cover paper. Pressures on primary care and Brymore intermediate care beds noted as areas that will be included in the next iteration of the risk register. JA commented on the risk for virtual ward utilisation. The rating has dropped now and will be amended in the next version to reflect this. **The Board noted the Risk Register update.**	
8.	**People's Partnership update** Anne Hooper presented the agenda item. The report was taken as read. Since last time the PP had an excellent 2 hr meeting to discuss system intentions. Number of important broader issues noted as well for future discussions. Also, conversation around the language and reference to BAME and what that means to communities. The People's Partnership started last year and a year one review has commenced. The Lewisham Health & Well Being (HWB) Charter work was noted. There have been some challenges which were expected and there is still work to do to improve engagement in all our communities. The People's Partnership will look to build on the successes for year two. AH thanked everyone for their input into the People's Partnership. CJ said it needed now to be moving into a space where it informs LHCP decisions rather than simply responding to requests. AH advised the partnership has been looking at how to move to a position where they worked in this way and that it was the preferred direction of travel. SR commented on a review of the youth offer and the VCSE sector. There is a link between developing and supporting services and part	

	of this review is about targeted services. SR advised there was a round table meeting tomorrow to look at where the gaps are and she will follow up with AH offline. BG advised she has started attending the meetings and can see the links. MK noted the new connections and these should continue to evolve. It is important that the People's Partnership moves into a more proactive agenda rather than just being reactive. AH advised the partnership has learnt the importance of understanding the LHCP focus. This will be part of the review. An update will be provided at a future LCP Board meeting. **The LCP Board noted the People's Partnership update.**	**SR/AH**
9.	**Terms of Reference (ToR)** Charles Malcolm-Smith presented the agenda item. CMS highlighted the background to the agenda item and detailed a couple of proposed changes. The ToR now includes speciality VCSE representation from a black led organisation to be included in the membership. Will also look to formalise the chair and co-chair arrangements which have been in place for the last year. MK queried if the ToR followed a standard model across SEL. CMS advised yes, this happened when established as an ICB. BG asked if the Black VCSE could have 2 places rather than 1 across 2 people. BG noted this would be more reflective of the size of the black population in Lewisham. CJ advised that a meeting was already in place to discuss points raised by BG and that this would include Sabrina Dixon from S.I.R.G. MK noted the Healthwatch comments on one of the charts in the draft ToR which CJ would incorporate. MK explained that he had sent an email to CJ acknowledging community engagement and the People's Partnership but noting that Healthwatch has a statutory responsibility	

	to engage, so engagement is not solely through the People's Partnership. **The LCP Board approved the Terms of Reference.**	
10.	**Finance update** Michael Cunningham presented the agenda item. MC updated on the delegated budget for Lewisham at Month 10. Lewisham is expecting to achieve it's control total with the support of non-recurrent measures. Prescribing and continuing health care (CHC) budgets have been the most volatile. MC noted that 2024/25 will be financially challenging and that the LCP is still in the planning stage for 2024/25. In light of financial pressures across the ICB, there will be regular review meetings between the CFO and PELs and directors through the year. MC noted the LA position. Material pressures are in CYP and adult services. The ICB overall is expecting to achieve its control total for the 2023/24 year but there are significant challenges going into 20204/25. There will be significant scrutiny from the regional and national team, which reflects the scale of challenge in 2024/25. TB noted and agreed with the challenges faced by adult social care (ASC), CYP (children & young people) and CHC (continuing health care). This emphasised the need to focus and act on the prevention agenda for example, offering mental health interventions earlier and the hypertension work noted earlier. AH noted the very challenging situation financially wondered what impact this could have on the Lewisham community. MK acknowledged the challenges but noted the potential end year budget surplus. MC clarified that in Lewisham we started the year with	

	a break-even position. At month 7 there was an underspend of £65k. At Month 8 major there was a national re-forecast exercise with national funding provided to support providers with costs incurred through industrial action money and this had led to the budget surplus. Reserves of £2.2m in Lewisham were passed to the SEL overall position as the LCP had achieved its plan. BG spoke about the focus on prevention and core20plus5 and working with the VCSE sector which would deliver benefits. The community need to own their own prevention and management. Kinaraa and the population want to see improvements to health. FD said if looking for empirical evidence on giving advice the VCSE sector can offer this effectively and reduce pressure on the NHS. CJ agreed that prevention has to be way forward that partners should use the opportunity to work as an ICS. With regards to impact on the communities, this is a risk that investment in community based care is restricted. **The LCP Board noted the Finance update.**	
11.	**Any Other Business** No items raised. Meeting closed 15.52 hrs.	
12.	**Date of next meeting.** Thursday 30 May 2024 at 14.00 hrs via Teams.	
13.	**Minutes of previous meetings** MK noted the documents attached for information.	

APPENDIX A

Question received via email 25 January 2024

What is the advice of board members to the thousands of residents of Forest Hill Ward like me who have mobility disability and multiple LTCs? How can we access any NHS services on foot with the closure this month of Boots, the last pharmacy in Forest hill Ward? We are already the only Lewisham ward without a GP surgery. Should we walk for 20 minutes plus along the south circular to access services or climb the steepest hills in South London to access Southwark services?

I presume there are no Plans to have an actual NHS presence in Forest hill Ward in return for the £500 million plus Lewisham taxpayers pay into the ICS annually. As 'inequality' discussion (30+ mentions of the mantra in your papers for this meeting) seems to be such an overriding priority could there be consideration of the geographical inequality we suffer?

Response sent

We are aware of the concerns that have been expressed by residents of the Forest Hill Ward about access to Primary Care services within the Ward and in addition, the recent closure of the Boots pharmacy in Forest Hill.

The issue of the lack of a GP Surgery within the ward boundaries was raised at the Forest Hill Assembly on the 14th June 2023 where a formal resolution was passed asking the Mayor and Cabinet to note the motion and pass the request to the relevant body (Lewisham Health & Wellbeing Board) for a direct response. This request was agreed by Mayor and Cabinet at the meeting held on the 1st November 2023.

The relevant meeting papers detailing this can be found at:

Lewisham Council - Agenda for Mayor and Cabinet on Wednesday, 1st November, 2023, 6.00 pm

A formal response will be coming back to Mayor and Cabinet on this request shortly.
In specific regards to the closure of the Boots pharmacy in Forest Hill, the ICB has no ability to mandate that this remains open or direct any individuals to provide pharmaceutical services in the area. However, in accordance with Section 128A of the National Health Service Act 2006 (NHS Act 2006) and NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, upon closure of the Boots Pharmacy in Forest Hill, the Lewisham Health and Wellbeing Board will identify if there are any changes to the availability of pharmaceutical services in the area, and therein make a decision on whether to issue a supplementary Pharmaceutical Needs Assessment (PNA) statement or not. The PNA Supplementary Statement is used together with the PNA by individuals who apply to NHS England to be included in a local Pharmaceutical List, to provide pharmaceutical services to the area.

The most recent PNA for Lewisham published in 2023 is available at:

Lewisham Council - How we decide the pharmacy needs of the borough (PNA document) which details the local pharmacy provision in Lewisham and associated considerations. If a PNA Supplementary Statement is issued, this will also be publicly available.

Currently, the nearest pharmacy to the prior Boots Forest Hill pharmacy, is Medicos Pharmacy (Forest Hill Pharmacy), SE23 1HU. This pharmacy is just over half a mile from the prior Boots pharmacy and we do acknowledge this is approximately a twenty minute walk away.

Thank you again for taking the time to contact the Lewisham LCP Board with your concerns.

Lewisham LCP Strategic Board Action Log 14 March 2024

Date of meeting & agenda item:	Action:	For:	Update:
14/03/2024 (3). PEL (Place Executive Lead) report	Joint Housing Protocol – *following discussions by the LCP Board, it was agreed that it would be helpful to have a more detailed discussion about housing and it's links to health in a future meeting.*	**TB/CJ**	Added to the Forward Plan for September 2024.
14/03/2024 (5). Hypertension business case	*Funding beyond the first two years will be dependent on the impact this scheme has. SI mentioned other test specific interventions for patients for multi-morbidities and would discuss with JA.*	**SI/JA**	
14/03/2024 (8). People's Partnership update	Youth offer & VCSE - *SR advised there was a round table meeting tomorrow to look at where the gaps are and she will follow up with AH offline.*	**SR/AH**	

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**30 May 2024**
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.

Chairing of the Lewisham LCP Board
Lewisham LCP Board is chaired in rotation by members of the Board. This reflects the partnership nature of the Board. Each LCP Board member co-chairs for a period of one year, with two members sharing the role at all times.

I would like to thank Michael Kerin for fulfilling the co-chair role over the last year. Michael's stint came to an end March and Vanessa Smith has taken on the role, working alongside Tom Brown.

Revised ToRs
At the March LCP Board, we approved amendments to the ToR to include VCSE representation from Lewisham black led VCSE organisations in in the Board membership. The revised TORs were ratified at the April ICB public Board meeting.

Waldron Centre
The Waldron Health Centre in New Cross forms part of Lewisham's wider vision to improve the delivery and integration of community-based care at a neighbourhood level, raising quality and improving effectiveness of services and building better connections across the health and care system and with our voluntary and community colleagues.

In 2019 the 3rd floor was reconfigured using S106 funding. In 2023, Lewisham LCP was awarded £1,751m by NHSE to redesign and refurbish the ground floor area.

	A dedicated programme board is in place to oversee progress with work delivered through 3 sub-groups; Community Engagement, Service Model Development, Refurbishment. Work has commenced on site to deliver the refurbishment with building works expected to complete in the summer so that it is fully operational again by September. A full update on progress will be presented at a future LCP Board. **Fuller Stocktake Report** In May 2022, the Next steps for integrating primary care: Fuller stocktake report was published. This set out a range of recommendations for primary care and community-based care more broadly. These can be grouped under 3 main headings. 1. **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it; 2. **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions; 3. **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention. The LCP team have carried out an initial assessment of progress against it's plans to deliver the Fuller recommendations and identify priority actions for the coming year. The outputs of this work will be reported to the next Lewisham LCP Board.
Potential Conflicts of Interest	**None**
Any impact on BLACHIR recommendations	Implementation of the Fuller recommendations and development of the Waldron Centre provide opportunities to address a range of Opportunities for Action (OFA) identified in the BLACHIR report. In particular within theme 3 – Children and Young People, theme 4 – Ageing Well, theme 5 – mental health and wellbeing, theme 6 – Healthier Behaviours and theme 7 - Emergency care, preventable mortality and long-term physical health conditions.

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

	Equality Impact	NA for this paper
	Financial Impact	NA for this paper
Other Engagement	Public Engagement	NA for this paper
	Other Committee Discussion/ Engagement	NA

Recommendation:	The Board is asked to note this update.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 4
Enclosure 4

Title:	**SEND Local Area Inspection - Self Evaluation**
Meeting Date:	**30 May 2024**
Author:	Reinhild Onuoha, Folake Jacobs & Paul Creech
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update on the SEND inspection Self Evaluation Framework (SEF) being developed by the SEND Partnership.	Update / Information	
		Discussion	***X***
		Decision	
Summary of main points:	The presentation outlines the key strengths and areas of development identified in the SEF relating to children and young people; and SEND partnership leaders. The SEF will be used as the basis to identify key lines of inquiry for SEND inspectors during the inspection.		
Potential Conflicts of Interest	**None**		
Any impact on BLACHIR recommendations	**None**		

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	NA

Recommendation:	**NONE**

SEND Local Area Inspection – Self Evaluation Framework

Pinaki Ghoshal & Simon Whitlock

Coproduction of our local area self assessment

- Important is to remember that this is a **local area inspection**, not a Local Authority inspection.
- All partners and key stakeholders were asked to provide feedback on the 11 inspection questions which we are judged against. Good engagement from the partnership.
- This feedback was summarised and scrutinised by other partners and a summary was drafted.
- Multi agency group of senior managers met weekly to update the SEF and ensure that the summary provided is reflective of the local area, highlighting areas of strengths as well as areas for improvement.
- Data infographics were added to present the current ‘Lewisham picture’.
- Graphics team is working on a visually appealing layout and the LA team will continue to update so that the SEF is most current at any one point.

11 Inspection questions/criteria

Local Area Send Inspection

1. Children and young people's needs are **identified accurately and assessed in a timely and effective way**
2. CYP and their families **participate in decision-making** about their individual plans/support
3. Children and young people **receive the right help and support at the right time**
4. Children and young people are **well prepared for their next steps and achieve strong outcomes**
5. Children and young people with SEND are **valued, visible and included in their communities**
6. **Leaders are ambitious** for children and young people with SEND
7. **Leaders actively engage** and work with CYP and families
8. **Leaders have an accurate, shared understanding** of the needs of CYP in their local area
9. **Leaders commission services and provision** to meet the needs and aspirations of children and young people
10. **Leaders evaluate services and make improvements**
11. **Leaders create an environment** for effective practice and multi-agency working to flourish

For Children and Young People:

- Their needs are identified accurately and timely.
- They participate in decision-making
- They are well prepared for their next steps and achieve strong outcomes.
- They are valued, visible and included.

Strengths within Lewisham ICB

- 99% Lewisham Special schools have a ‘Good’ or ‘Outstanding’ Ofsted rating.
- Lewisham is a pathfinder of the Families First programme, exploring how to strengthen CYP and family participation.
- Co-location of services within Kaleidoscope (an exemplary centre for CYP).
- The Parent Carer Forum are actively consulted in development plans for SEND.
- CYP Participation groups are actively involved in different service themes, capturing their voice and informing services.
- Ongoing expansion of Special schools and SEN resource provisions, with 280 places added over 3 the last years.
- Annual audit of the safeguarding practices and suitability of all our alternative provisions.
- Lewisham’s All Age Autism Strategy and Support Service has been launched; a needs led service based on the I-Thrive Framework.
- Investment into Mulberry Centre and CAMHS Mental Health at School Team (MHST).
- Partnership work with secondary special schools to deliver training related to neurodiverse young people.
- Ongoing development of the JSNA for SEND, which includes Autism, to capture CYP needs and contribute to future service development alongside co-production.
- In Health Visiting, >90% of babies receive a new birth visit within 14 days. The Physiotherapy Team see 100 % of CYP within 18 weeks of referral.
- 92.4%, the percentage of EHCP pupils remaining in education, employment or training after KS4 remained above both statistical neighbour and England averages.
- The proportions of both SEN Support (36.2%) and EHCP (42.4%) pupils progressing to FE colleges or other FE providers grew in 2022, with both groups now above statistical neighbour averages.

For Children and Young People:

- Their needs are identified accurately and timely.
- They participate in decision-making
- They are well prepared for their next steps and achieve strong outcomes.
- They are valued, visible and included.

Areas for improvement

- To increase SEND resources placements in secondary schools.
- Maximise utilisation of the Family Hubs as a one stop shop for CYP with SEND for support and facilitate early intervention.
- Service redesign of Community Health Services to meet performance targets for EHCNA and other health assessments.
- To develop and launch an Inclusion Statement across all Lewisham schools.
- Prioritise our PFA pathway to ensure that it is clear and robust.
- Review of staffing across CYP Community Nursing who support SEND school and young people by Community Health Services.
- Maximise the newly launched Kaleidoscope website to provide effective advice and support to families whilst they wait for assessments.
- Provide training programmes to families to support and manage needs.
- To implement Lewisham's Talk Matters, a whole school approach to oracy.
- Provide opportunities for work experience for CYP who attend Lewisham's specialist school.
- Preparatory work is being undertaken to involve the Young Mayor and Advisors in commissioning activities.
- Further development of the Local Offer.

Leaders are:

- Ambitious for CYP
- Actively engage and work with families
- Have an accurate, shared understanding of needs
- Commission services and provision to meet needs and aspirations
- Evaluate services and make improvements
- Create an environment for effective practice and multi-agency working to flourish

Strength within Lewisham ICB

- Leaders understand their statutory duties and accountabilities for CYP with SEND.
- Commissioners and services engage on consultation and co-production with CYP and families on specific workstreams / contracts that pertain to SEND.
- Lewisham's engagement session to parent/carers and young people called the 'SEND Factor'.
- Service Users engagement is factored into the commissioning cycle to ensure CYP and Families can contribute to shaping services i.e. for Short breaks, SENDIASS.
- Our Joint commissioning arrangements between the local authority and the ICB are well-established and integrated.
- Ongoing development of the SEL ICB SEND strategy.
- LBL CYP SEND strategy, and LBL CYP Plan with outcome statements is in place.
- SEND data are collected in relation to CYP with SEND which feeds into improvement work.
- SEND Multiagency panels provides a good opportunity for cross-agency working and co-production.
- Recent ILACS inspection reveals that Disabled children benefit from comprehensive assessments and planning.
- Lewisham and Greenwich NHS Trust's Children's Community Health Services is rated "Outstanding "and Maternity Services "Good" with "Outstanding" Leadership.
- SEND partnership forum functions well.
- Parent carer forum involved at all levels.
- Oliver McGowan and SEND training now available to improve the workforce skill sets

Leaders are:

- Ambitious for CYP
- Actively engage and work with families
- Have an accurate, shared understanding of needs
- Commission services and provision to meet needs and aspirations
- Evaluate services and make improvements
- Create an environment for effective practice and multi-agency working to flourish

Areas for improvement

- To establish a SEND Support conference for SENCOs, Headteachers and SEND Link Governors to ensure that our practices are robust
- Re-launch of the SEN Support Toolkit and embed across all settings
- On-going review of the LBL SEND Governance structure.
- To finalise development of the SEND JSNA; and improve the identification of inequalities and barriers to accessing support.
- To finalise development of the SEND multi-agency dashboard
- To ensure effective capturing of the health's EHCNA 6 weeks return data.
- Adapting Community Health Services to improve ASD and EHCNA health assessments waiting times.
- Upskill staff via robust SEND trainings
- Improve workforce capacity and staff retention across the SEND partnership.
- Continue to improve the involvement of CAHMS in the SEND partnership.
- Develop training and support programme to enable implementation of ordinarily available provision (OAP) building practitioner confidence to help increase in demand for EHCPs and inclusion funding.
- Continuously improve leadership engagement and feedback with parents, carers and young people.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Lewisham Five Year Forward View - Refresh**
Meeting Date:	**30 May 2024**
Author:	Kenny Gregory, Director of Adult Integrated Commissioning
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of this paper is to seek the approval of the Five year forward - Refresh	Update / Information	
		Discussion	
		Decision	***X***
Summary of main points:	The Five year forward view refresh articulates the proposed direction of travel and outlines the priority areas for focus over the next 5 years. The document also highlights the progress both in terms of success and key challenges whilst highlight key aspects of learning during the first year of its implementation. The plan aligns with and complements; □ national policy, □ the South East London Integrated Care System strategy, □ the Lewisham Health and Care Partnership priorities □ the Fuller Stocktake report and associated actions. The plan highlights our programme orientated approach to the delivery of the key actions will support our progression against the borough's 5 strategic priorities. Where appropriate revised or new actions have been identified to ensure that we remain on target to achieve our intended outcomes at the end of the Life cycle of plan.		
Potential Conflicts of Interest	**N/A**		
Any impact on BLACHIR recommendations	Delivery of the plan will support the progress against the ICBs and wider systems opportunities for action.		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	

	Lewisham	✓	**Southwark**	
	Equality Impact	Delivery of the plan should support a reduction in health inequalities and indeed this is one of the specific priority areas included as part of the plan		
	Financial Impact	Much of the financial resource that will support the delivery of the plan is associated with national contracts and programmes which come with dedicated funding sources. The plan will also be underpinned by an investment plan which will help inform how we prioritise any locally available discretionary funding.		
Other Engagement	Public Engagement	N/A		
	Other Committee Discussion/ Engagement	SMT		
Recommendation:	**To agree Lewisham Five Year Forward View Refresh document**			

South East London Integrated Care System

Lewisham Borough Overview

NHS South East London

Our population

Lewisham currently has a population of 300,600. It is the 14th largest borough in London by population size and the 6th largest in Inner London. In the next five years our population is likely to rise to over 310,000 and to over 320,000 by 2032. 52.5% of the population are female; 23.5% are 0-19 years of age; 9.5% are aged 65 or over; 67% are 20-64 years of age. The population of very young children aged 0 – 4 is larger in Lewisham than in England.

We have a significantly younger population compared with national averages, with more people aged between 25 and 44. There is a smaller population of those aged 65+. However, it is thought our population growth won't be evenly spread across the ages and we will see an increase in the older population and a slight decrease in the younger population and working age population. Almost half (48.3%) of our population are from an ethnic minority community. Between 2011 and 2031 it has been projected that the size of the population of children and young people 0-19 in ethnic minorities will grow much faster than the rate of children from white ethnic groups.

Health outcomes for our population

For female residents, Lewisham life expectancy (83.2 years) now exceeds the national average (83.1). However for male residents, life expectancy is significantly lower (78.8) than the national average (79.4).

The main cause of death in Lewisham is cancer (28%), followed by circulatory disease and respiratory problems.

Lewisham has lower average mental health scores than London or England. Just over 8% of adults in Lewisham have a recorded diagnosis of depression. This is higher than in London (7.1%). According to the 2020/2021 ONS Annual Population Survey, 29% of Lewisham residents age 16+ reported high anxiety levels, compared to the London average of 24%, and 24% across England.

We are seeing an increase in the complexity of need and those needing care and the number of people living with multiple health conditions is increasing.

Inequalities within our borough

Lewisham is the 63rd most deprived Local Authority in England and within the 20% most deprived Local Authorities in the country. Bellingham, Downham, Rushey Green and New Cross are the most deprived local wards in the borough.
Lewisham's Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. In addition, Black, Asian and Minority Ethnic populations have higher prevalence rates of some mental health conditions, including psychotic disorder and Post-Traumatic Stress Disorder (PTSD), and experience inequalities in access to services. In borough we also see late presentations of lung and colorectal cancers.

Those in poorer health were disproportionately impacted by Covid. For some services, including the uptake of preventative healthcare such as health checks, immunisations and certain cancer screening, Lewisham is still to return to pre-pandemic levels. This is concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and long-standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

South East London Integrated Care System

Lewisham Borough

NHS South East London

What we've heard from the public

Lewisham Health and Care Partners have engaged with stakeholders on the development of this local care plan. Through this engagement, the following common themes emerged.

1. The need to develop a truly integrated way of working across the local system and within neighbourhoods.
2. The need to provide timely and relevant care to children and families at their time of need that is truly person-centred and helps reduce inequalities in access.
3. The need to take a broad lens to access and inequality to better understand what the drivers are and how to address them
4. The need to ensure services are delivered by a happy, healthy workforce and recruitment and retention prioritised.

To support the delivery of this plan, Lewisham has committed to a new, co-designed model of engagement. The model will :

- Support local people to exercise power and contribute as equal partners.
- Build trust by acting on feedback and developing deeper relationships with local people.
- Reduce barriers to engagement (for example language barriers, resource barriers and cultural barriers).
- Work together to achieve more with what we have (recognising funding/time/capacity limitations).

Our People's Partnership will sit alongside and feed into the broader structures of the Lewisham Health and Care Partnership (LHCP) bringing patient and citizen voices and lived experience into supporting the strategy and delivery work of the LCP

South East London Integrated Care System

Lewisham Borough

NHS South East London

Our partnership aims

We are committed to achieving a sustainable and accessible health and care system to better support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Our plan supports the aims of Lewisham's current Health and Wellbeing strategy which are:

1. **To improve health** – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
2. **To improve care** – by ensuring that services and support are of high quality and accessible to all those who need them, so that they can regain their best health and wellbeing and maintain their independence for as long as possible.
3. **To improve efficiency** – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.

Our plan also aligns with our commitment to make Community Based Care:

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

South East London Integrated Care System

Lewisham's priority objectives

NHS South East London

1. To strengthen the integration of primary and community based care	2. To build stronger, healthier families and provide families with integrated, high quality, whole family support services.	3. To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes	4. To maximise our roles as Anchor Organisations, be compassionate employers and build a happier, healthier workforce	5. To achieve financial sustainability across the system
We will work together in collaboration and with the communities we serve. We want to design, plan and deliver our services with service users, patients and residents. We want teams to work as close to the patient as possible and for services to be delivered through integrated multi-disciplinary approaches with organisational barriers no longer getting in the way.	*We will work together to join up services and to ensure all parents and carers can access support they need when they need it.* *We want to support and empower parents and carers in caring for and nurturing their children and enable all children and young people to thrive.*	*We will contribute fully to the delivery of the Lewisham's Health Inequalities and Health Equity Programme's objectives which includes improving system leadership and accountability for health equity; empowering communities; identifying and scaling up what works; and prioritising and implementing specific opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)*	*We will work together to create a range of employment opportunities for local people and create an environment that fosters wellbeing in our staff. We want to create more entry level roles and contribute to wider local economic development. We want to deploy resources more effectively and creatively to help address employment gaps.* *We want to improve the health and wellbeing of everyone who works for us.*	*The ongoing financial constraints are an impetus for change and we will work together to overcome the financial hurdles ahead.* *By working more closely and smartly we want to alleviate the pressure on services across the system – enabling our budgets to be stretched in ways that support effective service delivery.*

Lewisham - our priority actions

As partners we will take the following priority actions in support of our objectives. More detail on these actions are set out in the following pages and in LHCP's programme and delivery plans.

Strengthening the integration of primary and community based care	Our priority action is to establish the model, infrastructure and approach required to enable effective integrated working at a neighbourhood level. Through this approach we will establish local models of care for at least two long term conditions and to support older people. We will also expand the provision of early intervention and community support for mental health.
Building stronger, healthier families and providing families with integrated, high-quality, whole-family support services	Our priority action is to establish the integrated model for family hubs across Lewisham and to identify the integrated pathways that can be delivered through family hubs.
Addressing inequalities throughout Lewisham health and care system	Our priority action is to build and implement an agreed infrastructure through which initiatives to address health inequalities and achieve health equity in the borough can be delivered.
Maximising our roles as Anchor Organisations, being compassionate employers and building a happier, healthier workforce	Our priority action is to identify opportunities for joint apprenticeship programmes. We will also implement joint initiatives to promote health and care careers and develop tools and approaches to inform workforce planning and address workforce.
Achieving financial sustainability	In partnership we will work to optimise the use of resources, align our financial planning and maximise financial resilience to system pressures.

South East London Integrated Care System

Lewisham - Our Programmes

NHS South East London

Our programmes

We aim to deliver a substantial improvement in health and care outcomes within our priorities. These new priority areas sit alongside other established programmes of work, including all age mental health, planned care and long-term condition management, urgent and emergency care and children's community health.

Delivery of our plan is managed by the partnership's programme boards and associated delivery plans. These include the Family Hubs and Start for Life Programme, the Older People and Frailty Programme, the Mental Health Alliance and the Integrated Neighbourhood Network Alliance. Other programmes of work, including those on planned and unplanned care, workforce and estates also contribute to the achievement of our strategic aims and priorities.
The success of our partnership working and the progress we make against our agreed programme and delivery plans will be overseen by our partnership boards and health and care alliances.

We are also establishing a joint programme management approach to provide Lewisham Health and Care Partners with the assurance that our partnership programmes are being delivered effectively and to time and budget.

South East London Integrated Care System

Lewisham – Our progress to date

NHS South East London

Key Successes in Delivery in 2023/24

- **Older Adults Transformation Programme** - Implemented and continue to develop the 'Capturing the Voice of the Older Adult group' who developed a series of 'I' statements for the programme. Business case for pro-active care prepared with partners for implementation in 2024/25
- **NHS@Home(virtual ward) -** successfully implemented hospital discharge pathways in addition to its' admission avoidance patient cohort.
- **Hospital Discharge**: The number of patients with a **length of stay of over 100 days** has reduced from 14 to an average of 6
- **Embedded the Health Inequalities** Programme and associated partnership workstreams
- **6 Health Equity Fellows** in post and to complete 2 year role in October 2024
- **All 6 Fellows have been matched** with a community organisation that has been commissioned to recruit and manage a pool of community champions
- **Aligned the Lewisham Community Champions** initiative to the PCN Health Equity Teams
- **Developed & delivered 4-6 week programme** for two cohorts to introduce 16 – 17 year olds to potential careers in health and care
- **CYP mental health:** Working with Black Thrive and as part of the national connectors programme, the ICB has engaged with two schools across Lewisham as part of wider SEL ICB work to co-produce a set of tailored interventions to support CYP mental health, particularly children and young people with Black heritage.
- **Access to Black Therapists Pilot –** A pilot has been put in place and the provider Wellbeing For Us will offer access to black therapists for talking therapies. The offer will also include non-Eurocentric therapeutic group work.
- **Conducted review of practice based Multi-Disciplinary Meetings**. Areas for action include adopting a more proactive approach to case finding and referrals, placing greater focus on patient outcomes measuring impact.
- **Population Health Team developed a neighbourhood data profile** to focus activity to support local health priorities in the N3/ Sevenfields PCN Project.
- **Successful implementation of Joy Social Prescribing Platform** across Primary Care, now provides social prescribing activity data across Lewisham system.
- **Family Hubs :** there will be three fully operational family hubs from Aril 2024 comprised of additional staff that offer a wider range of service provision for families
- **Expansion of the Children's Community Nursing Service** to include an allergy nurse and Continence and Constipation Service to reduce children's outpatient appointments and improve outcomes for families.
- **GP-Led Youth Clinic implemented** at The Mulberry Hub, evaluation completed and second year funding sourced to develop model in south Lewisham.

