Lewisham Local Care Partners Strategic Board
Date: 14 March 2024, 14.00-15.50 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Michael Kerin

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 25 January 2024 (for approval)**	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.	**System Intentions**	Enc 4	Jessica Arnold	For Approval	14.15-14.35 20 mins
5.	**Hypertension business case**	Enc 5	Jessica Arnold	For Approval	14.35-14.50 15 mins
6.	**High Intensity User (HIU) Procurement**	Enc 6	Ashley O'Shaughnessy	For Approval	14.50-15.05 15 mins
7.	**Risk Register**	Enc 7	Ceri Jacob	For Discussion	15.05-15.15 10 mins
8.	**People's Partnership update**	Enc 8	Anne Hooper	To Note	15.15-15.25 10 mins
	Governance & Performance				
9.	**Lewisham LCP Board Terms of Reference (ToR)**	Enc 9	Charles Malcolm-Smith	For Approval	15.25-15.35 10 mins
10.	**Finance update**	Enc 10	Michael Cunningham	For Discussion	15.35-15.45 10 mins
	Place Based Leadership				

11.	**Any Other Business**		All		15.45-15.50 5 mins
					CLOSE
12.	**Date of next meeting (to be held in public):** • **Thursday 30 May 2024 at 14.00 hrs via Teams**				
	Papers for information				
13.	**Minutes of:** • **People's Partnership meeting (24/02/2024) (Enc 11)** • **Primary Care Group Chairs Report (Enc 12)** • **IQ&AG (12 January 2024) (Enc 13)**				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 25 January 2024 at 14.00 hrs

via MS Teams

Present:

Tom Brown (TB) (Chair)	Executive Director for Community Services (DASS), LBL
Michael Kerin (MK)	Healthwatch Lewisham representative
Anne Hooper (AH)	Community Representative Lewisham
Neil Goulbourne (NG)	Chief Strategy, Partnerships & Transformation Officer, LGT (Lewisham & Greenwich NHS Trust)
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham
Dr Helen Tattersfield (HT)	GP, Primary Care Representative
Dr Simon Parton (SP)	GP, Primary Care Representative
Fiona Derbyshire (FD)	CEO Citizens Advice, Voluntary Sector Representative
Pinaki Ghoshal (PG)	Executive Director of CYP, LBL
Dr Prad Velayuthan (PV)	Chief Executive. OHL
Vanessa Smith (VS)	Chief Nurse, SLaM

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Fiona Kirkman (FK)	System Transformation Lead
Michael Cunningham (MC)	Associate Director Finance, SEL ICS

Ashley O'Shaughnessy (AOS)	Associate Director Primary Care, SEL ICS
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Tim Bradley	Member of the public
Barbara Gray	Member of the public

Apologies for absence:

Dr Catherine Mbema (LCP Board member)
Kenny Gregory

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 30 November 2023** Tom Brown (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. TB advised the meeting Housekeeping rules to attendees. Declaration of Interests – There were no new or amended declarations of interest. Apologies for absence were noted as detailed above. Minutes of the Lewisham LCP Strategic Board meeting held on 30 November 2023 – these were agreed as a correct record with one minor amendment: Minutes to show Vanessa Smith (SLaM) as attending. Action log – there were no actions from the previous meeting. **The LCP Board approved the Minutes of the meeting held on 30 November 2023.**	

2.	**Questions from members of the public** One question had been received in advance of the meeting via email earlier that afternoon regarding pharmacy and GP provision in the Forest Hill area. A formal response would be sent to the member of public who raised their concerns in due course.	
3.	**PEL (Place Executive Lead) report** Ceri Jacob presented the agenda item. The PEL report was taken as read. CJ updated on three main areas. • The MCR (management cost reduction) programme requires the ICB to reduce 30% of their running costs by April 2025 (20% by 2024 and 10% by 2025). There will be new structures for the organisation to achieve this. There have consultations with staff. Matching panels are underway. Ways of working will be looked at and SOP (standard operating procedures). More OD (organisational development) work will take place after post filling. • The Lewisham LCP Board ToR (Terms of Reference) were originally scheduled for the agenda this month to come back for annual agreement. The new PSR (provider selector regime) requires changes to the ToR. These will be back for approval at the March 2025 LCP Board meeting instead *(LH noted for Forward Planner).* • CJ also updated that System Intentions work is underway, hope by mid-March to agree the main priorities for next year. MK requested MCR information for final structures and who is in posts when available and queried for team development (and OD) if there would be engagement with other partners and how we (Healthwatch) could contribute in the new world. Will statutory teams be smaller? Need to agree a proper way forward. It was noted for System Intentions the cover sheet would detail public engagement. System Intentions have seen significant engagement.	

	CJ advised she could share the structures now and took this as an action. Team development will be between the ICB and other functions, will also be looking at local partners as well including VCSE. CJ agreed this did need to be planned. There is integrated working already as Louise Crosby, Chief Nurse LGT (Lewisham & Greenwich NHS Trust) does lead the IQ&AG (Integrated Quality & Assurance Group). NG agreed with the point regarding the MCR and the need to look at opportunities to work differently and acknowledged it is a difficult time for people. NG queried to CJ regarding the PSR change to ToR, would there be implications significant to what we do here? CJ recognised it would be a challenging time over the next few months. CJ can share some information, still a lot of requirements on us, working with SEL etc. CJ will update at the next LCP Board meeting. AH advised System Intentions was on the agenda for the Lewisham Peoples Partnership meeting in two weeks' time. **The Lewisham LCP Board noted the PEL report.**	**CJ**
4.	**Neighbourhood Development Programme** Fiona Kirkman presented the agenda item. Slides shared on screen. Background to the programme given by FK. It is a place-based approach. Work of the Fuller report noted. FK spoke about integrated working and stakeholder engagement feedback. There was a solid foundation for partnership working. Capacity issues noted. Vision and principles were highlighted by FK. Population health data had been vital to inform the work at a neighbourhood level. FK spoke about the initial workstream priorities. Work with Sevenfields PCN highlighted and the Neighbourhood three (N3) pilot. Priorities for 2024/25 were discussed. A mapping process is also underway. CJ stated this was important work, need to focus on our neighbourhoods and have a prevention approach leading to better outcomes for our population.	

	NG said this went to the core of what we want to do as a partnership. Whilst he had not been in Lewisham long he was impressed by the PCNs. NG queried ICB funding for pilots? FK advised she not aware. CJ advised there is funding for early intervention and prevention. This is linked to the Public Health team. Nothing extra as yet for funding. MK noted a number of important elements to this. It is not one size fits all. Noted for public engagement on the cover sheet this was marked as N/A. It would be helpful to have community ownership and engagement detailed in the papers. Links to BLACHIR work as well. FK stated the programme is broad, each element has a separate project plan, there is codesign and engagement with stakeholders at key points. This will be articulated. TB commented for neighbourhoods and hubs, need to make sure it all fits the architecture. Make sure people do not fall between geographical gaps. PG commented on not being in silo's and having discussions and dialogues, strategic oversight needed. FK advised they are having those conversations. Waldron conversation is bringing in data (hub and spoke model). This is being utilised in how we work, utilise estates and understand our communities and how they want to access services. TB asked if there were any views from Dr Tattersfield and Dr Parton? HT stated we do work together, learning from each other. SP advised he was hoping we can learn and translate across Neighbourhood 4 and commented on the joint working. The pilot is in Neighbourhood 3. CJ acknowledged this also links into the mental health alliance. **The LCP Board noted the update.**	
5.	**Digital Inclusion** Charles Malcolm-Smith presented the agenda item. CMS gave an update on work led by ICB at an SEL level. Looking to establish a wider approach across the system.	

	The paper describes the background to the NHSE framework, survey and focus groups planned. Will look at what has taken place in the system. All partners including Healthwatch have looked into this issue. TB commented on digital switch over. There are implications for the community alarm service and telecall. Additional kit will be required, it needs to be fail safe in case of power cuts. MK said the thinking needs to move on 100% digital, there are those who cannot use digital means. Need to monitor and engage with those having problems with digital matters. Noted the NHSE type work, but need the active engagement of others, e.g. social care and housing. MK felt the same as TB and had concerns about the move to digital, costs are a consideration for many people. CMS commented the initial survey did identify some of those issues. Focus groups will look to include VCSE and social care and other partners as well. It is not intended to be top-down. Lessons and learning at a local level will be shared. MK queried the focus groups being identified? CMS will feed back to MK in due course as work progresses. AH commented that digital inclusion is great, but there are many people not digital. They are excluded and not included and do not feel valued. Access to services and information should not be dependent on digital technology. The message must not be they are second class citizens. CJ said providers also work to ensure there is access to services. The LA (local authority) do a lot of work on digital inclusion. The SEL ICB update is on new work we are undertaking. As part of the MCR process we have been carrying vacancies to reduce those made redundant. There is a post that will look at digital inclusion and exclusion. TB acknowledged the political interest as well. There had been a T&F (task & finish) group for those with LD (learning disabilities) last year.	

	SP noted these were important points. Patient feedback from access to EPIC at GSTT (Guys) and KCH (Kings), has led to a transformation on their interaction. We must not make assumptions on who can access services. There is a CoL (cost of living) crisis and access using data is an additional cost. Some patients cannot go online, is there access to wifi for them? HT advised she would keep an eye on the positive parts of this. There had been a switch to online at her surgery due to the volume of calls at the practice. This had freed up telephone lines. It is working pretty well. Increasing more access for those online will be good, but it can be overwhelming for some. If you improve access, more people access. Need to ensure staff not overworked. PV commented on work with digital transformation at ICB level. Socio-economic factors are recognised, patient choice has to be respected. Not a replacement for traditional methods. There are workforce challenges, patients still attending A&E to access healthcare for example. There is a lot we can do to raise awareness and have a balanced transformation. Messages about appropriate use for example. Need to identify urgent needs. Digital at certain times. Risks noted. CJ noted Monday morning is busy at GP surgeries, especially with weekend queries as well. Need to look at how do we manage the usage, use it correctly, it is a complex thing. It is challenging for primary care. VS commented on access, across SEL f2f contacts are less than pre-COVID. Very few video calls. For mental health services it is important to see patients, not just speak to them. With regards to safeguarding and video calls, who else is in the room, this is similar for other providers. With regards to access and trust we are doing a piece of work around increasing f2f contacts again. NG noted LGT was not as digitised as some other Trusts and commented on remote access to the patient portal. Two way text messaging is new and in development. For remote consultations we will have to look at this a lot more. Good time to think about this.	

	CMS thanked Board members for their comments and advised he would update at a later date on any recommendations. **The LCP Strategic Board noted the update.**	
6.	**Primary Care Services to Care Homes Procurement** Ashley O'Shaughnessy presented the agenda item. Background to the paper given by AOS. Full procurement had now taken place. The service will start from 1 April 2024. OHL were the chosen bidder. A COI (conflict of interest) was managed at the Part II meeting (CJ advised an OHL Board member was excluded from the meeting and did receive the meeting papers). Noted the ten day stand still period has passed. TB queried mobilisation? AOS advised OHL working closely with the ICB, it will be patient choice. A standardised approach. ICB have supported with comms. Balancing conversations with all stakeholders. CJ advised will look at corporate objectives every other meeting. Will track the impact of the service on key areas and demonstrate the value of the service. **The LCP Board noted the update.**	
7.	**Approval of Contract Award for Anticoagulation paper** Erfan Kidia presented the agenda item. This item had been discussed and approved at the Part II meeting last November 2023. Further update and background given by EK. The successful bidder is the Bromley GP Alliance. Have now entered the mobilisation phase this week with 3 months for the go live in May 2024 (on or around). MK had previously emailed EK regarding outstanding points for resolution and queried if these would all be resolved by the mobilisation date?	

	MK had also responded to EK separately with references to public engagement and scores and a clear route where it had been sought. Follow up for future processes. EK advised these had been good points and confirmed there were two outstanding areas being followed up by the providers. Public engagement had been in line with the partnership and NHSE guidance. Further engagement and comms work would take place. EK commented on the friends and family test, annual p[patient satisfaction survey also further co-production methods that would be used. MK stated Healthwatch would be happy to give advice if needed. NG advised clinicians were aware of this at LGT. Discussed at the seminar session as well, there had been concerns about GP consultation on this, further reflections, learning for the future. CJ advised there had been a lot of comms around this, did check this. EK stated the business case was developed in late 2021, have been organisational changes since then, also comms and governance, changes in staff, had moved between various groups. EK had a list of where it had been discussed at Lewisham Boards and Committees. HT queried for general practices, a feedback from clinical leads is needed. Some comms issues apparent, consulting with one GP on a committee can be difficult. CJ recognised EK had taken this to a lot of places for consultation. There had been cascading out to practices, perhaps this is something the PC (primary care) leaders forum could pick up maybe. SP advised he attended the last PC leaders group, it is about capacity. Also about how we can support them in their roles, need to make the connection. Perhaps there is a need for rolling attendance along with Dr Taj Singhrao at the meeting maybe. **The Board noted the update.**	
8.	**Risk Register** Ceri Jacob presented the agenda item.	

	CJ advised there is also a new CHC (continuing health care) risk relating to the budget; costs are increasing. A recovery plan has been developed by the CHC team, shared team with the LA. Will bring this back to the next meeting. CJ noted a risk had declined for mental health long term plan and commented on the trajectory, activity and financial measures. The mental health alliance all age Board over see this. There is excellent representation, SLaM (South London & Maudsley) chair it on our behalf. The VCSE are also around the table. Will be re-establishing oversight groups to look at some of the targets when a set of actions are in place. TB noted the issue. For 2017-18 there had been a 20% reduction in CHC uptake across SEL. Need to understand what is driving this and have a shared understanding. Need to come to the solution together. CJ said we were well placed to take that approach in Lewisham. TB commented on trajectories. CJ mentioned work on physical health checks and the existing working group. There have been some improvements. Reflection of pressures noted. The IAPT (improving access to psychological therapies) targets sit with the Trust. It is a system problem. CJ suggested perhaps AOS should take this to the appropriate group if needed. HT said it had been helpful since the mental health team had been doing some health checks. This has been via the mental health caseworker and home visiting. There is a hard to reach client group. Need to do what they can when they have those contacts. SP stated joined up working does demonstrate benefits, must make every contact count. Trying to increase accessibility, there is pressure on primary care, recruitment challenges are becoming slightly easier, retention an issue though. This was one to watch carefully and capture where we can. VS said the team who works with physical health care checks do work in partnership. They work in collaboration across the system. The consultant nurse can assist with this.	

	CJ advised Mark Patterson chairs the mental health alliance. VS will ask Mark to pick this up and make contact with AOS and Chima Olugh in the primary care team. **The LCP Board noted the Risk Register update.**	
9.	**People's Partnership update** Anne Hooper presented the agenda item. The report was taken as read. AH highlighted the key points • Engagement programme for same day urgent care • Update on the Lewisham health & wellbeing charter For urgent care is was felt there needed to be more granularity with diversity, need a consistent focus on the BLACHIR recommendations. AJ spoke about the impact on decision making; strong and strategic focus needed. Revisiting previous work on lessons learnt. Outreach work needs to evidence equity and diversity, people involved in the decision making. Charter – discussions after the healthier select committee; what could we do for ourselves in terms of health and well-being. Health equity teams work noted. Not always around clinical services in terms of health. Keeping appointments and screenings, health checks. Be more open to conversations and involve the trusted voices in the community. Integrated communities is the centre of understanding for this and reducing health inequalities. Identify what had worked well and what could be used today. Meeting acknowledged the need to fund VCSE organisations. There is a lack of diversity in infrastructure. **The LCP Board noted the People's Partnership update.**	
10.	**Finance update** Michael Cunningham presented the agenda item. Finance report taken as read. Main headlines noted. Month 8 financial position referenced the latest available reports for the ICS and the LA. A reforecasting and replanning exercise had taken	

	place. SEL had received £45m non-recurrent funding for associated costs of industrial action over the first 7 months of the financial year. Resulting pressures in the system noted. Surplus noted to offset cost pressures in other parts of the system. Key cost drivers are for the ICB remain prescribing and CHC. For the prescribing overspend, it was noted this was reflective of a number of issues including any NICE guidance etc. and CAT M drug costs. CHC currently has an £6.4m overspend. The financial focus meetings needed recovery plans to offset the pressures. The Lewisham delegated budget YTD is on plan, forecast outturn as well. Lewisham has a CHC cost pressure. Looking to understand the drivers of this and take the appropriate mitigations for the financial position. Currently being funded by underspending in other areas of the delegated budget. HT queried if the original budget had not fairly allocated in the first instance? Practice and borough level. CJ advised she understood HT's point, we are above capitation as a system for Lewisham, across the six SEL boroughs not a significant difference between us. Historical decisions made over many years with many drivers. There are conversations about where we need to be, e.g. community resources. SP queried if prescribing what can be mitigated here? Cost of drugs and diagnosis increases in the population. Drug availability in community pharmacy, the issues are not going away. Limit to what we can do. Think ahead about the increased costs. Noted EK and the meds optimisation team work. MK queried the proposed outturn for prescribing of a £4m overspend, even with efficiencies and potential savings identified of £2m, how realistic were the efficiency savings at this point in the year? MC responded to the prescribing question from MK. All budgets across the ICB had a 4.5% savings target, which was £1.5m for Lewisham, broadly on track about £20k shortfall. Pressures associated with the	

	cost of treating LTC (long term conditions) is growing at a greater rate than was anticipated. With regards to the trend of of prescribing costs, aware some are on an upward trend and will continue into 2024/25. Looking at this as part of the budget process; horizon scanning, looking at the NICE guidance and realising mitigations we can achieve through efficiencies. MC commented on the convergence adjustment from NHSE. This was 0.7 now 1.4 for next year. SP mentioned having a conversation as a system with our population about medicines, being honest and transparent e.g. switch from a brand to a generic. MC noted does inclusion of meds management team with the finance conversations. All boroughs post covid saw increases in CHC position. ICS financial position for Month 8 shows a £52.8m deficit; the plan was £12.3m. The pdf meeting papers pack shows on page 98 the usual graph highlighting the key drivers of that position. LA adult social care shows a £3.5m overspend driven by discharge and transition from CYP (children's) to adults and complexity of some of the cases. TB noted LA budget discussions at a meeting next Monday night, the discussion would be available online. TB also noted the huge pressures on housing and temporary accommodation, this is a wide national issue. **The LCP Board noted the finance update.**	
11.	**Any Other Business** No items raised. TB thanked everyone for their attendance. Meeting closed 15.51 hrs.	
12.	**Date of next meeting.** Thursday 14 March 2024, 14.00-16.00 hrs via Teams	

13.	**Minutes of previous meetings** These were shared for information.	

Lewisham LCP Strategic Board Action Log 25 January 2024

Date of meeting & agenda item:	Action:	For:	Update:
25/01/2024 (3). PEL (Place Executive Lead) Report	*MCR discussion item - MK requested MCR information for final structures. CJ advised she could share the structures now and took this as an action.*	**CJ**	

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**14 March 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.

Management Cost Reduction Programme
The ICB is now in the final phases of the Management Cost Reduction programme which was initiated in response to the requirement for all ICBs in the country to deliver a 30% reduction in their running costs by April 2025, with 20% delivered by April 2024. This requirement has been met by SEL ICB. The new structure is now being recruited to with all interviews expected to conclude by the end of March.

The final phase of the programme will be embedding New Ways of Working to ensure the benefits of working as an ICS are secured and that ICB staff are supported into the new structures where reduced capacity will necessitate changes in processes etc.

New Board Members
At previous meetings it has been noted that VCSE representation on the LHCP Board is not as reflective of our local population as the Board would like and it was agreed that this should be addressed. I am pleased to confirm that the LHCP has included an additional VCSE representative role on the LHCP Board and that Barbara Gray from KINARAA and Sabrina Dixon of Social Inclusion Recovery Group (SIRG) have agreed to share that role between them.

PMO
The ICB has established a joint Programme Management approach with LGT to support closer collaboration in solving place-based issues. This has resulted in a standardised approach to reporting on Urgent Emergency Care (UEC) programme delivery across all local boards, and the development of a clearly articulated joint understanding of needs to meet targets. A number of business cases to deliver

	improved UEC delivery have been developed by the PMO jointly working to Lewisham's UEC lead, and LGT's Director of Operations, looking at how to improve ED performance, reduce LOS and increase redirections where appropriate. **Housing protocol development** Work has begun on the development of a joint housing protocol between Lewisham Council Housing Department, Adult Social Care and the ICB. The work seeks to address the significant barriers to providing suitable accommodation to people who have been made homeless during their hospital stay. This issue has been noted as contributing to poor performance in Length Of Stay (LOS) at University Hospital Lewisham. Southwark Law Centre (SLC) are providing legal support to Lewisham hospital patients with no legal status, who often remain in hospital a long time while their status is clarified with the Home Office. The SLC service has significantly speeded up that process, and resulted in stable outcomes for many of those supported which in turn has led to their reduced use of unplanned hospital services. Southwark Law Centre report a 30%+ growth in homelessness for those both with and without legal status in London. This is a growing issue for Lewisham Hospital in managing timely discharges. A core team has been established to manage the development of the joint housing protocol to reduce delays for patients who are homeless.
Potential Conflicts of Interest	None
Any impact on BLACHIR recommendations	NA for this paper.

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 note the contents of this brief update.	

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 4
Enclosure 4

Title:	**Lewisham LHCP System Intentions**
Meeting Date:	**14 March 2024**
Author:	Jessica Arnold
Executive Lead:	Ceri Jacob

Purpose of paper:	To share the outputs of collaborative work across partners in the Lewisham LHCP on system intentions for 2024 and to secure approval.	Update / Information	
		Discussion	
		Decision	*x*
Summary of main points:	The Lewisham Health and Care Partnership (LHCP) system intentions sit within the broader SEL ICS system intentions and demonstrate how the local partnership is seeking to deliver the priorities of SEL ICS and the LHCP. The initiatives outlined in the intentions document are designed to improve outcomes for our local population and to address health inequalities. The intentions were developed through the LHCP Place Executive Group (PEG) and have therefore been shaped by LHCP partners. The Peoples Partnership reviewed the intentions on 7 February 2024.		
Potential Conflicts of Interest	None		
Any impact on BLACHIR recommendations	The system intentions are intended to address health inequalities and address BLACHIR recommendations. Each initiative will require a detailed plan that will be approved by the LHCP and will identify at a scheme level which recommendations are being addressed.		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	These will be assessed at an individual scheme level.		

	Financial Impact	These will be assessed at an individual scheme level and may be subject to LHCP and individual partner governance processes.
Other Engagement	Public Engagement	The majority of public engagement takes place at individual scheme level however, a detailed review was undertaken with the People's Partnership in February 2024.
	Other Committee Discussion/ Engagement	• PEG – October and December 2023 and January 2024 • SMT – 31/10, 21/11, 12/12, 19/12, 09/01, 16/01 • People's Partnership – 07/02/2024
Recommendation:	The LHCP Board is asked to approve the LHCP system intentions for 2024/25.	

Lewisham's System Intentions 2024/25

Introduction and the system intentions development process

The Lewisham LCP System Intentions sit within the broader SEL ICB / ICS system intentions and reflect the collective aspirations of Lewisham LCP to deliver against the SEL ICS and Lewisham LCP priority areas.

SEL ICS Priorities:

- Prevention and wellbeing
- Ensuring a good start in life
- Children and young people's mental health
- Adult mental health
- Primary care and people with long term conditions

Lewisham LCP Priorities:

- To strengthen the integration of primary and community-based care
- To build stronger, healthier families and provide families with integrated, high quality, whole family support services.
- To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes
- To maximise our roles as Anchor Organisations, be compassionate employers and build a happier, healthier workforce
- To achieve financial sustainability across the system

Some intentions will require business cases to secure delivery and they will be approved by the Lewisham LCP Board and, where necessary, by individual partners through their own internal governance processes.

Development of the Lewisham LCP system intentions for the financial year 2024/25 began in August 2023, initially coordinated within Lewisham ICB to pull together a draft 'longlist' of priorities and intentions, and prepare for a collaborative, evidence-driven and financially conscious method of identifying and prioritising the collective ambitions across all health and care partners in Lewisham.

In October 2023, we conducted a 90-minute, in-person workshop using the scheduled Place Executive Group meeting to bring together partners to run through the core areas of the system intentions: Long Term Conditions, Older Adults, Children and Young People and Mental Health. We noted at this time, "a tough financial context, workforce deficits in both clinical and executive roles, and deepening deprivation and disease burden amongst the Lewisham population during a cost-of-

living crisis will make the year ahead acutely challenging. Organisations will not be able to safely manage this in isolation, and hence the importance of well-communicated, well-coordinated and productive partnership working across Lewisham".

Following the Place Executive Group workshop, the longlist of priority programmes and intentions has been refined and an update went back to the Place Executive Group in December 2023, and an extraordinary meeting of a sub-set of the Place Executive Group (commissioning leads with senior responsibility for each area) took place in early January 2024 to agree the final list and update the latest detail.

We note that some of these projects are in their infancy and delivery will not commence from day one of the new year. It is important to commit collectively to scoping and review work that will have a longer lead in time and deliver benefits for multiple partners beyond just the financial year 2024/25.

Final approval of the Lewisham system intentions for 2024/25 will be given by the Lewisham Local Care Partnership Board at it's meeting in public in March 2024. Engagement and discussion with the Lewisham People's Partnership took place in February 2024.

System intentions of Lewisham Health and Care Partnership in 2024/25

Intentions	Lead organisations
Long Term Conditions ***ICB Leads: Jessica Arnold, Ian Ross, Michelle Barber*** ***CCPLs: Dr. Leo Emordi, Dr. Ravi Sharma, SEL CCPLs***	
1. Review and procure a community Dermatology service following expiry of existing contract.	LGT/OHL/ICB
2. Improve the low rates of hypertension control in Lewisham, including primary care quality improvement, patient activation and VCSE development in this space.	LGT/primary care/CESEL/voluntary sector/ICB
3. 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.	LGT/SEL ICB
4. Review and improve access to community respiratory services, including adult and paediatric spirometry and supporting management within primary care.	LGT/OHL/ICB/primary care
5. Supporting and learning from the Chronic Kidney Disease Multimorbidity Model of Care pilot, which will develop intensive, holistic multidisciplinary management of people with CKD, multiple LTCs and social wellbeing concerns. Spread and scale to additional PCNs and LTCs in Lewisham.	LGT/primary care/SEL and ICB
6. Referral optimisation between primary and secondary care, including expanding the Emis Referral Optimisation Protocol into Lewisham and promoting use of Consultant Connect, Advice and Guidance and PLT attendance.	LGT/primary care/ICB
Children and Young People ***ICB Leads: Simon Whitlock, Natalie Sutherland*** ***CCPLs: Dr. Magda Branker, Dr. Jessica Ong, Dr. Zain Sadiq***	
7. Pilot a Single Point of Access within Lewisham to improve access to community mental health services.	Council/ICB/CAMHS
8. Expanding the GP-led Youth Clinic to the south of the borough	Council/ICB/primary care
9. Emotional wellbeing and mental health early help and prevention for CYP via the VCS.	Council/ICB
10. Explore further integration of child, parental and perinatal mental health services and community paeds into Family Hubs to sustain the DfE Start for Life programmes.	Council/ICB

11. Review and identify opportunities to improve current paediatric care pathways between the community and hospital. This includes working with PCNs and community paediatric and nursing teams on access/clinics with the aim to reduce General Paeds OP waiting times. This will also upskill GPs and improving their paeds advice and guidance.	ICB/LGT
12. Improve access to Lewisham's neurodiversity offer, including reductions in waiting times for initial paediatric assessments and ASD assessments. Including: • Scope the opportunities for the development of a joint protocol for waiting list management for ADHD and ASD between LGT and SLAM to improve family outcomes and waiting times. • Develop waiting well options to improve experiences for families and young people awaiting ASD assessments.	Council/ICB/LGT
13. Implement the SEL core offers for asthma and community continence services as agreed by the LHCP.	Council/SEL &ICB/LGT BCYP Board
Older Adults ***ICB Leads: Kenny Gregory, Tristan Brice, Corinne Moocarme*** ***CCPL: Dr. Emma Nixon***	
14. Older Adults Transformation Programme.	Council/ICB
15. Maximising Wellbeing at Home – Wellbeing Workers working in Wellbeing Teams.	Council/ICB
Urgent care ***ICB Leads: Kenny Gregory, Amanda Lloyd, Andrew Cook*** ***CCPL: Dr. Emma Nixon***	
16. Continue work to implement improvements identified through the Home First programme.	Council/ICB/LGT
17. Admissions avoidance with social work and therapies in ED.	Council/ICB/LGT
18. Increase the NHS@Home (Virtual Ward) capacity to 100 beds and develop the SPoA; oxygen, asthma, HF and IVAB pathways; tech enablement and increased prescribing capabilities within the Children's Hospital@Home, working towards delivering the SEL core offer; and referral routes in from care homes and LAS.	LGT/OHL/ICB/SEL

Mental Health ***ICB Leads: Kenny Gregory, Natalie Sutherland, Simon Whitlock*** ***CCPL: Dr. Zain Sadiq, Dr. Jessica Ong***	
19. Improve community crisis care pathway. This will include: • Exploring the use of youth workers supporting Young People in a MH Crisis in UEC settings or school in-reach, possibly linked to GP Youth Hub model • Bridge Café – development with Rapid Responders, expanding referral pathway to include CMHT and HTT, provide support for Autistic Adults in a crisis • Communications campaign for crisis support available as alternative to A&E.	SLaM/LGT/Council/ICB
20. Improve BAME access to CYP mental health services through the 'Should I Really Be Here' project.	Council/ICB/primary care/voluntary sector
21. Early intervention and prevention services to prevent mental health escalation and inequalities, including: • Establish a VCSE network through a grant process to support people in their mental health with a focus on the black population and their carers • Scope out how to reduce inequality of autistic and ADHD to prevent them ending up in a crisis.	SLaM/ Council/ICB/primary care
22. All-Age Autism Strategy. Implementing the strategy: • All Age Autism Service • Reducing health inequalities • Reducing the wait times in both CYP (see #12 within CYP section) Training for staff and residents in Lewisham – LGT, SLaM, Primary Care, businesses, community members, etc	Council/ICB/LGT/
23. Delivering the SEL core offer of community blended teams to support adult mental health, including: • Development of SLaM pilot clinical model to address: ○ Review of current interventions/initiatives funded out of CMHT funding ○ Improve the provision of support in Primary Care ○ Market testing and re-procure the VCS support within Primary Care Mental Health and Community Mental Health Teams	Council/ICB/voluntary sector/ SLaM
Primary and Community Based Care ***ICB Leads: Ashley O'Shaughnessy*** ***CCPL: TBC***	
24. Develop a Lewisham PCN population health scheme.	Primary care

25. Continued implementation of the (system wide) national access recovery plan.	Primary care/council/ICB/LGT/SLAM
26. Continued delivery of the PCN level inequalities plans and consideration of how to mainstream the PCN health equity fellow roles after the current programme ends in Sept 2024.	Primary care/Council (public health)
Medicines Optimisation ***Lead: Jessica Arnold, Erfan Kidia*** ***CCPL: Marylyn Nathan-Wilson***	
27. Medicines Optimisation Plan 24/25: Range of quality and safety outcomes delivered by primary care.	ICB/primary care
28. Implement the AF detection initiative in pharmacies.	ICB/pharmacies

Enablers and interdependencies

In addition to the listed projects and programmes that form our system intentions for Lewisham for 2024/25, Lewisham LCP will also need to develop capacity and accelerate delivery of a number of enabler functions across all partners, including:

- estates and our Estates Strategy across all partner sites;
- digital development, AI and inclusion;
- workforce development, talent management, recruitment and retention;
- population health data and targeting capabilities;
- patient engagement and co-design; and
- LCP public and internal communications.

Through the process of developing our system intentions, partners have identified a number of programmes and other commitments that are not system intentions as such, but that are important ongoing activities for the Local Care Partnership and our population health. For example:

- Long term work to support the sustainability of general practices including the future of the GP partnership model, maximising the impact of ARRS roles and tackling estates challenges
- Strengthening links with wider primary care – pharmacies, optometrists and dentists
- Diabetes prevention and improved management efforts, recognising a 10% increase in the diabetic population since 2019
- Procurement of Intermediate Care Beds
- Development of the Urgent Treatment Centre at University Hospital Lewisham, and re-visioning the ED ‘front door’ post 2025
- Investment into the Discharge Fund

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item **5**
Enclosure **5**

Title:	Hypertension business case
Meeting Date:	14 March 2024
Author:	Sarah Greig, Programme Manager
Executive Lead:	Ceri Jacob

Purpose of paper:	To outline the Improving Hypertension Management in Lewisham programme to seek feedback and approval from the Lewisham Local Care Partners Strategic Board.	Update / Information	
		Discussion	
		Decision	x

Summary of main points:

- High blood pressure is a significant medical risk factor for heart attack, stroke, and many other conditions. Hypertension is also a huge driver of Health Inequalities.
- This project will primarily focus on those who already have a diagnosis of hypertension.
- The ultimate aim of the project is to increase the number of hypertensive patients in Lewisham treated to NICE guidance from the current 55% to 77% which is a national target.
- Supporting objectives are:
  - Identify and target the priority patient groups by cardiovascular risk and CORE20Plus, using a population health management (PHM) approach.
  - Work in partnership with local VCSE groups to develop and adopt community-based approaches to improving blood pressure control for the most at-risk groups.
  - Identify the local system barriers and enablers for effective hypertension management in Lewisham.
  - Provide support and resource for primary care to optimise blood pressure control among their diagnosed patients.
  - Establish a patient engagement approach that will support effective self-management for Lewisham residents.
  - Raise awareness of high blood pressure and its associated risk among the Lewisham population.
- There are three workstreams this programme intends to deliver in order to meet the aims and objectives above:
  - Primary care enhancement including a resource scheme and enhanced training.
  - Resident engagement to identify support required and steer community approaches and primary care workstream.

<table>
<tr><td></td><td colspan="4">• Community approaches to hypertension working with local VCSE groups and upskilling the wider workforce</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="4">N/A.</td></tr>
<tr><td>Any impact on BLACHIR recommendations</td><td colspan="4">This programme seeks to build on the areas for action from the BLACHIR report within the resident engagement and community approaches workstream. We have consulted with key partners and organisations and have adjusted our business case to reflect these discussions.</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3"></td></tr>
<tr><td>Financial Impact</td><td colspan="3">A request for budget is included in the business case.</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">Public engagement is a core workstream of this programme.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">This business case or elements of the business has been to the following groups among many individual stakeholders for feedback:
• Hypertension programme board
• Lewisham Place SMT and extended SMT
• Integrated Quality and Assurance Group
• Integrated Neighbourhood Network Alliance
We will engage with the People's Partnership Committee to update of plans.</td></tr>
<tr><td>Recommendation:</td><td colspan="4">• We are seeking approval and sign off to proceed with this programme.</td></tr>
</table>

Title	Improving hypertension management in Lewisham business case	
Version	**Date**	**Amendment History**
1.0	15th Nov 2023	*Draft for working group and population health team to review*
2.0	21st Nov 2023	*Amendments from sponsor and PHM team included*
3.0	13th Nov 2023	*Baseline data*
4.0	20th Dec 2023	*Amendments from Senior Management Team feedback*
5.0	22nd Jan 2024	*Updates to budget and key milestones*
6.0	4th March 2024	*Updates to baseline data measures, financial impact data, budget requested and detail within financial breakdown and inclusion of key risks.*
Leads		**Position/ Sign off**
Executive sponsor		Jessica Arnold
Lead/Project Manager		Sarah Greig
PHMT		Rachael Smith, Kathryn Griffiths, Lewis Batkin

1. Scheme aim, purpose and strategic context

This project primarily seeks to increase the number of patients in Lewisham with an existing diagnosis of hypertension who are treated to NICE guidance. **This 'invest to save' business case requests a non-recurrent budget for 2 years in total for £372k over the 2-year period.** The aim of the investment is to prevent future medical events such as strokes and associated costs to the system, and to reduce the personal impact on individuals and their families.

Effective treatment of hypertension significantly reduces risk of stroke, ischaemic heart disease, heart failure and diabetic complications which are all causes of mortality**.** Every 10mmHg reduction in systolic BP reduces the risk of major cardiovascular events by 20%. Treatment to lower blood pressure is highly effective at preventing these serious events that are life changing for individuals and their families, and expensive in terms of NHS and social care costs. Despite this, large numbers of people with high blood pressure are not effectively managed to target, and as a result remain at high risk of having a heart attack, stroke, or other cardiovascular event.

NHS England has highlighted the national importance of Blood Pressure Control by challenging Integrated Care Systems to increase the percentage of hypertensive patients treated to NICE standards to 77% by the end of March 2024. Within Lewisham there are approximately 38,576 people with registered hypertension yet only 55% of patients are effectively managed according to clinical guidelines, leaving them at risk of a major cardiovascular event that could be prevented.

Whilst the data suggests that there is also an underdiagnosis for hypertension across Lewisham (12.1% diagnosed in Lewisham compared to 28% in London and 30% across England); it is recommended that this project initially prioritises resource to focus on the management of known hypertensive patients, over activity seeking to diagnose new cases. This is in line with the strategic priority from NHS England and within South-East London. However, there will be a secondary objective to improve overall awareness and education of hypertension among Lewisham patients and the nature of engagement activities are likely to lead to an increase in awareness.

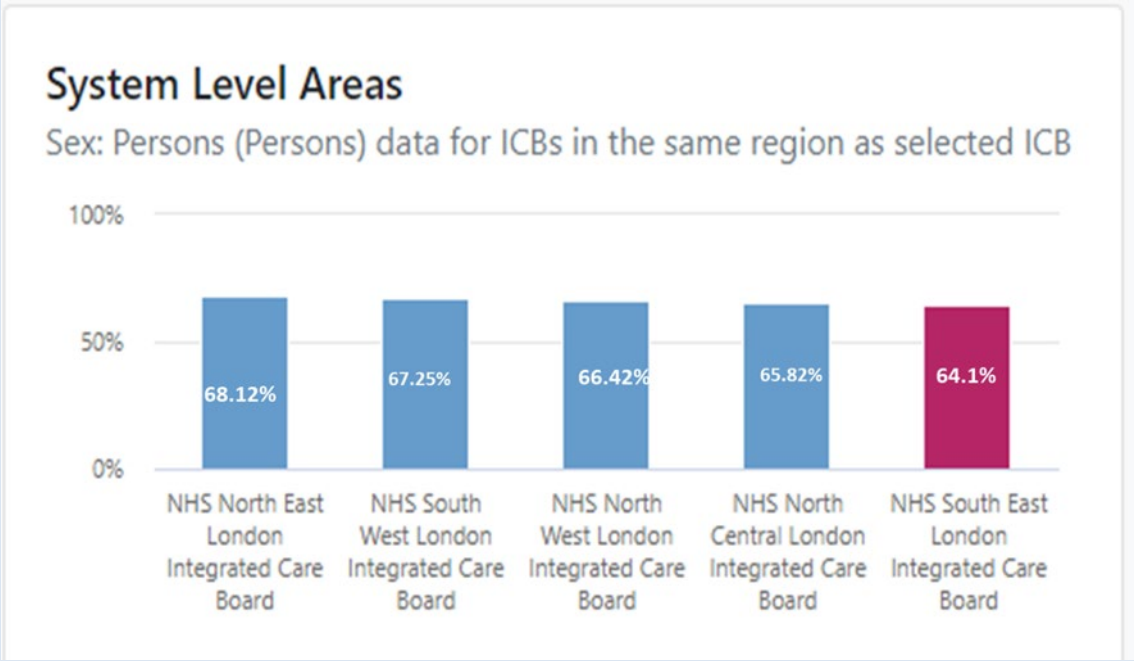
The management of hypertension is a long standing and complicated issue, with many factors contributing to the challenge. It will require a true partnership approach and there is an urgent need to build on existing work that has already gained momentum, such as the work within primary care led by Clinical Effectiveness South-East London (CESEL); and to diversify the approach by developing a strong patient engagement approach working across system partners including the voluntary sector.

2. The case for change

Hypertension is the leading cause of heart disease, stroke, kidney disease, dementia, and early death across southeast London[1]. Hypertension is also a significant driver of health inequalities[2]; local data suggests that those not achieving blood pressure targets are more likely to be younger (<60 years old), of black African or Caribbean background, males and those living in the 2 most deprived quintiles. This provides a huge opportunity to address health inequalities among Lewisham residents which is a local priority within the system.
There are approximately 38,576 people with registered hypertension in Lewisham; of those, 1 in 3 patients under 80, and 1 in 5 patients over 80 with hypertension are currently uncontrolled. Treatment to lower blood pressure is highly effective at preventing serious medical events such as stroke, that can have a devastating and life changing impact for individuals and their families.

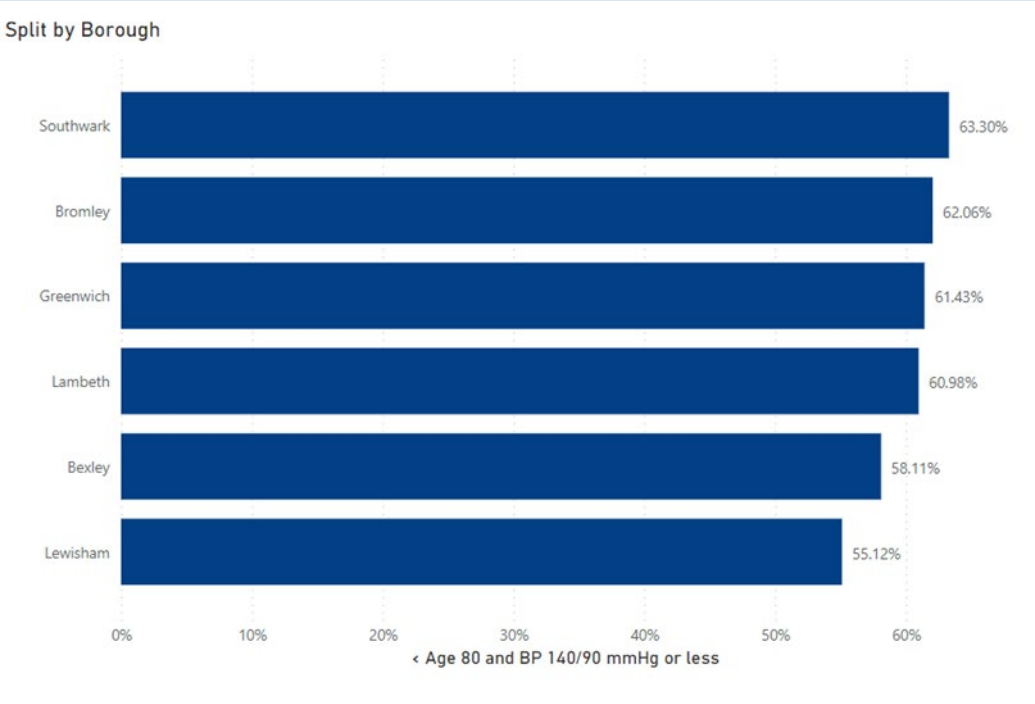
Hypertension is largely managed in primary care, however an overburdened workforce dealing with increasingly complex patient needs and limited time available within routine appointments among many other factors, can contribute to poor hypertension control. From a patient perspective, lack of trust in the system, appointment availability, understanding of hypertension risks, dealing with multiple conditions, prescription costs and motivation or ability to adhere to medication are among some of the barriers to effective management of hypertension. These complex challenges require a sustained effort to shift the dial on hypertension, increasing those managed to target and ultimately preventing future medical events.

Graph 1:
Percentage of patients aged 18+, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold across London:



Graph 2:
Percentage of patients aged 18+, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold, broken down by borough in South-East London.

[1] CESEL Hypertension recovery fund
[2] Tackling health inequalities - BHF



As the graphs above demonstrate, residents within Lewisham are at an increased risk of future cardiovascular events when compared with neighbouring boroughs. This business case seeks to address this and reduce the local variation in hypertension control across South-East London.

3. Aims and Objectives

Overarching aim:

- Increase the number of hypertensive patients in Lewisham treated to NICE standards from 55% to 77% or above by March 2026.

Supporting objectives:

1. Identify and target the priority patient groups by cardiovascular risk and CORE20Plus, using a population health management (PHM) approach underpinned by a multi-source data set.
2. Work in partnership with local VCSE groups to develop and adopt community-based approaches to improving blood pressure control for the most at risk groups.
3. Identify the local system barriers and enablers for effective hypertension management in Lewisham.
4. Provide support and resource for primary care to optimise blood pressure control among their diagnosed patients.
5. Establish a patient engagement approach that will support effective self-management for Lewisham residents.
6. Raise awareness of high blood pressure and its associated risk among the Lewisham population.

It is noted there will be interfaces with wider hypertension activity that is out of scope for this programme. This is outlined in the appendix and will be managed closely.

4. Indicative workstreams

Workstream	Description
Primary care development	• Delivery of enhanced CESEL offer to all Lewisham PCNs and practices. • Introduction of a primary care scheme to increase resource required to contact patient cohort most in need.

	• Upskilling and training of wider workforce including practice nurses, HCAs etc. • Quality improvement projects within PCNs / individual practices potentially supported by incentives.

Public and patient engagement	• Development and delivery of public engagement activities to include:
	  ○ Conducting 10-12 initial 1-to-1 interviews with residents to understand how they are managing their high blood pressure and build on learning from key insights already gathered such as health inequalities work by Mabadiliko.
	  ○ Identify with the steering group outputs that can be co-produced to better help patients manage their high blood pressure.
	  ○ Potential to create a survey if quant data is required.
	• Raise awareness of hypertension and it's associated risk within the Lewisham population by aligning to national campaigns and using comms channels through all LCP partners.
	• Explore and establish approaches to promoting patient self-management and peer support.
	• Align with the People's Partnership Committee and ensure group is up to date with resident engagement.

Community approaches to hypertension	• Work alongside VCSE, grass roots organisations and existing networks such as the health equity fellows to shape and develop the approach to VCSE involvement, particularly Black-led VCSE groups. • Create an equitable partnership between clinicians, system experts and Black VCS addressing health inequalities in relation to high blood pressure. • Take a targeted approach to working in areas of the highest need and develop approaches to reaching groups least likely to engage with primary care. • Build on existing insights and learning from previously completed research including that of Mabadiliko. • Upskilling of community neighbourhood teams in Lewisham beyond general practice to include a wider range of disciplines for staff and community groups already supporting at risk groups (i.e. community services, community mental health teams, maximising wellbeing at home teams, community groups). • enhance understanding of the local challenges to managing hypertension and potential opportunities for support. • This workstream will include the design and development of a series of training events, and a community of practice or similar ongoing support system to be codesigned and established. • Consideration will be given to the development of a training programme for a wider group of hypertension awareness champions.
Underpinning all workstreams:	
Population health	• Identification of priority patient groups and geographies, including complex patients with multiple LTCs, and tracking this over time to see impact. • Provide data expertise and capture for QI work at practice, PCN or borough level. • Measure change within the hypertensive population.

5. Scheme Benefits

The overarching aim of this programme is to increase the percentage of hypertensive patients who are treated to NICE targets in Lewisham from a baseline of 55% to 77% within (improvement of 22%).