Key Challenges in Delivery in 2023/24

- **Older Adults Transformation Programme** - Systems and processes to have a shared understanding across the system of the population that the Proactive model of care is seeking to support and the mechanism for identifying them
- **UEC Programme** - High levels of attendances at ED leading to significant pressures on hospital
- **UEC Programme -** Attendant pressures in community due to increasing levels of homelessness and complex social/MH issues leading to difficulties in discharging from hospital.
- Difficulties in identifying suitable care home placements in a timely way
- **Implementing year 3 of CMHS** –Limited development and progression against agreed priorities for 2023/24 as majority of MHIS and SDF Funding had to be used within the acute MH care rather than community.
- **Understanding the impact of community mental health transformation**: It has been difficult to quantify the impact of the investment into community mental health teams, although an Expert Reference Group led by SLaM Quality Centre has been established to quantify this for Lewisham Adults.
- **Acute and crisis pathway** – continued number of high presentations to emergency departments with long waits for inpatient beds. Limited movement in the number of patients clinically ready for discharge resulting in longer lengths of stay.
- **Neurodiversity** – Demand continues to outstrip the current available capacity across children's and adults, particularly for ADHD and ASD diagnosis. Staffing challenges also impacting the ability to reduce the back-log and waiting times for autism assessments for children and young people .
- **EHCP Assessment** - Increasing demand for health assessments for EHCPs leading to increasing numbers of assessments completed later than statutory timescale.
- **CYP Mental health** – SLaM financial position and the impact on delivering the CYP EWB&MH Transformation priorities, particularly eliminating 52+ week waits
- **Partners reported challenges in capacity to support and deliver -** in each workstream and a lack of ability to engage effectively during the design stage. As a result, we reduced the number of workstreams and focussed on one Neighbourhood at a time, the objective being to test new ways of working and scale.
- **Working within a neighbourhood footprint -** that is not coterminous with PCNs can present challenges, there is a need to flex across these boundaries. Also, recognition that within the 'neighbourhood' there are also hyper local communities.
- **Pilot workforce toolbox -** which articulates minimum standard of training for frontline staff

Learning and Implications for Future Delivery Plans

Older Adults Transformation Programme - Developing a collaborative learning and supportive culture to enable system working
UEC programme - focus on improving discharges with the Home First programme. In 2024/25 we will continue to address the key issues causing discharge delays, through piloting a Hospital Care Homes liaison post to improve links between care homes and the hospital teams, and focus on improving joint working and patient outcomes with enablement and therapies teams.
Ensuring effective acute flow to enable investment and focus on other areas: Pressures on the mental health urgent and emergency care pathway have dominated the focus in 2023/24. It's important the system ensures the appropriate capacity and flow is in place for 2024/25 to then enable the system to focus on the wider pathway.
Streamlining the deliverables for each financial year: Recognition that plans for 2023/24 were perhaps ambitious across all the key priorities and therefore moving into 2024/25, there will be a streamlined approach to service delivery.
Focus on data and outcome recording and improving the quality of this data: Common datasets across the six boroughs will be a key focus in 2024/25 to ensure the system can appropriately and effectively understand the impact of the investment and transformation for our local residents. There will be a concerted effort across both mental health trusts to improve the data quality within the mental health services dataset (MHSDS).
For successful neighbourhoods working building relationships and trust in the community is critical, this takes time and must be incorporated into planning approach.
Important to align our work and learn from what works well in other settings for example working with Health Equity Fellows and aligning work with opportunities for action outlined in BLACHIR. Report.
Agreed and shared approach to tracking the impact of initiatives across the Lewisham system and early agreement on how to mainstream successful initiatives.

Lewisham priority action 1: integration of primary and community based care (1)

Integrated Neighbourhood Networks

Through our Integrated Neighbourhood Network Programme, we will build on existing work across the partnership to improve the delivery and integration of community-based care at a neighbourhood level and will establish the model, infrastructure and framework required to deliver integrated neighbourhood working .

How we will secure delivery

Actions for 24/25

- Review impact of 23/24 actions
- Update PCN and neighbourhood data profiles
- Update neighbourhood plans to address priorities identified from data profiles
- Progress multi-disciplinary working areas for action including approach to anticipatory case finding and suggest any additional GP contract changes
- Finalise framework for neighbourhood working with a view to scale up to other neighbourhoods
- Deliver and evaluate neighbourhood community training
- Implementation of new South Lewisham mental health youth hub
- Deliver phase II of the Social Prescribing Personal Health Budget Scheme
- Development of cross borough working arrangements with Greenwich and Bromley focussed on the Horn Park Pilot

Actions for 25/26

- Design and delivery of training package to support integrated neighbourhood working
- Embed framework for integrated neighbourhood working
- Improving access to Personalised creative wellbeing activities, working in partnership with ICS SEL Creative Health Lead
- Scale up of successful approaches to improve MDM working and implement new contract changes
- Undertake evaluation of Waldron ground floor refurbishment and use by community
- Review and evaluation of the Social Prescribing Platform

Intended outcomes in 5 years time

- Strong Neighbourhood Alliance(s) in place
- Integrated and coordinated neighbourhood teams in place
- Personalised health and care services coordinated around population needs
- Improved local awareness of services available
- Established social prescribing networks that support the needs of the Lewisham population
- Improved and timely referrals between services
- Effective multidisciplinary working/teams in place following best practice

Lewisham priority action 1: integration of primary and community based care (2)

Older People's programme

The Older people's programme is an LCP priority that through formulation of a preventative and proactive approach aims to shift activity from unplanned to planned whilst keeping those over 65 living independently in their home for as long as possible. Through the Older People Transformation Board, we will shift over 65 Emergency Department attendance and Unplanned Admission activity to the community thorough the implementation of the Proactive Model of Care outlined in our Business Case (2024). For the purpose of this update, the focus is on the Proactive Care model.

How we will secure delivery

Actions for 24/25

- Invest £200,000 to launch and implement the Proactive Model of Care in collaboration with LGT colleagues
- LGT finance team to build a 'record and report' system which will produce the analysis required to monitor impact of the Proactive Model of Care
- 'Capturing the Voice of the Older Adult' group will monitor impact of the Proactive Model of Care on achieving the 'I' statements and produce an annual report
- Support colleagues at LSE to evaluate (i) the circumstances of older people with moderate care needs and their Unpaid Carers, (ii) the support they receive (iii) the consequences for their wellbeing of different support and (iv) the implications of different care arrangements for costs and value for money of the care system.
- Continue to nurture the professional relationships with LGT senior colleagues building on the collaborative approach adopted to draft the Business Case
- Ongoing engagement with professionals through the Professionals Group

Actions for 25/26

- Invest £300,000 embed the Proactive Model of Care in collaboration with LGT colleagues
- LGT finance team to continue to monitor impact of the Proactive Model of Care through the 'record and report' system. This information will be used by LGT colleagues to mainstream the Proactive Model of Care from 01 April 2026.
- 'Capturing the Voice of the Older Adult' group will continue to monitor impact of the Proactive Model of Care on achieving the 'I' statements and produce an annual report
- Use the findings from the LSE study to support commissioning intentions for community services

Intended outcomes in 5 years time

- Sustained 4% reduction in ED attendances for over 65s
- Sustained 4% reduction in Unplanned Admissions for over 65s
- An annual sustained increased proportion of Older Adults remaining at home.

Lewisham priority action 1: integration of primary and community based care (3)

Long Term Condition management

Working across the Lewisham Local Care Partnership, we will establish models of care for the proactive detection, management and reduction of Long Term Conditions, including for those with complex multi-morbidities, wider wellbeing challenges and where inequalities exist in how different patient cohorts experience LTCs.

How we will secure delivery

Actions for 24/25

1. Improve how we use Lewisham and SEL datasets to robustly understand population health dynamics, proactively shape our priorities and target finite resources.
2. Review Community Dermatology Services and agree long-term provision.
3. Improve the low rates of hypertension control in Lewisham, including primary care quality improvement, patient activation and VCSE development.
4. Redevelopment of MSK services in line with national and SEL guidelines. Scoping the cost-value benefits of the 'getUbetter' app used in Lambeth and Southwark to date.
5. Review and improve access to community respiratory services, including adult and paediatric spirometry and supporting management within primary care.
6. Scale and spread of learning from the Chronic Kidney Disease Multimorbidity Model of Care pilot, to develop intensive, holistic multidisciplinary management of people with CKD, multiple LTCs and social wellbeing concerns.
7. Referral optimisation between primary and secondary care, including the Emis Referral Optimisation Protocol and promoting Consultant Connect, Advice & Guidance and PLTs.

Actions for 25/26

- Utilise the integrated neighbourhoods model to establish a sustainable MDT approach for people with LTCs, including proactive identification, community-led risk assessment and voluntary sector capacity building.
- Support an holistic review of all community services within the LGT block contract with a view to re-designing or re-configuring provision to secure best practice, reduce waiting times and improve Value for Money.

Intended outcomes in 5 years time

- Reduction in the number of people living undiagnosed with LTCs.
- Delivery of services and management of care for people with long-term conditions that are proactive, holistic, preventive and patient-centred.
- Patients have an active role with collaborative personalised care planning at the centre of everything we do.
- Clinicians and patients work together using a collaborative process of shared decision-making to agree goals, identify support needs, develop and implement action plans, and monitor progress.
- Care planning for local populations makes best use of local authority services (including social care and public health) and community resources, alongside more traditional health services.
- Increased motivation and ability of patients to self-manage and support, ensuring they access the most appropriate services in a timely and safe manner.
- Improved patient experience through early and accurate diagnosis of disease with effective treatment closer to home.

Lewisham priority action 1: integration of primary and community based care (4)

Early Intervention and Community Support

In partnership we will expand the provision of early intervention and community support for all-age mental health services.

How we will secure delivery

Actions for 24/25

- Development of an integrated single point of access for all CYP services.
- Ongoing delivery of the adult community mental health transformation programme, maximising the investment made available and learning from the stocktakes and evaluations of programme delivery from 2023/24.
- Development and design of a new community model of care building on the models from Scandinavia and Trieste(Italy).
- In partnership with South London Listens Programme, and in collaboration with residents and Voluntary, community and social enterprise sector (VCSE), continue to develop, build and test alternative models and opportunities for early intervention and support for mental health and emotional wellbeing, including for the Core20Plus population.

Actions for 25/26

- Continue to embed delivery of community and primary care mental health and wellbeing services.
- Through Local Care Partnerships, and in collaboration with residents and VCSEs, to continue to develop and build alternative models and opportunities for early intervention and support for mental health and emotional wellbeing, including for the Core20Plus population.
- Flexible approach to delivering MHSTs in schools and rolling out Wave 12

Intended outcomes in 5 years time

- For CYP, have implemented the i-Thrive Framework including joined-up approaches to deliver an integrated single point of access in place for mental health and emotional wellbeing support.
- 100% coverage mental health support in schools.
- Each PCN to have a fully established adult integrated community mental health teams bringing together health and social care and VCSE providers.
- Contacts through community mental health to have increased 5% on average every year, with contacts representing the demographics and need of our local population.
- Increases in the number of people accessing employment support.
- Increased access to Talking Therapies (including for people with long term conditions) and equitable recovery outcomes for all population groups.
- Increased investment in VCSE providers with noted improvements in the diversity of the VCSE provider landscape for adults.
- Upskilling of at least 40 community leaders and volunteers as Be Well Champions, and establishing hubs providing regular wellbeing activities/spaces and signposting

South East London Integrated Care System

Lewisham priority action 1: integration of primary and community based care (5)

NHS South East London

Urgent and Emergency Care

Through our local programme we will support colleagues across SEL and Lewisham to reduce the need for ED attendances and acute admissions where these could have been prevented by earlier intervention. We will work closely with all system partners to ensure that appropriate attendances are quickly managed, and inappropriate attendances are minimised through referral away to suitable alternatives. We will seek to fully embed the Home First approach and ethos in Lewisham, resulting in a high proportion of patients discharged home, with excellent follow up support where needed.

How we will secure delivery

Actions for 24/25

- Same Day Urgent Care mapped and interfaces improved
- Increase referrals to SDEC
- Improve use of Consultant Connect
- Pilot in place to trial referrals away from ED
- Data reliability achieved with ward/patient level dashboard
- Intermediate Care Strategy Developed to support improved hospital discharge pathway
- Care Homes liaison post pilot in place
- Improve Weekend discharges
- Consolidate successes of the Virtual Ward by expanding capacity to 75 beds (adults) and 5 beds (paeds), including seamless step down pathways for respiratory, frailty and Heart Failure as a minimum and a step up offer to primary care

Actions for 25/26

- Review of performance against agreed actions for 24/25
- Further use of population health data to assess activity
- Agree new partnership actions

Intended outcomes in 5 years time

- Same Day Urgent Care model is well understood and provides access to same day urgent care for Lewisham residents
- Integrated model of NHS@home including UCR in place
- Reduction in patients discharged to care homes to best benchmarked peer borough
- Increase in proportion of patients not needing further care/support following enablement
- Attendances at UHL ED are more appropriate
- Increase in number of discharges before 5pm
- Increase in weekend discharges

Lewisham priority action 2: integrated, high-quality, whole-family support services (1)

Family Hubs and Start for Life Programme

In partnership, we will establish five Family Hubs in Lewisham to provide accessible, physical and virtual points of contact for families, children and young people aged 0-19 (or aged up to 25 for young people with special needs) and to deliver integrated pathways. As of April 2024, Lewisham will have three new Family Hubs fully operational with additional staff based on site and additional services for parents, including a new Family Navigator role to support families to access services across the system.

How we will secure delivery

Actions for 24/25

- Integrate Children and Family Centres into Family Hubs by March 2025 to create a sustainable model when the Start for Life funding ceases in March 2025
- Spring 2024 Expand the offer of community health services through Family Hubs e.g Immunisations and healthy weight
- Summer 2024 - Evaluate impact of year 1 of Family Hubs on outcomes for families, children and young people, including on key health indicators evidencing access to and outcomes from services.
- Summer 2024 - Review provision across Family Hubs and Early Years to ensure equal access to services, and make changes as needed
- Autumn 2024 - Open 2nd FH in area 1 (Honor Oak Youth Centre)

Actions for 25/26

- Spring 2025 – Sustainable offer in place following cessation of DfE funding
- Spring 2025 – Digital Family Hub offer in place, including web, apps, automation of processes
- Summer 2025 – Open FH in area 2 (location tbc). Likely to include a hub model for SEND and autism.
- Autumn 2025 – Evaluation of Family Hub and Early Years offer and review of health outcomes achieved

Intended outcomes in 5 years time

By joining up and enhancing services through our Family Hubs, including integrating Children and Family Centres, parents and carers in Lewisham will be able to access the support they need when they need it. The Family Hubs will be supported by a network of other services and families will be able to access information on services virtually or via outreach work. Parents and carers will feel supported and empowered to care for and nurture their babies and children, ensuring they receive the best start in life – Connect, Grow, Thrive.

This in turn will improve health and education outcomes for babies, children and young people and enable them to thrive. The planned outcomes for Family Hubs include:

- An increase in the number of parents accessing support for perinatal mental health
- An increase in the number of women from target groups accessing infant feeding support services
- An increase in the number of parents receiving structured support with parent-infant relationships
- An increase in uptake and completion of vaccinations
- A reduction in the number of children with excess weight at Reception and Year 6
- A reduction in waits for CAMHS referrals

Lewisham priority action 2: integrated, high-quality, whole-family support services (2)

Local Child Health Teams

Alongside our priority to establish Family Hubs, we will deliver an enhanced children's health offer in the community working alongside primary care that increases access to support closer to home. This will help develops our primary care workforce to deliver more efficient care to children and young people.
Integrated working will consider will help address inequalities by providing appropriate and accessible services for the communities in Lewisham. It aims to provide better support communities who at risk of adverse life outcomes and limited positive health outcomes due to health inequalities and adverse childhood experiences (ACE).

How we will secure delivery

Actions for 24/25

- Engage and consult with children and young people, primary care and acute services to develop a Integrated Community Model for Lewisham
- Work with SEL leads to develop a Lewisham model of integrated community based care, using established teams to help leverage improved outcomes. This will adapt best practice from areas already providing effective integrated models in SEL.
- Identify a PCN to co-design the neighbourhood model for integrated working.
- Engage with wider primary care to identify options to work with pharmacies.

Actions for 25/26

- Review the impact of the community model and integrated working with PCNs.
- Extend the Community Model to more PCNs by March 2026.
- Identify opportunities to develop services for LTC linked to the implementation of core offers for CYP Core20Plus5.

Intended outcomes in 5 years time

- Improve child health outcomes – a reduction in CYP follow up primary care appointments and admissions to hospital (ED and non-elective)
- Overall reduction in paediatric appointments as health needs addressed and managed efficiently in primary care
- Improvement in overall quality of care CYP receives
- Reduce inequalities in access to care – reach the local CYP population
- Strengthen the health system

Lewisham priority action 2: integrated, high-quality, whole-family support services (3)

Consistent and Sustainable Children's Community Services

To improve access, reduce variation and improve capacity in community care for children, young people and their families.
To implement the SEL Core Offers for Community Services based on the Core20Plus5 for CYP.
To improve access to asthma services within the community, to consider its links with air quality and the impact this has on vulnerable communities living in areas of deprivation.

How we will secure delivery

Actions for 24/25

- Continue to monitor core community services to identify areas of pressure across Therapies, Community Nursing and Community Paediatrics.
- Continue to monitor the demand for Education Health and Care Needs assessments and timely completion of health assessments for EHCPs.
- Monitor the recovery plans from LGT to reduce the waiting times for ASD assessments and implementation of the ASD Core Offer.
- Implement the core offers for Asthma, Respiratory Hubs, Epilepsy and H@H in Community Services.
- Implementation of the All Age Autism Wellbeing Service offering pre & post diagnostic support offer for CYP and families; and adults in Lewisham.

Actions for 25/26

- Ongoing development of Continuing Care policies, procedures and practice across SEL/London reduce variation in care and assessments.
- Review the impact of the All Age Autism Wellbeing Service on ASD waiting times.
- Ongoing review of waiting times for EHCNA and ASD assessments.
- Review alignment of Community health services with Family Hub model, and identify services which would be appropriate to co-locate.
- Review impact of core offers on health outcomes for CYP.

Intended outcomes in 5 years time

- 90% of EHCNA health reports completed within the statutory timescale. Waiting times outside of the statutory timescales reduced.
- Reduction in waiting times for ASD assessments to within 3-5 months target.
- Improved access to community nursing for health needs and enteral feeding support in specialist schools.
- Reduction in referrals to Urology and Constipation out patient clinics from Primary Care.
- 80% of community services have a core offer attached specifying CYP outcomes to be delivered at place.
- 70% of core offers are implemented at place.
- Reduction of inequality in health outcomes.
- Planned winter response and reduction in emergency attendance for CYP between December and February (annually).
- System capacity increased to meet the needs of approximately 300 additional places in specialist school over the next three years (impact capacity of Nursing and Therapy support services).

Lewisham priority action 3: Addressing inequalities

Addressing inequalities

In partnership we will build and implement an agreed infrastructure through which initiatives to address health inequalities and achieve health equity in the borough can be delivered. The implementation of specific opportunities for action and recommendations from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) will have a fundamental thread throughout the Programme and each workstream will oversee the implementation of the BLACHIR themes and delivery of specific opportunities for action.

How we will secure delivery

Actions for 24/25

- Implement a Lewisham-wide **targeted hypertension project**
- **Improve awareness** of Black, Asian and Minority Ethnic communities groups of symptoms of cancer and screening programmes through the Lewisham Cancer Awareness Network., linking with Community Champions, Faith and Community Groups
- **Support Practices and PCN** to deliver cancer components of the PCN DES , working with the SEL Cancer Alliance
- **Deliver community projects/initiatives** through the PCN Health Equity Teams
- Have an established **preventative community-based outreach initiative** in place for Lewisham
- **Evaluate** the PCN Health Equity Fellows and Teams.
- **CYP mental health:** Working with Black Thrive and as part of the national connectors programme, the ICB has engaged with two schools across Lewisham as part of wider SEL ICB work to co-produce a set of tailored interventions to support CYP mental health, particularly children and young people with Black heritage.
- **Asylum & Refugee Lewisham Partnership Meeting:** a multi-agency approach addressing inequality of provision of accommodation and wrap around support for highly complex vulnerable families of asylum with management of associated risk factors managing interventions.

Actions for 25/26

- Align the work of the Lewisham Cancer Awareness Network with the PCN Health Equity Teams
- Refine and finalise the Lewisham Health Inequalities workforce toolbox for use across frontline health and care services in Lewisham
- Evaluate the targeted Tier 2 weight management service for Black African and Black Caribbean residents
- Implement learning from the Black Thrive programme within schools.

Intended outcomes in 5 years time

- Established and sustainable PCN Health Equity Teams in the 6 Lewisham PCNs with active Community Champions supporting community preventative initiatives
- Improved population coverage of Rapid Diagnostic Service
- An increase in uptake for all three main cancer screening programmes to reach the regional (London) average uptake - breast, bowel and cervical
- An increase in all childhood immunisation programmes to reach the regional (London) average uptake
- Improved uptake of NHS Health Checks in Lewisham above the regional average

Lewisham priority action 4: Maximising our roles as Anchor organisations

Workforce and Employment

Working together we will establish joint initiatives to attract and retain staff; provide opportunities for shared career pathways; promote health and care careers; establish staff health and wellbeing programmes and address workforce inequalities

How we will secure delivery

Actions for 24/25

- Complete programme to support health and social care staff wellbeing
- Design Health and Care Jobs Fair to raise awareness of local employment opportunities in entry level and support roles
- Develop an entry level apprenticeship scheme for therapy support workers
- Pilot workforce planning tool

Actions for 25/26

- Deliver further careers insight and employment opportunities programmes
- Extend the apprenticeship programme
- Develop partnership Black, Asian and Minority Ethnic communities leadership development programme
- Implement outcomes of workforce planning tool analysis

Intended outcomes in 5 years time

Vacancy rates will be reduced by at least 50%
75% of posts will be filled after first advert
An increase in Black, Asian and Minority Ethnic communities representation at senior management level.

Lewisham priority action 5: Achieving financial sustainability

Achieving financial sustainability

In partnership we will work to optimise the use of resources, align financial planning and maximise financial resilience to system pressures across the local Health and Care System

How we will secure delivery

Actions for 24/25

- During 2023/24 we will work collaboratively across the LCP to better understand how improvements in outcomes and experience in defined population groups can support sustainability of services, individual organisations and the system as a whole. We will link this in the first instance to our work being undertaken within our Older People and Frailty Programme.

Actions for 25/26

- Building on the work of 2023/24 described above, the LCP will aim to have agreed service improvement and associated service changes to achieve improvements in outcomes and experience and shared financial planning.
- Any contractual or financial arrangements that need to change will be agreed with local health and care partners and with SEL ICB.

Intended outcomes in 5 years time

The LHCP aims to have implemented plans for delivery of patient care which optimise the use of financial resources and ensure delivery of services which meet the needs of the local population, and are sustainable in the long term.

The LHCP aims to have maximised financial resilience to system pressures through sharing of information to underpin activity and financial planning, and to better inform timely decision making around deployment of resources.

Lewisham enablers (1)

Workforce

Our workforce is our strongest asset but locally we continue to face recruitment challenges and staff shortages across the health and care system. Therefore, a programme of activity around workforce and employment is a key priority for Lewisham. We want to enable further collaboration and integration of workforce plans and aim to improve succession planning, increase the use of joint appointments, adopt joint recruitment approaches and have the flexibility to rotate roles across the local and SEL system.

We believe that there are opportunities to create more entry level roles into health and care and use the assets and resources we have as local organisations to benefit the communities around us.

As a partnership we are also committed to working together to improve the health and wellbeing of everyone who works within the partner organisations and to be a compassionate employer.

Digital

Across the partnership we will seek to use technology to best effect, improving communication between health and care professionals, supporting integrated record sharing and providing co-ordinated care to residents, patients and service users more effectively. We will work with the ICS Digital Programme to:

1. Improve interoperability between health and care data systems maximising the use of our population health and care data management system
2. Embed a consistent approach to data sharing across ICS and across local organisations, particularly when involving third party providers (Voluntary, community and social enterprise sector)
3. Increase the use of authorised health technology to promote self-care and to help manage long term conditions
4. Increase the use of technology and flexible approaches to consulting to enable same day urgent care access for those who can/will use technology and to free up traditional capacity for those who cannot
5. Explore digital platforms which can accommodate video conference capabilities to provide direct consultations to patients/service users
6. Work across the system to reduce digital exclusion

Lewisham enablers (2)

Finance

The ongoing financial constraints across Lewisham are an impetus for change and we are working together to overcome the present and future financial challenges.

By working more closely and transparently, we aim to better understand how improvements in outcomes and experience in defined population groups can support the sustainability of services, of individual organisations and of the system as a whole. We are linking this through our system intentions to work being undertaken within our Older People Programme and treatment of hypertension.

Achieving financial stability is a key local care and health partnership priority.

Estates

As partners we want our estate to support service transformation and collaboration and integration across the health and care system. Our buildings should enable us to work smarter and more effectively in delivering community based care and contribute to the improvement of patient experience and satisfaction.

We will ensure that our estates plans align with the South East London Estates Strategy and the PCN estates reviews. This work will be supported by the Local Health and Care Partnership's estates forum which brings together partners across the system. We will work with our clinical colleagues to ensure alignment of estates plans with clinical strategies.

Our programme leads will identify the estates requirements within programme and to ensure successful achievement of delivery plans.

Lewisham borough: Examples of local delivery of SEL priorities

Lewisham borough delivery of SEL pathway and population group priorities

Lewisham's Local Care Plan sets out our direction of travel as a partnership and outlines the priority areas on which we will focus over the next 1 – 5 years in support of the programmes, pathways and priority target groups identified in SEL ICB's Joint Forward View. Examples of how we are contributing at a local level to the overall aims of South East London are shown below.

Mental Health

The 'Should I Really Be Here' (SIRBH) initiative aims to identify and test community-based approaches that people say will help support early help-seeking & support for males, ages 16-25 who identify with African-Caribbean/dual or multiple heritage background. The initiative will improve ways of accessing this target group, ways of engaging and ways of supporting to make positive contribution to wellbeing. the project is currently in the scoping phase with partners and is intended to go live in 2024/25.

Access to Black Therapists Pilot – A pilot has been put in place where Wellbeing For Us will offer access to black therapists for talking therapies. The offer will also include group work for non-Eurocentric therapeutic interventions.

South London Listens and Goldsmith's University project - partnership currently being mobilised to increase the number of adults being able to access counselling and CBT, where access to counselling will be available through student placements and work closely with Be Well Hubs and Champions.

Population Health Management

Through Lewisham's integrated Population Health Management System, we use data from various health and care systems to improve the health of Lewisham's population, by understanding general trends and needs, and identifying those individuals to target for improved care.

By interrogating the data we can better support individuals by identifying those who we believe are at risk of a particular illness or condition and improve the way in which we plan services.

We are currently managing around 20 active projects, some examples being:

- looking at overlapping patients across AF, HT, CKD and Diabetes to understand where we can approach patients collectively rather than for singly for one condition and to establish where patients may not have yet been tested for the other conditions
- Proactively managing older adults.
- Case finding those at risk of HT in the next 5 years time
- Waiting list dashboard management by picking out those we can optimise for surgery

Lewisham borough: Examples of local delivery of SEL priorities

Maternity – Mindful Mums

The ICS and local authority jointly commission Bromley, Lewisham and Greenwich Mind to deliver the Mindful Mums and Being Dads programmes, which are peer–led programmes of support with mental wellbeing and resilience for expectant and new parents.

The programmes have been successful in improving wellbeing, increasing resilience and reducing isolation amongst parents with emotional wellbeing needs in Lewisham.

Based on this success, the provider is currently piloting new programmes aimed at meeting the specific needs of new parents from ethnic minority backgrounds, young parents, and parents that identify as Lesbian, gay, bisexual, transgender, queer or questioning and others (LGBTQ+).

Additionally, Lewisham Maternity Voices Partnership, the ICS and Lewisham and Greenwich NHS Trust have recently been shortlisted for an award from the Royal College of Midwives for their partnership work on Cultural Humility in Maternity Care. They developed a Quality Standard which sets out six principles for good and safe maternity care from the perspectives of Lewisham women and birthing people of diverse cultural backgrounds, and aims to increase the involvement of Black, Asian and minority ethnic service users in quality assuring services. A short film was created which can be viewed here: Quality Standard for Cultural Humility in Maternity Care - YouTube

Urgent and Emergency Care - Home First

Since May 2022, participants from across health, social care and the voluntary sector in Lewisham have co-designed and started implementing a blueprint for change that will enable the Lewisham system to sustainably support people being discharged home.

By working together, the Home First programme has been broken down into 90 day sprints. Every 90 days the group come together to review the achievements of the previous 90 days, decode the collective learning, and plan for the next 90 day sprint.

By working in this way and developing joint actions and initiatives we have implemented systems to identify patients with complex discharges earlier, reduced intermediate bedded care LOS and improved intermediate bedded care patient outcomes. Following intervention and establishment of a LLOS group, the number of patients with an extremely long length of hospital stay has reduced significantly.

In the forthcoming period our priorities are:

- Improvement in issues causing delayed discharges under pathways 1 & 3
- Develop a “one team” approach across our teams who support people being discharged home in Lewisham
- Better alignment of capacity to demand in post-discharge enablement & therapies

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 6

Title:	**Lewisham High Intensity User (HIU) Service – Contract Award Recommendation Report**
Meeting Date:	**30 May 2024**
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 Lewisham HIU Service procurement which, due to identified conflicts of interest, went to the LCP Strategic Board Part II meeting on the 14th March 2024 for approval.	Update / Information	***X***
		Discussion	
		Decision	

Summary of main points:

Service Background

- The Lewisham HIU was first commissioned in 2018.
- The Service supports patients who are at risk of multiple admissions which have a disproportionate impact on both healthcare activity and costs – the service provides proactive community-based care for these patients so that they do not sustain (avoidable) emergency admissions and A&E attendances.
- It offers a robust way of reducing high intensity use of health services, primarily A&E and non-elective admissions and can also contribute to reducing other avoidable unscheduled care contacts such as primary care and mental health services.
- The service has an annual caseload of approximately 120 patients. Patients are high users of emergency services. Patients are identified by Lewisham and Greenwich Trust (LGT) at University Hospital Lewisham (UHL) and London Ambulance Service.
- Following a review of the service in November 2022, SEL ICB Senior management team agreed to extend the current contract until 31st March 2024 under a single tender waiver to allow for a competitive procurement to be undertaken in line with contractual and procurement regulations.
- Procurement for the new service launched in 2023 with a tender available for potential bidders for a new contract to commence on 1st July 2024.
- The procurement process supported by the London Commercial Hub received 2 bids.
- An update to the procurement was presented to the LCP board in January 2024 with formal approval of the contract award report at the LCP Strategic Board Part II (confidential) meeting held on 14th March 2024.
- The successful bidder for the service is One Health Lewisham.

	• A 10-day standstill period has been completed and mobilisation and implementation has commenced with a new contract start date of 1st July 2024 on a 2year 9 month + 2-year contract. • As One Health Lewisham is the incumbent provider the service will continue with no disruption to patients, service delivery or service pathways.			
Potential Conflicts of Interest	Dr Prad Velayuthan, Chief Executive of One Health Lewisham (OHL) had a direct conflict of interest as OHL are the incumbent Provider of the Lewisham High Intensity User Service. To mitigate the conflict, Dr Prad Velayuthan, Chief Executive of OHL, was not invited to the Part II meeting and did not receive circulated documents. As the 10-day standstill period has now passed and the contract has been formally awarded to OHL, there is no further conflict.			
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	Approximately £801,597 (57 months) service costs. The service will contribute a wider cost saving through reduction in A&E attendances and admissions.		
Other Engagement	Public Engagement	No direct patient engagement has been undertaken. Engagement with patients can often been challenging due to the lifestyle of the patient, their health and social needs and associated behaviours. The new service specification outlines the requirements for service user and stakeholder engagement.		
	Stakeholder Engagement	As part of the HIU review in November 2022, feedback was received from a wide range of key stakeholders which assisted in informing of future service development.		

	Other Committee Discussion/ Engagement	The following groups were engaged with as part of the HIU service specification development.
		- HIU Multidisciplinary stakeholders
		  ○ LGT A&E consultants / managers
		  ○ HIU service leads/staff
		  ○ London Ambulance service
		  ○ South London and Maudsley mental health
		  ○ Metropolitan Polices
		  ○ Homeless Health service
		  ○ Voluntary Services (Health & Well being)
		  ○ Local Authority – Housing
		  ○ Alcohol and substance misuse
		  ○ Social Prescribing/Community connections
		- Lewisham Urgent and Emergency Care (UEC) Board.
		- SEL ICB Clinical leads		

		- Lewisham Social Prescribing/ population health team - Local Authority (Prevention, Inclusion and Public Health Commissioning) Monthly HIU updates are provided to the Lewisham UEC board.
Recommendation:	**To note this report which is for information only.**	

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 7

Title:	**Lewisham Health & Wellbeing Charter**
Meeting Date:	**30 May 2024**
Author:	Charles Malcolm-Smith Associate Director of System Development
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	The purpose of this paper is to provide members of the Board with an update on the draft Lewisham Health and Wellbeing Charter	Update / Information	
		Discussion	
		Decision	***For endorsement***
Summary of main points:	The development of the Lewisham Health and Wellbeing Charter has been overseen by the Lewisham Council Healthier Communities Select Committee. The council's corporate strategy specifies that "we will work with the local NHS to deliver the services Lewisham residents need and create the Lewisham Health Care and Wellbeing Charter." A first draft of the charter was received by the Healthier Communities Select Committee in September 2023 and further reviewed by the committee in March 2024. The draft charter was informed by the LHCP People's Partnership and covers both the expectations that citizens have for the planning and provision of health and care services, and the responsibilities that people have for supporting those services and for their own health and wellbeing. It has also been developed to include further detail on signposting to services and resources. Once finalised, the charter will be shared further with local citizen and patient groups, and with the Health and Wellbeing Board. The latest draft is attached in Appendix 1.		
Potential Conflicts of Interest	None identified		
Any impact on BLACHIR recommendations	Delivering the recommendations of the BLACHIR report is integral to the draft charter.		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	No equalities impact assessment has been undertaken. Equity and reducing health inequalities for Lewisham's diverse communities is identified as a key element of the draft charter.		
	Financial Impact	None identified		
Other Engagement	Public Engagement	The draft charter has been developed in consultation with the LHCP People's Partnership		
	Other Committee Discussion/ Engagement	Lewisham Council Healthier Communities Select Committee		
Recommendation:	To note the development and latest draft of the Lewisham Health and Wellbeing Charter.			

lhcp Lewisham Health and Care Partnership

Lewisham NHS working together

Lewisham Health & Wellbeing Charter

Draft

Introduction

Welcome to the **Lewisham Health and Wellbeing Charter**.

The Charter has been developed with the support and advice of many local people and communities, community and voluntary sector organisations, Lewisham Health and Care Partnership and Lewisham Healthier Communities Select Committee, with the aim to improve the health and wellbeing of people living in Lewisham.

We know that the last few years have been very difficult for everyone who lives in Lewisham as well as everyone who has worked so hard to provide our health and care services.

Lewisham's response to the pandemic highlighted the importance of local relationships and showed the strengths of Lewisham's people and communities, including significant levels of civic energy and a willingness to get involved in supporting better health and wellbeing for all. However, it also highlighted the ongoing health inequalities across Lewisham.

Health inequalities are not inevitable and are unfair. We know that the wider determinants of health – employment, housing, racism, discrimination, poverty, environment – impact on the lives of people and communities and contribute towards health inequalities and poorer health outcomes. Many people from different backgrounds across Lewisham suffer health inequalities which have a negative impact on our entire community.

Over the past year we have all worked together to find out what is important to you and what your expectations are of Lewisham's health and care services. We have also looked at what we, as individuals and communities, can do to support local health and care services as well as what we can do to support ourselves and others in living healthier lives.

We know that we need to continue to work together to make sure that the Charter is meaningful and relevant. We need to continue to build trust, and trusted voices, throughout our communities. We need to support open debate about what can be provided within the resources and capacity that is available to us.

Most importantly, we need to listen and, together, develop shared, inclusive and longer-term approaches to improve our health and wellbeing and to reduce health inequalities.

There are some expectations that underpin all aspects of service planning and delivery

- Everyone must be treated with **dignity and respect**, this includes people who use services, carers and people who work in the NHS and health and care services
- All information that is provided to people must be **easily understood**, including on appointments, services or treatments. Information or access to services should **not depend on people having digital technology**
- **Privacy and confidentiality** must be respected; personal information should not be shared inappropriately with other people, services or agencies.
- **Service planners and providers must be open** about what can be provided with the resources and capacity that is available.

Draft

There must be opportunities and support so **people can help themselves and others in their communities**, by promoting ways of achieving better health, prevent ill-health if possible, providing information and developing the assets we have in our community.

There are many resources available, here are some of them

Health Checks
The NHS Health Check programme is offered to adults aged 40–74 every five years provided they do not have a pre-existing cardiovascular condition. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, dementia. Eligible people are invited for a Health Check via letter every five years; Health Checks are offered in GP surgeries and directly by One Health Lewisham. If you think you are eligible but have not had an invitation letter, you can contact your GP to request an NHS Health Check.

Healthy Walks
Free Healthy Walks across the borough are delivered by Enable. Details available at Lewisham Healthy Walks (Lewisham Healthy Walks (mailchi.mp)

Universal Weight Management
Group weight management programmes for people with BMI 30+ (27.5+ BAME) through Slimming World – attend 12 weeks of meetings and access online support. GP or self-referral is currently available: Slimming World - please contact 01773546088.

Targeted Weight Management
Group weight management programmes for people with BMI 30+ (27.5+ BAME) through Up, Up! Residents can be referred via their GP or Self-Referral. Please contact: 020 7188 2010 and gst-tr.up.up@nhs.net

Stop Smoking Services
The Smokefree Lewisham website can be found on the stop smoking services website which is packed with information including where people can access support to help them become smokefree. To book into a clinic you can contact 0800 0820 388 or email quit@smokefreelewisham.co.uk
Alternatively, people can self-refer via phone on 0800 0820 388

Stop smoking support is also available online through the digital self-help service which is suitable for low to moderate dependency smokers.

What you can do

Follow advice and guidance to support good health and wellbeing for yourself and your family

Participate in **screening programmes.** The NHS provides a range of screening tests to different sections of the population as a way of identifying whether apparently healthy people may have an increased risk of a particular condition. For example, some screening tests are offered in pregnancy, some for newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to older people. When you are invited for screening, you will receive an information leaflet about the screening test. You can discuss any aspect of the screening test with your health professional and decide whether or not it's right for you.

Vaccines are the most effective way to prevent many infectious diseases. The NHS vaccine schedule ensures that babies, children and adults at higher risk have protection from many serious and potentially deadly diseases, and if enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines, for example, people who are ill or have a weakened immune system.

Taking part in **physical activity** has many benefits for our physical and mental health and wellbeing. There are many ways to achieve this, and Lewisham's parks and open spaces provide opportunities to enjoy the outdoors, to use outdoor gym facilities and fitness trails or take part in Nature's Gym sessions. Lewisham's **leisure centres** offer group exercise classes to suit you, your lifestyle, interests and fitness levels. There is lots of information here: Lewisham Council - In my area

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Support for Young People

Insight Lewisham offer a free, friendly and confidential young people's support service for people under the age of 26.

They provide information, advice and help for young people who are impacted by or living with drug and alcohol issues, as well as guidance and support with sexual health and relationships. For Advice & Consultations, please call Insight on **020 8690 3020**

Professional referrals can be made via email, forms and information are all available @ Insight Young People

Website: www.insightyoungpeople.org.uk/lewisham

Email: insightlewisham@humankindcharity.org.uk

Reproductive & Sexual Health

Screening for sexually transmitted infections and testing for STIs can be performed using a free home test kit, ordered online via: https://www.shl.uk/

Free Condoms for under 24 year olds through C-Card Scheme at Pharmacies, Insight, and Youth Clubs

https://www.comecorrect.org.uk/

Integrated Sexual and Reproductive Health Services

Including contraception, STIs testing and treatment, Specialist genito-urinary medicine (GUM) service, Emergency Hormonal Contraception, Pregnancy testing, advice and referral.

Local Services are provided by Lewisham and Greenwich Trust, based at:

- Waldron Health Centre, Second Floor, Suite 8, Amersham Vale, New Cross, London SE14
- Rushey Green Clinic, 1st Floor, The Primary Care Centre, Hawstead Rd, London SE6 4JH

More info at: https://www.lewishamandgreenwich.nhs.uk/sexual-health/

17 pharmacies in Lewisham provide Sexual and Reproductive Health Services (Emergency Hormonal Contraception and Quick Start Oral Contraception)

Alcohol & Substance Misuse

'Change Grow Live' (CGL) run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need, including a range of specialist elements within the service designed to meet specific needs. To make a referral: https://www.changegrowlive.org/lewisham/referrals

You can call also call CGL 0208 314 5566 or email info.lewisham@cgl.org.uk

The DrinkCoach Alcohol Test is a 10 question screening tool which provides individual feedback on how risky their drinking is and signposts to additional online or face to face support which is free to Lewisham residents. It takes 2 mins: https://drinkcoach.org.uk/lewisham-alcohol-test

To make a referral please contact Humankind:

https://humankindcharity.org.uk/service/primary-care-recovery-service-pcrs/

Tel: 020 8699 5263 (Mon-Friday 9.30-5pm)

Email: lewishampcrs@humankindcharity.org.uk

Mental Health and Wellbeing

If you're feeling low, anxious or stressed, Lewisham Talking Therapies is a free and confidential NHS service that is part of the Improving Access to Psychological Therapies (IAPT) program. You can refer yourself by calling **0203 228 1350** or online: Refer yourself – Lewisham Talking Therapies or through your GP.

Kooth is a free and anonymous online mental health service for children and young people where they can speak to a counsellor for advice and support.

If you are concerned about somebody's mental health, follow NHS advice for non-urgent or urgent support, such as calling NHS 111, their GP or in the case of someone's life or safety is at risk call 999. Further information is Where to get urgent help for mental health - NHS (www.nhs.uk) or Lewisham Council - Get help with mental health

Draft

Services should be delivered to clear and specific quality standards. **Access is paramount**. Services should be located so that people are able to easily get to them taking into account travel and transport. To minimise anxiety from waiting, **appointments should be provided promptly**. Services should **consider the whole person** and give them the opportunity to contribute to their own treatment plans.

We are taking action with our GP practices to improve how they deliver their services

- **Tackling the 8am rush** and reducing the number of people struggling to contact their practice and for patients to know on the day they contact their practice how their request will be managed
- Making it easier for people to contact a GP practice, to get an appointment within 2 weeks and for urgent contacts to be assessed the same or next day
- Improving telephone systems in GP practices
- Providing more appointments in general practice

All of our GP practices are now part of Primary Care Networks (PCNs), working together to improve the health of their local community. The networks have expanded neighbourhood teams working together which are made up of a range of staff such as GPs, pharmacists, district nurses, social prescribers, health & wellbeing coaches, care navigators and more.

We have established a programme called **'Pharmacy First'** that provides professional health care advice, treatments, and medicines for common illnesses from your local pharmacy, without the need for an appointment.

We are also **improving Urgent & Emergency Care**

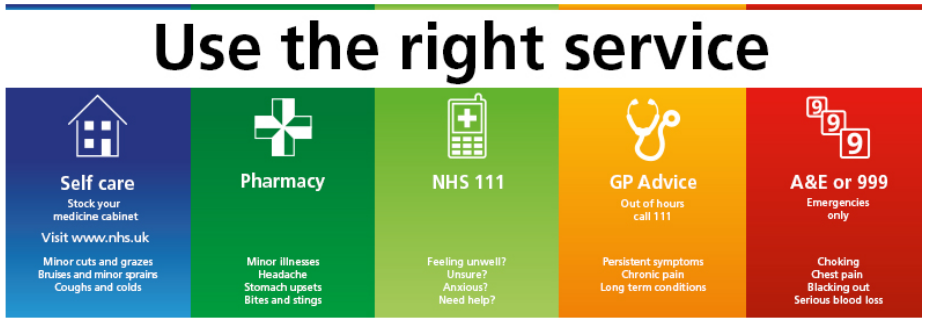
- Maintaining an effective 2-hour urgent community response service
- Managing integrated urgent care and delivering same day care
- Working closely with all system partners to ensure that appropriate attendances are quickly managed

For people who have been in hospital, we are embedding the **Home First** approach so that a high proportion of patients are discharged home, with excellent follow up support and improving long-term outcomes

What you can do

Make best use of resources by **attending appointments** that have been made or, if you are able to, giving notice if you are unable to attend.

Follow guidance to **use the right service**



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Social connections can help with good health, care and wellbeing and should be supported. The role of paid and unpaid **carers should be recognised**

Social Prescribers support people in a non-medical way with practical emotional and social issues. They are not doctors or social workers, but they can connect you to resources and activities in your community that can improve your overall well-being. Think of them as a bridge between your medical needs and your social and emotional needs. They might recommend things like **support groups, exercise classes, art workshops, or volunteering** opportunities based on your interests and needs.

You can access social prescribing through your GP practice and the **Community Connections Lewisham** service run by Age UK for anyone 18+ in the borough.

If you're an **unpaid carer**, you can get free support to maintain your health, independence and wellbeing, and care safely and confidently. You can call 0300 373 5769 or email **ucwellbeing@imago.community** or via their website: Lewisham (imago.community)

We are establishing five **Family Hub Sites** across Lewisham that will be trusted places where families can connect, grow and thrive.

Family Hubs offer support to families with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities. There are 'Start for Life' programme on parenting, infant feeding, early language and parent-infant relationships, other activities and services include health visiting, activities form 0-5s, baby massage, children and young people's mental health, family information services, debt, benefits and employment advice and domestic abuse support.

Concerns about money and bills, employment, benefits, housing and childcare can all impact on our physical and mental wellbeing. We are working with local voluntary organisations to provide advice and support, while our libraries and other organisations also provide warm welcomes. Our website has more information here Lewisham Council - Cost of living crisis

What you can do

You can **use opportunities in your local community** to support the health and wellbeing of you, your family and your community by **volunteering with local health and care voluntary organisations.**

Get basic first aid skills so that if the need arises you are in a position to provide immediate temporary care for someone who may be ill or injured.

Consider jobs/career in health or care. The **Good Works SE London** is a jobs hub for health and care that provides access to jobs listings, careers information and skills and experience development. You can sign up here: Home (goodworkselondon.co.uk)

Proud to Care Lewisham jobs listings provides access to health and social care opportunities. You can get more information from their website Lewisham Council - Proud to Care Lewisham, by calling 020 8314 7102 or emailing proudtocare@lewisham.gov.uk

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Services should be **planned and delivered to take into account all of the diverse communities** in Lewisham, to **ensure equity** and to **reduce health inequalities**

Addressing Health Inequalities is at the heart of the priorities for Lewisham's health and care partnership.

Lewisham council is leading the implementation of the **Lewisham Health Inequalities and Health Equity Programme** 2022-24 to strengthen local health & wellbeing partnerships across the system and communities, to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities.

Working with Partners the Council will also be implementing the recommendations of Lewisham Disabled People's Commission's Report 'if not now, when?'

The Health Inequalities and Health Equity Programme is delivering the opportunities for action identified in the **Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)** report. This was a two-year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.

Seven key themes were outlined in the BLACHIR report for action alongside 39 opportunities for action. The seven key themes included the following:

- Fairness, inclusion and respect
- Trust and transparency
- Better data
- Early interventions
- Health checks and campaigns
- Healthier behaviours
- Health literacy

Air pollution can have a detrimental effect on people's health, especially our most vulnerable residents, such as children, elderly people and people with existing health conditions, and the council's **air quality action plan** sets out how building on progress already achieved, it will reduce health inequalities and work with partners to ensure that neighbourhoods are greener, better for mental and physical health and less congested by motor traffic.

What you can do

Become a Community Champion - Help share the latest trustworthy information around your community. Lewisham Health and Wellbeing Community champions are local people who support their communities to improve health and wellbeing.

The Health and Wellbeing Community Champions help provide accurate information. This helps our community avoid misinformation by receiving health promotion messages from trusted sources.

Lewisham Council - Lewisham Health and Wellbeing Community Champions

Tell us your views and your lived experiences so they can influence service planning and delivery by either joining your GP's Patient Participation Group (information on GP web sites) or by attending the meetings of **Lewisham Health & Care Partners People's Partnership** group Lewisham People's Partnership - South East London ICS (selondonics.org)

Get involved and volunteer with **Healthwatch Lewisham** (**www.healthwatchlewisham.co.uk**) the independent champion for people who use health and social care services and help make sure that those running services, and the government, put your views at the heart of care.

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Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 8

Title:	**Lewisham People's Partnership Update**
Meeting Date:	**30 May 2024**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob

Purpose of paper:	• To update the Lewisham Local Care Partners Strategic Board on the Year One Review of the Lewisham People's Partnership (as discussed at the Lewisham People's Partnership meeting held on 23rd April 2024) and the issues raised in the Review. • In response to those issues, and to continue the ongoing development of the Lewisham People's Partnership, to consider a proposed action plan	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:

A year ago, the Lewisham People's Partnership was formed to **support** the **implementation of Lewisham's key principles of engagement** – to **support citizens and communities to exercise power**, to **build trust**, to **provide people and communities with opportunities to participate**, and to **work together** to do more with what we have.

Crucially, to ensure that the lived experiences and needs of Lewisham's many and diverse people and communities drive local partnership decision making and that we have the evidence to show this.

We have always known that to achieve all the above will take time – this is a long-term endeavour and not a short-term project. It was always going to be important to be able to stop, check where we are, what we are achieving and what needs to change to be able to come closer to delivering on Lewisham's key principles of engagement.

The main agenda item at the April meeting was a discussion on a draft of the Year One Review of the Lewisham People's Partnership with the purpose of asking participants for their views and feedback.

From everything that we have been told over the past year, and the responses at the meeting, the Review – **see attached** - highlights some key issues:

- Public engagement is complex – people want to engage (or not) on different services, for different reasons, at different times and in different ways - and there is still some way to go to prove that engagement in all our communities is meaningful and valued
- There is a lot of public engagement already being done now by different statutory and VCSE organisations locally - but it is not coordinated, leading to potential gaps and duplication, and information tends to remain within organisational silos rather than being shared effectively
- There needs to be a strong feedback mechanism so that people can be honestly informed of the outcome of the engagement, and, where necessary, the reasons why people's views were not implemented
- Access to primary care is a major issue for people and communities but engagement with them on this issue varies across the borough
- We should not be re-inventing wheels – learn from excellent work currently being done/re-visit previous work with people/communities for lessons learnt
- The majority of Lewisham People's Partnership agenda items in Year One have been in the informing/involving category – power is still seen to be coming from the LHCP system in deciding what gets taken to Lewisham People's Partnership meetings
- In view of the staff and financial pressures upon all partners, we should aim to use resources better, and promote a more coordinated approach, building on existing mechanisms where possible
- Lewisham People's Partnership is often working in a vacuum and improved access to LHCP decision makers would enable earlier access to issues that need the voice of people and communities
- The lack of a reimbursement policy has meant we have lost participation from individuals and service users
- The People's Partnership is becoming a group of people from local statutory and voluntary sector organisations rather than members of the public. Many of the participating organisations act as 'hubs' for coordinating input from a wider range of voices

Alongside the Review, the April meeting also discussed initial ideas for how the Lewisham People's Partnership could, in Year Two, respond to these key issues and what actions would be needed. Following on from that meeting, we have continued to develop an action plan with LHCP system partners, Michael Kerin, Healthwatch, LCP Strategic Board community representatives – Barbara Gray, Kinaraa CIC, Sabrina Dixon, SIRG London and Fiona Derbyshire, Citizens Advice Lewisham - and VCSE organisations.

The latest version of the action plan is attached for the Board's consideration. We are proposing, over the next two months, to continue conversations widely across the LHCP, Lewisham People's Partnership, primary care and patient participation group, Healthwatch, black led community and voluntary organisations, VCSE organisations and Lewisham CCPL Group on the action plan.

I would like to thank everyone who has come to Lewisham People's Partnership meetings during the first year and who have brought a rich and valuable variety of voices, experiences, challenges and questions. I would also like to thank all partners within LHCP, Healthwatch and many local VSCE organisations who have also given generously of their time along with advice and support which has been much appreciated.

Potential Conflicts of Interest	None			
Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action 34** Ensure 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.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:				

LEWISHAM PEOPLE'S PARTNERSHIP (LPP) YEAR ONE REVIEW

Successes – What has gone well

- We had 73 attendees at the first five meetings - representing their own voice/voices of communities and organisations in Lewisham
- Key areas of the Lewisham Health and Care Partnership (LHCP) strategic intentions have been discussed e.g., Improving access to Primary Care, System Intentions 24/25, development of a Community Space
- The development of the Lewisham Health and Wellbeing Charter has been significantly influenced by the responses of people attending the LPP
- Offering both in person and hybrid meetings has been received positively
- We have gained valuable intelligence about what is important to people
- We have started to gain some trust in what we are aiming to achieve

Challenges

- Engagement with people and communities is complex and there is still some way to go to prove that engagement in all our communities is meaningful and valued
- We need to find more effective ways to access people/communities not traditionally been part of the LHCP systems engagement processes
- Limited knowledge of engagement in other parts of the LHCP system and VCSE organisations means limited opportunity to co-ordinate engagement activity, share intelligence and learning and risks duplication of activities
- Direct engagement with voluntary, community, social enterprise (VCSE) organisations needs to be done in a way that is respectful, transparent, accessible, considers and values participants time and commitments
- The majority of Lewisham People's Partnership agenda items in Year 1 have been in the informing/involving category – power is still coming from the LHCP system in deciding what gets taken to LPP meetings
- Effective co-production takes time and needs long term commitment
- We need to find a better way to demonstrate that what people have told us has made a difference
- Lewisham People's Partnership is often working in a vacuum and improved access to LHCP decision makers to get in early on issues that need the voice of people and communities
- The lack of a reimbursement policy has meant we have lost participation from individuals and service users

What we learnt about how to engage

- People and communities want to engage (or not) on different services, for different reasons, at different times and in different ways
- There is a lot of public engagement already undertaken now by different organisations locally - but it is not coordinated, leading to potential gaps and duplication, and information tends to remain within organisational silos rather than being shared effectively
- Our approach needs to be demonstrably inclusive and equitable, integrated, timely and supporting long-term conversations which are joined up and demonstrate partnership working across LHCP and VCSE
- We need to demonstrate more effectively how the lived experiences and views of people and communities has influenced decisions and plans – have strong feedback mechanisms that inform people and communities of the outcomes of engagement
- We should not be re-inventing wheels – learn from the excellent work being done by BLACHIR, in the North Lewisham Hub, VCSEs, health and wellbeing champions, health equity fellows and Healthwatch – experiences and lessons learnt from all this work should be widely disseminated and demonstrably utilised in future planning
- Re-visit previous work with people/communities for lessons learnt and how we can improve joining up engagement and co-production activities to increase trust by demonstrating inclusivity and the difference made
- Encourage the development of Patient Participation Groups to expand their knowledge and ability to influence primary care planning and decision making

Action Plan for consideration

Context

A year ago, the Lewisham People's Partnership was formed to **support** the **implementation of Lewisham's key principles of engagement** – to **support citizens and communities to exercise power**, to **build trust**, to **provide people and communities with opportunities to participate**, and to **work together** to do more with what we have.

Crucially, to ensure that the lived experiences and needs of Lewisham's many and diverse people and communities drive local partnership decision making and that we have the evidence to show this.

We have always known that to achieve all the above will take time – this is a long-term endeavour and not a short-term project. It will always be important for us to be able to stop, check where we are, what we are achieving and what needs to change to be able to come closer to delivering on Lewisham's key principles of engagement**.**

It is sometimes argued that the voluntary sector is conflicted in view of its provider role alongside its public engagement activities. But the same could be said of those statutory providers who seek to engage effectively with their patients/ users and carers. In any case, these concerns could be reduced or removed by encouraging joint working across the partnership to avoid unnecessary duplication and waste on engagement.

Over the past year, we have gained valuable intelligence, views, insight and lived experiences of what is important to people and communities in Lewisham – all of which has been included into reports submitted every two months to the Lewisham Health and Care Partnership Strategic Board.

To respond the issues that were raised in the discussions of the Year One Review, and to continue the development of the Lewisham People's Partnership, we are proposing to continue conversations widely across the LHCP, primary care and patient participation groups, Healthwatch, black led community and voluntary organisations, VCSE organisations and Lewisham CCPL Group on the following proposed actions:

- The Lewisham People's Partnership is becoming a group of people from local statutory and voluntary sector organisations rather than members of the public. Many of the participating organisations act as 'hubs' for coordinating input from a wider range of voices. **Alongside engagement issues considered at meetings, the Partnership, acting as a 'hub of hubs' should work with VCSE organisations and the Local Care Partnership to identify ways in which the various statutory and voluntary sector mechanisms could be improved to facilitate better engagement. Questions might include:**

    - How do we get a wider response to the systems intentions and priority setting processes through the existing mechanisms - and at a stage early enough in the process to have real meaning
    - How do we foster a better knowledge across the system of the engagement initiatives being considered in different areas, and how organisations/ hubs might be encouraged (e.g., to mirror the LCP strategic intentions)/ supported to work together on common issues
    - How do we share good practice, especially in reaching out to seldom heard groups and communities.
- **To increase engagement with individuals, we should take the Lewisham People's Partnership to people and communities in all of Lewisham's diverse communities** – are there already mechanisms for providing feedback? e.g., local assemblies, health and wellbeing champions, health equity programmes, voluntary sector representative and infrastructure support organisations etc - that could be used to demonstrate greater involvement and accountability without reinventing the wheel.
- **Work with Local Care Partnership to** identify what they need from the Lewisham People's Partnership, share engagement programmes, outcomes and future priorities as well as support the sustainability of existing projects.
- There needs to be a strong feedback mechanism so that people can be honestly informed of the outcome of the engagement, and, where necessary, the reasons why people's views were not implemented. **Agree and co-develop an outcomes framework** for feeding into the LHCP and the LCP Strategic Board the views of people and communities in Lewisham and to be able to demonstrate how those views have influenced decisions – operational, development and financial.
- The input of patient participation groups varies from area to area. **The Lewisham People's Partnership should consider working with primary care networks to encourage/establish/ maintain active groups** across the whole borough, to provide honest feedback locally and to take part in wider public engagement activities.
- **Discuss with the Local Care Partnership if there is a desire – and a clearer way - to demonstrate a willingness to discuss how, when and where power** could be handed over, whether it wants to encourage participation in budgeting where appropriate (and to identify where it would be appropriate) and to work towards the principle of shared ownership and participation through shared strategic direction.
- **Agree a reimbursement policy** for people, communities and organisations attending LPP meetings and supporting its work. To ensure previously seldom-heard voices are increasingly heard, there needs to be a level of reciprocity and recognition. Without this, there is a danger people will feel their time is not valued or respected or will not have the means to attend and contribute. Appropriately reimbursing people for their "time as labour" will help to ensure everyone can participate and help to shift the balance of power within engagement relationships. It may also be necessary to consider alternative settings and timings to reach a wider range of views.

Appendix 1

Lewisham People's Partnership - Year One Activity

Meeting date	Attendees[1]	Agenda	Type of engagement	Outcomes
11/5/23	16	Lewisham Health and Wellbeing Charter LHCP Joint Forward Plan	Collaborating Informing	Charter completed - to go to Lewisham Healthier Communities Select Committee Mar24 for approval
25/7/23	20	Lewisham Health and Wellbeing Charter LPP priorities	Collaborating Involving	
27/9/23	14	Development of a community space in Lewisham Co-production in Adult Social Care	Involving Informing	Need feedback
6/12/23	13	Same day urgent care – improving access to primary care Lewisham Health and Wellbeing Charter	Involving Collaborating	Need feedback
7/2/24	10	LHCP System Intention for 2024/25	Involving	Ongoing involvement/Board response

Common themes from 23/24 Lewisham People's Partnership meetings

What is important to people matters	Accessibility - equity of access – easy access – digital and non digital
Equality respect and inclusion	What stops good health – barriers to improving health – health promotion – need strong emphasis on health promotion
Accountability and power	Granular with diversity – consistent focus across all areas – population profiles need to influence planning, commissioning, decision making and co-production
Impact of wider determinants	Lack of trust – lack of diversity – people who understand both need to be at the top table
Capacity and priorities	Participation in budget setting and funding decisions – integrated commissioning is at the centre of understanding inequality – focus on needs of population – deliver services that reduce health inequalities
Reducing health inequalities	Voice and influence
Specifics and metrics – not generalities	Asset based approaches work in involving people and communities in how money is spent
Community assets	Language matters – clear consistent and better communications with population re change
Integration and what it means to people	Trusted advocates/organisations reach people and communities that the system doesn't - use and fund community, voluntary and social enterprises to access the many diverse communities – they have greater reach into these sectors than the stat sector does
Lack of knowledge – what is available – how to access	System works for the people not itself – system needs to demonstrate willing to change

[1] Not including LHCP staff

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 9
Enclosure 9

Title:	**Update on the delivery of SEL ICB corporate objectives in 2023/24 in Lewisham**
Meeting Date:	**30 May 2024**
Author:	Ashley O'Shaughnessy, Associate Director of Community Based Care and Primary Care, Lewisham
Executive Lead:	Ceri Jacob, Place Executive Lead, Lewisham

Purpose of paper:	To provide an update on Lewisham LCP performance against the SEL ICB Corporate Objectives for 2023/24 and a high level summary of local work in these areas.	Update / Information	
		Discussion	*X*
		Decision	

Summary of main points:

Six corporate objectives were agreed by SEL ICB in July 2023:

- Increase the uptake of adult flu immunisation
- Improve the health status of people with mental health conditions and
- learning disabilities
- Increase uptake of screening for bowel cancer for adults
- Increase uptake of screening for breast cancer
- Increase uptake of screening for cervical cancer
- Improve the detection and management of hypertension as a cardiovascular risk factor.