To describe some of the impacts of improving hypertension control, in Lewisham, Clinical Effectiveness South-East London (CESEL) estimate that if we reduce the average systolic blood pressure in people with hypertension by 10 mmHg, in one year, we could prevent[3]:

- 50 people from developing heart failure.
- 63 people from having a stroke.
- 67 people from developing ischaemic heart disease.
- 208 deaths.

[3] CESEL Lewisham Hypertension guide

Lewisham return on investment[4]:

- If we prevent 65 strokes, we could save £900,000 in NHS costs.
- If we prevent 43 heart attacks, we could save £300,000 in NHS costs.
- Before taking into consideration the financial impact of heart disease and heart failure, the potential return on investment could be up to £1.2m.

Whilst these cost savings are indicative, they outline the art of the possible and additional financial information has been provided below to describe contributary factors toward these figures. We will also need to consider impact of an assumed growth in demand when measuring against baseline data (e.g. assumed increase in stroke and heart attack due to ageing population among other factors).

Lewisham hypertension data:
Looking at a sample of local acute and primary care data containing approximately 11k uncontrolled hypertensive patients, we can obtain additional insights into this specific patient cohort in Lewisham (those with an existing hypertension diagnosis and a blood pressure >140/90mmHg) and their interactions with the system. This sample has included a combination of data sources to allow for more comprehensive overview of patient behaviour and interactions with the system.

- The uncontrolled hypertensive patient cohort in Lewisham are largely in the deprived, and second most deprived groups.
- Whilst the majority are of white ethnicity in the hypertension cohort overall, the uncontrolled hypertension group is majority Black ethnicity.
- The prevalence of stroke in the uncontrolled group is 9% (1054 stroke outcomes).
- The prevalence of coronary vascular disease (heart disease) is 9.4% (110 CHD outcomes).
- The average number of emergency hospital attendances per 12 months is 2.3.
- The average number of outpatient appointments per 12 months is 1.61.

This data provides further evidence that this cohort has a high risk of stroke and cardiovascular disease and significant use of acute and outpatient services. By reducing the uncontrolled hypertensive population, the above figures will likely reduce, as will associated costs outlined below.

Financial and system benefits:
As well as cost to life, cardiovascular disease (CVD), coronary heart disease (CHD), and stroke pose other costs to society. These include the costs of treating those suffering from CVD, CHD, and stroke, but also non-health care related costs, such as productivity losses from death and illness in those of working age, and from the informal care of people with the disease[5].

There is significant national and international evidence to support the investment of hypertension interventions to see a return on investment financially. The average societal cost of stroke per person is £45,409 in the first 12 months after stroke (cost of incident stroke), plus £24,778 in subsequent years (cost of prevalent stroke). The average cost of NHS and Personal Social Services (PSS) care in the first year after a severe stroke is almost double that for a minor stroke (£24,003 compared to £12,869)[6]. *"Increasing the proportion of individuals with diagnosed hypertension who achieve blood pressure <140/90 mm Hg by 15% could potentially save £36.1 million in NHS & social care for first-time stroke each year" (Stroke association, February 2020).*

Gov.uk estimates that for a 20% improvement in management of hypertension, to 140/90 mmHg target, system net savings would be estimated to be c£14 p.a. per controlled patient over a 5-year horizon. Of these, c£5.75 would accrue to the NHS and c£7.91 would accrue to local authorities.[7]

[4] Size of the Prize for high blood pressure (uclpartners.com)
[5] BHF CVD statistics 2023
[6] Stroke association financial impact
[7] NHS England » Cardiovascular disease high impact interventions

The average cost of a stroke and heart attack to the NHS as calculated by UCL partners is below.

Medical event	NHS cost
Stroke	£13,910
Heart attack	£7,466

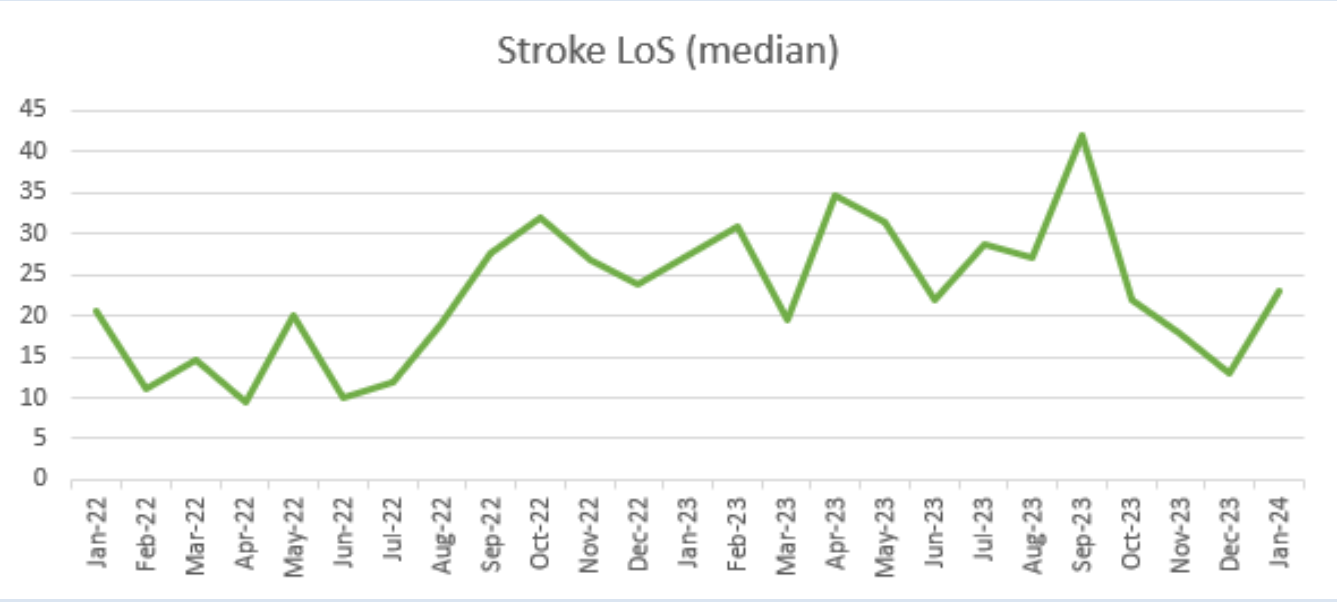
Whilst it is challenging to provide an exact breakdown of how this cost is made up and exactly where potential cost savings across the system will be made, the below information aims to provide a picture of contributory factors and where cost savings could occur. This is not intended to provide a comprehensive cost-effectiveness analysis, which would require significant resource to deliver.

Factors contributing to overall cost	**Average cost (UHL)**
Cost per bed day at UHL (average not stroke/MI specific)	£310.00
Average cost for an A&E visit	£357
Average cost for an outpatient appointment	£252.00
Cost per day, per patient for stroke rehab	£796
Average cost of a GP appointment	£42 (not Lewisham[8] specific)

Average costs to University Hospital Lewisham (UHL) that may contribute towards this figure have been broken down in the table below.

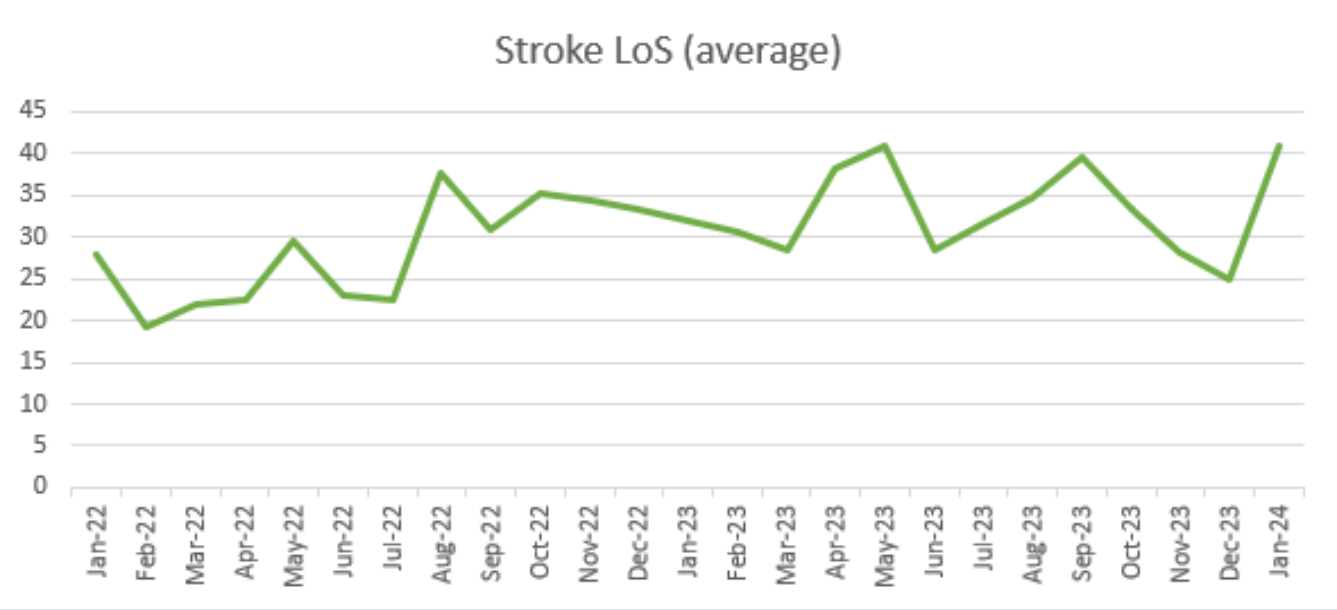
The below graphs indicate average and mean length of stay data following a stroke at UHL. As above, if we can prevent future strokes (or at least prevent an increase depending on assumed growth), evidently a future system benefit will be a reduction in admission and subsequent bed days. Appendix C provides further evidence of the UK cost of cardiovascular disease across the system.

Graph 3:
UHL stroke length of stay (median).



[8] NHS: Key Facts And Figures | The King's Fund (kingsfund.org.uk)

Graph 4:
UHL stroke length of stay (average).



As above, there is a lack of evidence available to accurately breakdown the costs that would be saved per organisation and timescales to achieving return on investment is also difficult to predict, but it is anticipated cost savings will begin to be realised after 2 years of delivery. We will attempt to develop an agreed methodology for assessing where the savings are occurring as part of a benefits evaluation linked to milestones during the period of investment. This will need to demonstrate improvement in hypertension control data by end of year 1 to inform planning for decisions at the end of the initial 2-year investment period ending 2025/26.

Wider programme benefits:
Of the estimated 38,576 people with hypertension, 33,264 people have at least one other diagnosed long-term condition. Lifestyle modifications which are encouraged to support the treatment and management of hypertension will naturally support the management of other long-term conditions, further reducing risk to patients and associated financial impact to the system.

The patient engagement workstream within this project will allow us to build trust with Lewisham residents, which in turn should improve – whilst this will be difficult to measure, it could lead to wider gains across the system. The work of Public Health to promote healthier lifestyles is outside of the remit of this project but is closely linked with achieving the desired outcomes. We will include Public Health colleagues therefore in our discussions and on our steering group.

6. Risk assessment

Type of Risk e.g. Clinical, Financial, Reputational or Business	**Description of Risk**	**Mitigation Steps**
Business	Following the Management Cost Reduction process there is likely to be significant resource reduction for the hypertension project which may impact ability to deliver project in line with the initial project plan,	The approach has been adjusted from original plans to account for this by reducing workstreams and phasing the approach for resident engagement and steering group.

	particularly the resident and public engagement workstream.	Additional external funding opportunities are also being actively pursued.
Financial	Limited timeframe to deliver and demonstrate impact on key benefit measures (e.g. stroke and heart attack) may reduce likelihood of future investment.	Use the percentage of patients with registered hypertension and treated to guidance as the primary benefit measure and indicator of progress. Develop an enhanced evaluation methodology in agreement with all partners.
Financial	The ability to accurately measure impact of the workstreams within this programme and directly track any associated financial savings is complicated and challenging. This may affect future investment beyond the initial 2-year period.	As outlined above, an agreed evaluation methodology will need to be developed across all partners.
Reputational and Business	Lack of available funding for VCS and community groups to be reimbursed for involvement in training and ability to support longer term as identified through early engagement with stakeholder groups. This may lead to lack of trust between community groups and the Integrated Care Board, as well as limit potential impact towards goal.	Update the budget to secure funding for the engagement support purpose based on strong feedback received.

7. Governance

The newly formed Hypertension programme group will steer the direction of the programme. Membership will be reviewed on an on-going basis to ensure appropriate representation. The group will report into the Long Term Conditions Forum, ultimately reporting into Place Executive Group.

Programme group members:

- Dr. Leo Emordi, GP and CCPL for Long Term Conditions
- Dr. Ravi Sharma, GP and CCPL for Planned Care
- Ian Ross, Associate Director for Long Term Conditions, Planned Care and Cancer
- Ashely O'Shaughnessy, Associate Director of Primary Care
- Kapil Sadawana, Pharmacist, Medicines Optimisation Team
- Jane Dolega-Ossowski, Practice Nurse and Nurse Advisor
- Jessica Arnold, Director of Delivery
- Rebeca Corneck, Director of General Practice Nursing, Educational Facilitator
- Sarah Greig, Programme Manager
- Daniel Johnson, Communications and Engagement Manager
- Dr. Kathryn Griffiths, Inequality fellow, Lewisham population health and care team
- Anu Singh, CESEL Facilitator
- Public Health Rep (TBC). To date Public Health colleagues have been engaged with via other channels.

7. Benefit Realisation

The below data will be broken down further by each practice and for demographic groups including coreplus20 working with the population health team.

Metrics Measured	Baseline	Target	Data source	Review Date
Percentage of patients under 80 with diagnosed hypertension treated to clinical targets (BP	54.64%	77%	SEL Pathfinder Nov 2023	Monthly

<140/90mmHg as per NICE) in Lewisham				
Breakdown by PCN				
Sevenfields	56.34%	77%	SEL Pathfinder Nov 2023	Monthly
Lewisham Alliance	56.32%	77%	SEL Pathfinder Nov 2023	Monthly
Aplos	56.02%	77%	SEL Pathfinder Nov 2023	Monthly
North Lewisham	54.71%	77%	SEL Pathfinder Nov 2023	Monthly
Modality	52.66%	77%	SEL Pathfinder Nov 2023	Monthly
Lewisham Care Partnership	50.59%	77%	SEL Pathfinder Nov 2023	Monthly
Absolute number of recorded Stroke or TIA* in people with diagnosis of hypertension over 12 months	487 (Financial year 2022-23)	N/A	HealtheIntent *Some patients will go to GSTT or Kings not UHL so this may not capture the whole patient cohort.	Annually
Absolute number of coronary heart disease* (myocardial infarction) in people with a diagnosis of hypertension over 12 months	161 (Financial year 2022-23)	N/A	HealtheIntent *Some patients will go to GSTT or Kings not UHL so this may not capture the whole patient cohort.	Annually

8. Finance and Resource Implications

This funding request is non-recurrent for **£372k** in total covering the 2 years (2024/25 and 2025/26). A benefits evaluation of the investment will be conducted at identified milestones during the period of the investment to establish progress toward aims and objectives. Using improvement methodology throughout will allow us to monitor this in real time and adjust and the programme progresses. Based on evaluation measures, a decision will be taken as to whether future sustainability investment can be continued beyond 2025/26 and how this will be funded. The ICB will only be able to fund this on a non-recurrent basis for the period 2024/25 to 2025/26 and subject to ICB financial governance and expenditure controls.
Additionally the programme team are actively seeking funding opportunities and have applied for multiple external funding opportunities to support this programme.

Budget line	Description	Cost
VCSE specialist engagement advice and delivery	To cover: Working with a local black led VCSE organisation to co-design an approach to and support delivery of sector involvement for improving hypertension management for cohort most underserved and in need. This may also involve reimbursement of VCSE time to attend workshops and training. This likely will need to be delivered in partnership with Public Health. This cost covers initial investment to work with an organisation to co-design and funding to implement any solutions in year 2.	£50,000
Resident reimbursement	Reimbursement for resident engagement through steering groups and interviews.	£1,000

CESEL neighbourhood training	The cost of development and delivery of neighbourhood community training, one session per neighbourhood with some contingency to provide an additional celebration event to bring all neighbourhoods together and include those who missed earlier opportunities. This also provides resource for venue hire and refreshments for participants.	£10,000
Practice nurse training	Development of a comprehensive and competency-based hypertension training programme for practice nurses to be delivered by the CEPN. This also includes cultural humility training to support practice nurses in delivering culturally appropriate conversations which may be commissioned by another provider but delivered within the same training package.	£5,000
Primary care incentive scheme	To be developed at PCN level for additional resource within primary care to support enhanced CESEL visits, identification of BP champions or clinical/care navigators to contact poorly controlled hypertensive patients and agreed action plans with practices.	£120,000
	Total	£186,000 per annum

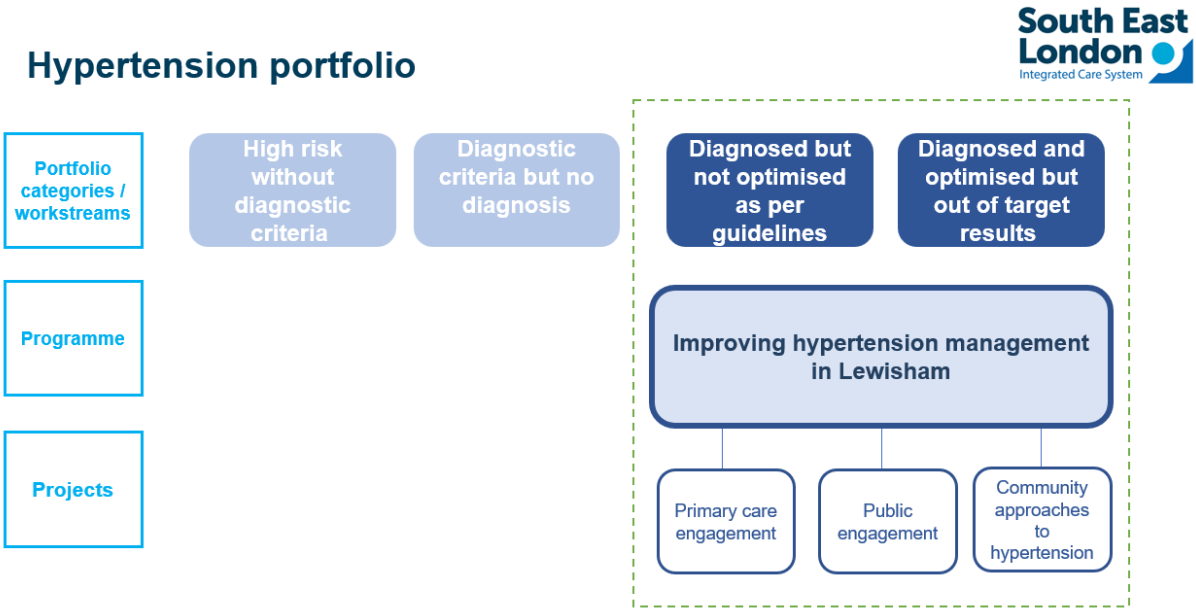
8. Indicative timelines

Timings are subject to change based on length of time for business case approval.

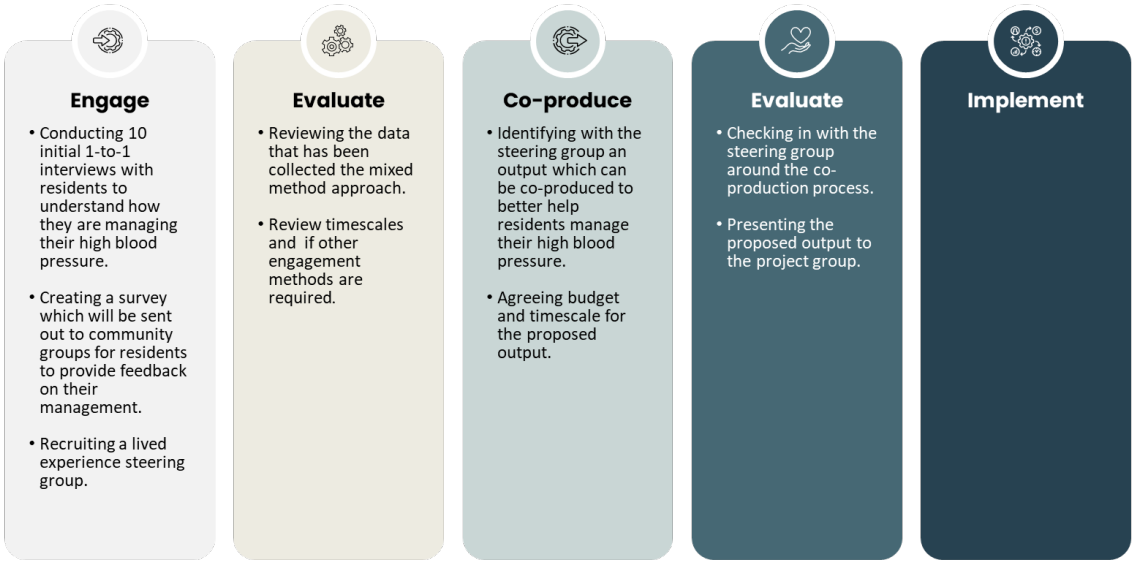
Milestones	
Deliverables	**Deadline**
CESEL project approach finalised	November 2023
Primary and secondary care engagement event with CESEL	November 2023
Finalise patient engagement approach and identify key VCSE partners	January 2024
CESEL PCN visits commence	January 2024
Establish baseline data for cardiovascular events, unplanned admissions, healthcare utilisation etc.	March 2024
Population health team to identify priority groups	March 2024
Complete interviews with lived experience residents	March 2024
Finalise primary care resource scheme	March 2024
Co-design of neighbourhood community training and engagement with VCS groups	March 2024
Delivery of neighbourhood community training	April 2024
Develop approach to working with VCSE groups	April 2024
Launch VCSE engagement approach	May 2024
Launch primary care resource scheme	April/May 2024
Patient engagement and awareness day with campaign aligned to May Measurement Month /World Hypertension Day	May 2024
Patient engagement and awareness campaign aligned to Know Your Numbers Week	September 2024

Appendix:

A. Outline of potential wider hypertension portfolio and where this programme will sit alongside.



B. Resident engagement plan (plan being adjust to account for reduction in resource)



C. Costs of cardiovascular disease, coronary heart disease and stroke:

The tables below[9] demonstrate the economic and healthcare costs of heart and circulatory disease (CVD), coronary heart disease (CHD) and stroke in the UK in 2015. The source of this information is the Health Economics Research Centre from the Nuffield Department of Population Health, University of Oxford and was included in the European Cardiovascular Disease Statistics 2017 report published by the European Heart Network, Brussels, hence financial savings here indicated in Euros. Whilst this is clearly on a much larger scale in terms of geography as well as condition, it clearly outlines the range of costs associated and the potential financial impact.

Costs of cardiovascular disease, coronary heart disease and stroke, UK, 2015 (€ thousands)							**€**
	Primary care	Outpatient care	A&E	Inpatient care	Medications	**Total health care**	per capita
CVD	1,638,492	1,073,695	398,661	6,505,414	2,732,144	**12,348,406**	190
CHD	149,694	299,002	102,413	1,236,089	379,036	**2,166,234**	33
Stroke	51,448	299,002	68,554	2,091,942	141,429	**2,652,375**	41

Non-health care costs - CVD, CHD and Stroke, UK, 2015 (€ thousands)			
	Production losses due to mortality €	Production losses due to morbidity €	Informal care €
CVD	6,203,014	2,548,365	5,566,934
CHD	3,364,345	958,817	2,566,012
Stroke	1,040,896	331,719	1,945,108

[9] Heart statistics - Heart and Circulatory Diseases in the UK - BHF

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 6

Title:	**Lewisham High Intensity User (HIU) Service – Contract Modification**
Meeting Date:	**14 March 2024**
Author:	Yvonne Davies, Primary Care Commissioning Manager (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To seek approval from LCP Board members on the recommendation to issue a Contract modification for the Lewisham HIU service provision between April – June 2024.	Update / Information	
		Discussion	
		Decision	***X***

Summary of main points:

Service Background

- The HIU 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.
- Refreshed dash boards sharing data across providers is reviewed frequently via HIU service leads and a monthly Multidisciplinary Team (MDT) Meeting that has wide stakeholder membership across acute, primary, community, voluntary and emergency services.
- The contract is currently provided by One Health Lewisham (OHL).
- 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 Background

- Procurement commenced in line with the following timescales: Pre-market engagement (April 2023), Invitation to Tender (Aug-Sept'23), Evaluation (Sept'23) and Moderation (Oct'23).