All of the objectives are primarily delivered at Place and therefore, Local Care Partnerships (LCP) are responsible for securing improvements in performance against these objectives.

The latest Lewisham LCP performance data report from May 2024 is attached as appendix 1 which includes comparative data on the ICB corporate objectives across the ICBs 6 LCPs. It should be noted that not all areas represent performance to March 2024 due to the availability of the data sets.

A paper on local progress made to improve performance against the corporate objectives is attached as appendix 2.

Potential Conflicts of Interest	None identified			
Any impact on BLACHIR recommendations	Local work in all the corporate objective areas is directly linked to the recommendations of BLACHIR particularly in regard to immunisations and hypertension where we are specifically undertaking initiatives to support improved uptake in our Black African and Black Caribbean populations through community outreach and work with the VCSE.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Achievement of the corporate objectives will impact positively on health inequalities in Lewisham.		
	Financial Impact	Financial commitments are reflected in services/incentive schemes with primary care and investment in staff and / or VCSE organisations to support work with patients. Successful delivery against the objectives should ultimately release financial efficiencies as patients are kept healthier for longer.		
Other Engagement	Public Engagement	Various dependant on the objective area but includes outreach initiatives, including those led by the Public Health Team in Lewisham and direct engagement with the public and patient groups.		
	Other Committee Discussion/ Engagement	Various LCP groups are involved in the oversight and delivery against the corporate objectives including: • Lewisham Senior Management Team • Lewisham Extended Senior Management Team • Place Executive Group • Primary Care Group • Lewisham Immunisation Partnership Group • LTC forum		
Recommendation:	To note the report and progress made to improve performance against the SEL ICB corporate objectives.			

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership
Performance data report

May 2024

Appendix 1

Contents

Overview of report

Summary:

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

Contents and structure of report:

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

Structure

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

South East London Integrated Care System

Lewisham performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Mar-24	National standard	67%	70%
IAPT access	↓	Mar-24	Operating plan	905	645
IAPT recovery rate	↔	Mar-24	National standard	50%	52%
SMI Healthchecks	↑	Q4 - 23/24	Local trajectory	2915	2769
PHBs	↑	Q4 - 23/24	Local trajectory	773	258
NHS CHC assessments in acute	↓	Q4 - 23/24	National standard	0%	3%
CHC - Percentage assessments completed in 28 days	↑	Q4 - 23/24	Local trajectory	70%	66%
CHC - Incomplete referrals over 12 weeks	↓	Q4 - 23/24	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q3 23/24	England average	89%	85%
Children receiving MMR1 at 5 years	↓	Q3 23/24	England average	92%	87%
Children receiving MMR2 at 5 years	↓	Q3 23/24	England average	84%	78%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q3 23/24	England average	91%	87%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q3 23/24	England average	93%	91%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↑	Q3 23/24	England average	83%	76%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q3 23/24	England average	93%	89%
LD and Autism - Annual health checks	↑	Mar-24	Local trajectory	1204	1500
Bowel Cancer Coverage (60-74)	↑	Oct-23	Corporate Objective	67%	62%
Cervical Cancer Coverage (25-64 combined)	↑	Feb-24	Corporate Objective	69%	68%
Breast Cancer Coverage (50-70)	↓	Oct-23	Corporate Objective	57%	57%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 23/24	Corporate Objective	70%	60%
Flu vaccination rate over 65s	-	Feb-24	Previous year	60%	58%
Flu vaccination rate under 65s at risk	-	Feb-24	Previous year	35%	31%
Flu vaccination rate – children aged 2 and 3	-	Feb-24	Previous year	38%	39%

South East London Integrated Care System

NHS South East London

Performance data

Dementia Diagnosis Rate

SEL context and description of performance

- The 2023/24 priorities and operational planning guidance identifies recovery of the dementia diagnosis rate to 66.7% as a National NHS objective. Dementia diagnosis rate is defined as the rate expressed as a percentage of the estimated dementia prevalence.
- South east London as a whole is currently achieving this target. During 2023/24, SEL performance has varied between 68.3% and 69.8%.
- There is, though, considerable variation between boroughs. Greenwich did not achieve the target in March 2024 (or during any of the previous 12 months).

		Mar-24						
Metric	**Target**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Dementia diagnosis rate	**66.7%**	70.9%	68.8%	63.5%	75.4%	69.7%	71.0%	69.7%
Trend since last report	-	↓	↑	↑	↑	↓	↑	↔

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

IAPT/Talking Therapies

SEL context and description of performance

- The March 2024 trajectory for IAPT access was not achieved in SEL ICB
- All providers have developed plans and communication strategies to increase the number of people accessing talking therapies services. These plans include improving and maintaining their relationships with their local GPs and Health Care providers.
- Service leads have previously raised concerns about their ability to meet the agreed 2023/24 access target, with reduced capacity due to the level of vacant positions and the recruitment process of new PWP Trainees into post. They have also identified an increase in requests for face to face appointments.
- The 50% IAPT recovery rate was met in March 2024. Four of six individual IAPT services reported recovery rates above the required 50%.
- Talking therapies service leads have been informed of the new monitoring metrics for 2024/25 and are working on plans to achieve these targets. Service leads have stated that the new targets will require teams to work differently going forward.

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

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

SMI Physical Health Checks

SEL context and description of performance

- The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved in 2023/24.
- Borough level improvement has been supported by the development of ICS wide key lines of enquiry to set the relevant standards and expectations, non-recurrent funding in 2022/23 to support delivery of borough level improvement plans, and development of an SEL dashboard which enables more frequent review of progress and drill down to monitor by PCN, gender, ethnicity identify opportunities, and review progress post actions
- Indicative quarterly borough level trajectories were set for 2023/24 to support delivery of the overall SEL target and enable closer in year borough level tracking.
- All LCPs have significantly improved their position this year and all delivered health checks to over 60% of their registers. Indicative trajectories were met by 3 out of 6 LCPs.
- A deep dive with recommendations to improve performance has been produced by the central SEL mental health teams and shared with place-based teams via the SMI PHC Task and Finish Group.
- Work is underway with Oxleas to identify the number of checks performed at secondary mental health and to ensure the activity is accurately recorded in primary care systems.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

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

Personal Health Budgets

SEL context and description of performance

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

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

NHS Continuing Health Care

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases. A recovery trajectory for SEL has been agreed with NHSE/I
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- A CHC audit was completed in December 2022 which identified completion of overdue three and twelve month reviews as high priority. Actions from the internal audit, the financial review, CHC/ADoF Summits and other workstreams are now set out in a CHC transformation action plan, reviewed and shared collectively at the CHC/CYPCC Oversight Group and reviewed and updated with Borough Leads at monthly assurance meetings.
- The Place Executive Leads have been advised of the position and requested to provide revised trajectories and a collective plan to address the backlog of reviews (CHC Standard, fast track and FNC).

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

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

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

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	85.6%	90.6%	86.6%	84.5%	85.1%	84.2%	86.2%	81.3%	88.6%
Trend since last report	↓	↓	↓	↑	↓	↓	↓	↓	↓

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	88.9%	92.9%	89.4%	87.0%	86.5%	85.7%	88.5%	85.6%	92.3%
Trend since last report	↓	↑	↑	↓	↓	↓	↓	↔	↔

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	82.1%	87.3%	79.8%	79.9%	78.5%	78.4%	81.1%	73.6%	84.3%
Trend since last report	↓	↑	↑	↑	↓	↑	↑	↑	↑

Childhood immunisations (2 of 2)

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	91.9%	90.3%	89.5%	86.9%	87.4%	89.2%	89.0%	86.2%	91.3%
Trend since last report	↑	↓	↑	↓	↓	↑	↑	↓	↔

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	91.8%	94.0%	90.9%	90.6%	90.7%	87.3%	90.9%	88.4%	92.8%
Trend since last report	↑	↑	↑	↑	↑	↓	↑	↓	↓

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPV%) % at 5 years	82.3%	85.7%	78.8%	77.8%	76.2%	74.4%	79.3%	73.1%	83.2%
Trend since last report	↓	↑	↑	↑	↑	↑	↑	↑	↑

	Q3 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	88.6%	92.9%	91.0%	87.9%	88.6%	88.7%	89.7%	87.6%	93.0%
Trend since last report	↓	↑	↑	↓	↓	↑	↑	↑	↑

Learning disabilities and autism – annual health checks

SEL context and description of performance

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

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

Cancer screening (1 of 2)

SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective for 2023/24.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.
- There are a number of challenges to achieving improvements across the programmes, including:
    - Mistrust of NHS services
    - Fear of cancer and a positive diagnosis
    - Health beliefs and 'fatalism'
    - People with disabilities and non-English speakers have lower uptake.
- Programme specific challenges include:
    - **Breast screening** - Test requires attendance at unfamiliar locations
    - **Bowel screening** - Acceptance of test and a reluctance to take sample of 'poo'
    - **Cervical screening** – Discomfort of test. Younger patients joining the eligible cohort are increasingly likely to have had HPV vaccination and therefore may find less value in cervical screening (a national trend).
- The network contract DES for Supporting Early Cancer Diagnosis specifies a number of requirements/recommendations for PCNs
- SEL cancer facilitators are working with practices to provide specialist, individualised intervention resources

Cancer screening (2 of 2)

SEL context and description of performance

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

		Oct-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	71.7%	74.2%	63.8%	60.7%	61.6%	60.6%	65.9%
Trend since last report	-	↑	↑	↓	↑	↑	↓	↑

		Feb-24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	68.5%	71.7%	74.0%	65.8%	62.8%	67.6%	63.9%	67.0%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑

		Oct-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	68.6%	71.9%	57.0%	55.0%	56.6%	54.9%	60.9%
Trend since last report	-	↑	↓	↔	↓	↓	↑	↔

Management of hypertension to NICE guidance

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.
- The 2023/24 priorities and operational planning guidance also identifies increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 as national objective.
- The percentage of patients managed to NICE guidance fell in quarter one in all boroughs. However, performance improved across all boroughs in quarter three and the latest aggregate position is 65.4% for south east London.
- Prior to Q1, there had been consistent improvement in the level of hypertensions control as part of the process of Covid recovery. The achievement variation between practices, PCNs and boroughs persists.
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.
- All boroughs have access to the BP at home and community pharmacist schemes.
- All boroughs receive facilitator visits from CESEL and have access to QI data
- People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

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

Adult flu immunisation (1 of 2)

SEL context and description of performance

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

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

Adult flu immunisation (2 of 2)

Borough level uptake

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

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

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

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

South East London
Integrated Care System

Update on the delivery of ICB corporate objectives in 2023/24 in Lewisham

May 2024

Appendix 2

Corporate Objectives

South East London Integrated Care System

1. Increase the uptake of adult flu immunisation.

2. Improve the health status of people with mental health conditions and learning disabilities where there is evidence of health inequalities.

3. Increase uptake of screening for bowel cancer for adults.

4. Increase uptake of screening for breast cancer.

5. Increase uptake of screening for cervical cancer.

6. Improve the management of hypertension as a cardiovascular risk factor.

Adult Flu Immunisation (1/2)

South East London Integrated Care System

The ICB and Local Authority have a joint action plan aimed at increasing the uptake of the flu vaccine in adults

Objective	Action	Barriers to success	Success criteria/Outcomes
Ensure clear information is available to the pubic on the benefits of having a flu vaccination and how to access this.	Clarify what communication activities will be undertaken at national, London, SEL and Lewisham level and then action accordingly.	Responsibilities unclear. Patients do not engage with the programme.	Increased public awareness and coverage levels.
Incorporate flu vaccines into the health inequalities programme.	Make flu vaccine available in an outreach hub, to have a weekly presence.	Workforce, technology, availability, uptake.	Increase in patient uptake.
Incentivise a population health approach to vaccination coverage.	Clarify requirements of PCNs as part of the Impact and Investment Fund.	Lack of clarity on expectations.	PCNs have clear incentive to drive programme.
Support vaccination of Care home patients.	Liaison with GP Federation who are contracted to support care homes	Capacity and prioritisation against other areas, practices that do not want fedeation to do their patients	eligible care home patients vaccinated.
Support vaccination of housebound patients.	Confirm arrangements for housebound patients.	Providers not willing to sign up to SLA.	Eligible housebound patients vaccinated.
Support vaccination of unregistered patients.	Confirm arrangements for unregistered patients.	Providers not willing to sign up to Service Level Agreement.	Unregistered patients vaccinated.

Adult Flu Immunisation (2/2)

South East London Integrated Care System

Objective	Action	Barriers to success	Success criteria/Outcomes
Practices are using the correct read codes for the flu vaccination.	Read codes to be clarified with practices.	Human error may still cause wrong read codes to be used.	All data on Immform and on the clinical system to have the correct read codes recorded i.e. no unusual read codes used
Sharing Regular comparative performance data.	Performance league tables.	Different data sources being used.	Compile table directly from EMIS weekly/fortnightly.
Practices with low flu vaccine uptake.	Work with practices - incorporate in practice visits.	Practices resistant to change or new ideas.	Increase in uptake figures.
Support vaccination of care home staff	Confirm plans in place to vaccinate staff.	Staff uptake- getting the message out to frontline	relevant staff vaccinated
Increase in uptake of LGT Health Care Workers.	Look at data and agree with LGT how figures can be recorded.	Lack of engagement.	Figures reflect actual number of vaccinations
Using population health dashboards, identify areas of Lewisham with lower than average uptake and work with both pharmacy, outreach and practice providers to increase uptake.	Regular analysis of Lewisham flu uptake. Good relationship with local providers to help target increased uptake. Consider incentivising providers to undertake outreach vaccinations in target regions. Develop a good working relationship between localised pharmacy and practice providers and outreach support to help with a co-ordinated response.	Capacity within practices. Release of Community Pharmacist time.	Regions with lower than average uptake, increase to at least average uptake.

Hypertension (1/3)

South East London Integrated Care System

Improving hypertension management in Lewisham

Increase the number of hypertensive patients in Lewisham treated to target from 55% to 77%

- Lewisham has the lowest hypertension control rates across South-East London.
- A business case to provide additional investment was approved in March 2024.
- The programme is comprised of an incentive scheme for primary care, enhanced training and support for practice nurses, training and workshops for non-clinical neighbourhood teams and funding to work in partnership with VCSE to develop solutions.
- The programme will clearly align to areas for action within BLACHIR and the Health Inequalities Programme.
- CESEL, The Health Equity Fellows and Population Health Inequality Fellows are all key stakeholders being consulted closely.

Hypertension (2/3)

South East London Integrated Care System

- The hypertension incentive scheme has been developed with key stakeholders and approved by the Primary Care Group in April 2024.
- It will be launched as part of the Population Health PCN Framework imminently.
- The first Neighbourhood Hypertension training workshop was delivered in April and is currently being evaluated.
- The practice nurse enhanced training programme is due to launch in May at the GP Practice Protected Learning Time.
- World Hypertension Day on 17th May to raise awareness of high blood pressure with various testing locations across the borough and comms planned to support.

Hypertension (3/3) - Suvera project

South East London Integrated Care System

- In addition to the business case, funding was secured through NHSE to offer short-term resource to the lowest performing PCNs.
- Suvera were commissioned to provide a virtual clinic service where The Lewisham Care Partnership (TLCP) PCN patients are supported to optimise their blood pressure.
- Hypertension controlled rates for TLCP have improved.
- There were delays identifying and onboarding a second PCN however Modality are now inviting patients for review.
- The project will end around July 2024 and an evaluation will be completed.

Serious Mental Illness (1/2)

To improve uptake of Serious Mental Illness Physical Health Checks (SMI PHCs) and address health inequalities the ICB is doing the following:

- Has a locally commissioned service **(PMS Premium)** which includes a focus to improve access and uptake of PHCs. SMI PHCs has been part of the PMS Premium for 4 years.
- As part of the PMS Premium **monitoring framework**, practices below the 50% target at the end of Q3 are required to develop an improvement plan outlining how they intend to meet the target by the end of the financial year.
- The ICB also captures data on patients who have had some, but not all 6 elements of the PHC and shares this back with practices to support follow up.
- **SLAM and the ICB have been working collaboratively** to improve access and uptake of SMI PHCs and share a joint action plan.
- Furthermore, the **Health Innovation Network has worked with several practices** to reconcile data for patients who might have had their PHC carried out in secondary care.

Serious Mental Illness (2/2)

There has been a consistent upwards trajectory in uptake of SMI PHCs over the past 36 months as shown below.

- **2023/24: Uptake - 60.7%**
- **2022/23: Uptake – 48%**
- 2021/22: Uptake – 33%

A breakdown of individual practice performance for 2023/24 shows:.

- **22/27 practices (81%) achieved the operational target of 50% uptake.**
- **The remaining 5 practices (19%) achieved over 42% uptake overall.**

Learning Disabilities (1/2)

The borough has recruited a Learning Disabilities Annual Health Check (LD AHC) coordinator funded through non-recurrent ICB monies. The role is hosted by One Health Lewisham, the GP Federation.

The aim of the coordinator is to improve the uptake and quality of LD AHCs. It will:

a) Work directly with practices and support the promotion, coordination and delivery of LD AHCs.

b) Support practices and PCNs with central call and recall of people due for an AHC.

c) Work with local voluntary and community sector organisations to coordinate outreach events for LD patients and their carers with focus on improving access to care.

d) Review data on uptake of flu vaccinations and review of any other health conditions for LD patients .

e) Support patients and carers to complete an easy read feedback form for project evaluation

Learning Disabilities (2/2)

Similar to improvements seen with SMI PHCs, there has been a consistent upwards trajectory in uptake of LD AHCs over the past 36 months as shown below.

- **2023/24: Uptake – 86%**
- **2022/23: Uptake – 67%**
- 2021/22: Uptake – 52.6%

LD AHC remains a priority.

- The National uptake target for 2024/25 has increased from 75% to 85%.
- LD AHCs is 1 of the 19 income protected indicators in 24/25 Quality and Outcomes Framework (QOF).
- It is also 1 of 2 Primary Care Network Contract Directed Enhanced Service Impact and Investment Fund (IIF) indicators for 24/25.

Local initiatives to improve uptake of cancer screening programmes

Details of community outreach events which LCAN members have attended. Most events exceed 30 - 50 people accessing the stall, where they can engage with a LCAN lead who will promote screening information and provide appropriate information in a range of languages, easy read versions of leaflets and signpost to services.

- Bowel, Cervical and Breast Screening Promotion - Sevenfields PCN Winter Health Fair – 19/01/2024
- Breast Cervical and Early Diagnosis of Cancer at Lewisham Speaking UP Women's Group – 25/01/2024
- Lewisham Practice Nurse Forum – Presentation Addressing Inequalities, Engagement and Working with Communities to Increase Screening Uptake - 25/01/2024
- Prostate Cancer Event at the Glassmill Leisure Centre – 13/02/2024
- Breast Screening Promotion at Lewisham Speaking Up Peoples Parliament - 14/03/2024
- Bowel and Breast Screening Information Afternoon at the Waldron Health Centre -19/03/2024
- Breast Screening Promotion at North Lewisham Health Equity Team Community Health Hub – 15/04/2024
- Community Health Hubs at Telegraph Hill Centre, 21/02/2024, Staycity Aparthotel 06/03/2024 and St James Parish Church, 15/04/2024
- Winter Health Fair, Wesley Halls 19/01/2024
- Promotion of Screening and Cancer Early Diagnosis at Lewisham Speaking Up Peoples Parliament and Women’s Group.
- Supporting SLAM run CRUK Talk Cancer for those supporting patients with SMI.
- Cervical Screening Promotion in Lewisham Shopping Centre – 23/03/2024 (ICB Nurses)

Following up non-responders to bowel cancer screening has been part of the local GP practice PMS Premium for several years and has been extended to include breast cancer screening in 24/25.

SEL Initiatives to improve uptake of cancer screening programmes

Breast Screening

Significant focus has been placed on breast screening recovery over the past 12 months, given the delays to these efforts in previous years caused by ongoing operational pressures in the breast screening hub.

There have been numerous local (Place & SEL) and national campaigns to raise awareness and address concerns about breast screening, especially in historically underserved groups.

SELCA have also directly commissioned Catch-22 to carry out a non-responder contact programme in Greenwich and Lewisham, which have one of the lowest rates of breast screening in SEL.

Progress in 2022/23 and 2023/24 is likely a combination of 1) a delay in recovery, with some patients who historically would have participated in screening having missed this since covid but are easily encouraged to attend once contacted, 2) significant focus on awareness campaigns from national/regional NHSE teams and SEL Cancer Alliance, 3) direct intervention by SEL Cancer Alliance in commissioning a non-responder contacting programme.

Bowel Screening

SEL Cancer Alliance commissioned Catch-22 to contact non-responders in Lambeth and Lewisham and due to the delayed impact, these interventions types have on coverage calculations, we would expect to see some improvement play through in the remainder for 2023/24 data.

Cervical Screening

There have been a number of awareness campaigns run through national and local teams, encouraging attendance for cervical screening as well as addressing known barriers/concerns.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 10
Enclosure 10

Title:	**Provider Selection Regime (PSR) LCP summary and Required Actions**
Meeting Date:	**30 May 2024**
Author:	Kenny Gregory, Director of Adult Integrated Commissioning
Executive Lead:	Ceri Jacob

Purpose of paper:	To outline key revisions to ICB statutory duties regarding the procurement of health services and agree changes in the LCP governance structure that oversees the procurement decision making process.	Update / Information	
		Discussion	
		Decision	***X***
Summary of main points:	Outline of background, key changes to the procurement process, flowchart to identify the most suitable procurement route, required changes to LCP governance structures and requested agreement and proposed changes the ToRs of existing LCP committees.		
Potential Conflicts of Interest	**N/A**		
Any impact on BLACHIR recommendations	**The PSR is intended to support Local Partnership's ability to procure high quality services that appropriate and respond to local population based need. The PSR can be used as an active tool to support the development of culturally specific and appropriate services.**		

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

	Equality Impact	
	Financial Impact	
Other Engagement	Public Engagement	
	Other Committee Discussion/ Engagement	

Recommendation:	**To agree the proposed changes to the LCPs existing committees that will establish a formal governance structure for the oversight of the PSR.**

Provider Selection Regime – LCP Summary & Required Actions

Kenny Gregory
Adult Integrated Commissioning
SMT 21st May 2024

Procurement Approach

- For commissioned healthcare services, **SEL** ICB adopt's a procurement approach in compliance with its obligations under **the** provider selection legislation and-other applicable legislation

- SEL ICB's main objective for provider selection process for health services is to provide patients with **services that are high quality, responsive and appropriate to their need, whilst ensuring that the ICB complies with its legal obligations**. The ICB will strive to ensure that its service providers and suppliers can anticipate and respond to changes in the ICB's need and will value the need to provide quality and value for patients.

- When procuring health care services, the ICB is required to act with a view to:
  - Improving the quality of the services
  - improving efficiency in the provision of the services.
  - Meeting the needs of the local population.
  - Keeping within approved budgets/cost limitations.
  - Meeting probity and propriety requirements.
  - Demonstrating value added to the local community

Background - PSR

- **The Provider Selection Regime (PSR) was passed into law on the 1st of January** with no implementation phase.
- **PSR replaces the current procurement regulations for healthcare services** only. **This means that we will need to operate two different sets of regulations depending on the type of services being procured**. This paper focusses specifically on the PSR requirements for healthcare services.
- **PSR is significantly different to current regulations providing two new additional routes to procurement, however it comes with additional checks and balances** (procedural burden) **to ensure that PSR is complied with** and applies to healthcare services regardless of contract value, therefore bringing more contracts within its scope.
- **Governance structures established to ensure compliance against the PSR process do replace existing ICB financial governance arrangement such the scheme of delegation.**

The following slides are intended to present the required actions to support embedding of the PSR with operation at place and specially within the LCP whilst also **outlining subsequent actions that will also be required the board and its members**.

Healthcare Services Provider Selection Regime (PSR)

The procurement routes for health services are governed by the Health Care Services (Provider Selection Regime) Regulations 2023

PSR applies to health care services as defined in section 150(1) of the Health and Social Care Act 2012

- The ICB can follow one of the following provider selection processes to award contracts for health care services:

- **Direct Award Process A:**
  No realistic alternative to the existing provider.
- **Direct Award Process B:**
  People have a choice of providers, and the number of providers is not restricted by the relevant authority.
- **Direct Award Process C:**
  The existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably.
- **Most Suitable Provider Process:**
  Allows the relevant authority to make a judgement on which provider is most suitable based on consideration of the key criteria. Award without competitive tender.
- **Competitive Process:**
  Where the relevant authority cannot use any of the other processes or wishes to run a competitive exercise

Key Criteria for Direct Award Process C and Most Suitable Provider

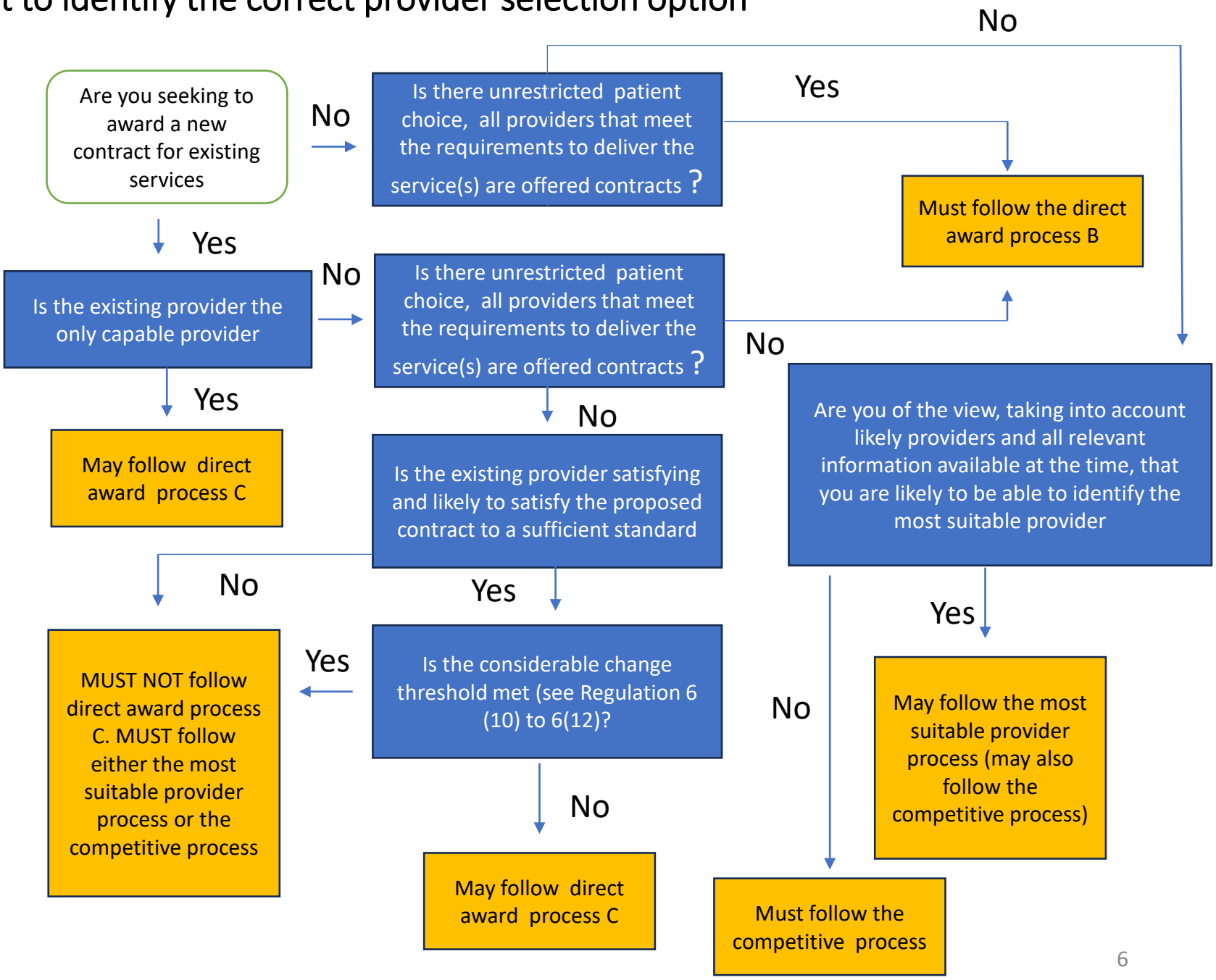
When using Direct Award Process C or the Most Suitable Provider Option the ICB will require assurance about potential providers and is required to undertake a due diligence process proportionate to the nature and value of the contract.

Five key criteria must be considered when making decisions about provider selection under Direct Award Process C,

- **The Most Suitable Provider Process and The Competitive Process. The five criteria are:**
- **Quality and Innovation**
- **Value**
- **Integration, collaboration and service sustainability**
- **Improving access, reducing health inequalities and facilitating choice**
- **Social value**

The relative importance of the key criteria is not predetermined by the Regulations and there is no prescribed hierarchy of weighting for each criterion, The ICB must apply all criteria to provide selection decisions and base the relative importance based on what the ICB is seeking to achieve from the service and contracting arrangements.

Flowchart to identify the correct provider selection option



Governance – Decision Making and Representations

What is required

- **Committees with the relevant authority are required to make decisions on procurement routes, contract variations and extensions, contract awards/signatures, and management of Conflicts of Interest**.
- **The PSR establishes an additional requirement to make and record decisions relating to any Representations made by providers against awarding a contract** under PSR to another provider. **When reviewing Representations there must be at least one individual not involved in the original decision** included in the review process.
- **If providers are not, then satisfied with the response provided by the ICB they can then escalate to the new NHSE Independent Patient Choice and Procurement Panel** which will consider whether PSR has been correctly applied. **Following review, the** NHSE **panel may provide advice to the ICB on next steps, noting it is the ICB's decision whether to follow this advice or not**.
- **If the provider remains dissatisfied with the ICB's final decision it may then take the ICB to Judicial Review**.

Actions Required

- Decision making – Lewisham's ICB Senior Management Team (SMT) is designated as the **existing Committee with the relevant authority in place where PSR related decisions can be made – however we will also need to consider how we fulfil requirements for those contracting decisions that are the responsibility of the ICB's Planning Directorate**.
- Representations – **At place we need to identify who from the ICB and wider LCP may participate in the review of the representations review process,** whilst ensuring there is no conflict of interest..
- **Our Terms of reference for the LCP, PEG and SMT will have to be amended to include the PCR requirements,** roles and functions of our Boards and Groups in the overall process.

ANY QUESTIONS?

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 11
Enclosure 11

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 30 May 2024**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health & Care Partners Strategic Board regarding the Lewisham Risk Register.	Update / Information	
		Discussion	***X***
		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 Financial Balance 2024/25 Cost pressures are on an upward trend and expected to continue into 2024/25.	⟺	Open (10-12)
Financial	**496.** Prescribing Budget Overspend. Risk that the prescribing budget 2024/25 may overspend.	⟺	Open (10-12)
Operational	**505.** The NHS@Home (virtual ward) Service – utilisation of the service is lower than planned for.	⟺	Eager (13-15)
Clinical, Quality and Safety	**528.** Access to Primary Care **– NEW RISK** 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. – **NEW RISK**	⟺	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. This is a recurring annual risk.	⟺	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 in Lewisham – **NEW RISK** 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	**526.** A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House. **- NEW RISK**	⟷	Cautious (7–9)
Clinical, Quality and Safety	**377.** All Initial accommodation centres such as Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.	⟷	Cautious (7–9)
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 bi-monthly 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.New Risks

Following a recent PELs meeting, the *LCP comparative risks* - Appendix 2 was reviewed and updated in lieu of the new financial year. The LCP comparative risk assesses risks from each of the six LCPs to make sure they are current and scores are reflective of the risk. New risks have been identified for Lewisham, resulting in 14 risks in total:

528. Access to Primary Care
529. Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population
527. Intermediate Care Bed Provision in Lewisham
526. Families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House

	Achievement of financial balance for 23/24 has now been closed. **448.** Achievement of financial risks 23/24 – is **NOW CLOSED** (risk 498 refers to financial year 24/25) Risks relating to the Management Costs Reduction (MCR) such as impact to programme design and delivery, BAU and staff fatigue and staff morale have been identified and are on the wider SEL risk register. **5.Key Themes:** The key themes from the risk register relate to finance/budgetary impact, 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	Yes
	Other Committee Discussion/ Engagement	Risks are allocated each month for a deep dive at a weekly Senior Management Team meeting and monthly Extended SMT. In addition, the risk register 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 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), in 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)	⟺	Ceri 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 QUIPP 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 self-care items, LTC and treatment to be prescribed rather than purchased as cost-of-living increases. 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget. 6- Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting hospital avoidance or discharge.	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Ceri Jacob	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. 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
Delivery / NHS @ Home (Virtual Ward)														
505	Operational	NHS @ Home (Virtual Ward)	The NHS@Home Service is now significantly busier than it was earlier in the year. The outstanding risk remains that few patients are actively being discharged from hospital earlier than they otherwise would be. This is because agreeing the acute clinical pathway is taking longer than expected, with limited clinical time available from LGT Clinicians.	3x3=9	2x2=4	1x2=2	Eager (13-15)	⟺	Amanda Lloyd	Andrew Cook	1.A robust service specification has been drawn up, with recurrent funding confirmed for Virtual Wards. 2.A series of workshops are being held, to engage LGT Senior Colleagues. 3.Bi-weekly NHS@Home referral statistics are emailed to the LGT CEO and Divisional Director of Operations. 4.Daily in-reach is provided to the short-term medical assessment units and Emergency Department at UHL, to proactively identify suitable patients for the NHS@Home Service.	Another workshop is being planned for June 2024, which Ceri Jacob will chair, bringing together key stakeholders across the ICS, Local Authority, CHL and LGT.	The controls require active engagement from LGT Stakeholders. Clinical pressures and recent strike action have prevented this.	The above controls require active engagement from LGT Stakeholders. Clinical pressures and recent strike action have prevented this.
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)	⟺	Ceri 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.All 6 PCNs have developed and implemented Capacity and Access Improvement Plans for 23/24 which focus on patient experience, ease of access, demand management and appointment coding. 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.Launch 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 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.
529	Clinical, Quality and Safety	Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population	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	3x3=9	3x2=6	Cautious (7 – 9)	⟺	Ceri Jacob	Ashley O'Shaughnessy	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. A national failsafe should ensure that unvaccinated individuals are flagged with registered practices. 4.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 5.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. 6.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 7.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' for vaccinations. 8.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. 9.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes ie MMR/Covid/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.	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
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 Schetland	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. Stocktake of CMHS to review effectiveness and implement recommendations, with aim to increase number of people supported in a primary care setting. 4. EOI for NHSE 2 year Community mental health pilot in N2. 5. 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 Monitorng. 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: •Activity has grown, with new patient numbers increasing in all client groups, but most markedly in LD (an increase of 31%). Of these 13 patients, 3 were older patients who had deteriorated – the remainder are all late teens/early 20s transitioning from college/school to permanent placement/supported living. •There is pressure caused by costs of existing packages being driven up by inflationary uplifts and increases in NLW and LLW. AQP rate has increased by 4.1%. •CHC has continued to experience an increase in patient acuity in 2024/25 particularly in terms of POC at home an increase of 45 patients including several new tracheotomy patients. •There are a large number of delayed reviews which might have offered opportunities for savings through reduction in costs or eligibility decisions. •Delayed discharges from Neuro-Rehab Units continue to impact on CHC Budget.	5x4=20	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Corinne Moncorme	1. Review of CHC staffing requirements is underway to determine if additional staff are required to meet quality and savings targets. 2. Monthly budget review meetings. 3. Weekly review of CHC eligibility decisions and related cost of packages. 4. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to 5. 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	Will not meet quality standards set by NHSE regarding 28 days target to complete DST.	Potential patient safety issues and increase in complaints because of reduction in packages.
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 being terminated. • The current provider failing to address areas of concern raised through the moderation process during the last procurement. • The current providers giving notice to Commissioners prior to the contract end date. 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	4x3=12	4x2=8	Cautious (7 – 9)	⟺	Kenny Gregory	Lorraine Sinnott-Inor	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	3x3=9	2x3=6	Open (10–12)	⟺	Ceri Jacob	Christiane Nkrumah/Margaret Mansfield	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. May 2024 - The Designated Doctor for Children Looked After who is involved in completion of Initial Health Assessment (IHA) is currently off sick until July 2024. The DD normally covers 12 IHA clinic sessions in a month and during the period of sickness, 9 out of 12 would be covered by other doctors leaving possibly 3 uncovered for the month. However, the provider reported plans to rearrange available doctor's diary to accommodate outstanding sessions. If this action is not achieved, the outcome would be delays in health service timely completion of IHA which could also impact on delay in children accessing any other health services for support where needed. 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 reiterating good practices around IHA paperwork and consent. Slides to be included in new Social Worker starter pack.. 10.Director of Quality and Designated Professionals together with Commissioners are working on an updated service specification. 11.The NICE CLA benchmarking tool has been completed and shared with Commissioners and Directors (Quality and Place Directors).	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.
526	Clinical, Quality and Safety	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.	4x4=16	3x4=12	2x4=8	Cautious (7 – 9)	⟺	Ceri Jacob	Fiona Mitchell	Pregnancy Safeguarding Midwife LGT – liaising with Tower Hamlets vulnerable midwifery team. Specialist Health visiting service, Lewisham are attending weekly at Pentland House in relation to supporting mothers and young children. Liaising with AD of CBC, Lewisham – in relation to Enhanced Primary Care support / GP Access.	Director of Housing, Fergus Downie in regards to legal element (S208) has escalated to the Director of Social Housing at Tower Hamlets under the housing and refugee resettlement S208 and in reference to no data has been provided on temporary accommodation residents residing at Pentland House accommodation and will make enquiries regarding advocacy support. Primary Care to escalate to Director at Tower Hamlets regarding the possibility of enhanced access to primary care support with consideration of costs to be absorbed Tower Hamlets. A meeting has been arranged. Joint Commissioning – 0-19 Health and Maternity to discuss gaps in service and risks. Paul Larrisey CN and Rebecca Saunders Safeguarding lead HoN briefed and Ceri Jacob PEL Lewisham who is escalating accordingly.	Unknown due to unknown demography of individuals residing.	None known at present
377	Clinical, Quality and Safety	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.	3x3=9	3x3=9	1x1=1	Cautious (7 – 9)	⟺	Ceri Jacob	Fiona Mitchell	As of 11th September 2023, Pentland House has closed. Appropriately, 250 service users will be moved before this date and it is likely that the majority moved will take place prior to 31st August 2023. The Clear Springs Ready Safeguarding team visited Pentland House on 8th August 2023 to meet with those that have additional vulnerabilities to ensure they are profiled to appropriate accommodation. ICB and Lewisham's multi-agencies have met to discuss support of service users' and the transition to new locations. These include NGOs, Primary Care Sanctuaries and other agencies. In addition, a complaint will be raised with the Home Office and Clear Springs Ready homes in relation to system processes used during the closure. A meetings is being held to formulate a multi-agency response. ICB have reached a decision to not support complaint letter as better relationships developed with HO and Clear Springs Ready homes and agreement to refer safeguarding via local pathways in to adult and child MASH 09.04.24 Stay City Apartments remains open. Safeguarding assurance visit conducted with Lewisham ICB, Safeguarding adults and Children, AFRIL and Borough of Sanctuary with recommendations generated and working with Clear Spring Ready Homes and Home Office to progress. Unexpected death in Stay City Apartment – an appreciative inquiry is being conducted with multidisciplinary agencies including Home Office and Clear Springs Ready Homes, led by Lewisham ICB where learning outcomes will be discussed with all agencies. Case with Coroner and Police have closed case.	As outlined in controls.	Initial accommodation centres are not commissioned by the ICB but the Home Office. ICB has no contractual service agreement. However, primary care resources to centre supported by Lewisham ICB.	Initial accommodation centres not commissioned by ICB but Home Office. ICB has no contractual service agreement. However, enhanced primary care resources to centre supported by Lewisham ICB.
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 Ruhnen	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. Trust are reviewing the requirement for all children to be seen by paeds and other professional to assist with carrying out health assessments. A formal proposal has been submitted and a meeting due in December with the Trust to confirm next steps and implementation (will need approval prior to implementation). 8. A group meeting is being held in January to approve implementation of the changes. A working group is in place to update on implementation of the pilot to change the pathway for ECHNAs and activity that have been identified as part of the improvement plan.	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 Rahman	Pau 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. 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 - 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. A group meeting is being held in January to approve implementation of the changes. A working group is in place to update on implementation of the pilot to change the pathway for ECHNAs and activity that have been identified as part of the improvement plan.	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.

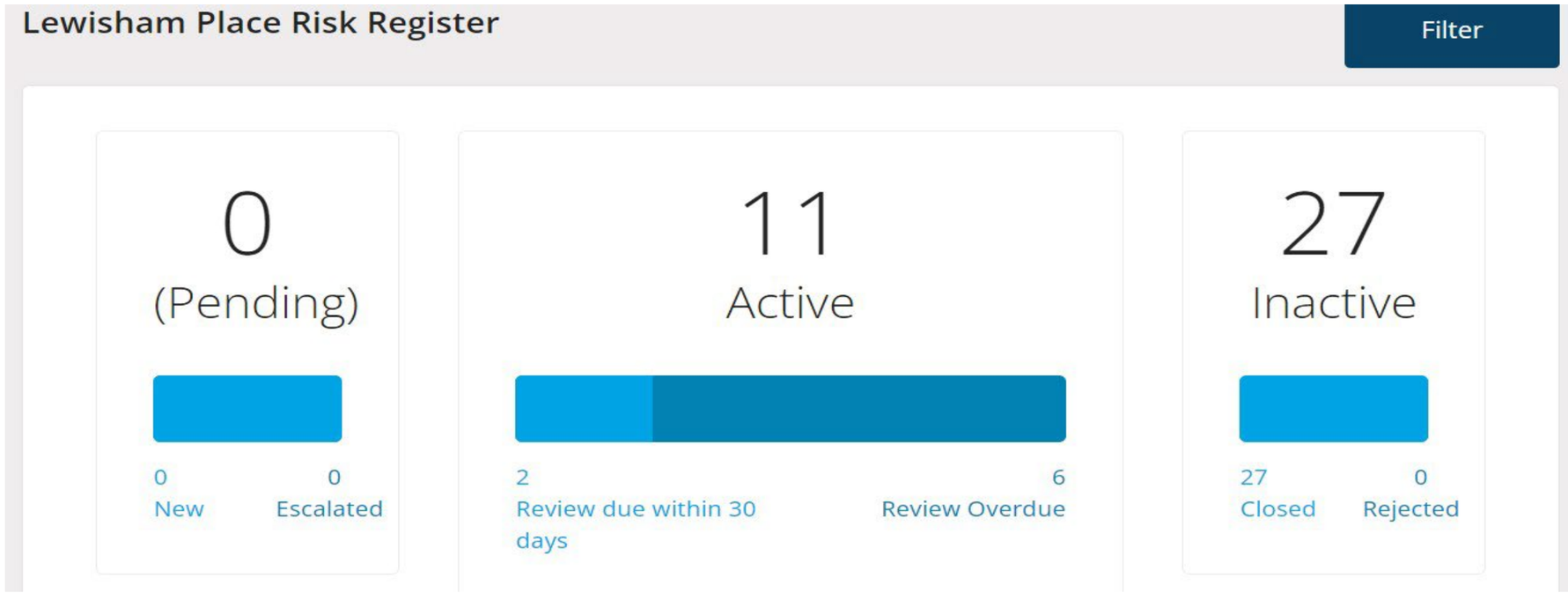
Key - Direction of Risk

↓ Risk has become worse.

⟺ Risk has stayed the same

↑ Risk is improving

Risk Register Summary (in accordance with Datix)



	Consequence				
Likelihood ▾	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	**0**	**0**	**1**	**0**	**0**
Likely	**0**	**0**	**2**	**0**	**0**
Possible	**0**	**1**	**3**	**2**	**0**
Unlikely	**0**	**1**	**0**	**0**	**1**
Rare	**0**	**0**	**0**	**0**	**0**

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

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

1. *Risk management is about finding the right balance between risks and opportunities in order that the Integrated Care Board – as a key partner in the South East London Integrated Care System – might act in the best interests of patients, residents, and our staff.*

2. *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.*

3. *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 change 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.*

4. *This risk statement is issued by the ICB and relates to the risk management processes in place to support the organisation's Board to manage risks faced by the organisation. However, as an integral part of the SEL Integrated Care System – working to shared operational and strategic objectives – a significant proportion of ICB risks will also affect ICS partner organisations, and vice versa. The ICB's risk approach aims to respect individual institutional responsibilities and processes, whilst seeking a better coordinated response to risks that exist across the partnership. This approach is a particular priority given that risks exist at provider interfaces and as part of patients' interactions across system partners.*

5. *The ICB has a dual role. It functions as a highly regulated organisation with responsibilities for ensuring statutory compliance, overseeing provision and ensuring financial sustainability. It additionally functions as an engine of change, with responsibilities to promote joined-up care, innovation, and to deliver improved population health outcomes.*

6. *To achieve our ambitious objectives for the health and care system in south east London, the ICB, as a leading voice in the wider ICS partnership, will need to be an increasingly innovative and change-driven organisation. The ICB has consequently adopted an **OPEN** or **EAGER** appetite in most areas of risk. However, the ICB will in pursuit of its wider objectives, operate with a **CAUTIOUS** posture to risks relating to the quality and safety of clinical care and to data and information management*

7. *Where a risk related to the ICB's activities is recorded with a residual risk score in excess of the defined risk tolerance level for the stated category of risk, that risk will be escalated within the SEL governance structure and ultimately be included in the Board Assurance Framework (BAF) for consideration by the ICB Board.*

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

Proposed risk appetite levels by risk category (1 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Financial	Avoidance of any financial impact or loss is the key objective.	Only prepared to accept the possibility of very limited financial impact if essential to delivery.	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).
Clinical, Quality and Safety	Prioritise minimising the likelihood of negative outcomes or harm to patients. Strong focus on securing compliance with existing protocols, processes and care standards for the current range of treatments.	Prioritise patient safety and seeks to minimise the likelihood of patient harm. Is focussed on securing compliance with existing protocols, but is open to taking some calculated risks on new treatments / approaches where projected benefits to patients are very likely to outweigh new risks.	Is led by the evidence base and research, but in addition to a commitment to prioritising patient safety, is open to taking calculated risks on new treatments / approaches where projected benefits to patients are likely to outweigh new risks.	Strong willingness to support and enable the adoption of new treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on some uncertainty on the basis of learning from doing.	Prioritises the adoption of cutting edge treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on reasonable but significant uncertainty on the basis of learning from doing.
Operations	Defensive approach to operational delivery – aim to maintain/protect current operational activities. A focus on tight management controls and oversight with limited devolved authority.	Largely follow existing ways-of-working, with decision-making authority largely held by senior management team.	Will seek to develop working practices but with decision-making authority generally held by senior management. Use of leading indicators to support change processes.	Willingness for continuous improvement of operational processes and procedures. Responsibility for non-critical decisions may be devolved.	Desire to “break the mould” and challenge current working practices. High levels of devolved authority – management by trust / use of lagging indicators rather than close control.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (2 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Governance	Avoid actions with associated risk. No decisions are taken outside of processes and oversight / monitoring arrangements. Organisational controls minimise risk with significant levels of resource focussed on detection and prevention.	Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximised through robust controls and sanctions.	Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking.	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.	Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking.
Strategic	Guiding principles or rules in place that largely maintain the status quo and seek to limit risk in organisational actions and the pursuit of priorities. Organisational strategy is rarely refreshed.	Guiding principles or rules in place that typically minimise risk in organisational actions and the pursuit of priorities..	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is reviewed and refreshed dynamically.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (3 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Data and Information Management	Lock down data & information. Access tightly controlled, high levels of monitoring.	Minimise level of risk due to potential damage from disclosure.	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	Accept need for operational effectiveness in distribution and information sharing.	Level of controls minimised with data and information openly shared.
Workforce	Priority to maintain close management control and oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued desire to “break the mould” and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetit to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.

Selected ICB risk appetite level

South East London Integrated Care System

NHS South East London

Summary of SEL LCP risks

Prepared for the place executive leads (PELs), 29 April 2024

Version 3

Purpose

Purpose

1. The ICB assurance team have a role to support LCP SMTs with identifying potential risks that should be considered for inclusion in LCP risk registers. Possible areas of risk might be identified following the emergence of risks on related programmes of work, near misses / incidents, nationally and regionally identified risks, reviewing risks recorded by other organisations, pro-active horizon scanning of likely areas of risk not recorded, looking at risks identified in other reports (e.g. performance, quality, PMO reports), looking at the wider applicability of risks have been recorded by other parts of the organisation. The role of the assurance team is to work with LCP governance leads and SMTs to assess the applicability of these risks to their boroughs.

2. Following review of the LCP risks by the PELs in November 2023, it was agreed to continue review of comparative LCP risks on a quarterly basis. This pack provides an updated set of LCP risks, as of **29 April 2024**.

3. The ICB assurance team have also been working with SEL risk owners to review their risks for 2024/25 – this has resulted in some areas of risks currently recorded on the SEL risk register to be considered for reallocation and inclusion onto the LCP risk registers (slides 10 - 12).

4. As the ICB begins to develop its system risk approach, LCP risks on slides 4 - 8 have been assigned* to one of two categories as below:

    - **Primarily ICB risks** – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk summaries have been highlighted in **green**.

    - **Primarily system risks** – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk summaries have been highlighted in **blue**.

*important note: this categorisation is indicative and PELs should highlight any areas of risk which they think belong in the alternative category.

Contents

1. **Slides 4 - 5:** provide a summary of the risks which have been identified and recorded on more than one LCP risk register, with their residual risk score rating.

2. **Slides 6 - 8:** provide a summary of all risks identified and recorded on a single LCP risk register. The list of risks is varied and may be specific to a particular LCP, however these risk make a useful list of risk that in some cases **may also be applicable to other LCPs.** They should therefore be reviewed and considered for inclusion in local risks registers.

3. **Slide 9:** summarises the risks that were discussed at the PELs meeting on 5 February 2024, with an update on which LCP registers have those areas of risk recorded.

4. **Slides 10 - 12:** provide a summary of risks previously recorded on the SEL register, which should be considered by PELs and their SMTs for future inclusion on the LCP risk register.

5. **Slide 13:** provides a set of key questions for PELs, their SMTs and borough risk leads when completing risk reviews in the LCP.

Risks recorded on more than one LCP risk register (1 of 2)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Achievement of financial balance in the borough	6 ▲	12 ▲		12 ○	15 ●	12 ○
Unable to identify and achieve efficiency savings within the borough					6 ▲	12 ○
Overspend against the prescribing budget		12 ▲		12 ○	12 ▲	12 ○
Overspend against the borough's delegated CHC budget	9	9	12	12 ○	12	
Unbudgeted costs due to transfer of high-cost LD clients					12 ▲	
Delivery of community-based MH programmes / CAMHs waiting times not achieved		6 ▲		6		12 ○
Recruitment and retention: lack of capacity within various teams in the LCPs, community teams, across the ICS…		4 and 4*	9	8 and 10*	12 and 9*	
Financial and poor delivery risk associated with the community equipment services provider		↓ 12		8 ○		6
Patients fit for discharge unable to leave hospital due to pressures in community and social care services / loss of funding	12		↓ 12			↑ 12

Key:

- ● *To be shown on ICB BAF*
- ○ *Newly added risk*
- ▲ *References to 2023/24 to be updated to 2024/25*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

*Note: * there are 2 risks recorded on these LCP risk registers in relation to recruitment and retention and scores for both have been shown.*

Risks recorded on more than one LCP risk register (2 of 2)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Virtual wards will not be developed / optimised			9		4	
CYP diagnostic waiting times for autism and ADHD targets not being met		9 ○		6		8 ○
Financial risk associated with the legal challenge related to the integrated community equipment service (ICES)			6 ○			8
Financial pressure of mental health placements		9 ○				9

Key:

- *To be shown on ICB BAF*
- ○ *Newly added risk*
- △ *References to 2023/24 to be updated to 2024/25*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risks recorded on one LCP risk register only (1 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Plans to support UEC will be unsuccessful	16 ●					
Primary Care Estate - Insecure lease arrangements	16 ●					
CHC packages leading to deprivation of liberty		8				
Lack of engagement with local communities			9			
Risk to development of iThrive and preventative system approach to children's MH and wellbeing			12			
Risk to the rollout of Family Hubs programme			9			
Risk to ensuring food and nutrition is included as part of all diet-rated disease care pathways			12			
Risk to implementation of Get Active physical activity and sports strategy			12			
Risk to delivery of performance targets delegated to place (these include IAPT access, SMI health checks, children immunisation and cancer screening)			12 ▲			
Clinical risk to CHC funded individual			12 ○			

Key:

● *To be shown on ICB BAF*

○ *Newly added risk*

↑ *Score increased*

↓ *Score decreased*

▢ *Primarily ICB risk*

▢ *Primarily System risk*

▲ *References to 2023/24 to be updated to 2024/25*

Risks recorded on one LCP risk register only (2 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Failure to safeguard adults due to pressures across partners				6		
Failure to prevent vaccine preventable diseases through less than optimal vaccination rates				12		
System wide pressures on LCP delivery plan				6		
Risk to continuity of service provision following expiry of leases for primary care sites				9		
Initial Health Assessments (IHAs) not completed for children Looked After within 20 days					9 ▲	
Safeguarding risks with high number of vulnerable adults/children in initial accommodation centres					9	
Risk to delivery of MH LTP trajectories					10	

Key:

- *To be shown on ICB BAF*
- *Newly added risk*
- ▲ *References to 2023/24 to be updated to 2024/25*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risks recorded on one LCP risk register only (3 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Initial accommodation centres putting pressures on the local health system						↓ 6
Cost pressures due to rapid increase in patients seeking ADHD and Autism diagnostic services from independent sector providers						12
Service disruption due to delays opening of a health centre						12
MCR transition and implementation affecting BAU						12 ○

Key:

- *To be shown on ICB BAF*
- *Newly added risk*
- *References to 2023/24 to be updated to 2024/25*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risk areas discussed last quarter for potential inclusion on LCP registers

Following the comparative risk review by PELs on 5 February 2024, it was agreed that LCP and some SEL risks should be examined in further detail where there appeared to be a possible overlapping of accountability for an area of risk between LCPs and SEL (i.e. risks are included on the SEL register and LCP registers). It was noted that as per the Risk Management Framework, risk ownership should follow the delegation of responsibilities from the Board.

The table below summarises the areas of risks discussed, along with which LCPs have those areas of risks now recorded and which LCPs we await confirmation from.

Risk Summary		Risk area recorded on the following LCP registers:	Awaiting confirmation from:	Other comments
1	Financial and poor delivery risk associated with the community equipment services provider	Bromley, Greenwich, Lambeth, Southwark	Lewisham	Bexley review in Feb– not an area of risk for the LCP.
2	Patients fit for discharge unable to leave hospital due to pressures in community and social care services / loss of funding	Bexley, Greenwich, Southwark	Bromley, Lambeth, Lewisham	
3	CYP diagnostic waiting times for autism and ADHD targets not being met	Bromley, Lambeth, Southwark	Greenwich, Lewisham	Bexley review in Feb – not an area of risk for the the LCP

Risks confirmed and proposed for transfer from SEL to LCP risk registers (1 of 3)

Below are areas of risk that were either previously or are currently recorded on the SEL risk register. Following year-end review by the assurance team and SEL risk owners, these **areas of risk are proposed to transfer to LCP risk registers** given that responsibility for delivery is primarily delegated to LCPs.

<u>Action required</u>: LCPs to consider the below listed risk areas and to add an appropriate risk register entry as required.

Risk Summary		SEL risk description (risk now closed on SEL register and awaiting transfer to LCPs)
1	**Delivery of access to primary care appointments**	There is a risk of not being able achieve timely access to primary care services. This is caused by: a) constrained capacity due to workforce shortages, lack of digital enablement, inadequate estate or changes to commissioned services b) Increased demand due to population growth, increased acuity, backlog of care as a result of covid, pathway changes which increase activity and/or changes in patient expectations The impact on the ICB is its ability to meet statutory duties. Primary care is defined as “healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment”. This includes a wide range of services from general practice and pharmacy services, to NHS 111 and some urgent care services.
2	**Proportion of population vaccinated**	There is a risk that insufficient proportions of the population will be vaccinated making them vulnerable to the vaccine preventable diseases, and increasing the risk of outbreaks, thereby increasing levels of illness and risk of death in the population. Increases in infection levels may also impact on staff sickness and absence. The increase in levels of infectious disease may have consequences for other services, such as delay in routine procedures. There is also a risk that certain parts of the population, may suffer from illness disproportionally. This may because of a lack of access or culturally issues. These are two separate points and need to be on separate lines. This will impact on the ICB's ability to meet statutory requirements.

Risks confirmed and proposed for transfer from SEL to LCP risk registers (2 of 3)

Risk Summary		SEL risk description (risk recommended for closure on SEL register and transfer to LCPs)
3	**Delivering mental health access performance metric trajectories**	The NHS Long Term Plan sets out a series of ambitions for all mental health and learning disability/autism services to expand access to service provision. Expansion targets are in place for the whole country and there is a risk that due to workforce availability, capacity and competition, these access targets may not be delivered for 2023/24 There is a risk that services are unable to meet demand and waiting lists either grow or stagnate. Furthermore, as several of these access targets are part of our early intervention and prevention approach, there is a risk that this demand then presents through unplanned care routes impacting urgent and emergency care pathways, bed capacity and overall outcomes for service users.
4	**Delivering community-based mental health transformation programmes**	There is a risk that community transformation programmes across adults and children and young people's services are not delivered, which will lead to high demand for inpatient beds and ongoing crisis presentation. This is caued by competing priorities across the system, including front door crisis pressures, resources and time. This impacts on the ICB's ability to meet statutory obligations. Transforming and expanding mental health community service provision is key in supporting service users to stay well in their communities and maintain their independence, as well as reducing crisis presentations and admissions to inpatient beds.
5	**Reducing waiting times for mental health services**	As a result of the pandemic, there has been a significant increase in referrals to mental health services, specifically for adult ADHD services, community mental health services and children and young people’s mental health services (including eating disorders). There is a risk that despite achieving access rates for services, waiting times for first appointment and treatment remain high, impacting on acuity of presentations and overall recovery and outcomes for our population. Furthermore, there is a risk that this demand then presents through unplanned care routes impacting urgent and emergency care pathways, bed capacity and overall outcomes for service users.

Risks confirmed and proposed for transfer from SEL to LCP risk registers (3 of 3)

Risk Summary		SEL risk description (risk recommended for closure on SEL register and transfer to LCPs)
6	**There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed.**	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed. This risk has been identified through a Safeguarding Learning Event held within the provider which highlighted their lack of knowledge in discharging their statutory safeguarding functions, as well as from other Child Safeguarding Practice Reviews and the Trust external review.
7	**Increased waiting times for Autism diagnostic assessments**	There is a risk of increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. This is caused by increased demand for assessments combined with historical waiting lists. The impact on the ICB will be on its ability to meet statutory obligations. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.
8	**Reducing health inequalities**	The ICB is committed to reducing health inequalities through prevention and intervention programmes. There is a risk the programme of work is spread too thin to deliver measurable and tangible improvements in health inequalities resulting in communities continuing to experience inequalities in their outcomes and care.

Questions and points for consideration by PELs, LCP SMTs and risk leads

1. **Have all risks related to 2023/24 been closed or updated to reflect the new financial year?**

   Risks with references to 2023/24 have been indicated with the red triangle, and examples include:

   - financial balance in the borough
   - efficiency savings in the LCP
   - prescribing budget balance
   - CHC budget balance
   - Closure of risks relating to the 2023/24 LCP delivery plan commitments.

2. **Have all risks that threaten achievement of the activities / objectives / ambitions included in the LCP delivery plan for 2024/25 (year 2 of the plans) been considered and recorded on risk registers?**

3. **LCPs to consider whether:**
   - **there are local risks related to those areas of risk proposed to transfer from SEL ownership to LCPs (see pages 10 - 12)**
   - **areas of risk shown on slide 9 are applicable to their LCP (for those boroughs we await confirmation from).**

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 12
Enclosure 12

Title:	**Month 12 Finance Report 2023/24**
Meeting Date:	**30 May 2024**
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 Lewisham Place and the wider ICB/ICS financial outturn positions for 2023/24.	Update / Information	
		Discussion	*X*
		Decision	

Summary of main points:

All figures included in this report are based on draft accounts which are currently undergoing external audit.