- On the 11th October 2023, SEL ICB (Lewisham) were informed by NHS London Commercial Hub / NEL CSU that a problem had been identified with the procurement and that there had been an anomaly in the documents published at the ITT stage by the NHS London Commercial Hub / NEL CSU team.

- Following an options and risk analysis by NHS London Commercial Hub / NEL CSU and SEL ICB (Lewisham) Primary Care Team and Lewisham place executive lead, a decision was made to abandon the procurement and re-publish the procurement. This decision posed the least risk and possibility of SEL ICB facing any legal challenges.

- A new procurement was published in line with the following timescales.

Key Events	Dates
Invitation to Tender (ITT) Live	25/10/2023
ITT CQs Deadline	27/12/2023
ITT Submission Deadline	06/12/2023
Due Diligence (Initial Eligibility)	07/12/2023 - 11/12/2023
ITT Evaluation	12/12/2023 - 18/01/2024
ITT Moderation	23/01/2024 - 08/02/2024
Invite Bidders to Presentation Stage	09/02/2024
Bidder Presentations Day	20/02/2024
Award Report Approval Deadline	08/03/2024
Inform Bidders and Start of Standstill Period	18/03/2024
Conclusion of Standstill Period	28/03/2024 (00:00am)
Contract Award	28/03/2024
Mobilisation	01/04/2024
Contract Start Date	01/07/2024
* Dates are subject to change	

- The impact of this decision resulted in a 12-week delay to the proposed contract start date. The new contract start date is 1st July 2024 with the current contract ending on 31st March 2024 resulting in a contract gap for April – June 2024.

Provider Selection Regime (PSR)

- The new Provider Selection Regime (PSR) came into force in January 2024 for ICBs and local authorities in relation to procurement. Under PSR, single tender waivers cannot be requested therefore is not an option to cover the gap in the HIU contract.

- Contract options in line with the new PSR regulations was submitted to the Lewisham Senior Management Team (SMT) (27/02/2024).

	• Lewisham SMT approved the recommendation ahead of seeking approval from the LCP board.				
Potential Conflicts of Interest	OHL have a direct conflict of interest as the current provider of the service and therefore should be excluded from any discussions and /or decision making.				
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	1) Approx 42.5k (April – June 2024)			
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:	• The board is asked to approve the request for commissioners to issue a contract modification to the existing contract with One Health Lewisham for the period of April – June 2024. • This will allow ongoing service provision for patients and assist in managing and supporting urgent care services with demand from this cohort of high users. • The rationale for this recommendation would be that the ICB are awarding a contract via a valid procurement route with an extension being put in place to conclude the process and presents the least amount of challenge and any associated risks to the patients. • This is the supported recommendation by the NHS London Commercial Hubs procurement team who provides and represents SEL ICB procurement support. • Following approval, a contract modification will be made to the existing contract to extend under existing arrangements to cover the period of April – June 2024. • It should be noted that the current procurement received 2 bids that have been evaluated and moderated and a preferred bidder identified. A separate paper has been submitted to the Lewisham LCP board (Part II) for approval (14/03/2024).

Lewisham High Intensity User Service

Options paper for interim contract arrangements for Q1 2024/25

Author:
Yvonne Davies
Primary Care Commissioning Manager (Lewisham)
NHS South East London Integrated Care Board (SEL ICB)

Sponsor:
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NHS South East London Integrated Care Board (SEL ICB)

Date: 19/02/2024

Version: 2.0

Document Control:

Version	Date	Author / Amended by	Submitted to	Notes
1.0	08/02/24	Yvonne Davies	Ashley O'Shaughnessy, Primary Care James Ross, Procurement	First draft
1.1	15/02/24	Yvonne Davies	Ashley O'Shaughnessy, Primary Care James Ross, Procurement	Comments made by JR regarding NEL terminology
2.0	19/02/24	Ashley OShaughnessy		**Approved version**

1 Introduction

The purpose of this paper is to outline options and recommendations for the interim contract arrangements for delivery of the Lewisham High Intensity User (HIU) Service for April – June 2024.

Option 1: Do nothing (gap in service provision)
Option 2: Direct Award (Option C – subject to performance against the 5 key criteria)
Option 3: Contract Modification to existing contract.

Option 3 is the preferred and recommended option to maintain ongoing service provision and is the supported recommendation by the NHS London Commercial Hubs procurement team who provides and represents SEL ICB procurement support.

2 Executive Summary

2.1 Service Background

2.1.1 In 2019/20, NHS operational planning and contracting guidance set out that all health systems in England must implement a high intensity use service.

2.1.2 The HIU 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.

2.1.3 Lewisham already had a HIU service in operation since 2018 which is provided by One Health Lewisham with a contract end date of March 2022. The service has an active caseload of approximately 120 patients who are identified by Lewisham and Greenwich Trust and London Ambulance Service.

2.1.4 A service review was undertaken in 2022 to inform of long-term commissioning arrangements. A single tender waiver (Appendix A) was issued for this contract in March 2023 to extend the contract for an additional 12 months until 31st March 2024 to allow for a procurement exercise to be undertaken with a new contract start date on 1st April 2024.

2.1.5 SEL ICB commissioners in Lewisham commenced a procurement exercise in April 2023 to identify a provider to deliver a Lewisham High Intensity User (HIU) Service on a 3+2 year contract at a total contract value of £850,000 (£170,000 per annum).

2.2 Procurement

2.2.1 SEL ICB commissioners in Lewisham commenced a procurement exercise in April 2023 (PRJ1252) in line with the following timescales.

- **April 2023-** pre-market engagement
- **28th Aug'23** - Invitation to Tender (ITT) published
- **18th Sept' 2023** – ITT deadline. 2 Bids were received, evaluation was undertaken.
- **Tuesday 10th October -** Moderation meeting

2.2.2 On Wednesday 11th October, the Lewisham ICB project lead received an email from NHS London Commercial Hub informing them that there was a problem with the procurement and that there had been an anomaly in the documents published at the ITT stage.

2.2.3 During the evaluation phase, the procurement team noticed a discrepancy between the ITT questionnaire that bidders were requested to complete and document 6 ITT Evaluation Criteria & Weightings which was published on the attachment section of the portal. This led to

- the social value section weighting being under the stipulated 10% value and the Workforce section question amendments not being included.
- the incorrect version of the questionnaire being completed by the bidders.

2.2.4 NHS London Commercial Hub accepted full responsibility for the error made. The impact of this error posed several risks.

- It is likely that the process and outcome would be challenged which would result in a delay to award the contract.
- Any challenge would have legal and financial implications which may cost more than the contract value itself.
- There was also a risk that due to the close scores between the 2 bids at evaluation phase, if the correct ITT template had been used the outcome of the evaluation phase may have resulted in a different bidder being awarded the contract and again being open to challenge.

2.2.5 Following meetings and discussions held between NHS London Commercial Hub (procurement team), Lewisham ICB primary care team and Lewisham place executive lead, it was agreed to abandon the current procurement (PRJ-1252) and re-publish the procurement. This decision posed the least risk and possibility of SEL ICB facing any legal challenges.

2.2.6 **Appendix B** outlines a summary of the key discussion points that were held that assisted in making the informed decision to abandon the procurement.

2.2.7 Following an abandoned procurement process a new procurement process has commenced (PRJ-1327) working to the following timescales.

Key Events	Dates
Invitation to Tender (ITT) Live	25/10/2023
ITT CQs Deadline	27/12/2023
ITT Submission Deadline	06/12/2023
Due Diligence (Initial Eligibility)	07/12/2023 - 11/12/2023
ITT Evaluation	12/12/2023 - 18/01/2024
ITT Moderation	23/01/2024 - 08/02/2024
Invite Bidders to Presentation Stage	09/02/2024
Bidder Presentations Day	20/02/2024
Award Report Approval Deadline	08/03/2024
Inform Bidders and Start of Standstill Period	18/03/2024
Conclusion of Standstill Period	28/03/2024 (00:00am)
Contract Award	28/03/2024
Mobilisation	01/04/2024
Contract Start Date	01/07/2024
* Dates are subject to change	

2.2.8 The decision to reissue the procurement and the associated revised timescales has resulted in a gap in the HIU contract for Q1 2024/25, as the new contract starts on 1st July 2024 with the current contract ending on 31st March 2024. The contract value for gap (April – June 2024) is approximately £42,500.

2.2.9 The new Provider Selection Regime (PSR) came into force in January 2024 for ICBs and local authorities in relation to procurement. Under PSR, single tender waivers cannot be requested therefore is not an option to cover the gap in contract.

2.2.10 Section 3 outlines the options and recommendations for commissioners to consider.

2.2.11 The options were discussed with the procurement team in line with the new Provider Selection Regime (PSR).

3 Options and recommendations

The options for consideration include.

Option 1: Do nothing (gap in service provision)
Option 2: Direct Award (Option C – subject to performance against the 5 key criteria)
Option 3: Contract Modification to existing contract.

The following provides an options analysis of these options.

Options	Pros	Cons
Option 1: **Do nothing** resulting in a gap in provision between contract end date and new contract start date.	• Financial saving of contract value (approx. £42.5k)	• A gap in service provision would result in unmet patient need for a cohort of patients that have high complex needs. • Patients may revert to previous/ current behaviours i.e. increased access to unscheduled and primary care health services (A&E/ 999/111/GP) resulting in increased pressure across the health system and associated costs. • Patients may disengage from future support offered.
Option 2: **Direct Award** (Option C of PSR regulations)	• Current provider in place delivering against current KPIs and specification requirements.	Risk that ICB might be challenged as to 1. Why we are currently undertaking a procurement instead of direct award. 2. It might be perceived that the ICB is 'favouring' the incumbent provider especially if they have expressed an interest /submitted a bid in the procurement 3. Lack of evidence available against each of the 5 key criteria as set out in the PSR regulations
Option 3: **Contract Modification to existing contract.**	• New PSR regulations allow contracts to be modified under certain circumstances. • Supports a smooth transition between incumbent provider and new provider in relation to patient care and stakeholder relationships. • Current provider in place delivering against current KPIs and specification requirements.	• ICB could be challenged with regards to the decision however pros outlined would assist in mitigating this.

3.1 Preferred option

3.1.1 Option 3 is the recommended and preferred option.

3.1.2 It is proposed that a contract modification is put into place with the incumbent provider, One Health Lewisham.

3.1.3 The rationale for this option would be that the ICB are awarding a contract via a valid procurement route with an extension being put in place to conclude the process and presents the least amount of challenge and any associated risks to the patients.

4 Next Steps

4.1 Governance

4.1.1 Following guidance from the NHS London Commercial Hub procurement team, local teams are required to define the governance framework for making decisions associated with PSR procurements.

4.1.2 It was advised that an options paper was submitted to the relevant approving committee to approve the recommendations for a gap in contract for the Lewisham HIU service.

4.1.3 In discussion with Ceri Jacobs, Lewisham Place Executive Lead (PEL), it was advised that the request be taken to the Lewisham Senior Management Team (SMT) for endorsement then to the Lewisham Care Partnership (LCP) Board for approval.

4.1.4 The paper was endorsed by the Lewisham SMT on 27th February 2024 with formal approval at the LCP board on the 14th March 2024..

4.2 PSR and Contract modification requirements

4.2.1 It has been recommended that the contract modification approval wait until the evaluation and moderation phase of the current procurement is completed (20th February 2024). This would reduce any potential challenge from either the current provider or any providers that have expressed an interest of submitted a bid as part of the current procurement process.

4.2.2 PSR has produced a range of PSR toolkits to support implementation of the PSR.

4.2.3 **Diagram 1** shows the PSR flow chart for contract modifications and assists in navigating if a contract modification is permitted. For HIU, it would recommend that a contract modification is permitted.

4.2.4 **Diagram 2** outlines the process for implementing a contract modification.

4.2.5 **Diagram 3** demonstrates under which permitted contract modification is applicable to. NHS London Commercial Hub procurement team have advised that the HIU contract is applicable to the 4th option permitted contracts modifications.

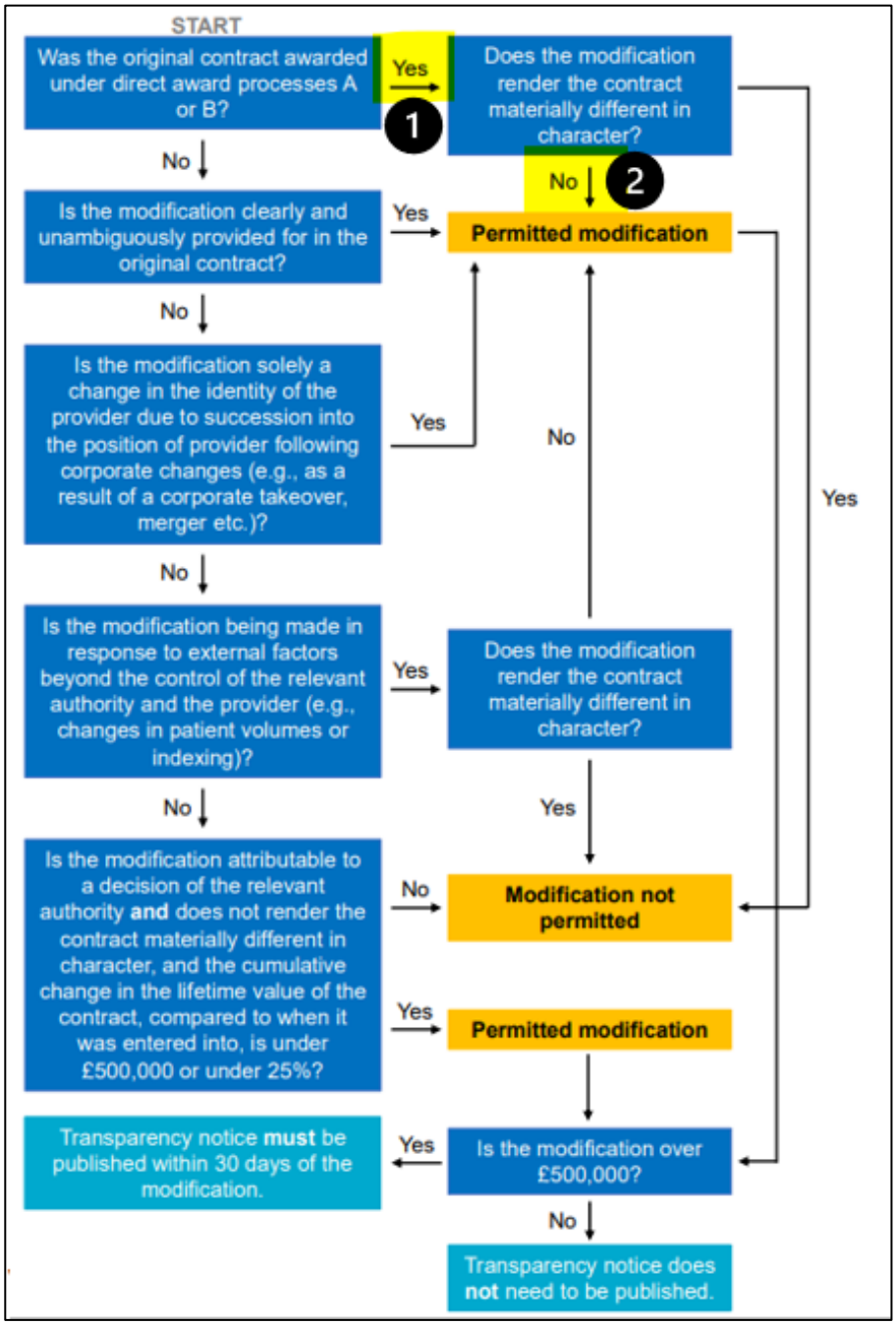
4.2.6 **Appendix C** outlines the process Contract Modification process in relation to the HIU contract and details diagrams 1, 2 and 3.

4.2.7 **Appendix D** outlines the decision-making record that will document any comments made in relation to the approval of the contract modification. Following approval, the decision-making record will be finalised and stored appropriately with contract documentation.

4.2.8 Following approval of the contract modification, a contract variation will be drafted with the current provider to ensure continued service delivery until the new contract commences.

4.2.9 It should be noted that a transparency notice for the contract modification is not required due to the contract value being less that £500,000.

Diagram 1: Contract modifications flow chart



The flow chart determines whether a contract modification would be permitted under PSR regulations.

The highlighted pathway in yellow demonstrates the pathway for the HIU services and as detailed below

1. The current contract was a direct award to the current provider.
2. The contract modification does not change the current contract in anyway. The modification request is to cover the contract gap between contract end date and new contract award date following a procurement exercise that is currently in progress.

South East London Integrated Care System

NHS South East London

Diagram 2: **Diagrammatical presentation of the contract modification process for Lewisham HIU service.**

PROVIDER SELECTION REGIME TOOLKIT

CONTRACT MODIFICATIONS PROCESS MAP

NHS England

	Circumstance description	1. Planning phase			2. Approval to proceed	3. Modify contract and communicate final decision	
	Modifications	Conflict of interest management established	Scope	Make a decision and keep records	Review information and seek approval	Modify contract	Transparency - Confirmation of Award
	Contract Modification This process covers contract modifications. See a list of permitted modifications under Tab 2. If a modification is not permitted under the PSR then the relevant authority must undertake a new provider selection process.	Ensure conflicts of interests (CoI) are managed in line with Regulation 21 and with the RA's wider CoI policy.	Is the proposed modification permitted under the PSR? See Tab 2 for information about permitted modifications.	The relevant authority must make and keep clear records detailing their decision making process and rationale. An example of how to record evidence is in Tab 4.	Ensure that a recommendation to modify a contract is approved internally through all of the relevant authority's governance processes. How this should be done is not set out in the Regulations.	Modify the contract.	If required by the Regulations, the relevant authority must publish a confirmation of modification on the Find a Tender Service (FTS) website within 30 days of the contract being awarded. The information that is required to be published is set out in Schedule 12 of the Regulations.
HIU	NHS London Commercial Hub procurement team has advised that the permitted contract modification applicable to this contract falls under the 4th option of the PSR contracts modifications process map (Tab 2)	COI will be managed via the approving committee in line with SEL ICB internal governance framework.	Yes	This will be submitted to the approving committee.	An options paper will be submitted to the approving committee Lewisham Senior Management Team (SMT) 27th February 2024, and an update will be provided to the Lewisham LCP strategic Board in March	Following approval, a contract modification will be completed and stored accordingly.	A transparency notice will not be required as the contract value (£42.5k), falls below the £500,000 threshold required for publicising transparency notices.

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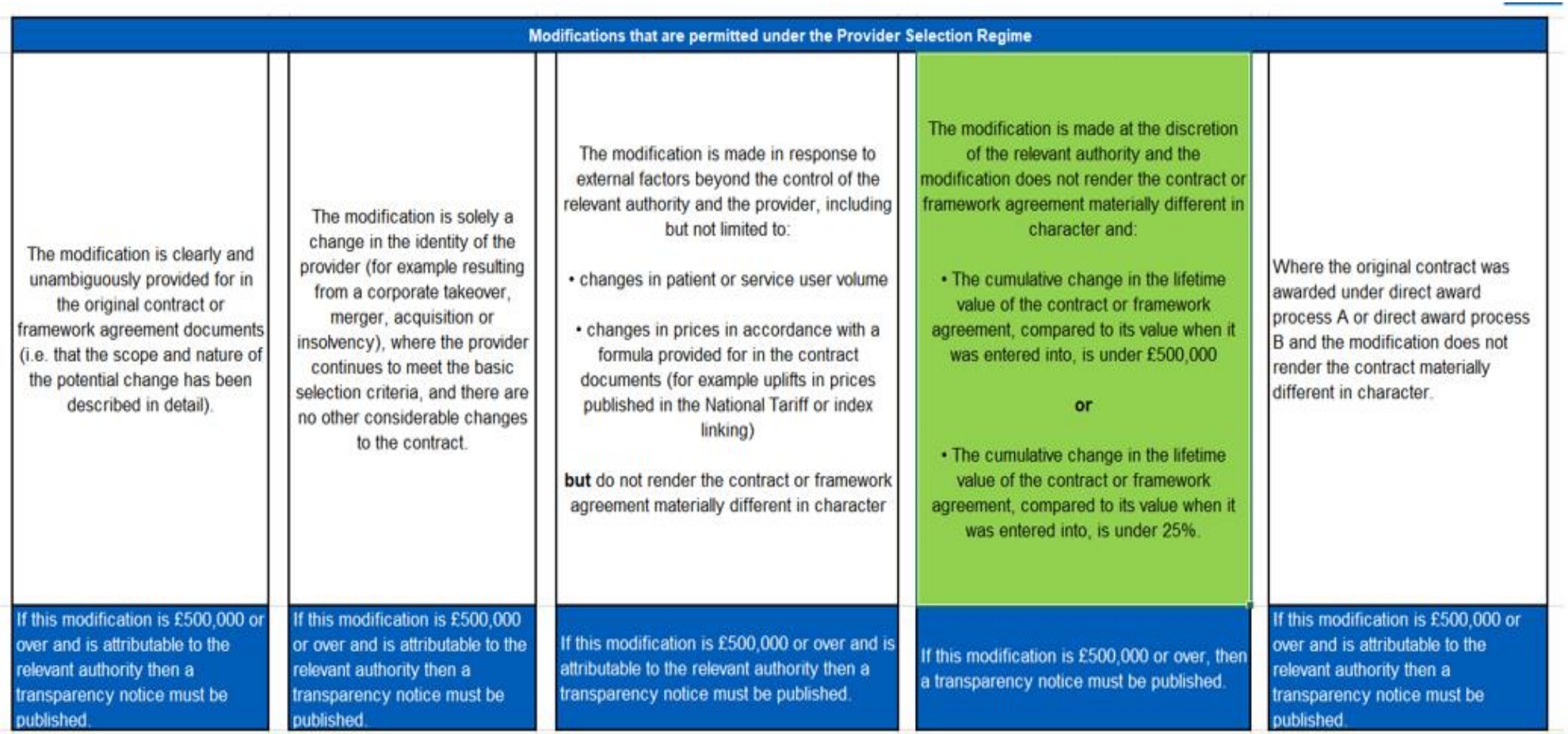
NHS South East London

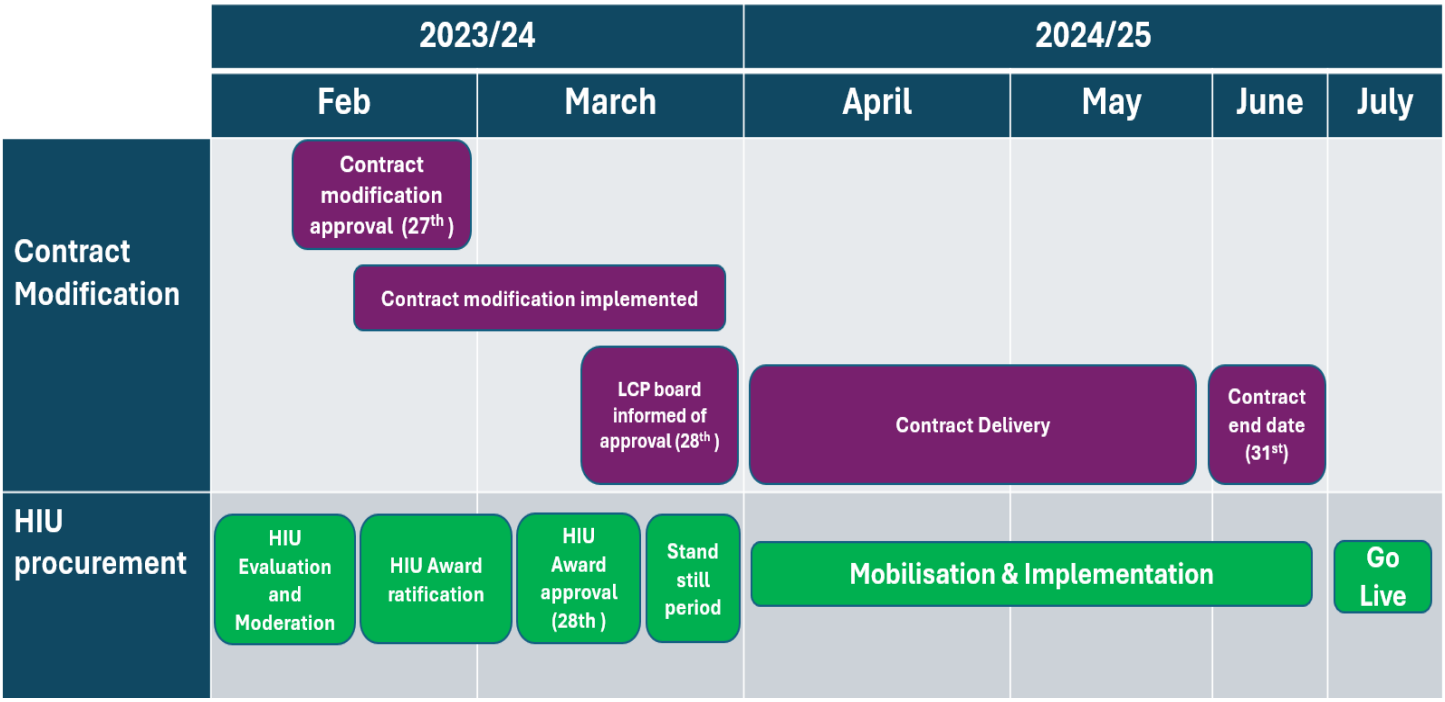
Diagram 3: Permitted contract modifications.