Financial Outturn 2023/24 – Summary ICB Position – Lewisham Place

For 2023/24, the borough reported a surplus of £2,276k compared to a control total surplus of £2,240k – so control total achieved within a 2% tolerance. This position is consistent with agreed ICS financial requirements. Material non-recurrent measures were implemented to achieve this outcome. The underlying position was a deficit of c.£1.2m which will need to be rectified to achieve recurrent financial balance moving forwards.

It should be noted that in at least the previous six consecutive years the borough had achieved its control total on a recurrent basis and so as the 2023/24 control total was achieved non-recurrently, this marks a material deterioration in financial performance compared to recent years.

The ICB budget for 2024/25 is going through the final stages of ICB governance, following a very challenging financial planning and budgeting process across the ICS.

Further details of the Lewisham borough budget for 2024/25 will be shared at a future meeting together with month 2 reporting which will be the first reporting period for 2024/25.

Financial Outturn 2023/24 – Lewisham Council

The 2023/24 outturn shows an overspend of £3.5m for Adult Social Care Services and £14.9m for Children Care Services.

	Financial Outturn 2023/24 – Summary ICB Position The ICB reported a £46k surplus against its revenue resource limit (RRL). The end of year finance report for the ICB is attached as Appendix A and shows the outturn position for 2023/24 in more detail. **Financial Outturn 2023/24 – Summary ICS Position** Appendix B shows the main elements of the financial outturn for the ICS. The financial highlights across the ICS are as follows: • The outturn for SEL ICS (whole system) reported a system deficit of £77.5m against a plan of break-even. • The position has been achieved with the use of significant non recurrent flexibilities (c. £128m). • Key drivers to the deficit include the under-delivery of planned efficiencies, the impact of higher than planned levels of inflation, the net impact of industrial action and unplanned costs of using the independent sector, driven by significant operational demand in acute non-elective and mental health pathways.
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 financial outturn for 2023/24 for Lewisham borough and the wider ICS.
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 financial outturn for 2023/24.	

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Lewisham LCP Board
Finance Outturn – 2023/24

ICB – Lewisham Delegated Budget – Outturn 2023-24

NHS South East London

Overall Position

- For 2023/24, the borough reported a surplus of £2,276k compared to a control total surplus of £2,240k – so control total achieved within a 2% tolerance. This position is consistent with agreed ICS financial requirements. Material non-recurrent measures were implemented to achieve this outcome. The underlying position was a deficit of c.£1.2m which will need to be rectified to achieve recurrent financial balance moving forwards.
- It should be noted that in at least the previous six consecutive years the borough had achieved its control total on a recurrent basis and so as the 2023/24 control total was achieved non-recurrently, this marks a material deterioration in financial performance compared to recent years.
- The main drivers of this financial position as referenced in previous papers have been continuing care services and prescribing costs overspending by c.£7.6m, reflecting price and activity pressures in both areas.
- During 2023/24 the borough delivered efficiencies of £4.658m overachieving against the target of £4.208m, and this helped in delivery of the target control total.
- The ICB budget for 2024/25 is going through the final stages of ICB governance, following a very challenging financial planning and budgeting process across the ICS.
- Further details of the Lewisham borough budget for 2024/25 will be shared at a future meeting together with month 2 reporting which will be the first reporting period for 2024/25.

	Final Outturn Budget £'000s	Final Outturn Actual £'000s	Final Outturn Variance £'000s
Acute Services	1,053	852	200
Community Health Services	24,703	23,704	1,000
Mental Health Services	7,016	6,240	776
Continuing Care Services	21,002	24,640	(3,638)
Prescribing	38,995	43,332	(4,337)
Prescribing Reserves	406	0	406
Other Primary Care Services	2,101	1,930	171
Other Programme Services	7,159	(845)	8,004
Delegated Primary Care Services	63,482	63,855	(373)
Corporate Budgets	4,187	4,120	67
Total	**170,104**	**167,828**	**2,276**

- All the indicators are that the financial position in Lewisham will be materially more challenging in 2024/25 given an underlying start deficit position, and further anticipated pressures particularly arising from continuing care services.
- Given the outlook for 2024/25 the Place Executive Lead and Associate Director of Finance are meeting with the senior Lewisham team on a frequent basis to ensure all possible sources of efficiencies are identified and further reviews of all budgets are conducted.

Month 10 2023/24 – Lewisham Council

South East London

Overall Position

2023/24 Efficiencies		Full-Year Out-turn 2023/24		
		Plan	Out-turn	Variance
		£m	£m	£m
Adult Care Services		7.0	6.6	(0.4)
Childrens Care Services		1.3	0.0	(1.3)
Total		**8.3**	**6.6**	**(1.7)**

2023/24 LBL Managed Budgets		Full-Year Out-turn 2023/24		
		Budget	Out-turn	Variance
		£m	£m	£m
Adult Care Services		72.5	76.0	(3.5)
Childrens Care Services		54.1	69.0	(14.9)
Total		**126.6**	**145.0**	**(18.4)**

Commentary

Adult Social Care and Commissioning: ervice out-turn is 3.5m for 23-24 financial year This position assumes significant delivery of savings including those carried forward from prior years. The savings were largely delivered with a £0.4m shortfall from a £7m target (over 94% achieved).
The underlying reason for the overall overspend remains hospital discharges, which continues to show a post pandemic surge (Covid legacy), with discharged clients being moved onto longer term packages and some requiring more complex support. The council is receiving funding from our Health partners to help mitigate this pressure and the known funding has been assumed within the current projection. Transition cases remains a risk and the Council is putting measures in place for earlier intervention and review of these cases so as to identify less expensive packages for these cohort while ensuring their care needs are met . Despite additional budget provided for this area there remains a risk as the unit costs are extremely high

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Appendix A

SEL ICB Finance Summary

Month 12 2023/24

1. Executive Summary

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- This report sets out the month 12 financial position of the ICB. As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m was represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process which was reflected in month 09 accounts onwards.
- The ICB's financial allocation as at month 12 was **£4,489,317k, which includes the historic surplus (£9,046k) so the in-year allocation is £4,480,271k**. In month, the ICB's **allocation was reduced overall by £436,739k,** which included the removal of specialised commissioning funding (£454,576k), as this is to be included in the NHS England accounts. The ICB received allocations in respect of its carry forward historic surplus (£9,046k), depreciation funding (£2,687k), Elective Recovery Fund (ERF) payments (£2,488k), delegated pharmacy services (£2,360k), plus some smaller allocations.
- During month 12, the ICB made additional, planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions, thus net neutral to the overall ICS position. Accordingly, at month 12, the ICB reported a year end overspend of £16,827k against plan, which is a **£46k surplus against its revenue resource limit (RRL) excluding the historic surplus of £9,046k.** As reported in previous months, the key areas of financial pressure in the ICB were **overspends in prescribing (£20,616k) and continuing healthcare (CHC) (£5,569k).**
- Ten months prescribing data was available as at year-end, given it is produced two months in arrears. Prescribing expenditure continued to be impacted by national price and supply pressures. The overspend was also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. Efficiency savings schemes were implemented, which mitigated this overspend.
- The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- Second Focus meetings with all 6 places were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each place. **As at month 12, all places delivered final year-end financial positions in line with their agreed targets.**
- In reporting this month 12 position, the ICB has **delivered all its financial duties:**
    - An overall **£46k surplus** against the RRL.
    - Underspending **(£3,910k)** against its management costs allocation;
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard** (over-delivery by **£818k)**; and
    - Delivered the **year-end cash position (£1,999k)**, well within the target cash balance (£4,875k).

2. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its key financial duties as at the end of 2023/24. As highlighted above in the Executive Summary, the ICB is reporting an overspend against plan of £16,827k which represents an overall **£46k surplus position against the revenue resource limit (RRL) excluding the historic surplus of £9,046k.**
- The table below shows the in-year allocations excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2023/24.**

Key Indicator Performance

	Year to Date		
	Target	Actual	
	£'000s	£'000s	
Expenditure not to exceed income	4,463,397	4,480,225	
Operating Under Resource Revenue Limit	4,480,271	4,480,225	
Not to exceed Running Cost Allowance	39,433	35,523	
Month End Cash Position (expected to be below target)	4,875	1,999	
Operating under Capital Resource Limit	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	99.9%	
95% of non-NHS creditor payments within 30 days	95.0%	98.7%	
Mental Health Investment Standard (Annual)	439,075	439,893	

3. Budget Overview

NHS South East London

	M12 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	4,851	6,861	6,936	1,200	1,053	553	2,289,937	**2,311,391**
Community Health Services	20,331	83,710	35,708	25,540	24,703	32,651	241,474	**464,117**
Mental Health Services	10,443	14,385	9,142	21,503	7,016	7,589	497,796	**567,874**
Continuing Care Services	25,116	25,042	27,433	31,961	21,002	19,687	-	**150,241**
Prescribing	34,366	47,071	33,755	39,271	39,401	32,533	2,492	**228,889**
Other Primary Care Services	3,299	3,694	2,825	3,783	2,101	1,204	26,297	**43,202**
Other Programme Services	1,930	1,954	3,083	2,648	7,134	1,635	8,691	**27,075**
PROGRAMME WIDE PROJECTS	-	-	-	-	26	300	32,437	**32,762**
Delegated Primary Care Services	42,487	60,751	53,911	83,117	63,482	64,601	(1,975)	**366,375**
Delegated Primary Care Services DPO	-	-	-	-	-	-	208,189	**208,189**
Corporate Budgets	3,540	4,321	5,228	5,811	4,187	4,411	35,785	**63,283**
Total Year to Date Budget	**146,361**	**247,789**	**178,021**	**214,833**	**170,104**	**165,165**	**3,341,124**	**4,463,397**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	4,670	6,885	6,824	211	852	78	2,290,001	**2,309,522**
Community Health Services	19,184	81,852	35,297	25,010	23,704	30,682	241,718	**457,446**
Mental Health Services	9,912	14,784	8,568	21,333	6,240	9,397	496,422	**566,656**
Continuing Care Services	26,051	25,664	27,857	32,743	24,640	18,854	-	**155,810**
Prescribing	37,542	50,557	38,214	42,002	43,332	35,677	2,182	**249,505**
Other Primary Care Services	2,904	3,516	2,327	3,735	1,930	1,155	24,297	**39,864**
Other Programme Services	49	54	161	261	(870)	213	38,992	**38,861**
PROGRAMME WIDE PROJECTS	-	-	-	-	26	216	28,772	**29,014**
Delegated Primary Care Services	42,490	60,668	53,840	83,379	63,855	64,923	(588)	**368,567**
Delegated Primary Care Services DPO	-	-	-	-	-	-	206,428	**206,428**
Corporate Budgets	2,712	3,881	4,932	4,787	4,120	3,883	34,238	**58,553**
Total Year to Date Actual	**145,515**	**247,861**	**178,020**	**213,460**	**167,828**	**165,079**	**3,362,462**	**4,480,225**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	181	(24)	111	989	200	475	(64)	**1,869**
Community Health Services	1,147	1,858	412	530	1,000	1,969	(244)	**6,671**
Mental Health Services	531	(399)	574	170	776	(1,808)	1,373	**1,217**
Continuing Care Services	(935)	(622)	(425)	(782)	(3,638)	833	-	**(5,569)**
Prescribing	(3,176)	(3,486)	(4,458)	(2,731)	(3,931)	(3,145)	310	**(20,616)**
Other Primary Care Services	394	178	498	48	171	49	2,001	**3,338**
Other Programme Services	1,881	1,900	2,921	2,387	8,004	1,422	(30,301)	**(11,786)**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	84	3,665	**3,749**
Delegated Primary Care Services	(4)	83	72	(262)	(373)	(321)	(1,386)	**(2,192)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	1,761	**1,761**
Corporate Budgets	828	440	295	1,024	67	528	1,547	**4,730**
Total Year to Date Variance	**846**	**(71)**	**1**	**1,373**	**2,276**	**86**	**(21,338)**	**(16,827)**

- At month 12, the ICB is reporting an overspend against plan of £16,827k and a **£46k surplus against the RRL**. This position reflects prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£20,616k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have mitigated the growth, but there continued to be pressures, the impact of which was differential across boroughs. This is detailed in the next slide.
- Overall Mental Health budgets were underspent by **£1,217k** at year-end. The main area of financial pressure was in cost per case activity, where the overspending was differential across boroughs - with Bromley and Southwark being the most impacted.
- The final, overall **continuing care** financial position was **£5,569k overspent.** Underlying pressures were variable across the boroughs with only Southwark showing an underspend. The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- The corporate budgets are showing an underspend of **£4,730k**, further details of which can be found on page 7. Specifically, the ICB was underspent against its management costs allocation by **£3,910k**.
- Second Focus meetings with all six boroughs were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each borough. **As at month 12, all boroughs delivered final year-end financial positions in line with their agreed targets.**

4. Prescribing – Overview

NHS South East London

- The prescribing budget represented the largest financial risk facing the ICB. The month 12 prescribing position was based upon M10 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend reduced as the savings programme continued to impact.** The ICB is reporting a PPA prescribing position of a **£21,454k overspend**. This is after 12 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets were underspent by **£838k** giving an **overall year-end overspend of £20,616k.**

M12 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve	FOT Actual	FOT Variance - (over)/under
BEXLEY	35,777,224	1,004,108	1,213,784	(447,332)	(34,988)	0	123,696	37,636,492	34,319,141	(3,317,352)	37,636,492	37,636,492	(3,317,352)
BROMLEY	48,368,381	1,216,386	1,636,297	(714,230)	(23,718)	0	166,572	50,649,689	47,121,897	(3,527,792)	50,649,689	50,649,689	(3,527,792)
GREENWICH	35,932,936	1,186,808	1,224,952	(334,147)	(79,790)	0	123,350	38,054,108	33,600,653	(4,453,455)	38,054,108	38,054,108	(4,453,455)
LAMBETH	40,127,212	1,104,511	1,360,647	(443,910)	(116,496)	0	138,464	42,170,429	39,353,371	(2,817,058)	42,170,429	42,170,429	(2,817,058)
LEWISHAM	40,409,630	1,224,536	1,373,927	(242,395)	(42,378)	0	138,385	42,861,705	38,926,856	(3,934,849)	42,861,705	42,861,705	(3,934,849)
SOUTHWARK	33,615,185	993,325	1,142,081	(230,369)	(122,341)	0	115,303	35,513,183	32,109,399	(3,403,784)	35,513,183	35,513,183	(3,403,784)
SOUTH EAST LONDON	0	-	0	0	0	0	-	0	-	0	-	0	0
Grand Total	**234,230,569**	**6,729,675**	**7,951,688**	**(2,412,384)**	**(419,711)**	**0**	**805,770**	**246,885,607**	**225,431,316**	**(21,454,291)**	**246,885,607**	**246,885,607**	**(21,454,291)**

- The table above shows that of the overspend, approximately **£6,730k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£14,724k** related to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine.
- The financial position is differential per borough and is in part determined by local demographics and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed for in-year implementation. Overall, prescribing savings of circa **£8.0m** have been delivered, which has mitigated the above overspend.

5. NHS Continuing Healthcare – Overview

NHS South East London

Overview:

- The Continuing Care (CHC) budgets were built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 12 **is an overspend of £5,569k, which is an adverse movement in-month of circa £350k compared to the forecast outturn reported at month 11.** This was largely due to expenditure on CHC retrospective clients plus movements related to increased activity and cost. Except for Southwark, all boroughs are reporting overspend positions at the year end. Generally, boroughs are overspending on Fully Funded, Palliative, Joint Funded and Funded Nursing Care (FNC) care settings. The borough teams have fully identified and implemented savings plans **(circa £9.0m)** and throughout the year have worked collaboratively to identify replacement savings for any slippage. This should generate a positive impact upon run-rate for the new financial year. All boroughs actively participated in the CHC Summits and Task and Finish Groups which looked at high-cost clients including 1:1 care, transition arrangements and communications with clients and their relatives with regards to managing care expectations. The 1% risk reserve has been released into borough financial positions to partially mitigate the overspend.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there are borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed with input from central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads, with each borough taking this work forward, specifically where their borough is an outlier.
- The ICB has had a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. This process was concluded for 2023/24, with providers having reached an agreement with ICB regarding uplifts. However, we are now receiving uplift requests for 2024/25 and a similar process will be put in place for agreeing these.

6. Corporate Costs – Programme and Running Costs

South East London

- The table below shows the year-end position on corporate pay and non-pay costs. As at month 12, there was a combined underspend of **£4,730k**, which consists of an **£820k** underspend on programme costs and an underspend of **£3,910k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** Vacant posts are the key driver for the underspend. The RCA is **£39,433k** for the year, with no movement in month. The current run-rate will be beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL			
Cost Centre Description	YTD Budget	YTD Actual	YTD Variance
	£000s	£000s	£000s
PROGRAMME			
ACUTE SERVICES B	0	66	(66)
MENTAL HEALTH SERVICES E	0	216	(216)
NON MHIS MENTAL HEALTH SERVICES B	446	1,614	(1,169)
COMMUNITY SERVICES E	0	105	(105)
REABLEMENT	0	72	(72)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	3,637	2,870	768
MEDICINES MANAGEMENT - CLINICAL	4,522	3,803	718
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	4,623	3,492	1,131
PRIMARY CARE TRANSFORMATION	0	15	(15)
SAFEGUARDING	3,058	2,903	155
NURSING AND QUALITY PROGRAMME	2,548	2,054	494
CLINICAL LEADS	5,093	4,377	716
PROGRAMME WIDE PROJECTS	(952)	917	(1,868)
PROGRAMME ADMINISTRATIVE COSTS	875	526	349
PROGRAMME TOTAL	**23,850**	**23,029**	**820**
ADMIN			
ADMINISTRATION & BUSINESS SUPPORT	854	358	496
ASSURANCE	525	508	16
BUSINESS DEVELOPMENT	471	743	(272)
BUSINESS INFORMATICS	3,712	3,208	503
CEO/ BOARD OFFICE	0	25	(25)
CHAIR AND NON EXECS	269	242	26
PRIMARY CARE SUPPORT	982	1,047	(65)
COMMISSIONING	6,620	5,602	1,018
COMMUNICATIONS & PR	1,863	1,910	(47)
COMPLAINTS	0	3	(3)
CONTRACT MANAGEMENT	1,015	771	245
CORPORATE COSTS & SERVICES	1,828	1,679	149
CORPORATE GOVERNANCE	5,341	4,657	684
EMERGENCY PLANNING	546	421	125
ESTATES AND FACILITIES	2,921	2,872	48
FINANCE	(435)	(943)	508
IM&T	1,265	999	265
IM&T PROJECTS	1,021	1,021	0
OPERATIONS MANAGEMENT	517	523	(5)
PERFORMANCE	825	729	96
STRATEGY & DEVELOPMENT	6,972	5,278	1,694
ADMIN PROJECTS	(1,902)	(359)	(1,544)
SERVICE PLANNING & REFORM	127	114	13
EXECUTIVE MANAGEMENT TEAM	1,840	1,857	(17)
CORPORATE - FINANCE	2,259	2,259	0
ADMIN TOTAL	**39,433**	**35,523**	**3,910**
CORPORATE TOTAL	**63,283**	**58,552**	**4,730**

7. Cash Position

NHS South East London

- The ICB's cash limit as at month 12 was **£4,447,464k,** the reduction in-month **(£445,785k)** mainly due planned adjustments to the cash allocation for specialised commissioning.
- As at month 12, the ICB had drawn down 99.9% of the available cash compared to the budget cash figure of 100%. The ICB under drew cash by **£3,069k** which was mainly due to late receipt of allocations plus the allowance of some flexibility for the top sliced elements such as prescribing, dental, and community pharmacy. A supplementary cash drawdown was used in March so that final allocations could be paid to providers and to ensure the maximum cash utilisation.
- The cash key performance indicator (KPI) was achieved in each month during the year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 12 was **£1,999k**, well within the target set by NHSE **(£4,875k).**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. The ICB had met the BPPC targets in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for	2023/24 AP12 - MAR 24	2023/24 AP11 - FEB 24	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,447,464	4,893,249	(445,785)
Capital allocation	0	0	0
Less:			
Cash drawn down	(4,533,800)	(4,100,000)	(433,800)
Prescription Pricing	(269,476)	(245,745)	(23,731)
HOT	(2,427)	(2,262)	(165)
POD	(87,233)	(79,312)	(7,921)
22/23 Pay Award	(1,733)	(1,733)	0
PCSE POD charges	452,532	(2,043)	454,575
Pension Uplift	(2,259)	(2,259)	0
Remaining Cash limit	**3,069**	**462,155**	**(456,827)**

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-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
Dec-23	370,000	15,000	3,250,000	72.70%	4,625	927	0.25%
Jan-24	455,000	0	3,705,000	82.60%	5,688	358	0.08%
Feb-24	395,000	0	4,100,000	90.60%	4,938	582	0.15%
Mar-24	390,000	43,800	4,533,800	99.90%	4,875	1,999	0.51%
	4,445,000	**88,800**					

8. Summary MHIS Position – Month 12 (March) 2023/24

NHS South East London

Mental Health Spend By Category	Category Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Outturn 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	36,251	4,091	40,342	660
Children & Young People's Eating Disorders	2	2,726	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	28,232	6,547	34,779	214
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	32,402	336	32,738	(65)
Ambulance response services	8	1,146	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	105,886	11,259	117,145	1,955
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	15,080	9,805	24,885	(2,046)
Mental Health Placements in Hospitals	20	5,548	3,340	1,295	4,635	913
Mental Health Act	10	6,567	0	6,600	6,600	(33)
SMI Physical health checks	11	890	670	110	780	110
Suicide Prevention	12	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	113,683	0	113,683	(940)
Adult and older adult acute mental health out of area placements	14	8,811	8,225	1,206	9,431	(620)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**428,941**	**387,632**	**41,249**	**428,881**	**60**
Mental health prescribing	16	9,585	0	10,670	10,670	(1,085)
Mental health in continuing care (CHC)	17	549	0	342	342	207
Sub-total - MHIS (inc CHC, Prescribing)		**439,075**	**387,632**	**52,261**	**439,893**	**(818)**
Learning Disability	18a	11,525	1,839	668	12,774	(1,249)
Autism	18b	2,594	7,983	43,863	2,507	87
Learning Disability & Autism - not separately identified	18c	50,112			51,846	(1,734)
Sub-total - LD&A (not included in MHIS)		**64,231**	**21,347**	**45,780**	**67,127**	**(2,896)**
Dementia	19	14,671	12,691	1,704	14,395	276
Sub-total - Dementia (not included in MHIS)		**14,671**	**12,691**	**1,704**	**14,395**	**276**
Total - Mental Health Services		**517,977**	**421,670**	**99,745**	**521,415**	**(3,438)**

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%.** This spend is subject to annual independent review.
- MHIS excludes:
  - spending on LDA and Dementia (Non eligible).
  - out of scope areas such as ADHD and physical health spend within CHC/S117 placements
  - spend on SDF and other non-recurrent allocations
- The ICB is reporting that it will deliver the target value of **£439,075k** with a forecast of **£439,893** (£818k, 0.19% over delivery). This over-delivery is attributable to increased prescribing spend resulting from price increases over the 2023/24 plan, and additional spend on inpatient and mental health cost per case placements.
- There continue to be pressures on areas such as S117 placements. Mitigations include improving joint funding panel arrangements and developing new pathways.
- ADHD is excluded from this reported position, however there is significant independent sector spend with a forecast outturn of £2m compared to the 22/23 outturn position of £1.6m. ADHD along with ASD waits for adults and CYP are a key priority for 2024/25.

Appendix B

SEL ICS Financial Highlights

Outturn 2023/24

Executive summary – SEL System

This presentation summarises the draft month 12 financial position for SEL ICS. The results are draft and subject to finalisation of preparation of annual accounts and external audit.

Revenue

- At month 12, SEL ICS (whole system) is reporting a **system deficit of £77.5m; £77.5m adverse to the planned break-even position.**
- The position has been achieved with the use of significant non recurrent flexibilities (c. £128m).

	Full Year Surplus / (Deficit)		
	Plan	Outturn	Variance
	£m	£m	£m
South East London ICB	16.9	0.0	(16.8)
Providers	(16.9)	(77.5)	(60.6)
ICS Total	0.0	(77.5)	(77.5)

- Key drivers to the deficit include the under-delivery of planned efficiencies, the impact of higher than planned levels of inflation, the net impact of industrial action and unplanned costs of using the independent sector, driven by significant operational demand in acute non-elective and mental health pathways.

Capital

- For 2023/24 the system's **spend against its system capital allocation (inc. IFRS 16 uplift) is £265.1m**, £1.6m higher than the total allocation of £263.5m.
- This is due to approval, in month 12, from NHS England for SEL to charge £1.6m against under-utilised CDEL allocated to other ICBs.

M12 Interim - I&E Summary

The table (above right) shows the draft M12 out-turn and variance from plan for each SEL organisation. Of the £77.5m system deficit:

- ICB is breakeven
- Providers are £77.4m deficit in aggregate.

All SEL trusts have delivered to the M11 year end forecasts with adjustments approved by NHS England.

Organisation	Surplus / (Deficit) - Adjusted Financial Position		
	Plan	Actual	Variance
	Year Ending £000	Year Ending £000	Year Ending £000
South East London ICB	16,873	46	(16,827)
Guy'S And St Thomas' NHS Foundation Trust	(0)	1,906	1,906
King'S College Hospital NHS Foundation Trust	(17,478)	(78,732)	(61,254)
Lewisham And Greenwich NHS Trust	403	(5,276)	(5,679)
Oxleas NHS Foundation Trust	162	3,852	3,690
South London And Maudsley NHS Foundation Trust	45	752	707
ICS Total	5	(77,452)	(77,457)

The table (below right) shows the ICB net expenditure by key service heading.

	Year Ending £m	Year Ending £m	Year Ending £m	Year Ending %
System Revenue Resource Limit	(4,480.3)			
ICB Net Expenditure				
Acute Services	2,311.4	2,309.6	1.8	0.1%
Mental Health Services	568.3	568.5	(0.2)	(0.0%)
Community Health Services	464.1	457.6	6.5	1.4%
Continuing Care Services	153.9	158.7	(4.8)	(3.1%)
Primary Care Services	281.2	298.6	(17.3)	(6.2%)
Memo: Prescribing	227.6	247.9	(20.2)	(8.9%)
Other Commissioned Services	31.7	30.4	1.4	4.3%
Other Programme Services	39.3	40.8	(1.4)	(3.7%)
Reserves / Contingencies	(0.6)	5.6	(6.2)	1002.1%
Delegated Primary Care Commissioning	574.6	575.0	(0.4)	(0.1%)
ICB Running Costs	39.4	35.5	3.9	9.9%
Total ICB Net Expenditure	4,463.4	4,480.2	(16.8)	(0.4%)

M12 – Interim Charge Against System Capital Allocation

- The ICB received a system capital allocation, including the IFRS 16 uplift, of £263.5m.
- In M12 NHS England approved an additional charge against CDEL of £1.6m for SEL ICS. This was due to an undershoot in another ICB. As this was too late for NHS England to adjust SEL ICB's capital allocation SEL ICS was permitted to overshoot it capital allocation by 1.6m.
- In effect, this means that SEL ICB has managed within its system capital allocation.

- NB – These tables represent charges against system capital allocation only, i.e. exclude PDC CDEL.

System - Charge against allocation

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
System charge against allocation	278,073	268,829	9,244	3.3%	278,073	268,829	9,244	3.3%
Capital allocation						267,497		
Variance to allocation						(1,332)		
Allocation met						No		

ICB - Charge against allocation

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
South East London ICB	3,697	3,697	-	0.0%	3,697	3,697	-	0.0%
Capital allocation						3,976		
Variance to allocation						279		
Allocation met						Yes		

Provider - Charge against allocation

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
Guy'S And St Thomas' NHS Foundation Trust	152,805	133,361	19,444	12.7%	152,805	133,361	19,444	12.7%
King'S College Hospital NHS Foundation Trust	45,237	57,231	(11,994)	(26.5%)	45,237	57,231	(11,994)	(26.5%)
Lewisham And Greenwich NHS Trust	36,534	37,890	(1,356)	(3.7%)	36,534	37,890	(1,356)	(3.7%)
Oxleas NHS Foundation Trust	16,078	7,862	8,216	51.1%	16,078	7,862	8,216	51.1%
South London And Maudsley NHS Foundation Trust	23,722	28,788	(5,066)	(21.4%)	23,722	28,788	(5,066)	(21.4%)
Total Provider charge against allocation	274,376	265,132	9,244	3.4%	274,376	265,132	9,244	3.4%
Capital allocation						263,521		
Variance to allocation						(1,611)		
Allocation met						No		

LEWISHAM PEOPLE'S PARTNERSHIP

Discussions and actions from the meeting held on 23rd April 2024

AGENDA

Time	Activity
09.45am - 10.00am	Arrivals
10.00am - 10.15am	What voices do we have at this meeting?
10.15am - 10.30am	Presentation – Lewisham People's Partnership - Year 1 Review – First Draft
10.30am - 10.50am	Discussion on the Review - What has gone well, challenges and what we learnt about how to engage
10.50am - 11.05am	Break
11.05am - 11.50am	Discussion on the Year 1 Review – Ideas for how we can we build on the successes and address the challenges
11.50am - 12 noon	Dates for 2024/25 Lewisham People's Partnership meetings

Agenda item 1 - Voices at the meeting

Voices at the meeting:

Online attendees:
Fiona Derbyshire, CEO of Citizen Advice Lewisham
Michael Kerin, Healthwatch Lewisham
Alexandra Camies, South Lewisham Patient Participation Group
Charles Malcolm-Smith, People & Provider Development Lead (Lewisham)
Peter Ramrayka, Indo Caribbean group and air cadets
Teresa Rodriguez, Communications and Engagement Manager (Bromley & Lewisham)
Helen Eldridge, Head of communications and engagement (Lewisham)
Leoni Down, Head of Occupational Therapy at SLaM
Sabrina Dixon, Social Inclusion Recovery Group
Joseph Oladosu, Action for Community Development

In Person:
Anne Hooper, Chair
Lisa Fanon, Public health, Lewisham Council
Kelvin Wheelen, Carers Consultant of Dementia at SLaM
Sue Boland, Head of Services for SEL Mind
Barbara Gray, Kinaara
Lauren Woolhead, PA and Business Support

Apologies:
Rosemary Ramsey
Nalan Salih
Rachel Ellis
Dominic Parkinson

Agenda item 2 – Lewisham People's Partnership - Year 1 Review - Draft

Introduction

Anne gave a short presentation on the draft of the Year One Review (attached) outlining that the purpose of the Review is to just pause for a moment and ask for people's views and feedback. Taken from all that everyone has told us over the past year, the Review highlights where the Lewisham People's Partnership has had some success, what some of the challenges have been and what we have told us about how to engage. From this we have put together some initial ideas for discussion on how we could build on the successes and address the challenges. Anne thanked everyone who has come to Lewisham People's Partnership meetings during the first year and for bringing a rich and valuable variety of voices, experiences, challenges and questions.