NHS London Commercial Hub procurement team have advised that the permitted contract modification applicable to this contract falls under the 4th option of the PSR contracts modifications process map as shown above

4.3 Timescales

4.3.1 The following outlines the timescales for delivery.



4.3.2 The NHS London Commercial Hub procurement team will assist SEL ICB to ensure that the contract modification is completed within the required timescales.

5 Appendices

APPENDIX A: HIU Single Tender Waiver 2023-24	APPENDIX A_ STW for_HIU_2023_24 - FINAL_230316.pdf
APPENDIX B: HIU: Decision to abandon procurement.	APPENDIX B_PRJ1252 HIU abandonment timeline_231207.pdf
APPENDIX C: PSR contract modification process map.	APPENDIX%20C_PSR %20contract%20mod
APPENDIX D: HIU Contract modification decision making record	Appendix D_Contract modification decision

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 7

Title:	**Lewisham Risk Register**		
Meeting Date:	**Thursday 14 March 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	✓
		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	**448.** Savings Target - Identification & delivery of savings/Achievement of Financial Balance.	⇔	Open (10-12)
Financial	**498.** Achievement of Financial Balance 2024/25	⇔	Open (10-12)
Financial	**496.** Prescribing Budget Overspend.	⇔	Open (10-12)
Operational	**505.** The NHS@Home Service – utilisation of the service is lower than planned for.	⇔	Eager (13-15)
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)
Governance	**347.** Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.	⇔	Open (10-12)
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)
Clinical, Quality and Safety	**360.** Failure to deliver on statutory timescales for completion of ASD health assessments.		Cautious (7–9)

Key - Direction of Risk ***refer to risk appetite statement 23/34 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, an LCP risks and action document – Appendix 2 was produced to provide a comparative view of the types of risks across all six LCP risk registers and their respective scores. PELs identified some potential misalignment and the ownership of risks and the scores proposed. It was also noted that the summary analysis may obscure some of the detail and nuanced differences between similar risks. As a result, it was agreed that this detail should be shared to help inform future deliberations. As a result of this and at a recent SMT meeting, the Assurance Team presented the LCP risks and action document, and the following risks were identified as a result of that discussion.

1. Delivery of community-based mental health programmes/CAMHS waiting times not achieved.
2. Primary Care Access and vaccination rates.
3. Brymore House Care Home, lack of immediate care beds.

The above risks will be added to the risk register by the next LCP meeting in May 2024. However, 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 co-produced 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.			

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**	**4**	**2**	**0**
Unlikely	**0**	**0**	**0**	**0**	**1**
Rare	**0**	**0**	**0**	**0**	**0**

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														
448	Financial	**Savings Target - Identification & delivery of savings/ Achievement of Financial Balance**	The ICB - Lewisham has fully identified an efficiencies target of 4.5% or c.£4.2m for 2023/24. Identified efficiencies will need to be delivered in full, and there is a risk the delegated borough budget will be exceeded in 2023/24 if there is any slippage in delivery of efficiencies.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Cat Jacob	Michael Cassidy-Brown	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. 5. Review at LCP meetings with members on a bi-monthly basis.	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.
498	Financial	**Achievement of Financial Balance 2024/25**	During 2023/24 Lewisham identified efficiencies of 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures incurred during the year, the identified efficiencies were not enough to achieve financial balance, and material non recurrent measures and restrictions to investment were implemented. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to identify business as usual efficiencies for 2024/25 targeted at a minimum of 4%, these are going to be ever more challenging to identify. There is a material risk the borough will not be able to achieve financial balance in 2024/25, without in addition implementing a system approach to delivery of savings	5x3=15	5x3=15	2x2=4	Open (10–12)	⟺	Cat Jacob	Michael Cassidy-Brown	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 2023/24 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 recruitment freeze at ICB. 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 to be prescribed rather than purchased as cost-of-living increases 5- Prescribing budget was based on the same baseline as that of 2022/23, which had a significant overspend thereby increasing the challenge. 6- Priority shifts towards patient safety issues in Meds Management and supporting hospital avoidance or discharge.	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Jessica Arnold	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 Director of Delivery, Associate Director of Finance and Place Executive Lead.	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 has been in existence since February 2023, however, utilisation of the service is lower than planned for. This creates a negative impact on patient discharge and flow within the hospital. This is caused by limited engagement, and therefore limited understanding, of the service and what it can offer. If this continues, it could prevent suitable patients being referred, ultimately causing unnecessary hospital admissions or longer hospital stays.	3x3=9	3x3=9	2x2=4	Eager (13-15)	⟺	Jessica Arnold	Andrew Cook	1.A series of workshops being held, to engage LGT Senior Colleagues. 2.Several presentations and service updates to LGT Staff. 3.Weekly NHS@Home referrals statistics emailed to the LGT CEO and Director of Operations. 4.Daily in-reach provided to the short-term medical assessment units and Emergency Department at UHL, to proactively identify suitable patients for the NHS@Home Service.	The next workshop, bringing together LGT and OHL colleagues, is planned for 07/02/24. This is being held at UHL, for ease-of-access for LGT Colleagues. The NHS@Home Service has significantly improved in the last 3 months and the service are therefore in a stronger position to be working with higher acuity patients.	The controls require active engagement from LGT Stakeholders. Clinical pressures and recent strike action have prevented this.	1. No gaps in control identified
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.	3x5=15	2x5=10	3x3=6	Open (10–12)	⬇	Kenny Gregory	Natalie Sutherland	1.Outcomes framework measure for Community Mental Health Transformation (CMHS) being produced across SEL ICB. 2.Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board from April 2023. 3.Understand the need 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 at priorities for year 3 (2023/24). 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.	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.Increased scrutiny on recruitment process for CMHS workforce expansion at both place and SEL. 3. Re/establish alliance sub-groups for improved oversight and ownership i.e. Crisis Collaborative, assurance and outcomes forum to review system dashboard and other key system assurance processes
335	Financial	**Financial and staff resource risk in 2023/24 of high cost packages through transition. This is a recurring annual risk.**	Financial risk in 2023/24 of new high cost LD packages through transition i.e. young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. Also, the impact of 22/23 eligible patients leaving day schools in 23/24 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	Heather Hughes	1. Head of CHC is attending quarterly Transition panels from a CHC perspective but will also flag early warning signs for joint funding requests. Regular comms from (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 previously agreed. 3. Adult Social Care are working with SENs to engage with them whenever they are considering a placement in a residential school or college.	Compliance with the Joint Funding Protocol. Monthly reporting at the Joint Commissioning Finance Group. Standing agenda item CHC Executive.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	1. Quarterly projection of when younger SEN adults will leave day education and the potential impact on CHC budget to CHC Exec. (High cost) Joint Funded packages to be included as a standing agenda item at monthly Integrated Commissioning Budget Monitoring. Also to review at CHC Executive.
506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables. •The most significant variable is the growth in number of LD complex transition cases at a high cost. This was the original identified risk for 23/24. •Alongside this is the pressure caused generally by costs of existing packages being driven up both by inflation and increases in both NLW and LLW and the MWAH contract in cases transferred from the Council. There is also an unfunded increase in AQP rate and the ICB's contract with Fairlie/ Highfield. •CHC has experienced a significant increase in patient acuity in the 23/24 year particularly in terms of PoC at home and requests for additional 1:1 staffing in care homes •Overall numbers have been increasing in the year, (e.g. a difference of 50 between Q7 and Q9) though the majority of this increase is likely to be FNC more than fully funded. •There has also been a large number of delayed reviews which might have offered opportunities for savings through reduction or eligibility decisions. •Staff vacancies and sickness has meant that there has been a reduction in timely referral to assessment activity which has meant backdating of costs, which show as large stepped changes in spend, making budget projection and management problematic •Significantly delayed discharge from BBIU for 2 people that the ICB has been unable to influence	5x4=20	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Heather Hughes	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages 2. Attendance at quarterly Transition panels to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework. increases possibility of deflecting unnecessarily high costs/ SEND decisions 3. Regular comms from CYP and Adult DSR meetings to clarify risk of Joint Funding Requests from the LDA hospital admission diversion imperative and to clarify S117 pathways 4. Quarterly review of joint funding funded packages to divert risk 5.Cost avoidance of the increase in the existing ICB contract with Fairlie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 6. Monthly budget review meetings 7. Weekly review of CHC eligibility decisions and related cost of packages 8. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to discharge not in the control of the ICB	Prioritising review of all new LD packages transferring from LBL to look for savings opportunities Allocating SEL ICB review resource to prioritise remaining outstanding reviews Participating in wider SEL ICB CHC savings programme	Absence of Head of CHC and Team Leader has meant that attendance at Transition Panels has not been robust Pressure from other CHC priorities (particularly appeals/ LRMs/ IRPs) have taken significant management time and attention Review of outstanding eligibility assessments and presentation scheduling for CHC Eligibility Panel	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider 2. Reputation of the ICB with Council/other partners – LBL regularly updated on progress against assessment, though there is one long term outstanding dispute 3. Increase in complaints because of reduction in packages – Assessing nurse to be clear about the rationale for the reduction in package and this explanation to be put in writing at time decrease is being enacted.
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	3x1 =3	Open (10–12)	⟺	Cat Jacob	Christiane Nitsch-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. 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. Gaps in service provision escalated to Lewisham Place Executive Director.
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 noncconcordance 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)	⟺	Cat Jacob	Fiona Mitchell	The new Immigration Bill from the Home Office saw an increase in capacity and overcrowding at initial accommodation centres. Pentland House is not fit for purpose, and risks include infection, prevention and control, overcrowding issues, experiencing trauma, far right activity, un-attended children (Pentland House now Closed). 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 Care Standards 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. Stay City Apartments remains open. Safeguarding assurance visit (29.11.23) 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.	As outlined in controls.	Initial accommodation centres not commissioned by ICB but Home Office. ICB has no contractual service agreement. However, primary care resources to centre supported by Lewisham ICB.	1. Initial accommodation centres not commissioned by ICB but Home Office. ICB has no contractual service agreement. However, 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 Rahman	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.	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	Clinical, Quality and Safety	**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	Cautious (7 – 9)	⟺	Sara Rahman	Paul Creech	1.Quarterly review of ASD assessments with LCG, includes audit of initial assessments. 2.DCO commissioning reviewing existing autism support pathway to provide pre-diagnostic support. 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.	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

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

Review of LCP risks

Following PELs meeting on 5 February 2024

Follow-up to discussion of risk at PELs meeting, 5 February 2024

- LCP risks were discussed at the PELs meeting 5 February 2024. Summary risk tables provided a comparative view of the types of risks included across the all six LCP registers and their respective scores.
- Discussion at the PELs meeting identified some potential misalignment and discrepancy in the risk detailed, the ownership of risks and the scores proposed.
- It was noted that the summary analysis may obscure some of the detail and nuanced differences between similar risks. It was agreed that this detail should be shared to help inform future deliberations.
- The PELs 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. E.g. the risk for SEL prescribing overspend as well as that being on LCP risk registers.
    - **there appeared to be some unexplained variation in the scores of similar risks** on LCP registers – e.g. Bromley community equipment services provider risk is rated a very high risk?
- To support next steps, the ICB assurance team have provided a **synopsis of those risks that were discussed** at the PELs meeting, with the aim of checking the precise consistency of risks that had been grouped together.
- Following on from this, pages 3 – 5 include **suggested actions** against these risks. These are highlighted as are for both LCP SMTs and risk leads as well as **the ICB assurance team.**
- Appendix 1 (pages 6 – 14): provides the **detailed risk descriptions** for the specific risks that were discussed at the meeting. This is included for reference and so colleagues are sighted on the detail of related risks.

Summary of 'state of play' for risk category and proposed action (1 of 3)

Risk summary	Current Scores							Synopsis	Suggested Action(s)
	Be	Br	Gr	La	Le	So	SE		
Overspend against the borough's delegated budget 2023/24	6	12	12		6	6		LCP risks relate to budget overspend for 23/24. Scoring is relatively consistent between boroughs, and all scores are below risk appetite threshold for finance category of risks. There is a risk included on the SEL register in relation to system financial balance. This risk was recently (30 Jan) increased to a score of 25. Details of this risk have been included in appendix 1.	No action required.
Overspend against the prescribing budget		12	12	9	12	6	12	LCP risks are described consistently – residual risk scores are reflective of the current position. The SEL risk description is the same as the LCP risks.	**ICB assurance team** to liaise with MOT to ascertain need for risk on SEL register.
Overspend against the borough's delegated CHC budget	9	15	12	12	12			Bromley's risk score was recently increased and will appear on the next version of the BAF as the current score exceeds the tolerance level for finance risks. Bromley's likelihood is rated as 5 (almost certain), with the impact score of 3 (indicating a financial loss of £10,000-100000).	**Bromley** risk owner to reassess score with borough ADoF.
Unbudgeted cost pressures due to transfer of high-cost LD clients				6	12		12	Consistency in risk descriptions and scores (Lambeth score was recently reduced). Question as to whether there is a need for an SEL risk for what is a delegated function.	**ICB assurance team** to liaise with LDA team on need for risk on SEL register.

Summary of ‘state of play’ for risk category and proposed action (2 of 3)

Risk summary	Current Scores							Synopsis	Suggested Action(s)
	Be	Br	Gr	La	Le	So	SE		
Delivery of community-based MH programmes / CAMHS waiting times not achieved		6		6			6	Bromley and SEL risks are described in the same way and relate to community transformation programmes across adults and children and young people's services not being delivered. Lambeth risk relates to children in Lambeth not receiving the mental health support they need within the expected timeframes of the service.	Other **LCPs** to consider if risk is relevant to their area. **ICB assurance team** to liaise with SEL MH team on the SEL risk given an LCP delivery responsibility.
Financial and poor delivery risk associated with the community equipment services provider		20				6		Bromley’s high score is based on a specific issue relating to their community equipment services provider. This risk appears on the BAF. Southwark recently reduced their score for this risk as there was an improvement in service.	Other **LCPs** to consider whether a relevant risk related to community equipment services provider should be added to their risk register.
Patients fit for discharge unable to leave hospital due to pressures in community and social care services / loss of funding	12		16			6	12	The LCP risk descriptions relate to pressures on the community and social care services. For Greenwich, this risk was recently added and the score of 16 means this will appear on the next version of the BAF. The SEL risk relates to loss of discharge funding impacting on the ICB's ability to ensure timely discharge and maintain acute hospital flow, across physical and mental health. Score for SEL risk was recently reduced, given that we are now through the winter period.	**LCPs** with no risk recorded to consider whether to include on their risk register. **Greenwich** to reassess score and rationalise whether this score is still relevant given the winter has passed.

Summary of ‘state of play’ for risk category and proposed action (3 of 3)

Risk summary	Current Scores							Synopsis	Action(s)
	Be	Br	Gr	La	Le	So	SE		
CYP diagnostic waiting times for autism and ADHD targets not being met				6			16	Lambeth risk relates to waiting time targets for CYP waiting for an autism or ADHD assessment being unacceptably long. SEL risk relates to 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 risk appears on the BAF. The difference in score may be because the SEL risk description includes: • adults, as well as children • the financial cost implications for patients using private providers	Other **LCPs** to consider whether this risk relates to their areas and should be added to their risk register.
Failure to safeguard adults due to pressures across partners				8			20	Lambeth risk relates to pressures across partners in the system. SEL’s risk relates 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 appears on the BAF. These risks are described differently. The SEL risk also highlights that the numbers of patients presenting with safeguarding concerns is increasing.	Other **LCPs** to consider whether risk relates to their areas and should be added to their risk register. **ICB assurance team** to liaise with Q&N directorate on whether this risk relates to delegated LCP functions.

Appendix 1: detailed risk descriptors of risks reviewed at PELs meeting, 5 February 2024

Appendix 1: Detailed risk descriptions

Overspend against delegated budget 2023/24		
Area	**Risk description**	**Current score**
Bexley	There is a risk that Bexley Place may not deliver against the agreed control total due to the ongoing costs pressures in prescribing and continuing health care budgets. This can result in an impact for the ICB to deliver its statutory financial duties.	6
Bromley	There is a risk that the borough will not manage within its delegated financial budget during 2023/24.	12
Greenwich	There is a risk that Greenwich will not be able to meet its financial 'breakeven' control target for the 2023/24 financial year. • This is caused by inherent pressures within Prescribing and Continuing Care services, as identified in the planning round, coming to fruition. There have been extensive mitigations applied within other budget areas to nonetheless keep on track with the control target. • The impact on the ICB would be a potential failure to meet statutory control targets, the impact of which would be subject to the extent of mitigations more widely outside of Greenwich. Irrespective of statutory compliance, there would be associated (e.g. reputational risks) if Greenwich cannot fulfil its delegated responsibilities.	12
Lambeth		
Lewisham	The ICB - Lewisham has fully identified an efficiencies target of 4.5% or c.£4.2m for 2023/24. Identified efficiencies will need to be delivered in full, and there is a risk the delegated borough budget will be exceeded in 2023/24 if there is any slippage in delivery of efficiencies.	6
Southwark	The risk to the ICB is failure for the borough to achieve financial balance which could potentially add to the risk of the ICB not being able to achieve its statutory break-even target. Increase in prescribing costs and mental health placements risks the ability of Southwark place to achieve financial balance.	6

Related SEL risk description:	**Current Score**
There is a risk that Risk that ICS does not deliver its breakeven revenue financial plan and system capital financial plan for 2023/24, due to: • Inability to deliver planned savings • Under-delivery against elective recovery commitments • Impact of industrial action • Over commitment on capital programmes	25

Appendix 1: Detailed risk descriptions

Overspend against prescribing budget		
Area	**Risk description**	**Current score**
Bexley		
Bromley	There is a risk that the prescribing budget 2023/24 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 due to staffing issues. 3- Entry of new drugs with increased cost pressure to prescribing budget 4- Increased patient demand for self-care items to be prescribed rather than purchased as cost-of-living increases 5- Prescribing budget was based on the same baseline as that of 2022/23, which had a significant overspend	12
Greenwich	1. Event - YTD position for prescribing indicates that prescribing is overspend by £1.4m, there is a risk that prescribing will have underlying overspend £4.5m by year end. 2. Cause – This is caused by budget set using NHS ICB allocation of 2.74% has not taken into consideration of cost pressure due to drug shortages and price concession which has not settled after 22/23, that is accounted for 50% of the overspend, another contributing factor is due to post-COVID recovery in primary care to intensive management and local scheme increases prescribing activity, especially in diabetes and cardiovascular. 3. Impact / consequence on the HGP or ICB – the impact on the HGP: the financial risk may restrict primary care to prescribe for LTC management due to practice budget overspend. ICB has been asked to prepare a mitigation plan which includes pausing spending on innovative schemes).	12
Lambeth	There is a risk that the ICS will not meet budget or performance requirements for Prescribing in 2023/24. This could contribute to an in-year and underlying financial pressure for the ICS.	9
Lewisham	Same as Bromley above	12
Southwark	The risk to the ICB is failure for the borough to achieve financial balance which could potentially add to the risk of the ICB not being able to achieve its statutory break-even target. Increase in prescribing costs and mental health placements risks the ability of Southwark place to achieve financial balance.	6

Related SEL risk description:	**Current Score**
Same as Bromley and Lewisham above	12

Appendix 1: Detailed risk descriptions

Overspend against delegated CHC budget		
Area	**Risk description**	**Current score**
Bexley	There is a risk that the CHC budget may not delivery on plan thereby impacting on Place and the ICB to delivering on its statutory financial duties.	9
Bromley		15
Greenwich	There is risk of significant overspend against the borough's delegated Continuing Health Care (CHC) budget. This is caused by • Inadequate funding allocation • Insufficient cost management, providers increasing prices, and lack of available AQP beds in care home placement • Ineffective monitoring and control of providers' care provision • Addressing the complex care needs of an aging population, especially for those with severe behaviour that presents challenges • Provision of staffing ratios of up to 3-1 for clients with learning disabilities to manage their complex care and support needs. • Inadequate data management, repeated entries, and a lack of follow-up on cases This could have several impact on the HGP: Healthcare Resource Shortage; Significant burden on resources; Lack of funds for essential services; Decline in care quality; Potential impact on patient's well-being; Rise in complaints; Potential damage to ICB's reputation.	12
Lambeth	There is a risk of CHC overspend in Lambeth. This is caused by an increased spend in continuing Healthcare. This will impact on the ICB's finances and its ability to plan other investments.	12
Lewisham	Pressure in adult spend is being driven by a number of variables: • The most significant variable is the growth in number of LD complex transition cases at a high cost. This was the original identified risk for 23/24. • Alongside this is the pressure caused generally by costs of existing packages being driven up both by inflation and increases in both NLW and LLW and the MWAH contract in cases transferred from the Council. There is also an unfunded increase in AQP rate and the ICB's contract with Fairlie/ Highfield. • CHC has experienced a significant increase in patient acuity in the 23/24 year particularly in terms of PoC at home and requests for additional 1:1 staffing in care homes • Overall numbers have been increasing in the year, (e.g. a difference of 50 between Q7 and Q9) though the majority of this increase is likely to be FNC more than fully funded. • There has also been a large number of delayed reviews which might have offered opportunities for savings through reduction or eligibility decisions. • Staff vacancies and sickness has meant that there has been a reduction in timely referral to assessment activity which has meant backdating of costs, which show as large stepped changes in spend, making budget projection and management problematic • Significantly delayed discharge from BBIU for 2 people that the ICB has been unable to influence	12
Southwark		

Appendix 1: Detailed risk descriptions

Unbudgeted cost pressures due to transfer of high-cost LD clients		
Area	**Risk description**	**Current score**
Bexley		
Bromley		
Greenwich		
Lambeth	There is a risk of unbudgeted costs to the ICB, caused by a transfer of high-cost learning disability clients from specialised commissioning under the transforming care programme. This could impact on the ICB's finances and best use of resources	6
Lewisham	Financial risk in 2023/24 of new high-cost LD packages through transition i.e. young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. Also, the impact of 22/23 eligible patients leaving day schools in 23/24 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.	12
Southwark		

Related SEL risk description:	**Current Score**
There is a risk that transfer of high-cost Learning Disability and Autism clients from NHSE Specialised Commissioning (Spec Comm) and/or South London Partnership (SLP) under the Learning Disability and Autism programme (Transforming Care Programme) results in potential unbudgeted costs, this is caused by an increase in the number of high cost complex patients both in hospital needing discharge and those being cared for in the community preventing admissions which have bespoke needs that are difficult to budget for. The consequence to the ICB is that this leads to unbudgeted cost which because of person centred care will vary, for example a current client discharge in 23/24 is expected to cost approximately £1m with cost being shared between SLP, the ICB and Local Authority.	12

Appendix 1: Detailed risk descriptions

Delivery of community-based MH programmes / CAMHS waiting times not achieved		
Area	**Risk description**	**Current score**
Bexley		
Bromley	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 caused 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. In Bromley, our key VCS Community Mental Health Contract currently ends on 31/03/24.	6
Greenwich		
Lambeth	There is a risk of children in Lambeth not receiving the mental health support they need within the expected timeframes of the service. This has been caused by continued increased demand. This impacts on the ICB's ability to ensure waiting times are met and could affect the ICB's reputation.	6
Lewisham		
Southwark		

Related SEL risk description:	**Current Score**
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 caused 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.	6

Appendix 1: Detailed risk descriptions

Financial and poor delivery risk associated with the community equipment services provider		
Area	**Risk description**	**Current score**
Bexley		
Bromley	Bromley Council is a member of a pan-London community equipment consortium. SEL ICB (Bromley) has a s75 agreement with Bromley Council by which it accesses these services, The Council and ICB jointly authorise other providers in the borough, including Kings College Hospital, Bromley Healthcare, Oxleas NHS Foundation Trust and St Christopher's, to be able to prescribe equipment for service users in need including specialised mattresses, seating, toilets and hoists. The pan-London consortium oversaw a procurement for a new community equipment provider (NRS) from 1st April 2023. Following mobilisation, the provider is not meeting its contractual requirements with the following impact: - service users (including people awaiting hospital discharge) are not receiving the right community equipment to meet their clinical and care needs. - service users (including people awaiting hospital discharge) are not receiving community equipment in a timely way, with missed, late or partial orders taking place. - providers are not able to access the right community equipment for service users due to issues with the NRS IT system and equipment catalogue. - the new pan-London catalogue of community equipment may not have adequate value for money products for Bromley residents with a risk that there is a higher spend on equipment than in previous years. - the new pan-London catalogue of community equipment gives providers access to purchase additional items for service users which were not previously available in Bromley, with a risk that there is a higher spend on community equipment than in previous years. - the new pan-London community equipment system is managed centrally which limits the controls that the Council/ICB could previously place on clinical activity, with a risk that there is a higher spend on community equipment than in previous years. - the community equipment provider is not recycling existing community equipment to the level available previously, resulting in a higher spend on new equipment, and lower "credits" for items re-used.	20
Greenwich		
Lambeth		
Lewisham		
Southwark	The risk to the ICB is due to significant challenges with mobilising the new ICES contract. There are ongoing performance issues resulting in delayed deliveries, stock issues, incorrect catalogue information and data quality issues that are impacting on hospital discharges and ensuring residents receive the right equipment at the right time to support their recovery.	6

Appendix 1: Detailed risk descriptions

Patients fit for discharge unable to leave hospital		
Area	**Risk description**	**Current score**
Bexley	There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.	12
Bromley		
Greenwich	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on Trust A&E and elective performance as well as the best outcomes for residents.	16
Lambeth		
Lewisham		
Southwark	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This is caused by pressure on community and social care services and the changing demographics of the borough. This will impact negatively on Trust A&E and elective performance.	6

Related SEL risk description:	**Current Score**
A reduction of discharge funding in 2023/24 compared with 2022/23 risks impacting on the ICB's ability to ensure timely discharge and maintain acute hospital flow, across physical and mental health. There could be further negative outcomes for residents associated with this in terms of reablement delays and outcomes, recognising the benefits of ensuring discharge takes place at the point at which the patient is medically fit for discharge. Exit block also poses quality and safety risks at the front end of the care pathway as bed availability is compromised for instance resulting in ED delays and inappropriate placement.	12

Appendix 1: Detailed risk descriptions

CYP diagnostic waiting times for autism and ADHD targets not being met		
Area	**Risk description**	**Current score**
Bexley		
Bromley		
Greenwich		
Lambeth	There is a risk that waiting time targets for children and young people waiting for an autism or ADHD assessment is unacceptably long. This is caused by high demand and recovery from Covid-19. This impacts on the ICB's ability to ensure waiting time targets are met and could affect the organisations reputation. This could also have an adverse effect on CYP who are waiting for a diagnosis.	6
Lewisham		
Southwark		

Related SEL risk description:	**Current Score**
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.	16

Appendix 1: Detailed risk descriptions

Failure to safeguard adults due to pressures across partners		
Area	**Risk description**	**Current score**
Bexley		
Bromley		
Greenwich		
Lambeth	Safeguarding systems for adults within Lambeth are effective but pressures across partners including in the courts, can result in delays to service delivery. Lambeth faces considerable challenges in the recruitment of staff. The impact on the ICB would be reputational damage due to serious harm coming to an adult with support within Lambeth. The ICB in partnership with the Lambeth Council delivers an integrated health and social care services to the local population.	8
Lewisham		
Southwark		

Related SEL risk:	**Current Score**
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.	20

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 8

Title:	**Lewisham People's Partnership Update**
Meeting Date:	**14 March 2024**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob

Purpose of paper:	To update the Lewisham Health and Care Partnership Strategic Board on the discussions and actions required from the Lewisham People's Partnership meeting held on 7th February 2024.	Update / Information	
		Discussion	
		Decision	

Summary of main points:

Following on from the programme of engagement early in 2023 with members of the Lewisham Health and Care Partnership and representatives of Lewisham diverse communities, the structure, objectives and mode of working for a new forum – Lewisham People's Partnership - was agreed at the March 2023 meeting of the Lewisham Local Care Partners Strategic Board.

The objectives of the Lewisham People's Partnership are to:

- 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 people and communities in Lewisham
- Make sure that Lewisham Health and Care Partners is engaging people and communities in line with our shared model of engagement
- Make sure that local people and communities are involved in Lewisham Health and Care Partnership's work - from service design to delivery – and have the evidence to show this
- Make sure that the lived experiences and needs of people and communities in Lewisham drive local partnership decision making

The fifth meeting of the Lewisham People's Partnership held on 7th February 2024. The main agenda item discussed at this meeting was the Lewisham Health and Care Partnership's (LHCP) System Intentions for 2024/25.

The notes of that meeting are detailed in Enclosure 11.

	Jessica Arnold, Director of Delivery, NHS South East London ICS, Lewisham gave a presentation (also attached) explaining that the system intentions for 2024/25 are areas that the LHCP are developing, changing or investing in that are different from previous years. Jessica covered each of the five key areas covered by the intentions – long term conditions, children and young people, older adults and urgent care, mental health, and primary care and medicines. In the discussions about each of these areas, those present highlighted issues that needed further exploration or explanation. **It was agreed that Jessica would take these issues back to the LHCP system leads and that responses would be brought back to future Lewisham People's Partnership meetings when each of the five areas would be looked at in more detail.** **The meeting also highlighted the following broader issues that will impact across all of the 2024/25 intentions:** • The wider determinants of health and care – and the impact they will have on each of the system intentions - need to be more clearly identified in the system intention plans • Health inequalities will impact on all areas of the system intentions – clarity is needed in the system intention plans on how the CORS20PLUS5 principles will be used to determine funding • The meeting welcomed the emphasis on amplifying grass roots voices but acknowledged the need for the system intention plans to detail how meaningful engagement and collaboration with people, communities and representative organisations will be carried out • It is important that language used in the system intention plans was inclusive as well as being clear with what it means – for instance BAME does not reflect the diversity of people and communities – and the diversity of their needs and experiences – in Lewisham **Action required: It was agreed to bring the above issues back to the LHCP Board meeting for their response prior to further discussions at the Lewisham People's Partnership.**
Potential Conflicts of Interest	**None**
Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action Theme 3 Children and Young People:** Commission and develop culturally appropriate and accessible services, including schools-based support for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services. **BLACHIR Opportunities for Action Theme 5 Mental Health and Wellbeing:** Apply the use of culturally competent language, including using language that considers stigma within communities such as wellbeing rather than mental health

	BLACHIR Opportunities for Action Theme 7 Emergency care, preventable mortality and long-term conditions 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 Local Care Partners Strategic Board

Cover Sheet

Item 9
Enclosure 9

Title:	**Terms of Reference:** **Lewisham Local Care Partnership Strategic Board**
Meeting Date:	**14 March 2024**
Author:	Charles Malcolm-Smith, People & Provider Development Lead, Lewisham System Transformation Team
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	The committee is asked to confirm their agreement of the approved terms of reference for the Lewisham Local Care Partnership Strategic Board.	Update / Information	
		Discussion	
		Decision	***x***
Summary of main points:	The attached terms of reference (Appendix 1) are presented to the Local Care Partnership (LCP) Strategic Board again for review and approval. The draft terms of reference were approved by the LCP Strategic Board at the meeting held on 28 July 2022 and reviewed without amendment in January 2023 when the Board had been operational for six months. The attached draft update includes two changes: - Confirmation of VCSE representation from local black-led organisations within the core membership of the committee - To formally include co-chair arrangements The LCP is a committee of the ICB and any proposed changes will be subject to ratification by the ICB Board. Also included as Appendix 2 is an updated governance pack that shows the overarching programme and governance structures for the LCP and delegation of financial matters.		
Potential Conflicts of Interest	None identified		
Any impact on BLACHIR recommendations	Additional VCSE representation from black-led organisations will help to that the board can be reflective of the local community organisations and networks that connect with our population and deliver services for them		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	No equalities impact assessment has been undertaken. Challenging inequality has been identified as a key part of being an effective place-based partnership in Lewisham		
	Financial Impact	None identified		
Other Engagement	Public Engagement	No public engagement has been carried out		
	Other Committee Discussion/ Engagement	The committee agreed to an additional local Voluntary, Community & Social Enterprise (VCSE) sector representative to the board at its meeting in September 2023.		
Recommendation:	To confirm their agreement of the approved terms of reference for the Lewisham Local Care Partnership Strategic Board, subject to ratification by the ICB Board.			

NHS South East London Integrated Care Board

Lewisham Local Care Partnership Strategic Board

Terms of Reference

28 July 2022

1. Introduction

1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership Strategic Board [the "board"] is established as a committee of the ICB and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.

1.2. These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board

1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the Local Care Partnership Strategic Board.

2. Purpose

2.1. The board is responsible for the effective discharge and delivery of the place-based functions[1]. The board is responsible for ensuring:

a. The place contribution to the ICB's agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the

[1] As defined by the South East London Integrated Care Board

Local Care Partnership to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

b. The Local Care Partnership can secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.

c. The Local Care Partnership plays a full role in securing at place the four key national objectives of ICSs, aligned to ICB wide objectives and commitments as appropriate.

d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

3. Duties

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

3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement as required. The LCP must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Local Care Partnership.

3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.

3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.

3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across the Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the LCP complies with all legal requirements, that risks are proactively identified, escalated and managed

4. Accountabilities, authority and delegation

4.1. The LCP Strategic Board is accountable to the Integrated Care Board of the SEL Integrated Care System.

4.2. Through the Place Executive Lead, this board will have delegated responsibility for the commissioning of local services including:

- Primary care commissioning
- Community services commissioning
- Client group commissioning
- Medicines Optimisation related to community based care
- Continuing Healthcare

4.3. The committee will be the prime committee for discussion and agreement for its agreed specific local delegated funding and functions and will work as part of South East London ICS.

4.4. The Place Executive Lead will have responsibility for the management of delegated local budgets and will be held accountable for ensuring budgets are delivered on plan.

5. Membership and attendance

5.1. Core members of the board will be the following]:

a. Local Care Partnership Place Executive Lead
b. Executive Director for Community Services (DASS), London Borough of Lewisham
c. Executive Director for Children & Young People, London Borough of Lewisham
d. Director of Public Health, London Borough of Lewisham
e. Healthwatch representative
f. Voluntary, community and social enterprise (VCSE) representation x 2 (of which 1 is a representative of local black-led VCSE organisations or communities)
g. South London & Maudsley NHS FT – Executive organisational representative
h. Lewisham & Greenwich NHS Trust – Executive organisational representative
i. Primary Care x 2 representatives (of which 1 is representative from PCNs)
j. Social care provider representative
k. Community/public representative
l. Clinical & Care Professional Lead
m. One Health Lewisham – Executive organisational representative

Primary care core members will be drawn from Lewisham practices and PCNs, of which one by agreement may be from the Local Medical Committee (LMC). If LMC is not

proposed as a core member by primary care then the LMC would be given observer status as a non-voting member.

6. Chair of meeting

The chair and deputy chair or co-chairs of the board will be appointed by the board from the core membership. These appointments will be made in keeping with the aim of ensuring a balance of leadership from across the partnership.

6.1. At any meeting of the board the chair or deputy chair or one of co-chairs if present shall preside.

6.2. If the presiding chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

7. Quorum and conflict of interest

7.1. The quorum of the board is at least 50% of members of which the following must be present

- Local Care Partnership Place Executive Lead
- Executive Director for Community Services (DASS), London Borough of Lewisham
- Executive Director for Children & Young People, London Borough of Lewisham
- Director of Public Health, London Borough of Lewisham
- Voluntary, community and social enterprise (VCSE) representation x 1
- South London & Maudsley NHS FT – Executive organisational representative
- Lewisham & Greenwich NHS Trust – Executive organisational representative
- Primary Care x 1 representatives
- Healthwatch representative or Community/public representative

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

7.3. The board will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.

7.4. The board agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).

7.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

8.1. The aim of the board will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the Local Care Partnership. Any decision made by vote will be passed by a simple majority of those in attendance. In the event of a tie the chair of the meeting may cast a second vote. Core members are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

9. Frequency

9.1. The board will meet once every two months (in public) with ability to have closed session as Part B in addition to this.

9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the board Chair and meeting secretariat.

9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into

the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

10. Reporting

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

10.2. The board will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the board; and any actions agreed to be implemented.

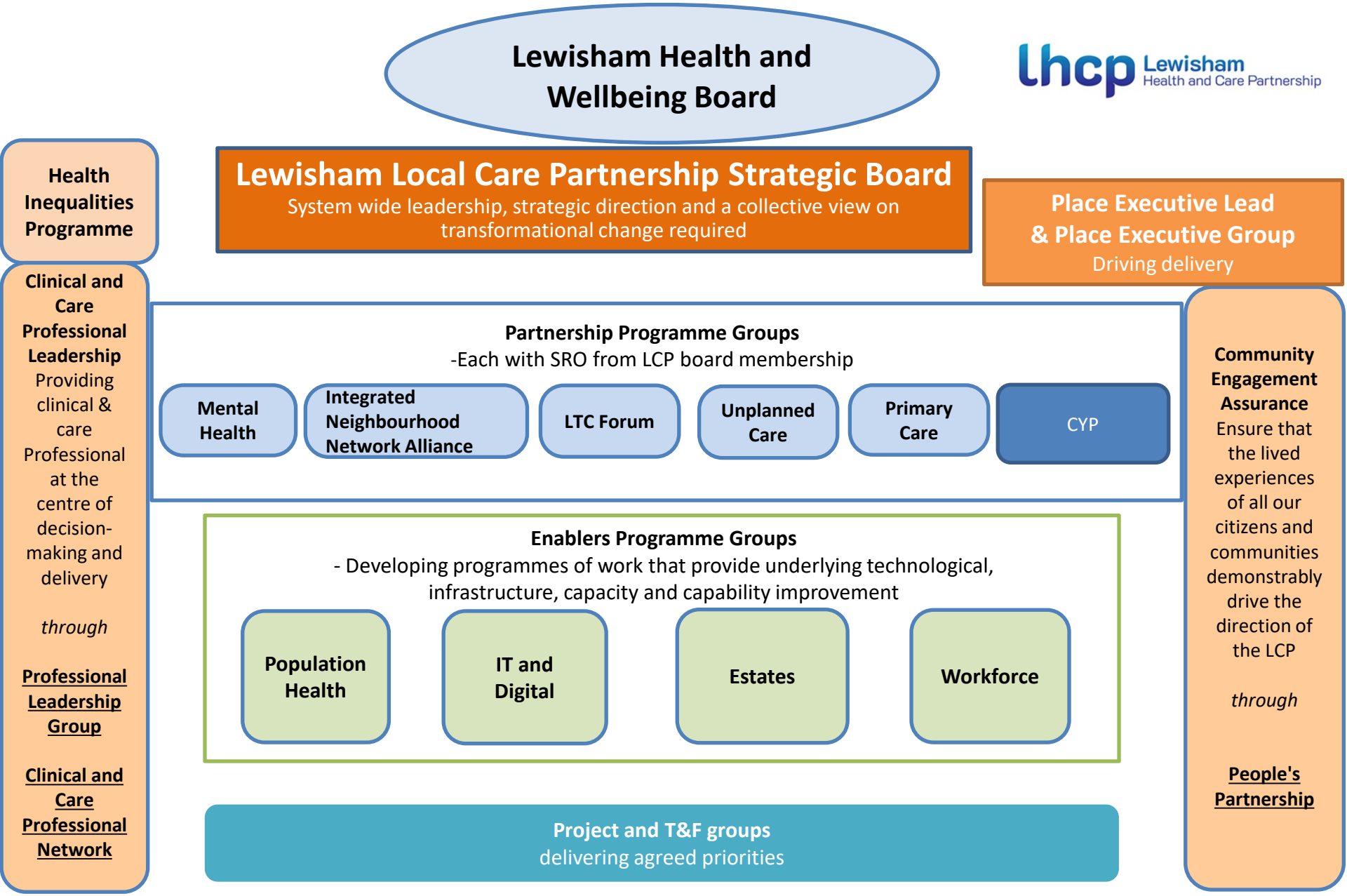
10.3. The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

11. Committee support

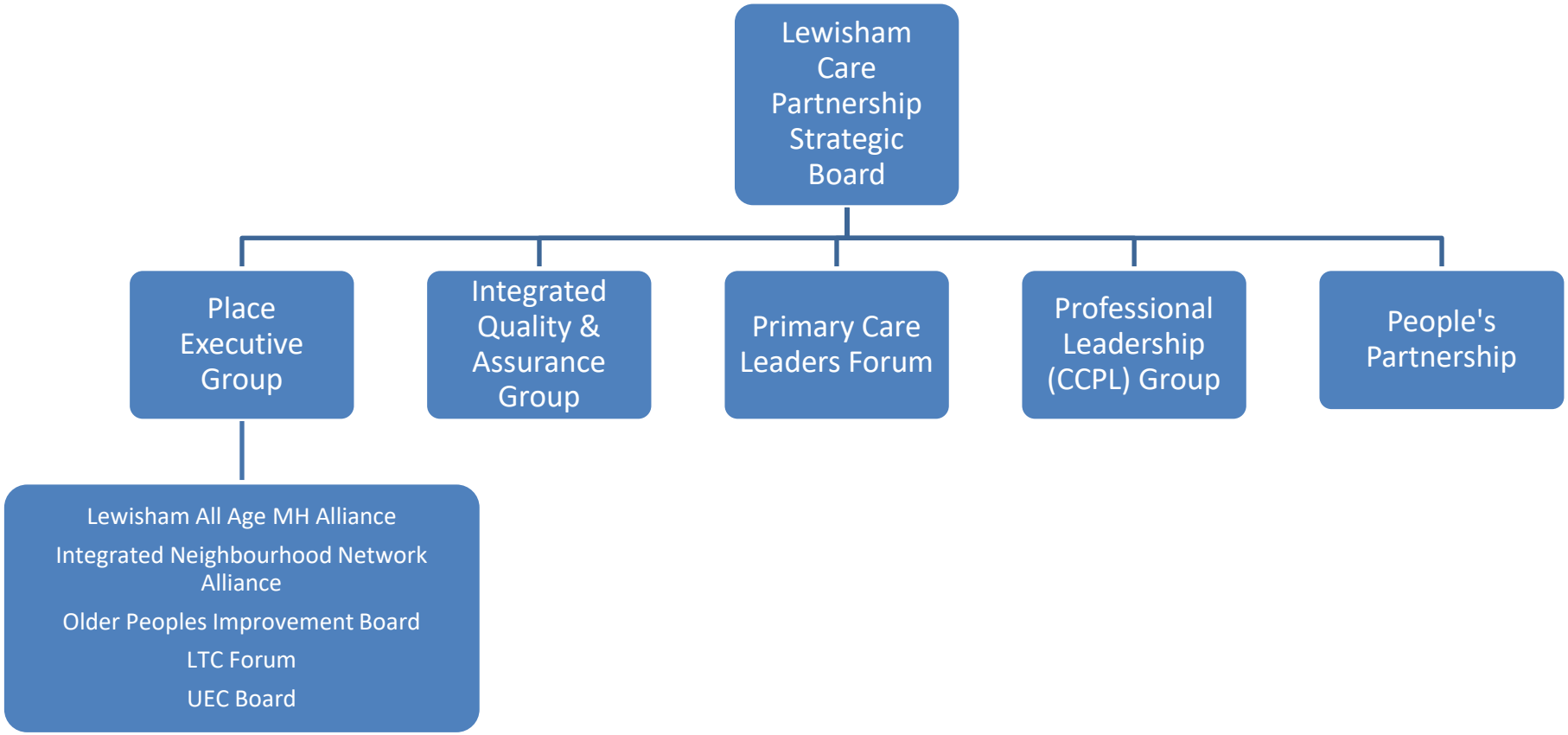
11.1. The LCP will provide business support to the board. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

12. Review of Arrangements

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


Lewisham Health and Wellbeing Board
lhcp Lewisham Health and Care Partnership
Health Inequalities Programme
Lewisham Local Care Partnership Strategic Board
System wide leadership, strategic direction and a collective view on transformational change required
Place Executive Lead & Place Executive Group
Driving delivery
Clinical and Care Professional Leadership
Providing clinical & care Professional at the centre of decision-making and delivery
through
Professional Leadership Group
Clinical and Care Professional Network
Partnership Programme Groups
-Each with SRO from LCP board membership
Mental Health
Integrated Neighbourhood Network Alliance
LTC Forum
Unplanned Care
Primary Care
CYP
Enablers Programme Groups
- Developing programmes of work that provide underlying technological, infrastructure, capacity and capability improvement
Population Health
IT and Digital
Estates
Workforce
Project and T&F groups
delivering agreed priorities
Community Engagement Assurance
Ensure that the lived experiences of all our citizens and communities demonstrably drive the direction of the LCP
through
People's Partnership

Governance


Lewisham Care Partnership Strategic Board
Place Executive Group
Integrated Quality & Assurance Group
Primary Care Leaders Forum
Professional Leadership (CCPL) Group
People's Partnership
Lewisham All Age MH Alliance
Integrated Neighbourhood Network Alliance
Older Peoples Improvement Board
LTC Forum
UEC Board

Delegated Financial Matters

- Financial matters delegated to officers are set out in the ICB's Schedule of Matters Delegated to Officers.
- The key provisions relating to 'Place' include:
    - Management of budgets – The Place Executive Lead (PEL) is responsible for ensuring budgets delegated to 'Place' are managed to ensure the 'Place' operates within its delegated control total and achieves financial balance in line with the delegated budget agreement signed by the PEL at the beginning of each financial year.
    - Business Case and Investment Approvals – Any changes in services including pathway redesigns must be supported by a prepared business case outlining the justification for any proposed investment. The financial limits pertaining to capital and revenue investment are set out in the Schedule of Matters. No capital investment can be approved at 'Place'. Annual revenue investment can be approved by the PEL up to a value of £0.5m but only where the expenditure is fully budgeted for within the signed delegated budget agreement. Any proposed investment not fully budgeted for must be approved by the Chief Financial Officer up to a value of £2.5m, thereafter by the Chief Executive Officer and the ICB Board according to an incremental scale of investment values.
    - Commissioning expenditure and signing of contracts – The PEL is authorised to commission and sign local contracts for the purchase of healthcare up to an annual value of £5m provided that the budget for commissioning the expenditure is contained within the 'Place' delegated budget agreement.