The first part of the discussion on the draft Review concentrated on what had gone well, where the challenges have been and what we have learnt about how to engage, and the meeting gave the following responses:

- Many people and communities in Lewisham feel that they have not been heard for decades – they have no influence in setting priorities, funding or agendas that impact on their health and wellbeing
- There is – and has been – excellent work done with people and communities, but it is not co-ordinated, known about or sustained for the long term and therefore has no lasting impact on tackling inequalities or improving health and wellbeing.
- There is a need for more effective co-production - with the lead coming from people, communities and service users – that makes a real difference and doesn't just tick a box
- Representation of Lewisham's black populations has not been good – improved with increased representation on LHCP Board but black voices and lived experiences still not influencing decisions.
- Communities want and need action now – there has been enough talking – we need action

- There is so much opportunity for really good engagement work with communities through the voluntary, community and social enterprise (VCSE) sectors – those sectors need to push against the existing power bases collectively
- The route into Lewisham people and communities is through the Lewisham People's Partnership and VCSE organisations but there are barriers which need to be acknowledged and a commitment from the system to support engagement (include funding) that is done through the Lewisham People's Partnership and VCSE

- We are at a cross roads – the VCSE is ready to realise opportunities for engagement that will cut through some of the problems but there needs to be reality and honest conversations about the desire to share power and for communities to be able to take the lead in setting agendas and priorities – honesty about how community engagement needs to be enabled – remuneration, timings of meetings, childcare and travel – where engagement takes place and when – honesty with what people and communities need to be able to take part in co-production and partnership – honesty about the capacity to do this job – we have to do it together – joined together – not new structures – power shared means meeting both community needs and system needs

- There seems to be a disconnect at many levels – for example – organisations external to Lewisham being brought in to do work with Lewisham people and communities
- Need to challenge ingrained methods of commissioning
- What is the LPP here to do – how can we be accountable – how can we hold others to account?
- Status quo not good enough – need honesty and accountability
- Review has teased out the challenges well – now that we are an integrated system, we need integrated engagement and not just health dominated but including the wider determinants
- Can the Lewisham People's Partnership and Lewisham Health and Care Partners be equal partners? Is it possible when one partner is a statutory organisation and the other not - it is ambiguous and needs teasing out - what does it mean and what are the objectives – how does the Lewisham People's Partnership work in partnership with other stat organisations e.g. Lewisham & Greenwich Trust and the Council?

The second part of the discussion on the draft Review concentrated on the ideas put forward to build on the successes and address the challenges and the meeting gave the following responses:

- There are too many priorities – are we concentrating on the short-term issues e.g. for one year or longer-term objectives such as reducing inequalities?
- Do we look to the Lewisham Health and Care Partnership system intentions and use these to connect/build bridges to communities e.g. hypertension within black communities, long term conditions, primary care access?
- Look at a hub model – Lewisham People's Partnership hubs focusing on the above could deliver
- Not to be too top heavy - look to opening up space to hear the voices and experiences we don't hear at the moment – enable people to step into those spaces

- Use an asset based approach/participatory budgets – people and communities have the solutions – create a model and take into Lewisham health and Care Partners
- System change takes years to normalise – working towards Lewisham's key principles of engagement need long term commitment
- People and communities have not been listened to or involved in the past – they need more than sporadic information – they need to be enabled and empowered – need a strong feedback loop
- Meetings need to bring value – capacity and resourcing is a real issue for VCSE organisations – remuneration needs to be addressed
- Less about new structures and more about what is in place operating more effectively – need to break down current silos
- Learn lessons and build on previous community work, BLACHIR, health equity programme, community champions, PPGs – people and communities need to feel that they are being treated equally
- Development and training - for people working in LHCP system - that demonstrates that engagement is valuable

Actions from the meeting

- Following on from the meeting, to prepare the next draft of the Year 1 Review
- Present that draft to the May 2024 meeting of the Lewisham Health and Care Partnership Strategic Board
- Circulate and consult further with Lewisham People's Partnership, local partners and VCSE

Agenda item 2 – Dates for Lewisham People's Partnership meetings in 2024/25

The dates for the 2024/25 LPP meetings are:

26th June 2024 – 2pm – 4pm (in person and online) Catford Civic Centre, Catford Rd, London SE6 9SE
11th September 2024 – 10am-12pm TBC
13th November 2024 – TBC
15th January 2025 - TBC

We are just confirming times and locations for these dates which we will circulate.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 14
Enclosure 14

Title:	**Lewisham Primary Care Group - Chairs Report**
Meeting Date:	**Thursday 30 May 2024**
Author:	Chima Olugh, Neighbourhood Development Manager
Primary Care Group	Anne Hooper, Chair Primary Care Group
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	The purpose of the Primary Care Group is to provide leadership, challenge, and oversight for the delivery of primary care services in Lewisham, focused on, and working with, the local population and system providers. The Group also provides guidance to the Lewisham Local Care Partnership on key primary care priorities.	Update / Information	*X*
		Discussion	
		Decision	
Summary of main points:	The following items were discussed and/or approved at the March and April 2024 Primary Care Group meetings: **Contractual** ▪ 2024/25 PMS Premium Commissioning Intentions (approved by PCG) ▪ Arrangements for the GP contract in 2024/25 **Transformation** ▪ Access ▪ Extension of the Enhanced Primary Medical Service for Asylum Seekers ▪ PCN Population Health Framework (approved by PCG) ▪ A one year assessment of the Five year forward view delivery plan for Primary Care in Lewisham **Quality** ▪ GP Practice Resilience Programme		
Potential Conflicts of Interest	None identified		

Any impact on BLACHIR recommendations	Particular areas of the PMS Premium Commissioning Intentions aim to 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.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	▪ The PMS Premium and PCN Population Health Framework will have an impact on unwarranted variation across practices. ▪ The Enhanced Primary Medical Service for Asylum Seekers will help reduce the barriers to accessing quality primary care services. ▪ The service will also provide a preventative and proactive health and care offer for asylum seekers, identified through the healthcare assessment.		
	Financial Impact	**PMS Premium Commissioning Intentions:** Funded through the delegated primary care budget. **PCN Population Health Framework:** Funded through local budget.		
Other Engagement	Public Engagement	NA		
	Other Committee Discussion/ Engagement	Local Medical Committee, ICB Senior Management Team, Public Health and ICB Multi-disciplinary Meeting Working Group.		
Recommendation:	This paper is for information. **The Lewisham Local Care Partnership Strategic Board is asked to note the updates from the Chairs Report.**			

1. 2024/25 PMS Premium Commissioning Intentions

The 2024/25 PMS Premium commissioning intentions were presented to the primary care group with a recommendation for approval.

The ICB (Lewisham) commissions a range of key services from individual GP practices through the local PMS Premium (a Locally Commissioned Service).

The value of the PMS Premium is an estimated £3.2 million. The investment from the PMS Premium is used to;

- Secure services that go beyond core general practice
- Help reduce health inequalities
- Offer equality of opportunity for all Lewisham practices.
- Improve patient outcomes.

The group approved the 2024/25 commissioning intentions.

A summary of the commissioning intentions is in appendix A.

The group will continue to provide oversight and monitor the key deliverables of the PMS Premium.

2. Arrangements for the GP contract in 2024/25

The group received an update on key points which included:

a) An outline of the 24/25 contractual arrangements was published on 28 February 2024. The detail can be found here: https://www.england.nhs.uk/publication/arrangements-for-the-gp-contract-in-2024-25/

b) The 2024/25 GP contract will be a single year bridging contract between the five-year GP contract framework (2019-2024) and its successor, and therefore there are no significant changes.

c) The contract is a continuation from 2023/24, aligning with the Primary Care Access Recovery Plan.

d) The contract falls within a restricted financial landscape.

3. Access

3.1 PCN Capacity and Access Improvement Plans

The group received an update on Primary Care Network (PCN) Capacity and Access Improvement Plans.

Following the development and submission of their final plans the ICB arranged quarterly face to face meetings, in November 2023 and February 2024, with all PCNs to formally review progress.

For PCNs to receive the 30% allocated funding they will need to submit their end of year reporting templates to the ICB outlining how they have delivered against their plans in the three key areas;

a) Patient experience of contact;
b) Ease of access and demand management; and
c) Accuracy of recording in appointment books.

The ICB will use the end of year submissions to assess delivery made against PCN plans, and payment of associated funds.

It is anticipated that all PCNs will successfully be awarded the full available funding.

The group will provide oversight and assurance of the PCN plans.

3.2 Primary Care Access Recovery Plan

The delivery plan for recovering access to primary care is a 2-year programme covering four key areas of focus:

i. Empowering patients
ii. Implementing new Modern General Practice Access
iii. Building capacity
iv. Reducing bureaucracy

The group received an update on progress made on the borough Primary Care Access Recovery Plan.

Lewisham is making significant progress in the key areas.

One key area to highlight is reducing bureaucracy and the work around primary/secondary care interface. Local conversations have commenced, and a series of objectives have been identified including:

a) Sharing of practice bypass numbers and hospital department contact details to support improved communication
b) The establishment of a local educational programme to help build relationships and further breakdown barriers.
c) Recommunication of the consultant-to-consultant referral policy to ensure activity is not diverted back to practices unnecessarily.
d) Ongoing communication of the patient initiated follow up pathway, supporting eligible patients to directly access follow up care when required without the need to contact their practice for a new referral.

A full update on the progress being made across the ICB can be found in the public ICB board papers for 17 April 2024 at;
https://www.selondonics.org/wp-content/uploads/PAPERS-PART-1-Integrated-Care-Board-meeting-17-April-2024.pdf

4. Extension of the Enhanced Primary Medical Service for Asylum Seekers

The group received a paper which recommended the endorsement for the extension of the GP practice led enhanced primary care service for asylum seekers into 2024/25.

4.1 Background

There has been an increase in the use of Intermediate Accommodation Centres (IAC) for asylum seekers and the ICB have a responsibility to make reasonable provision of healthcare services to meet their health needs.

Lewisham has one IAC, Staycity Apartments in Deptford, which currently houses 161 residents *(May 2024)*.

Amersham Vale Training Practice were commissioned to provide enhanced primary care services for residents at the IAC. The practice has historic knowledge of inclusion health and community outreach work with people who are disadvantaged and vulnerable.

4.2 Objectives of the service include:

- To secure access to full (permanent) GP registration for asylum seekers at the IAC and in turn support access to other mainstream NHS services as may be required during their stay.
- To ensure the initial comprehensive health assessment is undertaken for all asylum seekers, that have not had one elsewhere so that their health and care requirements are identified and managed.

4.3 Service costs

The cost of commissioning the enhanced service is £16,000 per annum. To date, this has been funded from non-recurrent NHSE funding provided to the ICB which is in recognition and understanding of the additional resources required to address the intensive primary medical needs of this patient cohort.

Additionally, as part of the SEL Health Core Offer for asylum seekers, and in line with the 2022/23 guidance and funding process for supporting additional commissioning costs the practice is entitled to a one-off payment of £150 for each new arrival who has an initial health assessment. NHS England provided the funds towards the initial health assessments. This is a contribution to additional resources required to conduct the initial health assessment which needs be offered and undertaken.

4.4 Arrangements into 24/25

Given the continued use of the Staycity Apartments IAC in the borough to temporarily house asylum seekers, going in the 2024/25 it has been agreed to;

Retain the existing enhanced primary care service and ensure it is consistent and provides the appropriate quality of service.

Roll over the existing contract with the practice for a further 12 months, with a caveat in case the IAC closes within the next 12 months.

Continue funding the service in 2024/25. This can be achieved by utilising outstanding 2023/24 NHS England funding of £15,000 accrued within the Lewisham other primary care budget with the remaining £1000 coming from other available accruals in the Lewisham other primary care budget.

Provision of an enhanced service is in line with the NHS Long Term Plan and the aim of ‘More NHS action on prevention and health inequalities.

4.5 Risks

There are certain risks associated with the service, however the benefit of commissioning the service outweighs the risks.

The Home Office can close the IAC at very short notice within the next 12 months – if this occurs, The ICB will work with the practice to manage this both operationally and in respect of the finances.

The practice can withdraw its service and it might be difficult and time-consuming to find another experienced local practice to provide the service. As such providing certainty for the next twelve months is important to mitigate against this.

The ICB has not received confirmation of funding for the initial health assessments in 2024/25. If not confirmed the ICB will have to fund from its local budget.

It is not clear if the Staycity Apartments IAC will continue to operate into 25/26 – as we approach year end, we will need to consider funding options to continue to support the service.

There is a risk that additional IACs may be opened in Lewisham, and this will need to be mitigated as needed.

The group endorsed the extension of the Enhanced Primary Medical Service for Asylum Seekers.

5. PCN Population Health Framework

The group received a paper which recommended the approval of the Lewisham PCN Population Health Framework.

5.1 Introduction

The PCN Population Health Framework will consist of various initiatives offering additional funding to PCNs that will allow them to improve performance against national targets, reduce inequalities and improve the quality of services and outcomes delivered to their patients.
The framework will allow for local initiatives to be managed centrally and make the process more efficient and effective.

5.2 Aims of the framework

Initiatives will be outcome based and will not be overly prescriptive about how the PCNs achieve the desired outcomes, however the main aims will be to;

a) Improve the health outcomes for people in Lewisham.
b) Reduce variation by improving outcomes within PCNs.
c) Support and sustain collaborative practice working in PCNs.
d) Support a reduction in avoidable unplanned admissions.
e) Support staff develop quality improvement and data skills.
f) Support practices carve out time for quality improvement.

Quarterly review meetings with PCNs will be used to monitor performance and a dashboard will also be available to highlight performance.

The primary care group will monitor delivery and performance of the framework.

The primary care group approved use of PCN Population Health Framework.

6. Five year forward view delivery plan for Primary Care in Lewisham - Year 1 assessment

6.1 Introduction

- The Five year forward view delivery plan for Primary Care in Lewisham articulates the proposed direction of travel and outlines the priority areas on which the borough will focus over the next 1 – 5 years.

- The plan aligns with, and complements, national policy, the South East London Integrated Care System (ICS) strategy, the Lewisham Health and Care Partnership (LHCP) priorities and the Fuller Stocktake report and associated actions.

- It highlights the main areas where primary care is an enabler to wider system change and delivery of improved outcomes, especially regarding the four identified local partnership priorities.

- The plan identifies 6 priority areas which will be the focus of work, and details specific actions for 23/24 and 24/25 as well as intended outcomes in 5 years' time.

- The plan also describes priority actions in the supporting enabler areas of Workforce, Digital, Estates and Data.

- Governance for the oversight and delivery of the plan will sit with the Lewisham Primary Care Group with regular reports submitted to the Lewisham LCP Strategic Board to provide update.

6.2 The one year assessment is attached as appendix B.

The assessment provides an update on progress made in the first year of implementing the "Five year forward view delivery plan for Primary Care in Lewisham" which was originally approved by the LCP Strategic Board in May 2023.

Updates to the document have been highlighted in yellow for ease of navigation.

7. GP Practice Resilience Programme

The group received an update report of last year's GP Practice Resilience programme and progress to date with 2023/24 programme.

7.1 Background

NHS England provides service development funding (SDF) each year for ICBs, as additional programme funding on top of ICB baselines.

The funding should be invested in initiatives which will support practices and PCNs to deliver high quality primary care, and specifically in delivering the ambitions of the **Primary Care Access and Recovery Plan** and other primary care improvement programmes.

In 2023/24, the key priorities for ICBs in relation to primary care are to support improve access to services, particularly patient experience of contacting general practice, and supporting practices and PCNs with demand management and improving job satisfaction.

As part of the SDF, **practice resilience is one of eight allocations** which exists under the primary care transformation allocation.

The main aim of the practice resilience funding is to address immediate practice pressures in order to maintain services effectively and safely. Continuation of this approach that has been maintained in Lewisham for many years.

7.2 Monitoring arrangements

The programme has robust assessment process which has been endorsed by the Lewisham Local Medical Committee.

It also has monitoring arrangements which includes a Memorandum of Understanding (MoU) between the ICB and practice, a review of MoU objectives at the 6month period and a final evaluation report once objective(s) have been achieved.

A summary of the 2022/23 and 2023/24 programmes can be found in appendices C and D.

Appendix A - Summary of the 2024/25 PMS Premium Commissioning Intentions

Priority Areas	Value (£pwp)	Comments
End of Life Care	1.00	**Retained and reviewed.** Performance metrics include: ▪ Percentage of patients on register = 0.3%. ▪ Patient has end of life care plan or has end of life advanced care plan. ▪ Case management ended (care plan closed if patient is deceased) ▪ Not for attempted cardiopulmonary resuscitation (has DNACPR documented in the care plan). The 6 monthly audits have been replaced by an annual audit in order to give practices sufficient time to go through all patients and time to see any improvements.
Delivering Co-ordinated Care: Risk Profiling & Multi-Disciplinary Team working	2.00	**Retained and reviewed.** The Standard Operating Procedure and reporting approach has been updated.
Bowel Cancer Screening	1.00	**Retained and reviewed.**
Childhood obesity	0.50p	**Retained and reviewed.**
Post-operative wound and suture removal	0.75p	**Retained and reviewed.**
High Risk Drug Monitoring	0.86p	**Retained, reviewed and updated.** Amended to include Medicines within the SEL Joint Medicines Formulary. Formulary (selondonjointmedicinesformulary.nhs.uk) and Zoladex depot injections which was formerly part of a Service Level Agreement with practices.
Referral Management	1.00	**Retained and reviewed.**
Serious Mental Illness	1.15	**This service specification has been retired.**

		It is a national priority and forms part of the QOF requirements. MH001, MH002, MH003, MH006, MH007, MH011, MH012 and MH021. Quality Outcomes Framework 2024/25 (england.nhs.uk)
Patient Experience	1.11	**Retained, updated and amended.** A national and local priority. Amended to consider how to improve and support practices with patient engagement.
Alcohol Intervention	0.60p	**Retained and reviewed.**
Breast Cancer Screening	1.15	**New addition.** This is a national and local priority and current uptake is below the national target**.**

Appendix C – 2022/23 Resilience Programme Summary

- Lewisham was allocated £43,785.00.
- Total support amount requested from the 13 practices was £69,529.00.
- Six practices received support funding totalling £27,027.00.
- The remaining 16,758.00 was accrued.
- In order to ensure 100% of the allocation was utilised the ICB supported a further 2 practices that needed urgent estates works carried out to increase their clinical space for patient care.

Nos	Practice	ICB Support	Support Amount (£)	Evaluation Report
1.	Downham Family Medical Practice	Clarity TeamNet for management of HR records and appraisals Outside CQC support to get the practice fully compliant.	1,300.00	Clarity TeamNet was purchased, and all practice policies and protocols have been loaded onto the system. TeamNet portals is also being used for areas highlighted in last CQC inspection report.
2.	Nightingale Surgery	New telephony system.	2,500.00	The funding was not sufficient to cover the termination costs therefore it was used to upgrade the telephony system.
3.	Deptford Surgery	Replacement of a destroyed equipment in the reception area by a violent patient.	7,487.00	All damaged equipment has been replaced. Frontline staff attended training on how to manage challenging interactions with patients.
4.	Novum Health Partnership	Two special check in pods to help improve patient Do Not Attend Rates.	7,000.00	Activity is outstanding.
5.	Lee Road Surgery	Training for the administrative team to deal with all the clinical documentation and triage documents. This will ensure GPs are not carrying out unnecessary administrative tasks.	3,740.00	The administration team have received face to face EZ Doc training. Practice has allocated one member of staff who received the training to be the lead in charge of managing the document flows each day to enable consistency in how the documents are work flowed.

6.	Queens Road Partnership	To combat increased call volumes practice would like to purchase a novel call logging software that will enable it to see live the current call status for patients and in doing so better handle patient access. The software will also allow automatic patient recognition so the patient will be verified by phone number and the EMIS record will automatically load on the receptionist screen. This enables quicker more efficient call handling.	5,000.00	Practice has a live monitoring dashboard and has a dedicated screen so supervisory staff can monitor incoming calls and waiting times and allocate staff accordingly KPI of average call answer times of less than 5 minutes has been exceeded and audit data suggests that daily average wait times are less than 3 minutes and very often less than 2 minutes.
7.	Oakview Family Practice	Conversion of an office into a clinical room. Involves installing sink, cupboards, curtain rails and review of flooring.	1,386.00	Estates works complete and pictures of before and after have been submitted to the ICB.
8.	The Vale Medical Centre	The practice would like to have 2 admin rooms converted into 2 consultation rooms to increase capacity.	15,372.00	Estates works complete and pictures of before and after have been submitted to the ICB.

Appendix D – 2023/24 Resilience Programme Summary

- Lewisham was allocated £30,000.00 (a 32% reduction compared to the previous year).
- Total support amount requested from the 14 practices was £137,817.00 (this is equivalent to a 50% increase in funding request amount compared to the previous year).
- The applications have been assessed and reviewed.
- Eight practices received support funding totalling £32,221.00.

Nos	Practice	ICB Support	Support Amount (£)
1.	Sydenham Green Group Practice	To engage a professional consultant to investigate estate options on the current SG Health Centre site and within the locality for hosting the practice in the future.	8,000.00
2.	The Vale Medical Centre	Away day to support clinical team build resilience and try to retain the team at Vale Medical Centre.	3,000.00
3.	Clifton Rise Surgery	To facilitate the signing of a 10-year lease at the Waldron Health Centre.	1,333.00
4.	Parkview Surgery	One portable cytology examination light.	1,888.00
5.	The Lewisham Care Partnership	HR support and advice for incumbent staff to allow change in work pattern and service.	2,500.00
6.	Modality Lewisham	Management awayday. Reception AV equipment. Management compliance training.	5,000.00
7.	ICO Health Group	To undertake an options appraisal for the Marvels Lane premises.	8,000.00
8.	Amersham Vale Training Practice	A bulletin interactive board for staff internal communications.	2,500.00

South East London
Integrated Care System

Five year forward view delivery plan for Primary Care in Lewisham

Year 1 assessment

Version 1.0

20th March 2024

Document purpose

- This document provides an update on progress made in the first year of implementing the "Five year forward view delivery plan for Primary Care in Lewisham" which was originally approved by the LCP Strategic Board in May 2023.
- Updates on progress have been provided against the original actions described for 23/24.
- The original actions proposed for 24/25 have also been updated accordingly based on progress made in 23/24 and other subsequent developments since the initial development of the plan.
- Updates to the document have been highlighted for ease of navigation.
- General reflections and lessons learnt have also been presented.
- The supporting slides have been retained in this pack to provide context.

General reflections and lessons learnt

- Generally good progress has been made during the first year of the delivery plan but more work is needed to ensure that the work happening in general practice is fully connected and integrated with the wider system. This is particularly the case in terms of the wider primary care family and some of the local public health programmes where clearer joint plans would be beneficial.

- This also applies where primary care is an enabler to wider system change and delivery of improved outcomes, especially in relation to the LHCP priority areas.

- More work is also specifically needed to coordinate the local delivery of the Fuller stocktake report to make sure that the articulated opportunities and benefits are fully realised.

- More focus is needed to ensure we work with the Lewisham People's Partnership and wider local community to support delivery of the plan and this should be prioritised in 24/25.

- And following the ICB Management Cost Reduction, careful consideration will need to be given to the new ways of working that will need to follow as a result of this both for ICB staff and wider partners.

Introduction

- This Five year forward view delivery plan for Primary Care in Lewisham articulates the proposed direction of travel and outlines the priority areas on which we will focus over the next 1 – 5 years.

- The plan aligns with and complements national policy, the South East London Integrated Care System (ICS) strategy, the Lewisham Health and Care Partnership (LHCP) priorities and the Fuller Stocktake report and associated actions.

- The plan highlights the main areas where primary care is an enabler to wider system change and delivery of improved outcomes, especially regarding the four identified local partnership priorities - we will need to ensure that there are clear expectations of what each part of the system will need to achieve to contribute to this, including primary care.

- The plan identifies 6 priority areas which will be the focus of our work and details specific actions for 23/24 and 24/25 as well as intended outcomes in 5 years time.

- The plan also describes priority actions in the supporting enabler areas of Workforce, Digital, Estates and Data.

- More detailed plans will sit beneath this Five year forward view as needed which will also be underpinned by an investment plan.

- Governance for the oversight and delivery of the plan will sit with the Lewisham Primary Care Group with regular reports submitted to the Lewisham LCP Strategic Board to provide update.

South East London Integrated Care System

Lewisham borough

NHS South East London

Our population

Lewisham currently has a resident population of 300,600. It is the 14th largest borough in London by population size and the 6th largest in Inner London. In the next five years our population is likely to rise to over 310,000 and to over 320,000 by 2032. In terms of demographic breakdown, 52.5% of the population are female; 23.5% are 0-19 years of age; 9.5% aged 65 or over; and 67% are 20-64 years of age.

We have a significantly younger population compared with national averages, with more adults aged between 25-44 and more children aged between 0-4. There is a smaller population of those aged 65+. However, it is thought our population growth won't be evenly spread across the ages and we will see an increase in the older population and a slight decrease in the younger population and working age population. Almost half (48.3%) of our population are from an ethnic minority community. Between 2011 and 2031 it is projected that the size of the population of children and young people between 0-19 in ethnic minorities will grow faster than the rate of children from white ethnic groups

Health outcomes for our population

For female residents, Lewisham life expectancy (83.2 years) now exceeds the national average (83.1). However for male residents, life expectancy is significantly lower (78.8) than the national average (79.4).

The main cause of death in Lewisham is cancer (28%), followed by circulatory disease and respiratory problems.

Lewisham has lower average mental health scores than London or England. Just over 8% of adults in Lewisham have a recorded diagnosis of depression. This is higher than London (7.1%). According to the 2020/2021 ONS Annual Population Survey, 29% of Lewisham residents age 16+ reported high anxiety levels, compared to the London average of 24%, and 24% across England.

We are seeing an increase in the complexity of need from those needing care and the number of people living with multiple health conditions is increasing.

Inequalities within our borough

Lewisham is the 63rd most deprived Local Authority in England and within the 20% most deprived Local Authorities in the country. Bellingham, Downham, Rushey Green and New Cross are the most deprived local wards in the borough.

Lewisham's Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. In addition, Black, Asian and Minority Ethnic populations have higher prevalence rates of some mental health conditions, including psychotic disorder and Post-Traumatic Stress Disorder (PTSD), and experience inequalities in access to services. In the borough we also see late presentations of lung and colorectal cancers.

Those in poorer health were disproportionately impacted by Covid. For some services, including the uptake of preventative healthcare such as health checks, immunisations and certain cancer screening, Lewisham is yet to return to pre-pandemic levels. This is concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and long-standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

Primary Care overview - Lewisham

Overview of our current system

- There are **27 GP practices** in Lewisham with a combined registered patient list of approximately **330,000** patients delivering services out of **36 sites**.
- Lewisham's 27 GP Practices are grouped into **6** geographically coherent **Primary Care Networks (PCNs)**
- Lewisham has **2 super-practices** which are also PCNs in their own right
- Lewisham also has a single **borough wide GP Federation**, One Health Lewisham Ltd who provide a range of primary and community care services
- Practices range in size; **2 with <5000 patients, 10 with >5000<10000 patients, 8 with >10000<15000 patients and 7 with > 15000 patients**. The largest **practice has over 55,000** registered patients.
- **CQC ratings** of Lewisham practices are generally good with 25 **practices rated 'Good' and 2 as 'Requires Improvement'** (as of April 2023)**.**
- Lewisham has **52 community pharmacies (CP)** (as of April 2023). **This is an average of 17.0 pharmacies per 100,000 population,** lower than the London (20.7) and England (20.5) average**.** There are two "100-hour a week" pharmacies across the borough and at least one pharmacy provides Sunday opening from 7am to 9pm.
- Provision of current pharmaceutical services and locally commissioned services is well distributed, serving all the main population centres. As part of the 2022 published Needs Assessment, no gaps were identified in provision either now or in the future for pharmaceutical services

Strengths / opportunities

- **Clear sense of place**
- Strong local **primary care leadership**
- Established **local partnerships** – both within and across primary care providers
- **Innovative culture,** ready to embrace the benefits of new ways of working, including through the use of digital tools
- The **delegation** of community pharmacy, optometry and dental commissioning and contracting from NHS England to the ICB

Challenges

- **Demand** - Increasing workload including potentially inappropriate/unnecessary work generated across the system
- **Complexity** - Increasingly more complex care is being delivered in the community
- **Workforce recruitment and retention** – Ageing workforce (GPs and nurses), challenging to attract and retain new staff including GP Partners
- **Estates –** Varied GP estate with increasing challenges to accommodate an expanding workforce (particularly PCN staff)
- **Inequalities –** Significant variation in health outcomes based on geography and demography
- **Covid backlog –** Management of Long Term Conditions, immunisations, screening and onward referrals

Working with the local population

What we've heard from the public

Through the GP Patient Survey, our local Healthwatch teams and from direct feedback, our patients have told us they trust their clinicians and generally have a positive experience once contact is made, but can be frustrated by the perceived difficulties in accessing general practice services in a convenient manner and especially in making contact via the phone.

Working with the local population

Lewisham Health and Care Partners have engaged with stakeholders on the development of the overarching local care plan for Lewisham. Through this engagement, the following common themes emerged which have been incorporated into this primary care plan as appropriate.

1. The need to develop a truly integrated way of working across the local system and within neighbourhoods.
2. The need to provide timely and relevant care to children and families at their time of need that is truly person-centred and helps reduce inequalities in access.
3. The need to take a broad lens to access and inequality to better understand what the drivers are and how to address them
4. The need to ensure services are delivered by a happy, healthy workforce and recruitment and retention prioritised.

To support the delivery of our plans, Lewisham has committed to a new, co-designed model of engagement. The model will :

- Support local people to exercise power and contribute as equal partners.
- Build trust by acting on feedback and developing deeper relationships with local people.
- Reduce barriers to engagement (for example language barriers, resource barriers and cultural barriers).
- Work together to achieve more with what we have (recognising funding/time/capacity limitations).