Financial Matters - Role of LCP Board

- Para 4.4 states that the PEL has responsibility for the management of delegated local budgets and is accountable for ensuring budgets are delivered on plan. This is consistent with the Schedule of Delegated Financial Matters referenced above.

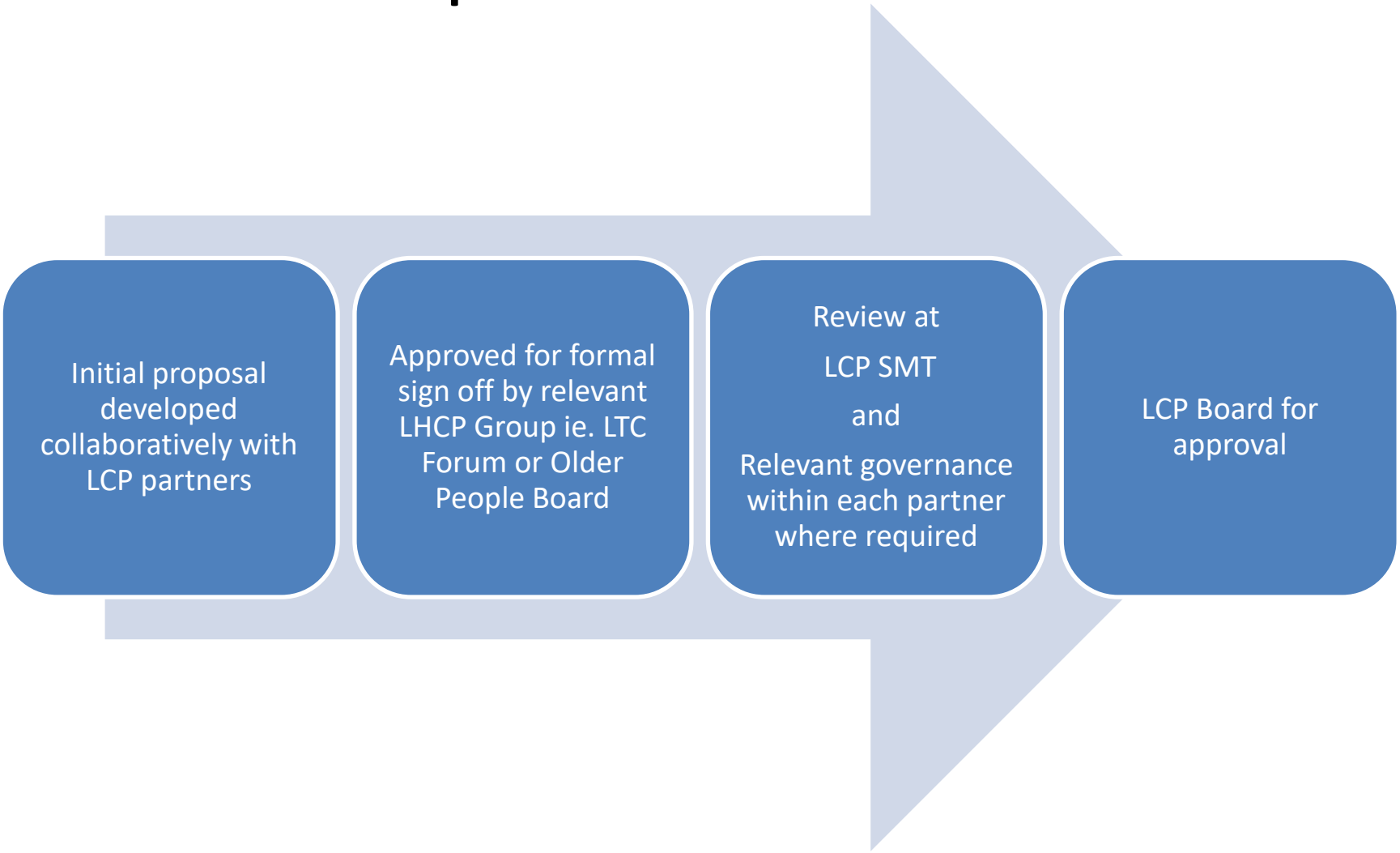
- The PEL however in conducting her responsibilities for financial matters ensures that:

    - Management of budgets – The financial position against the delegated budget is presented to the Board at each of its public meetings including the wider ICS financial position to ensure an opportunity for questions and wider discussion of financial issues.

    - Business Case and Investment Approvals – Whilst investment approvals and approval of business cases follow the Delegation of Financial Matters – key elements outlined above, the PEL does ensure these are also brought to the LCP Board for discussion and agreement across the partnership subject to ICB approval requirements set out in the Delegation of Financial Matters schedule.

    - Commissioning expenditure and signing of contracts – As with business cases and proposed investments – contract awards are also brought to the Board for discussion, noting their ICB approval is subject to the Schedule of Delegation.

Enacting PEL investment responsibilities



Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 10
Enclosure 10

Title:	**Month 10 Finance Report**
Meeting Date:	**14 March 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 financial positions at month 10 and the wider ICB/ICS financial positions at Month 9.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 10 2023/24 – Summary ICB Position – Lewisham Place

At month 10, Lewisham borough is reporting an underspend of £1,722k (month 9 £1,784k) and forecasting an underspend for the full year of £2,240k (month 9 £2,240k). The year to date and forecast outturn positions reflect the release of ICB reserves at month 8 totaling £2,175k. As part of ICS system financial recovery measures these reserves cannot be committed to expenditure. The month 10 forecast surplus is therefore £2,240k compared with £65k as at month 7.

Whilst in the current year the borough is forecasting an underspend, the current assessment of the financial position going into 2024/25 shows an underlying deficit reflecting the non-recurrent nature of some of the financial recovery measures taken during 2023/24. This position will continue to be reviewed as part of financial planning for 2024/25. Further financial focus meetings have been arranged with the Chief Financial Officer of the ICB for April. The purpose of these meetings will be for boroughs to demonstrate how financial balance will be achieved in 2024/25 against the delegated budget envelope.

The main cost pressures for Lewisham continue to be continuing care services and prescribing totaling £7.5m. This report details actions being taken to address and mitigate where possible the impact of these pressures.

Month 10 2023/24 – Lewisham Council

At month 10 Adult Social Care Services is forecasting an overspend of £3.5m. Further details are provided in this report. Children Social Care Services is forecasting an overspend of £14.1m and further work is underway to review this position.

	Month 9 2023/24 – Summary ICB Position The latest available finance report for the ICB is shown at Appendix A and shows the month 9 position. As at month 09, the ICB is reporting a year to date (YTD) overspend against plan of £5,434k and an underspend against its revenue resource limit (RRL) of £7,221k. This position reflects an ICB forecast benefit of £7,125k being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 10. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£5,463k) and ICB financial recovery actions. The ICB continues to be adversely impacted by overspends in prescribing (£15,399k) and continuing healthcare (CHC) (£4,996k). **Month 9 2023/24 – Summary ICS Position** The latest available finance report for the ICS shows the month 9 position. The financial highlights are at Appendix B At month 9, the financial highlights across the ICS are as follows: • At month 9 SEL ICS reported a system deficit of £71.9m, £80.6m adverse to a planned £11.2m deficit. This compares to a £52.8m deficit and £40.5m adverse variance at month 8. Adjusting for £8.8m impact of industrial action in M9, the YTD deficit would be £63.0m. • At month 8 the system submitted a break-even reforecast for 2023/24, following confirmation of £45m non-recurrent national funding (primarily to compensate for costs of the industrial action in months 1 – 7) and adjustments to ERF targets. The funding was allocated on the assumption that there would be no further industrial action in 2023/24. At M9 all organisations across the system are forecasting in-line with the submitted reforecast with the additional impact of industrial action announced for M9 and M10. Despite the system forecasting a £21.9m deficit position, after adjusting for the impact of industrial action (£8.8m in M9 and forecast £13.6m in M10), the system is forecasting to break-even. • The current assessment of risk, currently without a mitigation and excluding further IA, against delivery of the plan is c. £143.8m.
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 Lewisham Place financial positions as at Month 10 and the wider ICB/ICS financial positions as at Month 9.
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 Lewisham Place financial positions at month 10 and the wider ICB/ICS financial positions as at Month 9.	

NHS
South East London

Lewisham LCP Board
Finance Update – Month 10

ICB – Lewisham Delegated Budget – Month 10

NHS South East London

Overall Position

- At month 10, the borough is reporting an underspend of £1,722k (month 9 £1,784k) and forecasting an underspend for the full year of £2,240k (month 9 £2,240k). The year to date and forecast outturn positions reflect the release of ICB reserves at month 8 (prescribing £609k, inflation funding £1,566k to Other Programme – total £2,175k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure. Hence the month 10 forecast surplus is £2,240k compared with £65k at month 7.

- The main overspend is on prescribing costs. Based on November's data (as data is available 2 months in arrears), the position shows an overspend of £3,949k reflecting activity and price pressures. This comprises two elements: CATM/NCSO pressures (YTD £1,165k) , and other prescribing pressures including treatment of long-term conditions such as diabetes, CVD and Chronic Kidney Disease (YTD £2,784k). The forecast overspend for prescribing at month 10 is £4,847k (month 9 £3,664k). This material movement in forecast reflects a general increase in prescribing costs shown in November's data of £200k compared to the average of the previous seven months, and £300k compared to the previous month's forecast of month 8 expenditure. This upward trend is largely driven by the cost of drugs used to treat long term conditions.

- The medicines management team is working to ensure the forecast overspend is minimised as much as possible including further delivery of efficiencies. At month 10 the forecast achievement of efficiencies is over target by 4% or £59k, and further mitigations are being pursued.

- There is also an overspend on continuing care services of £2,799k driven by price and activity pressures. This reflects children's CHC £359k and adult's £2,440k. The YTD position reflects efficiencies delivered of £623k, and further efficiencies of £366k have been identified and profiled from month 11, a total of £989k compared to a plan of £595k.

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	877	804	73	1,053	965	87
Community Health Services	20,565	19,124	1,441	24,678	22,949	1,729
Mental Health Services	5,846	5,475	371	7,015	6,469	546
Continuing Care Services	17,502	20,300	(2,799)	21,002	24,284	(3,282)
Prescribing	32,428	36,377	(3,949)	38,792	43,639	(4,847)
Prescribing Reserves	406	0	406	609	0	609
Other Primary Care Services	1,563	1,410	152	1,875	1,692	183
Other Programme Services	5,966	170	5,796	7,160	204	6,955
Delegated Primary Care Services	50,027	50,027	0	60,034	60,034	0
Corporate Budgets	3,489	3,258	231	4,187	3,928	259
Total	**138,669**	**136,947**	**1,722**	**166,405**	**164,165**	**2,240**

- The Place Executive Lead and Associate Director of Finance are meeting with the senior CHC team every week to track financial recovery actions to try to mitigate this financial position. This has resulted in further efficiencies having been identified (£394k more than plan) and an improvement in the forecast overspend £3,282k (Month 9 £3,596k)

- All other budget lines are close to breakeven or showing underspends as referenced in previous reports. The borough efficiency target of £4,208k is forecast to over deliver at £4,661k, reflecting recovery actions relating to prescribing and continuing care services.

ICB – Lewisham Delegated Budget – Efficiencies Month 10

NHS South East London

- This table summarises the Lewisham position at month 10.
- Lewisham during the first half of the year identified efficiencies of £4.208m (100%) compared to a target of £4.208m.
- Efficiencies delivered to month 10 total £3,596k over plan by £157k. This reflects additional financial recovery work particularly relating to continuing care services to address the material overspend.
- The forecast outturn for efficiencies for the full year is over plan by £453k reflecting the anticipated benefits of the financial recovery work referenced above.

Lewisham Efficiencies – Month 10

Lewisham	Opening Baseline	Pre-growth baseline adjustments	23/24 Baseline pre-growth	23/24 Core budgets	Non-recurrent budgets	Total 23/24 budget	Target Efficiencies 23/24 @4.5%	Efficiencies Identified 23/24	Residual Balance 23/24 Yet To Identify
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Other Acute Services	**1,692**	0	**1,692**	1,749	0	**1,749**	**79**	**489**	**410**
Other Community Health Services	**23,335**	255	**23,590**	26,105	0	**26,105**	**1,175**	**828**	**(347)**
Mental Health Services	**5,850**	0	**5,850**	6,620	0	**6,620**	**0**	**114**	**114**
Continuing Care Services	**20,098**	0	**20,098**	21,002	(208)	**20,794**	**936**	**595**	**(341)**
Prescribing	**38,270**	0	**38,270**	39,214	(383)	**38,831**	**1,747**	**1,868**	**121**
Other Primary Care Services	**1,178**	0	**1,178**	1,489	0	**1,489**	**67**	**100**	**33**
Other Programme Services	**367**	0	**367**	438	0	**438**	**20**	**0**	**(20)**
Delegated Primary Care Services	**54,108**	1,183	**55,291**	58,702	0	**58,702**	**0**	**0**	**0**
Corporate Budgets	**4,117**	0	**4,117**	4,074	34	**4,108**	**185**	**214**	**29**
Total	**149,015**	**1,438**	**150,453**	**159,393**	**(557)**	**158,836**	**4,208**	**4,208**	**(0)**
					Percentage Identified			100.00%	
					Percentage Unidentified				0.00%

Month 10 2023/24 – Lewisham Council

NHS South East London

Overall Position

2023/24 Efficiencies	Year-to-date Month 10				Full-Year Forecast 2023/24		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	5.9	5.5	(0.4)		7.0	6.6	(0.4)
Childrens Care Services	3.1	2.1	(1.0)		3.8	2.5	(1.3)
Total	**9.0**	**7.6**	**(1.4)**		**10.8**	**9.1**	**(1.7)**

2023/24 LBL Managed Budgets	Year-to-date Month 10				Full-Year Forecast 2023/24		
	Budget	Actual	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	60.3	63.3	(3.0)		72.5	76.0	(3.5)
Childrens Care Services	44.7	56.4	(11.7)		53.6	67.7	(14.1)
Total	**105.0**	**119.7**	**(14.7)**		**126.1**	**143.7**	**(17.6)**

Adults Commentary

Adult Social Care and Commissioning: is reporting a £3.5m forecast overspend at Period 10 This position assumes significant delivery of savings including those carried forward from prior years. It also draws down on various reserves and corporate provisions. There is no movement to bottom line from prior reported position.

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

Childrens Commentary

Further work is underway between finance and service leads to review the financial position.

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Appendix A

SEL ICB Finance Report

Month 09 2023/24

Contents

NHS South East London

1. Executive Summary

NHS South East London

- This report sets out the month 09 financial position of the ICB. As agreed with NHSE colleagues and local providers, the ICB plan for 2023/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. There is no net impact upon the ICB nor 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 and which is reflected in the month 9 accounts.
- The ICB's financial allocation as at month 09 is **£4,876,074k.** In month, the ICB has received an additional £10,936k of allocations, which included Depreciation (£6,166k), SEL Pathfinder Specialised Commissioning (£2,818k), digital tools (£827k), primary care transformation (£389k) plus some smaller allocations.
- As at month 09, the ICB is reporting a year to date (YTD) overspend against plan of £5,434k and an **underspend against its revenue resource limit (RRL) of £7,221k.** This position reflects an **ICB forecast benefit of £7,125k** being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 10. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£5,463k) and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£15,399k) and continuing healthcare (CHC) (£4,996k).**
- At present there are seven months **prescribing data** available as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As described in this report, efficiency savings schemes are in place which are mitigating this overspend.
- The overspend on CHC relates partially to the impact of 2023/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- Second Focus meetings with all 6 boroughs were held in December to review recovery actions and de-risk financial positions. Forecast year-end positions have been agreed with each borough. 5 out of 6 boroughs are forecasting to deliver an underspend position at year end with 4 of the 6 boroughs now reporting a surplus position at month 09.
- In reporting this month 09 position, the ICB has delivered the following financial duties:
    - Underspending **(£3,030k)** 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**; and
    - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 09, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position **within a range of an underspend of circa £10,000k and break-even against the RRL.** The value will be dependent upon agreeing final year-end positions with local NHS providers and is consistent with the November 2023 plan submission.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**135,661**	**233,559**	**165,890**	**203,003**	**158,836**	**157,251**	**3,075,121**	**4,129,321**
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	**65,867**
M2 Budget	**136,969**	**237,177**	**168,199**	**203,577**	**159,363**	**158,385**	**3,131,518**	**4,195,188**
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	**467,001**
M3 Budget	**138,285**	**239,101**	**169,807**	**206,221**	**161,248**	**160,198**	**3,587,329**	**4,662,189**
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	**75,987**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	**33,278**
M5 Budget	**139,118**	**239,910**	**170,611**	**207,124**	**162,062**	**160,900**	**3,691,729**	**4,771,454**
M6 Internal Adjustments	393	1,812	895	383	338	312	(4,133)	-
M6 Allocations	-	-	-	-	-	-	1,353	**1,353**
M6 Budget	**139,511**	**241,722**	**171,506**	**207,507**	**162,400**	**161,212**	**3,688,949**	**4,772,807**
M7 Internal Adjustments	1,256	97	516	(357)	105	149	(1,765)	-
M7 Allocations	580	819	753	1,213	874	889	7,133	**12,261**
M7 Budget	**141,346**	**242,638**	**172,775**	**208,363**	**163,379**	**162,250**	**3,694,317**	**4,785,068**
M8 Internal Adjustments	2,604	2,641	2,574	3,045	2,532	1,977	(15,373)	-
M8 Allocations	107	34	170	63	292	46	79,358	**80,070**
M8 Budget	**144,057**	**245,312**	**175,519**	**211,471**	**166,203**	**164,273**	**3,758,302**	**4,865,138**
M9 Internal Adjustments								
Virtual Wards additional funding	117	69	103		167		(455)	-
Other	190	40	31	(392)	(58)	51	138	-
M9 Allocations								
Depreciation Funding							6,166	**6,166**
SEL Pathfinder Q2 Reconciliation (Spec. Comm)							2,818	**2,818**
PCARP reimbursement - digital tools							827	**827**
Primary Care Transformation - SDF							389	**389**
Individual Placement Support							224	**224**
Wayfinder NHS app							200	**200**
Culture of Care Standards Implementation							113	**113**
Other							199	**199**
M9 Budget	**144,364**	**245,421**	**175,653**	**211,079**	**166,312**	**164,324**	**3,768,921**	**4,876,074**

- The table sets out the Revenue Resource Limit at month 09.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 09, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustment related to virtual ward funding.
- In month, the ICB has received an additional **£10,936k** of allocations, giving the ICB a total allocation of **£4,876,074k** at month 09**.** The additional allocations included Depreciation **(£6,166k)**, SEL Pathfinder Specialised Commissioning **(£2,818k),** PCARP digital tools **(£827k),** primary care transformation **(£389k)** plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above in the Executive Summary, the ICB is reporting a year to date (YTD) overspend against plan of £5,434k and an **underspend against RRL of £7,221k**. This position reflects an ICB forecast benefit of £7.125m being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 10. **This position is consistent with the November 2023 plan re-submission for the ICS.**
- All other financial duties have been delivered for the year to month 9 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	3,629,307	3,634,742	4,909,820	4,917,053	
Operating Under Resource Revenue Limit	3,616,652	3,622,087	4,892,947	4,900,180	
Not to exceed Running Cost Allowance	27,881	24,850	37,174	32,913	
Month End Cash Position (expected to be below target)	4,625	927			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	98.3%			
Mental Health Investment Standard (Annual)			439,075	439,773	

4. Budget Overview

	M09 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	3,638	5,146	5,202	900	789	415	1,994,364	**2,010,454**
Community Health Services	15,188	62,658	26,683	19,241	18,456	24,460	182,426	**349,111**
Mental Health Services	7,832	10,774	6,863	15,811	5,250	5,659	373,906	**426,095**
Continuing Care Services	18,837	18,781	20,574	23,971	15,751	14,765	-	**112,681**
Prescribing	25,774	35,304	25,316	29,453	29,551	24,400	1,123	**170,921**
Other Primary Care Services	2,326	2,551	1,942	2,579	1,406	716	17,821	**29,341**
Other Programme Services	1,448	1,466	2,312	1,986	5,350	1,226	15,317	**29,105**
PROGRAMME WIDE PROJECTS	-	-	-	-	19	225	23,690	**23,934**
Delegated Primary Care Services	30,579	44,148	38,981	60,028	45,024	48,083	(1,620)	**265,223**
Delegated Primary Care Services DPO	-	-	-	-	-	-	154,033	**154,033**
Corporate Budgets	2,655	3,241	3,921	4,358	3,140	3,308	25,131	**45,755**
Total Year to Date Budget	**108,277**	**184,067**	**131,794**	**158,327**	**124,738**	**123,258**	**2,786,191**	**3,616,652**

	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	3,546	5,093	5,093	356	786	80	1,988,812	**2,003,767**
Community Health Services	14,410	62,138	26,416	17,600	17,486	23,822	182,566	**344,438**
Mental Health Services	7,499	11,145	6,598	15,851	4,935	6,563	372,919	**425,511**
Continuing Care Services	19,656	19,365	21,262	24,841	18,471	14,080	-	**117,676**
Prescribing	28,364	38,387	28,514	31,948	31,897	26,670	539	**186,320**
Other Primary Care Services	1,913	2,425	1,726	2,455	1,269	675	18,058	**28,521**
Other Programme Services	38	(1,073)	160	192	134	153	30,621	**30,225**
PROGRAMME WIDE PROJECTS	-	122	-	-	19	225	25,037	**25,403**
Delegated Primary Care Services	30,579	43,990	38,831	60,028	45,024	48,083	(1,620)	**264,916**
Delegated Primary Care Services DPO	-	-	-	-	-	-	152,965	**152,965**
Corporate Budgets	2,204	2,964	3,429	3,693	2,932	2,855	24,267	**42,345**
Total Year to Date Actual	**108,209**	**184,556**	**132,029**	**156,965**	**122,954**	**123,208**	**2,794,165**	**3,622,087**

	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	92	52	109	544	3	336	5,552	**6,687**
Community Health Services	778	520	267	1,641	970	638	(140)	**4,673**
Mental Health Services	333	(371)	264	(40)	314	(904)	987	**584**
Continuing Care Services	(819)	(584)	(688)	(870)	(2,719)	685	-	**(4,996)**
Prescribing	(2,590)	(3,083)	(3,198)	(2,495)	(2,347)	(2,271)	584	**(15,399)**
Other Primary Care Services	413	126	217	124	137	40	(237)	**821**
Other Programme Services	1,410	2,539	2,152	1,794	5,217	1,073	(15,304)	**(1,120)**
PROGRAMME WIDE PROJECTS	-	(122)	-	-	-	(0)	(1,347)	**(1,469)**
Delegated Primary Care Services	-	158	150	-	-	-	-	**308**
Delegated Primary Care Services DPO	-	-	-	-	-	-	1,068	**1,068**
Corporate Budgets	451	277	492	665	209	453	864	**3,410**
Total Year to Date Variance	**67**	**(488)**	**(235)**	**1,363**	**1,784**	**50**	**(7,974)**	**(5,434)**

- At month 09, the ICB is reporting a year to date (YTD) overspend against plan of £5,434k and an **underspend against RRL of £7,221k**. This position reflects an ICB forecast benefit of £7,125k being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 10. This position includes prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£15,399k overspend** against its **prescribing year to date position**. This is based on seven months data which shows that the savings schemes are impacting, but there remains growth of which the impact is differential across boroughs. The risk reserves and prescribing reserve are both reflected in Place financial positions.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure but overall Mental Health budgets are slightly underspent this month. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£4,996k overspent** and the underlying pressures are variable across the boroughs with only Southwark showing an underspend. The full impact of 2023/24 bed prices are now fully reflected in the financial position. Lewisham is continuing to see the largest financial pressures. The Lambeth position has improved in month. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The acute services position includes an underspend in relation to Elective Recovery Fund (ERF) for Independent Sector Providers **(£5,463k),** in line with relevant reporting guidance from NHS England.
- The underspend of **£3,410k** against corporate budgets, reflects vacancies in ICB staff establishments across all areas.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Overview

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 9 prescribing position is based upon M07 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£15,550k overspend** year to date (YTD). This is after 9 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £151k giving an **overall overspend of £15,399k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£19,042k**.