The Lewisham Health and Care Partners (LHCP) people's partnership will sit alongside and feed into the broader structures of the LHCP, bringing patient and citizen voices and lived experience into supporting the strategy and delivery of work of the LHCP and will be a particularly important enabler to support delivery of this primary care plan.

Our vision and objectives

Our vision

The provision of high quality, integrated primary care services to support our local communities to equally live and remain well throughout their lives

Our key objectives – what we want to achieve over the next five years

How the model of primary care needs to change to improve our population's health and wellbeing

The publication of 'next steps for integrating primary care: Fuller Stocktake report' creates a new vision and case for change for integrating primary care. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system. At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around three essential offers:

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

This five year forward view for primary care in Lewisham aligns with the recommendations of the Fuller Stocktake report and indeed much of this work was already planned and underway.

Primary care as an enabler

Primary care as an enabler

In several areas, Primary care is an enabler to wider system change and delivery of improved outcomes and we will need to ensure that there are clear expectations of what each part of the system will need to achieve to contribute to this. Specifically in relation to the four Lewisham Health and Care Partnership priorities, the table below describes the main considerations in regard to primary care:

LHCP priorities	Primary care considerations
Strengthening the integration of primary and community-based care and achieving financial sustainability across the system by working together and in collaboration as organisations and with the communities we serve.	The integration of primary and community-based care is fundamental to support the delivery of improved outcomes in many areas including prevention, Long Term Condition identification and management, Mental Health, urgent and emergency care, planned care and anticipatory care especially for our older adult, frail population. We will particularly need to be clear on the role primary care will need to play as part of the integrated neighbourhood teams approach, working with their local communities and within MDTs to support the delivery of high quality care and improved outcomes.
Working to build stronger, healthier families and providing families with integrated, high quality, whole family support services.	Primary care has always played a key role in providing holistic care to families (in many cases, several generations) and we will need to build on this to make every contact count. In particular we will need to be clear how Primary care can best support the development and delivery of integrated family hubs and also the planned new Integrated Child Health Model.
Addressing inequalities throughout the Lewisham health and care system and tackling the impact of disadvantage and discrimination on health and care outcomes.	Primary care will need to support the identification of inequalities and seek to reduce variation at every opportunity. This will include working at scale, largely through PCNs, as part of the wider integrated neighbourhood approach.
Being a compassionate employer and building a happier, healthier workforce by creating a range of employment opportunities for local people and creating an environment that fosters wellbeing in our staff.	Although primary care is largely a collection of smaller organisations, we will still need to ensure that they are supported to be fully part of our workforce initiatives so that they can equally benefit from opportunities and experiences.

Our objectives and priority actions

Our priority actions

The key actions we will take to deliver the plan have been categorised into the following areas:

- **Proactive and preventative care**
  - Supporting people to stay well for longer by enabling them to make healthier lifestyle choices and treating avoidable illnesses early on
- **Accessible care**
  - Supporting timely access to care (including face to face and remote), in line with patient need, for same day urgent care and routine care.
- **Coordinated care**
  - Supporting person centred and co-ordinated care to improve quality through effective shared decision making for and with those experiencing the greatest need
- **Sustainable primary care**
  - Supporting all primary care providers to deliver the highest quality care and enable transformation by remaining resilient and sustainable both now and in the future
- **Partnership/collaborative working**
  - Supporting general practice to work cohesively together and effectively with wider local partners including the population, Lewisham People's Partnership, LGT, SLAM, the council, local Voluntary and Community Sector (VCS) organisations and increasingly with the wider primary care family
- **Inequalities**
  - Supporting primary care to identify and reduce the disparity in outcomes and lived experiences between different population groups

Priority action – detail

Name of priority action

Proactive and preventative care

- Supporting people to stay well for longer by enabling them to make healthier lifestyle choices and treating avoidable illnesses early on

How we will secure delivery

Actions for 23/24

- Working with public health colleagues, ensure clarity of accountability, leadership, delivery and metrics in supporting residents to live healthily in key areas such as immunisations, screening, weight management, smoking, sexual health and substance misuse
- Continued improvement of early identification of LTCs (particularly hypertension) and management/mitigation as needed
- Continued focus on the delivery of patient Health Checks, in particular for serious mental illness (SMI), learning difficulties (LD) and other vulnerable groups
- Return to pre-pandemic levels as a minimum for cervical screening
- Continued focus on social prescribing including full implementation of the Joy IT system

Priority actions for 24/25

- Continued work with public health colleagues to ensure clarity of accountability, leadership, delivery and metrics in supporting residents to live healthily
- Continued improvement of early identification of LTCs and management/mitigation as needed, especially linking with the wider primary care family
- Continued focus on the delivery of patient Health Checks
- Continued focus on cancer screening including launch of new targeted lung health check programme

Progress to date

- Collaborative work with public health colleagues particularly around the development of the 2024/25 PMS Premium specifications and in delivery of vaccination campaigns including covid, flu and MMR
- Focused attention on the uptake of SMI Physical Health Checks (PHC) by supporting practices to understand which patients have not had the full 6 elements of the check and encouraging follow up. Working with the Health Innovation Network to ensure SMI PHC data captured outside of primary care is accounted for.
- Recruitment of a LD Health Checks coordinator, funded by the ICB and hosted by One Health Lewisham to support improved performance
- Full implementation of the Joy social prescribing IT platform across general practice care which includes a self-referral function – the Joy contract has now been extended into 24/25

Priority action – detail

Name of priority action

Accessible care

- Supporting timely access to care (including face to face and remote), in line with patient need, for same day urgent care and routine care

How we will secure delivery

Actions for 23/24

- Implementation of the national access recovery plan
- Work with PCNs to develop and implement their "Capacity and Access payment" plans
- Specific focus on ensuring that all general practice activity data (including that which is PCN related) is accurately captured and coded and so forms part of the local baseline
- Review PCN Enhanced Access arrangements to ensure patient benefits are being delivered consistently and safely
- Development and evaluation of options for Review of the GP home visiting service to confirm long term arrangements
- Embed the Community Pharmacy Consultation Service (CPCS) pathway

Priority actions for 24/25

- Continued implementation of the national access recovery plan
- Implementation of same day urgent care services including clear communication to the public and wider system partners
- In-line with national policy, continue to work with PCNs to refine their Enhanced Access offer
- Continue to strengthen links with the wider primary care family to support patients to access the right services at the right time, first time
- Continued implementation of the Modern General Practice model

Progress to date

- All 6 PCNs have developed and implemented agreed Capacity and Access Improvement plans which focus on patient experience, ease of access and demand management and appointment coding
- The Modern General Practice model is being implemented across practices supported through the national transition and transformation funding
- The ICB funded GP home visiting service has been reviewed and will be decommissioned on the 31/03/2024 - practices/PCNs are working directly with One Health Lewisham to support the continuation of the service using ARRS funding
- Workstream underway to assess and plan for the local model for same day urgent care services, linked to the upcoming re-procurement of NHS 111
- The primary care and medicines optimisation teams visited practices and encouraged the use of CPCS however this has since been replaced by the national Pharmacy First scheme, launched on 31/01/2024

Priority action – detail

Name of priority action

Co-ordinated care

- Supporting person centred and co-ordinated care to improve quality through effective shared decision making for and with those experiencing the greatest need

How we will secure delivery

Actions for 23/24

- Procurement of a single provider model for enhanced support to older adult care homes
- Re-procurement of the High Intensity User service
- Ensure primary care input into the design and development of the local Integrated Neighbourhood Teams model and approach, including MDTs
- Continued focus on effective LTC management including implementation of the 2nd year of the PCN diabetes outcome scheme
- Working with the population health team and system partners, continued focus on risk stratification (including core20plus5) and care planning, particularly end of life care planning

Priority actions for 24/25

- Implementation of the new single provider model for older adult care homes
- Continued primary care input into the design and development of the local Integrated Neighbourhood Teams model and approach, including MDTs
- Implementation of the 3rd and final year of the PCN diabetes outcome scheme
- Implementation of the newly agreed PCN hypertension outcome scheme
- Specific focus on the implementation of the Universal Care Plan supported by the new coordinator role

Progress to date

- The procurement of a single GP provider for enhanced support to adult care homes has been completed. Mobilisation is in progress and the service is due to go live on 1 April 2024.
- The re-procurement of the High Intensity User service has been completed and will commence on the 1 July 2024.
- Extensive work undertaken to review the local approach to Multiple-disciplinary meetings (MDMs), with recommendations for primary care contractualised through the 24/25 PMS premium.
- Integrated neighbourhood working pilots underway in N3 and in regard to Chronic Kidney Disease (CKD) management
- The 2nd year of the PCN diabetes outcome improvement programme is coming to an end. An evaluation of progress made to date will be carried out while the programme is rolled into the 3rd and final year.
- Funding has been secured for a Universal Care Plan coordinator to improve the quality and quantity of plans developed for Lewisham patients.

Priority action – detail

Name of priority action

Sustainable primary care

- Supporting all primary care providers to deliver the highest quality care and enable transformation by remaining resilient and sustainable both now and in the future

How we will secure delivery

Actions for 23/24

- Review local PMS premium to support delivery of wider LHCP objectives into 24/25
- Continue to support PCN development (i.e. governance, infrastructure) including specific support for Clinical Directors in their expanding roles
- Development and evaluation of options for the future of general practice to ensure it remains fit for purpose, resilient and sustainable
- Support continuous Quality Improvement (QI), in particular by maximising the support from the Clinical Effectiveness SEL programme (CESEL)
- Consider how best to create protected learning time for primary care to develop and transform whilst still supporting patient needs

Priority actions for 24/25

- Implementation of the revised PMS premium
- Continue to support PCN development including support for Clinical Directors in their expanding roles, building on learning from 23/24
- Continue to support the evolution of general practice to ensure it remains fit for purpose, resilient and sustainable
- Review and refine protected learning time arrangements to ensure that these are working for both primary care providers and patients

Progress to date

- The PMS Premium has been reviewed and updated for 24/25 to ensure it supports the LCP objectives.
- PCNs have been supported to update their development plans for 2023/24 including through the provision of consistent external consultancy/facilitation.
- GP Resilience programme for 23/24 successfully implemented with 8 practices awarded funding and an evaluation of the 22/23 programme undertaken
- The Training Hub has been commissioned to work with practices to undertake the national Support Level Framework (SLF) assessment to review strengths and weaknesses and develop corresponding action plans
- Continue to fund and work with CESEL to embed agreed guidelines and pathways across general practice.
- A full general practice protected learning time (PLT) programme successfully delivered in 23/24 including 3 face to face sessions for all staff groups. Dates and themes for the 24/25 PLT programme have also been agreed and circulated to practices.

Priority action – detail

Name of priority action

Partnership/collaborative working

- Supporting general practice to work cohesively together and effectively with wider local partners including the population, Lewisham People's Partnership, LGT, SLAM, council, local Voluntary and Community Sector (VCS) organisations and increasingly with the wider primary care family

How we will secure delivery

Actions for 23/24

- Reform the PCN forum into the Primary Care Leadership forum (including a formally appointed independent chair) to provide a unified primary care voice for Lewisham
- Work with system partners to better understand interface issues and their impacts and develop an action plan to address both in the short, medium and longer term
- Work with the Lewisham People's Partnership to support the development of a clear set of expectations of what patients can expect of primary care and what primary care can expect of patients (a local charter)
- Design and implementation of a public engagement campaign to make every contact count with primary care
- Consider how we best engage with local pharmacy, dental and ophthalmic services

Priority Actions for 24/25

- Fully established Primary Care Leadership forum which is representative of the wider primary care family i.e. pharmacy, dental and ophthalmic services
- Review progress against the local "interface" action plan to evaluate impact of short term actions and ensure that medium/longer term actions are on track
- Prioritise working with the Lewisham People's Partnership to support successful delivery of the primary care delivery plan
- Implementation of a local public engagement campaign to make every contact count with primary care

Progress to date

- The Lewisham Primary Care Leadership Forum (LPCLF) has been established and has an independent chair who was formally recruited.
- Membership of the LPCLF has been extended to local pharmacy, dental and ophthalmic colleagues and contact has been made with key local stakeholders including LGT and SLAM.
- Work is ongoing between primary and secondary care to review ways of working that could improve patient care and minimise workload, supported through joint meetings between LGT colleagues, the LPCLF and the wider ICB team. An initial work programme has been developed including quick wins with accountability sitting with the Lewisham Integrated Quality & Assurance Group.
- South East London wide work is also underway in regard to the primary/secondary care interface which will need to be considered as part of our local work.

Priority action – detail

Name of priority action

Inequalities

- Supporting primary care to identify and reduce the disparity in outcomes and lived experiences between different population groups

How we will secure delivery

Actions for 23/24

- Development and implementation of PCN level inequalities plans, led by PCN health equity fellows
- Continuation of enhanced primary care homeless services
- Review and refine enhanced primary care services for local migrants and asylum seekers including dedicated support for local intermediate accommodation centres
- Continued focus on digital inclusion, supporting patients who might struggle/prefer not to use digital tools so that they are not disadvantaged
- Ensure that opportunities for action highlighted through the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) are taken forward in primary care as appropriate

Priority Actions for 24/25

- Continued delivery of the PCN level inequalities plans and consideration of how to mainstream the PCN health equity fellow roles once the current 2 year programme ends in September 2024
- Continued involvement in the wider local heath inequalities programme led through public health
- Development and implementation of a joined up approach to digital inclusion with all system partners

Progress to date

- PCN health equity fellows in place across all PCNs and active programmes of work underway.
- Continued refinement of the Enhanced primary care homeless service to ensure patient needs are being best met.
- Enhanced primary care services for asylum seekers in local intermediate accommodation centres continues to be provided
- All practices now signed up to safer surgeries scheme to support ease of registration for vulnerable patients who may have challenges in verifying their identity or providing proof of address.
- Digital inclusion hubs established across all PCNs and actively supporting patients to maximise the benefits of digital tools where willing and able.

Enablers – summary of progress to date and priority actions for 24/25

Workforce

Progress to date

- All PCNs planning to use their full ARRS budgets for 23/24
- Lewisham general practice staff excellence awards event successfully held in December 2023
- Local Training Hub continue to promote opportunities through PLTs, LPCLF, practice managers forums, etc

Priority actions for 24/25

- Continued focus on data-led workforce planning and developing practice, PCN and system plans in response
- Continued focus to support primary care to effectively manage violence and aggression towards staff from the public
- Continued work to support the recruitment and retention of staff in Lewisham
- Manage the transition of the work of the local ICB practice nurse adviser team post the management cost reduction programme, particularly through the local training hub

Digital

Progress to date

- Practices using a variety of online/video consultation systems including AccuRx which is the newly procured and funded tool across SEL
- Full engagement with practices around the cloud based telephony (CBT) programme
- Extensive work undertaken to promote the utilisation of the NHS App across primary care
- Practices supported to review and refine their websites in accordance with NHSE guidelines

Priority actions for 24/25

- Continued focus on maximising NHS App utilisation and improving the quality and consistency of practice websites
- Implementation of primary care extranet which is now in development across SEL
- Consider opportunities to automate processes to increase capacity and productivity

Estates

Progress to date

- Ongoing work with SEL estates team to ensure primary care estates plans are fully integrated with wider system estates plans and strategies
- Appointment of primary care representative on the local estates forum, endorsed through the LPCLF
- Good engagement with the London Improvement Grant (LIG) programme with schemes both completed in 23/24 and submitted for 24/25

Priority actions for 24/25

- Continue to work with practices and PCNs to ensure sufficient space is available to accommodate ARRS staff and to centralise back office functions where beneficial to do so
- Continue to support practices to digitise their patient records and reconfigure freed up space for clinical / service use as able

Data/business intelligence

Progress to date

- Specific focus on appointment mapping and coding as part of the PCN capacity and access improvement plans
- Apex Edenbridge analytical tool implemented to improve insight at practice and PCN levels

Priority actions for 24/25

- Further focus on maximising the opportunities of the local population health tool to help risk stratify and identify population cohorts for targeted support and intervention
- Ensure robust systems are in place to support the effective monitoring of the primary care delivery plan

South East London Integrated Care System

Working with the Lewisham People's Partnership to support delivery (1)

NHS South East London

Background and context

- Lewisham Health and Care Partners are building towards a shared a vision for a sustainable and accessible health and care system.
- Our pandemic response highlighted the importance of local relationships in improving outcomes.
- The pandemic showed the strengths of Lewisham's communities, including significant levels of civic energy, a willingness to get involved in supporting better health and wellbeing for all, and the potential to engage in new ways.
- However, it also highlighted the ongoing inequalities across Lewisham and the complexity of our local systems which can challenge our ability to engage effectively with our many and diverse citizens and communities.
- Historically, shifting national, regional and local structures priorities have fed into a lack of continuity with engagement and have resulted at times in a loss in trust.
- Communication and engagement initiatives, however well-planned and effectively delivered, often struggle to reflect the full range of experiences of our citizens and communities, many of whom would value the opportunity to have a much greater, and more regular, say in the services that affect their day-to-day lives.

South East London Integrated Care System

Working with the Lewisham People's Partnership to support delivery (2)

NHS South East London

Group objectives – from April 2023

Be an equal partner within Lewisham Health and Care Partnership and a key part of the leadership structure.

Empower local people and remove the power imbalances that exists between statutory bodies and citizens.

Make sure Lewisham Health and Care Partnership is engaging communities in line with the Model for Citizen and Community Engagement.

Make sure that local people are involved in Lewisham Health and Care Partnership's work - from service design to delivery - and have evidence to show this.

Lived experiences and needs of Lewisham residents drive local partnership decision-making.

South East London Integrated Care System

Working with the Lewisham People's Partnership to support delivery (3)

NHS South East London

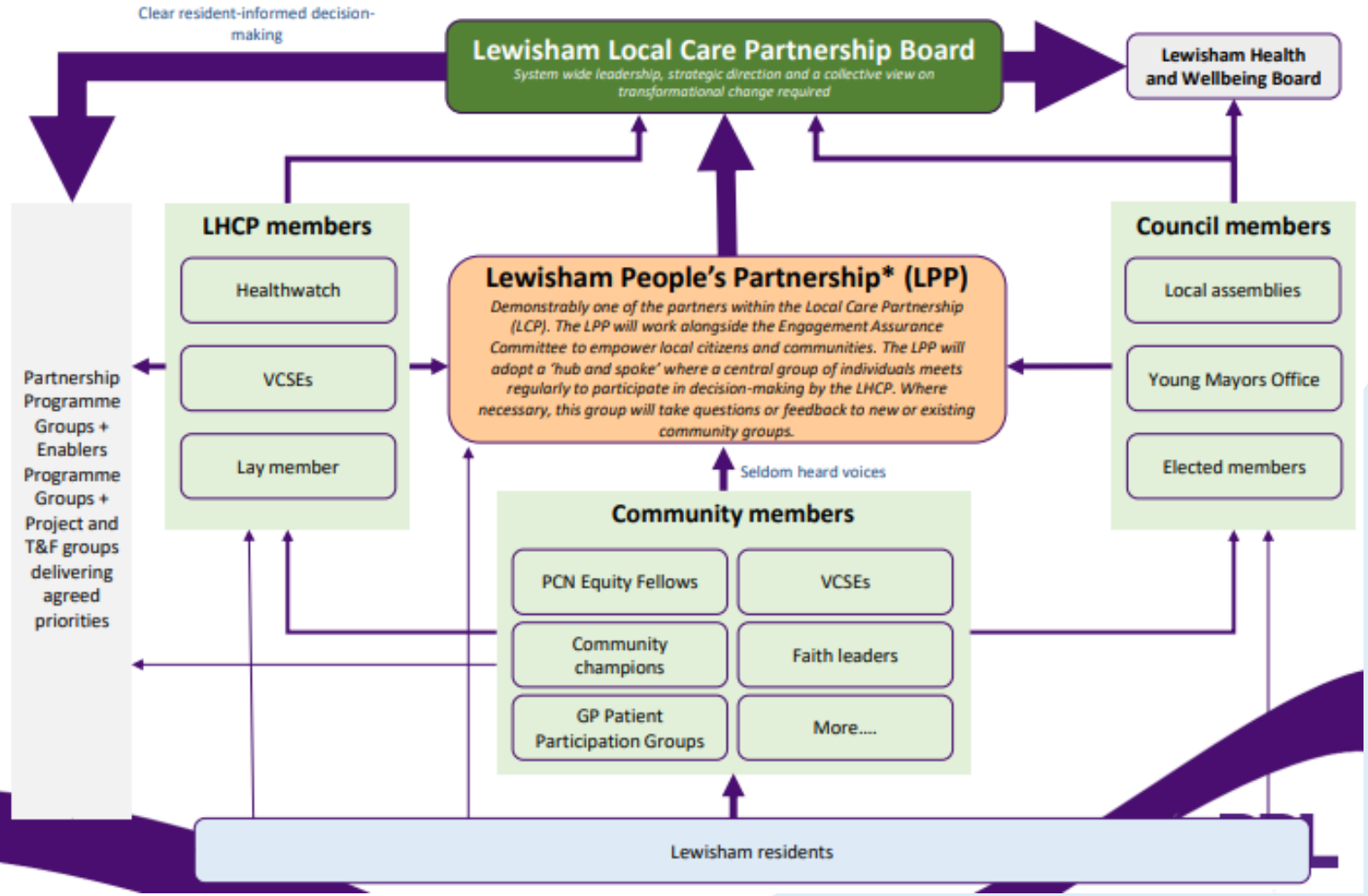
How the LPP will amplify resident voices

working together

There are many individual groups and organisations that do a fantastic job of representing patients, service users, carers, and communities in Lewisham.

However, we know there is more we can and must do, including around working together to address inequality.

This group is being established to ensure a more comprehensive and structured approach in Lewisham, enabling patients and communities to shape decision-making by the Lewisham Health & Care Partnership on an ongoing basis, and amplifying previously seldom-heard voices.



Metrics to track delivery

Metrics to track delivery

In order to track progress against delivery of the plan, there are a number of both quantitative and qualitative metrics that will be reviewed. Some of these outcome measures will be directly related to actions undertaken in primary care and some will be a result of wider work across the whole local partnership. As well as considering overall achievement against metrics, we will review the underlying data to understand if there are any inherent inequalities (particularly related to ethnicity) that need to be addressed. A summary of the key metrics is as below:

Quantitative	Qualitative
• CQC ratings • QOF outcomes • PCN Investment and Impact Fund (IIF) outcomes • Annual GP Patient Service results • Friends and Family Test • Immunisation rates • Cancer screening rates • LTC prevalence rates • Health check uptake rates (SMI/LD) • Workforce numbers in general practice • Appointment numbers in general practice • Referrals to the Community Pharmacy Consultation Service • End of life care plans in place • NHS App download numbers and utilisation statistics	• CQC reports • Healthwatch reports and feedback • Feedback from the Lewisham People's Partnership • Feedback directly from the public • Formal complaints • Stakeholder surveys (within primary care and with wider system partners) • Quality Alerts • QOF Quality Improvement (QI) domain reports

South East London Integrated Care System

NHS South East London

Plan on a page

Lewisham Primary Care Development Plan (SUMMARY)

Context

SEL ICS Strategy / Lewisham place-based priorities / Next steps for integrating primary care: Fuller Stocktake report / PCN DES

Vision

The provision of high quality, integrated primary care services to support our local communities to equally live and remain well throughout their lives

Delivering High Quality Care

How the model of primary care needs to change to improve our population's health and wellbeing

The publication of 'next steps for integrating primary care: Fuller Stocktake report' creates a new vision and case for change for integrating primary care. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system. At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around three essential offers:

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

This structure broadly aligns with the previous Lewisham Primary Care Development strategy 2016-21 which described the three pillars of proactive, accessible and coordinated care. It is suggested that we keep with this categorisation to maintain consistency and it is also felt that this is a easily understandable language that will help when engaging with wider stakeholders.

Key elements on these three pillars are as below:

Proactive Care

Including:
- Co-ordination of vaccinations, screening and health checks
- Early identification (eg LTCs)
- Supporting healthy lifestyles and self-management

Accessible Care

Including:
- Choice of access options (face to face, telephone, virtual)
- PCN Enhanced Access
- Integrated primary and urgent care including same-day access

Co-ordinated Care

Including:
- Integrated neighbourhood working & MDTs
- Risk stratification
- Care planning & review

Sustainable Primary Care

To include:
- GP Practices
- Super-partnerships and "multi-practice" partnerships
- Primary Care Networks (PCNs)
- GP Federation
- Need to also consider increasing direct engagement and collaboration with local pharmacy, dental and ophthalmic services

Need to focus on unwarranted variation and support leadership development and protected time for team development

Partnership/collaborative working

- Within and between all primary care partners
- With the wider Lewisham system (e.g. council, LGT, SLAM)
- With the local population
- Existing PCN Forum has a key role to support a credible and coordinated united primary care voice

Inequalities

- Link to public health programme to identify and address inequalities especially in regard to vaccinations, screening and LTC management
- Mitigate any digital exclusion at every opportunity
- Provide specialist services where indicated i.e. enhanced support to the homeless, migrants/asylum seekers

Enablers

IT & data

- Online consultations / remote monitoring
- Population Health Management (Cerner)
- Data sharing across partners

Estates

- Plans at both individual practice and PCN level
- Support consolidation of back office functions
- Maximise opportunities through one public estate (OPE) programme

Workforce

- Maximise opportunities through the ARRS scheme
- Continue close working with the Lewisham Training Hub
- Focus on recruitment and retention

Monitoring and evaluation

- Patient feedback including GPPS and Healthwatch
- Quality dashboards (practice/PCN)
- QoF and other outcome measures

Place Executive Group – Action Log

Monday 5th February 2024, 11:00-12:30, Microsoft Teams (Approved: 25 March 2024)

Terms of Reference – Place Executive Group PEG: -

The Place Executive Group supports Lewisham's LCP Strategic Board by translating strategic intentions into action and ensuring that the Strategic Board remains fully informed and updated on key deliverables, performance, risks and issues. The Place Executive Group has been established to drive delivery of the strategic plans and priorities as determined by the LCP strategic board and to hold the LCPSB's programme and project groups to account.
The Place Executive Group will provide leadership, direction and oversight of the Programme and project plans.

The Place Executive Group will proactively identify opportunities within the system to improve health and care outcome, to transform and integrate services and improve partnership working.

Attendees: -

Jessica Arnold – Director of Delivery, ICS – Chair
Beckie Burn - Associate Director – Transformation, LGT
Richard Oladi – Head of Operations, OHL
Ashley O'Shaughnessy – Associate Director of Primary Care, ICS
Joan Hutton – Director of Operations for Adult Social Care, Lewisham Council
Lauren Kehinde – Programme Manager, LGT
Tom Hastings – Director of Operations, LGT
Mark Pattison- Service Director, SLaM
Chantelle Persaud – Project Manager, LGT
Kenny Gregory – Director of Adult Integrated Commissioning, ICS
Charles Malcolm-Smith – People & Provider Development Lead, ICS
Cordelia Hughes- Borough Business Support Lead, ICS
Sara Rahman – Director of Families Quality and Commissioning, Lewisham Council

Apologies: -

Ceri Jacob; Dr Catherine Mbema; Michael Cunningham; Fiona Kirkman; Amanda Lloyd; Helen Eldridge; Jenny Cassettari; Sarah Grieg

Previous Minutes

Previous minutes were agreed as an accurate record and were approved. Next meeting scheduled for 25th March 2024.

No	Action Item/Description	Latest Update	Assigned to	Status	Due date	Additional comments
1	**System Intentions** **JA** presented a summary slide deck on Developing Lewisham's system intentions for 2024/25. Timeline / progress so far has been: **December** – System intentions viewed at Place Executive Group, steering groups and engine rooms. **January** – smaller group met with programme leads for final list so now down to 30 – detailed financial work to do which will be variable by programmes. **February** – commit to take to SMT and People's Partnership. **March** – LCP for final approval. **Action:** It was agreed that PEG members would circulate system intentions presentation via your organisations for wider awareness and feedback to JA any final thoughts, comments etc. **Action: CMS** to confirm with JA which programme areas would be useful to present at the People's Partnership going forward i.e. Hypertension.	**JA** – Circulated slide deck presentation on Developing Lewisham's system intentions for 2024/25 on 05/02.	ALL CMS		March 2024	

2.	**Performance Pack** **BB** reported that the Transformation team have pulled together the highlight reports but that overarchingly, the structure is not quite right. Need to look at the schemes and report in line with what we have discussed. Also, the data needs to have tangible outcomes and how we are measuring and impact. **Action:** AOS agreed to circulate the Primary Care Access presentation to PEG members and present at the next PEG meeting on Monday 25th March. **JA** added that do not want to duplicate reporting, however using PEG to bridge that gap and what is escalated to LCP Board.	**AOS** circulated Primary Care Access presentation on 05.02 and agreed to present at next PEG meeting.	AOS			
3	**ICB's 6 Corporate Objectives** The six agreed ICB corporate objectives approved by the ICB Board on 19 July 2023, fall within the scope of the LCPs' responsibilities and are reflected in their plans. These objectives are therefore the responsibility of the LCPs to progress. The six corporate objectives are: 1. Increase the uptake of adult flu immunisation. 2. Improve the health status of people with mental health conditions and learning disabilities where there is evidence of health inequalities. 3. Increase uptake of screening for bowel cancer for adults. 4. Increase uptake of screening for breast cancer. 5. Increase uptake of screening for cervical cancer	**JA** Agreed to leave on action log for further discussion including public health and to cross reference with primary care and planned care.			March 2024	

	6. Improve the detection and management of hypertension as a cardiovascular risk factor. For Lewisham, breast screening has poor uptake and is rarely at target – need to utilise early intervention, reduce demand and include LTC. Focus on inequalities especially with similar populations and make every contact count – work as a system and for signposting. **Action:** All to report back to your teams around making every contact count and to give some further thought on this for further discussion.		ALL			
4	**ICS Estates Strategy – Lewisham** Key stakeholders and service leads to meet in a workshop setting to discuss the ICS Estates Strategy with the aim to establish against clinical priorities what is required for Lewisham including neighbourhoods/PCNs. There is also primary care representation at the Estates Board inclusive of wider teams.	**CMS** Agreed to will leave on action log, as pieces of work are ongoing with kaleidoscope for example and will give a fuller discussion around estates at next PEG meeting**.**	CMS		March 2024	Action from PEG meeting held on 2nd October 2023
5	**Partnership with Lewisham Director of Housing** Agreed that director of housing, Lewisham Council needs to be brought into the conversation regarding system intentions. KG to arrange.	**KG** will speak to colleagues regarding representation at PEG. Ongoing.	KG/CJ			Action from PEG meeting held on 2nd October 2023