M09 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 budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	26,621,123	994,592	911,319	(224,713)	(34,988)		73,958	28,341,290	25,739,352	(2,601,938)	34,319,141	37,464,371	(3,145,230)
BROMLEY	36,190,427	1,230,351	1,234,886	(307,154)	(23,718)		99,669	38,424,460	35,341,413	(3,083,047)	47,121,897	50,884,482	(3,762,585)
GREENWICH	26,486,862	1,105,535	910,549	(98,234)	(79,790)		73,523	28,398,446	25,200,472	(3,197,975)	33,600,653	37,766,861	(4,166,208)
LAMBETH	30,097,286	1,033,284	1,027,309	(114,256)	(116,496)		82,973	32,010,100	29,515,010	(2,495,090)	39,353,371	42,579,065	(3,225,694)
LEWISHAM	29,515,635	1,074,455	1,009,473	(96,867)	(42,378)		81,596	31,541,915	29,195,132	(2,346,783)	38,926,856	41,981,765	(3,054,909)
SOUTHWARK	24,860,773	934,901	851,257	(101,610)	(122,341)		68,938	26,491,918	24,082,045	(2,409,872)	32,109,399	35,386,960	(3,277,561)
SOUTH EAST LONDON	0					(584,413)		(584,413)	-	584,413		(1,589,429)	1,589,429
Grand Total	**173,772,106**	**6,373,118**	**5,944,792**	**(942,834)**	**(419,711)**	**(584,413)**	**480,657**	**184,623,716**	**169,073,424**	**(15,550,291)**	**225,431,316**	**244,474,075**	**(19,042,759)**

- The table above shows that of the YTD overspend, approximately **£6,373k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£9,177k** relates 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.
- Of the overall annual forecast unmitigated pressure of circa £19,042k, around **£9,169k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is 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.

5. 2023-24 Monthly Actual Prescribing Savings Delivered by Boroughs

NHS South East London

M09 Prescribing	Total QIPP (Sept 23) – with £750k rebate released to boroughs £	Apr-23 £	May-23 £	Jun-23 £	Jul-23 £	Aug-23 £	Sep-23 £	Oct-23 £	YTD Total £
BEXLEY	1,002,206	50,580	45,912	44,664	73,576	73,505	70,925	130,060	489,124
BROMLEY	1,675,386	120,176	101,026	96,247	162,883	176,082	199,562	254,800	1,110,775
GREENWICH	1,108,485	57,386	55,323	51,765	90,385	85,586	100,262	134,125	574,833
LAMBETH	1,436,894	79,277	65,667	61,215	119,870	114,587	126,404	153,503	720,521
LEWISHAM	1,916,572	147,013	104,117	108,027	142,558	147,124	158,415	191,605	998,860
SOUTHWARK	1,241,709	62,364	53,963	61,915	103,051	92,262	99,278	137,937	610,769
SEL	**8,381,253**	**516,796**	**426,008**	**423,833**	**692,323**	**689,146**	**754,846**	**1,002,030**	**4,504,882**

The ICB Medicines Optimisation teams have robust governance mechanisms in place for use of medicines, through the Integrated Medicines Optimisation Committee and Integrated Pharmacy Stakeholder group to ensure a collaborative partnership approach to decision making and delivery.

- Total prescribing savings have been identified to a value of **£8,381k** (3.8% of 23/24 budget).
- We have phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. The ICB Medicines Optimisation teams continue to support the implementation of the Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. 3 boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
- The generic medicines (sitagliptin and apixaban) savings started to be realised in July, with additional savings expected in the second half of the year.
- The Medicines Optimisation teams have completed all practice visits and continue to use the prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
- Total prescribing savings delivered for the April to October period is **£4,505k.**

6. NHS Continuing Healthcare – Overview

NHS South East London

Overview:

- The Continuing Care (CHC) budgets have been 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 09 **is an overspend of £4,996k,** which is a £9k movement in month **and a significantly improved run rate position compared to previous months.** This is largely due to **an improvement in the Lambeth Place position** where work has been undertaken on improving the accuracy of the CHC database records. Except for Southwark, all other boroughs are reporting YTD overspends. This month the Lewisham position has deteriorated due to an increase in the number of clients and increased package costs for Fully Funded Learning Disability clients (<65) and Fully Funded Physical Disability clients. All five boroughs are overspending on Fully Funded, Palliative, Joint Funded and FNC care settings. The borough teams have identified all their savings and are working collaboratively to identify replacement savings for any slippages. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking 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 is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs, except for Southwark, are forecasting overspend positions at year-end which are estimated to total £6,486k.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads and each borough is now taking this work forward, specifically where their borough is an outlier.
- This month we are seeing a reduction in active client numbers borough wide. Greenwich, Lambeth, and Lewisham have the highest number of high-cost packages and highest average package costs. This is reflected by Lewisham's recent deterioration in performance. 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 has now been concluded as most providers has reached an agreement with ICB regarding uplifts but will be re-instated to deal with 24/25 uplift requests which are already starting to be received. The YTD actual and forecast position reflects current year price uplift for providers.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	**295**	**£6,018**	**339**	**£4,818**	**255**	**£7,857**	**333**	**£7,060**	**220**	**£7,100**	**237**	**£6,263**
Month 2	313	£5,650	221	£6,561	248	£9,079	319	£7,659	230	£6,778	212	£6,982
Month 3	342	£5,203	251	£5,923	268	£8,731	351	£7,127	240	£6,604	233	£6,137
Month 4	387	£4,693	298	£5,208	277	£8,593	375	£6,714	265	£6,059	251	£5,814
Month 5	438	£4,308	332	£4,665	281	£8,568	403	£6,230	289	£5,838	268	£5,359
Month 6	467	£4,024	368	£4,224	284	£8,417	417	£5,955	309	£5,554	283	£5,115
Month 7	509	£3,710	399	£3,943	296	£8,239	440	£5,583	340	£5,231	304	£4,680
Month8	542	£3,483	443	£3,587	305	£7,873	464	£5,285	364	£5,021	323	£4,320
Month9	568	£3,321	469	£3,388	311	£7,737	475	£5,073	382	£4,858	336	£4,169
Month10												
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	**72**	**62**	**92**	**147**	**75**	**71**
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7	83	65	98	113	84	69
Month 8	85	66	100	110	90	69
Month 9	80	62	104	113	93	67
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 9 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. **The first table shows that, for all boroughs, the average prices show a downward trend this year.** Even though Lambeth average price has reduced, the Lambeth and particularly the Greenwich average prices are higher than for the other boroughs.
- **All boroughs are showing an increase in the number of high-cost packages compared to the end of the last financial year.** Lewisham shows a steady monthly increase in high-cost package numbers starting from month 2, which is a factor in its worsening position month by month. The increase in high-cost packages is being reviewed by the local CHC team and is discussed further on page 26. The numbers of active high-cost clients are **increasing for all boroughs**. Reasons include acuity and an inability to place these clients in AQP beds. This may link to earlier discharges from hospital due to periods of industrial action but also changing demographics/genuine increase in activity. Boroughs continue to review high-cost clients on a regular basis.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process. Currently all boroughs are reporting delivery against their savings plans.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

NHS South East London

Further to the CHC Summit which was held in July, finance, quality and CHC Teams agreed to take forward the following areas to look for opportunities to mitigate spend without compromising patient care or quality. Some tasks would be impacted in the short term, but long-term impacts are also being explored.

Short Term

- Completion of a checklist to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of Any Qualified Provider (AQP) beds, specific approval of packages above AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist have been collated and shared at the last CHC Summit, and an update to assure closure of actions will be provided at the next CHC Summit in February.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance. This report has been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variations to see how these can be addressed.

Longer Term

- 5 Task and Finish Groups have met and reported back to the last CHC Summit. It was decided that the 2 main areas for review are (1) high-cost LD clients, transition between childrens and adults CHC and (2) communications. Two Task and Finish groups have been set up and have met and are working on actions from these meetings to feed back to another CHC summit in February following the November Summit meeting where actions were agreed for quarter 4 of this financial year.
- Market management work – following a meeting with London ICB CFOs at the end of September, it was agreed to pause the market management work identified by the working group, as there was a need to refocus on financial recovery. It was agreed to repurpose the working group, with the initial focus being on the AQP price review and alignment with the local authority uplift process.

7. Provider Position

NHS South East London

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.

- In year, the ICB is forecasting to spend circa **£3,454,539k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£941,148k**
    - Kings College Hospital **£913,035k**
    - Lewisham and Greenwich **£652,559k**
    - South London and the Maudsley **£310,814k**
    - Oxleas **£231,675k**

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

- An **underspend of £5,463k** is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

8. ICB Efficiency Schemes

South East London

South East London ICB
Place - Efficiency Savings

	Full Year 2023/24				Month 9			Month 8
	Annual Requirement	Identified Month 9	Unidentified Month 9	Unidentified Month 8	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,899	0	0	3,374	3,372	(2)	(125)
Bromley	7,429	7,429	0	0	4,967	5,014	47	(21)
Greenwich	4,857	4,857	0	0	3,643	3,572	(71)	(71)
Lambeth	4,690	5,770	1,080	1,080	4,215	4,702	487	379
Lewisham	4,208	4,208	0	0	3,056	2,972	(84)	(71)
Southwark	3,967	4,095	128	128	2,717	2,541	(176)	(120)
Total	**29,050**	**30,258**	**1,208**	**1,208**	**21,972**	**22,173**	**201**	**(29)**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 8 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. The most significant areas for Place efficiency schemes are prescribing and CHC. The target is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 9, saving schemes above the overall target have been identified.
- At month 9, actual delivery (£22.17m) is slightly ahead of plan. Places are continuing to identify and implement actions to improve savings run-rates, especially for prescribing and CHC expenditure. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit with a degree of risk.
- Planning for the 24/25 ICB efficiency plan will continue during Q4.

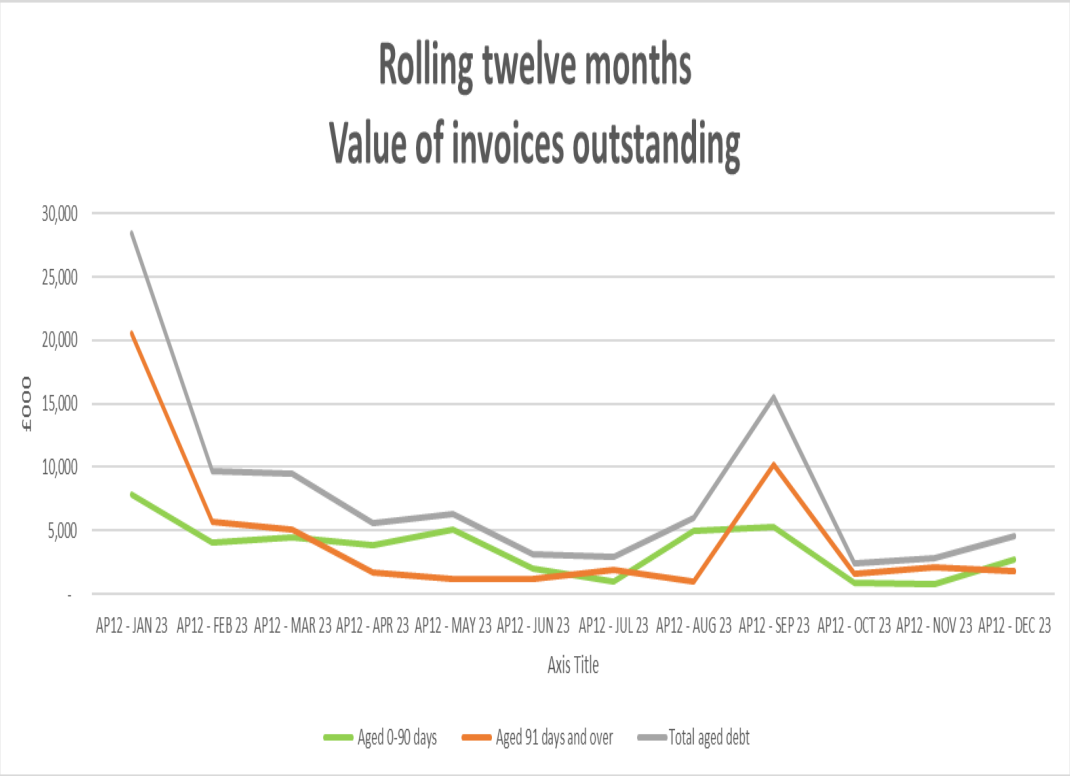
9. Corporate Costs – Programme and Running Costs

NHS South East London

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£3,410k**, which consists of an **£379k** underspend on programme costs and an underspend of **£3,030k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** Vacant posts are key driver for the underspend. The RCA is **£37,174k** for the year, with no change in-month. The current run-rate is 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	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s		£000s	£000s	£000s
	PROGRAMME							
929002	ACUTE SERVICES B	0	44	(44)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	334	1,209	(874)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	2,728	2,126	602		3,637	2,889	748
929173	MEDICINES MANAGEMENT - CLINICAL	3,391	2,919	472		4,522	3,881	641
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	3,467	3,556	(89)		4,623	4,785	(162)
929219	PRIMARY CARE TRANSFORMATION	0	63	(63)		0	83	(83)
929245	SAFEGUARDING	2,293	2,082	211		3,058	2,797	261
929248	NURSING AND QUALITY PROGRAMME	1,898	1,611	287		2,530	2,122	408
929249	CLINICAL LEADS	3,820	2,922	898		5,093	3,984	1,109
929272	PROGRAMME WIDE PROJECTS	(714)	447	(1,161)		(952)	1,738	(2,690)
929273	PROGRAMME ADMINISTRATIVE COSTS	656	516	140		875	490	385
PROGRAMME TOTAL		**17,874**	**17,495**	**379**		**23,832**	**24,325**	**(493)**
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	640	617	23		854	829	25
929562	ASSURANCE	393	381	13		525	507	17
929563	BUSINESS DEVELOPMENT	353	298	56		471	397	74
929564	BUSINESS INFORMATICS	2,784	2,374	410		3,712	3,207	505
929565	CEO/ BOARD OFFICE	0	25	(25)		0	0	0
929566	CHAIR AND NON EXECS	201	187	14		269	260	9
929570	PRIMARY CARE SUPPORT	736	804	(67)		982	1,052	(71)
929571	COMMISSIONING	4,965	4,496	469		6,620	5,836	784
929572	COMMUNICATIONS & PR	1,397	1,348	49		1,863	1,789	74
929574	CONTRACT MANAGEMENT	761	573	188		1,015	765	250
929575	CORPORATE COSTS & SERVICES	1,371	1,126	245		1,828	1,489	339
929576	CORPORATE GOVERNANCE	4,006	3,580	425		5,341	4,751	590
929578	EMERGENCY PLANNING	409	342	67		546	459	86
929580	ESTATES AND FACILITIES	2,190	2,102	89		2,921	2,797	123
929581	FINANCE	(326)	(926)	600		(435)	(1,163)	728
929585	IM&T	949	351	597		1,265	509	756
929586	IM&T PROJECTS	766	766	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	388	391	(3)		517	496	21
929593	PERFORMANCE	619	548	71		825	723	102
929599	STRATEGY & DEVELOPMENT	5,229	4,013	1,215		6,972	5,217	1,755
929600	ADMIN PROJECTS	(1,427)	(29)	(1,398)		(1,902)	48	(1,950)
929601	SERVICE PLANNING & REFORM	95	95	(0)		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	1,380	1,387	(7)		1,840	1,795	44
ADMIN TOTAL		**27,881**	**24,850**	**3,030**		**37,174**	**32,913**	**4,261**
CORPORATE TOTAL		**45,755**	**42,345**	**3,410**		**61,006**	**57,237**	**3,768**

10. Debtors Position



Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	254	2,225	34	14	15	199	2,741
Non-NHS	607	1,080	26	73	23	10	1,819
Unallocated	0	(12)	0	0	0	0	(12)
Total	**861**	**3,293**	**60**	**87**	**38**	**209**	**4,548**

The ICB has an overall debt position of **£4.5m** at month 9. This is **£1.7m higher** when compared to last month due to a significant number of invoices being raised in month due to month 9 accounts production. Of the current debt, there is approximately £247k of debt over 3 months old which is a slight deterioration on the month 8 position. **The largest debtor values this month are in the main with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**

The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger at some point in the future. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days which will need to reduce before the ledger transition.

The top 10 aged debtors are provided in the table below:

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	NHS ENGLAND	2,327	2,327	-
2	BROMLEY LONDON BOROUGH COUNCIL	914	914	-
3	QUAY HEALTH SOLUTIONS	258	258	-
4	IMPROVING HEALTH LTD	160	160	-
5	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	127	113	14
6	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FT	126	48	78
7	LEWISHAM AND GREENWICH NHS TRUST	80	22	58
8	NHS SOUTH WEST LONDON ICB	60	-	60
9	CHANGE GROW LIVE	52	52	-
10	KINGS COLLEGE HOSPITAL NHS TRUST	49	49	-

11. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 9 was **£4,843,267k**. The maximum cash drawdown (MCD) available as at month 09, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£1,323,669k**.
- As at month 9 the ICB had drawn down 72.7% of the available cash compared to the budget cash figure of 75.0%. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 1 due to high volumes of year end creditors to be paid and again in October due to the re-phasing of the surplus to providers together the uncertainty around the timing of income from local councils. In December supplementary funding was required to pay providers for the impact of Industrial Action as part of the national H2 planning process. No supplementary funding request was made for January.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 9 was **£927k**, well within the target set by NHSE **(£4,625k). The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for	2023/24 AP9 - DEC 23	2023/24 AP8 - NOV 23	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,843,267	4,832,331	10,936
Capital allocation	0		0
Less:			
Cash drawn down	(3,250,000)	(2,865,000)	(385,000)
Prescription Pricing Authority	(200,682)	(177,237)	(23,445)
HOT	(1,946)	(1,701)	(245)
POD	(63,185)	(55,264)	(7,921)
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(2,053)	(706)	(1,348)
Remaining Cash limit	**1,323,669**	**1,730,692**	**(407,023)**

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		5,688		
Feb-24							
Mar-24							
	3,660,000	**45,000**					

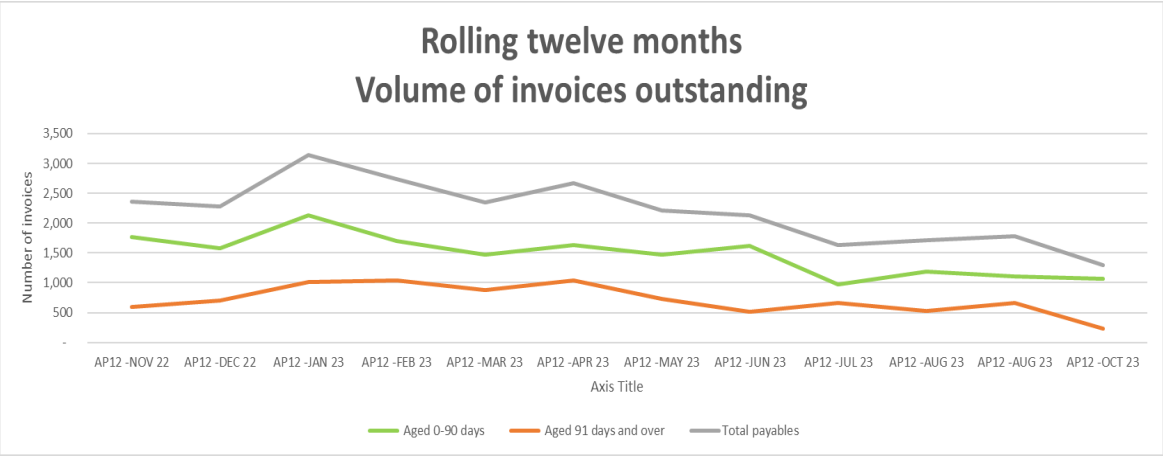
12. Aged Creditors

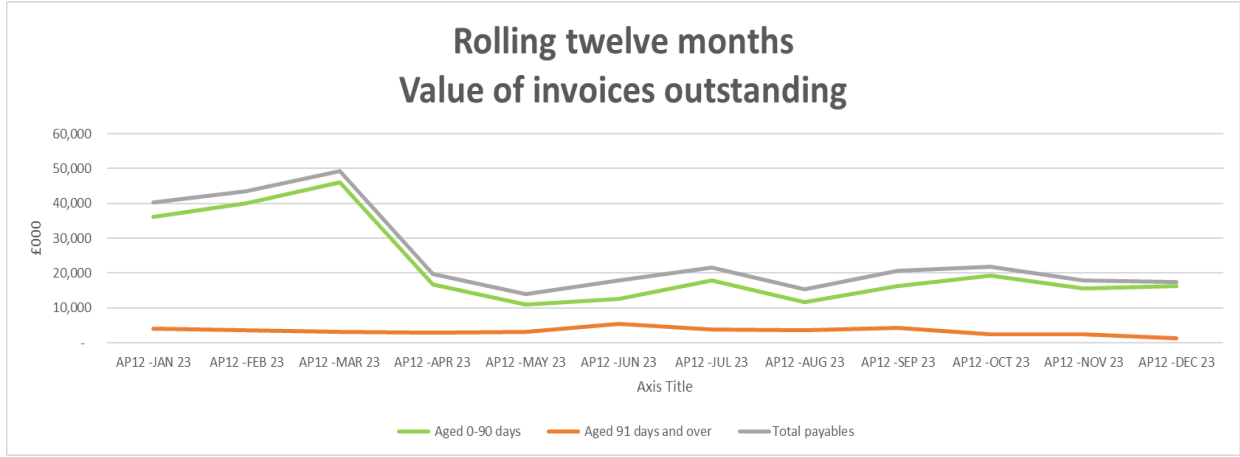
The ICB will be moving to a new ledger ISFE2 at some point during 2024/25 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger.

The **volume of outstanding invoices has continued to decrease this month.** This is shown below in the downward trend for invoices 90+ days old and also total volume of invoices outstanding. The volume of items aged 0-90 days is reasonably static this month. This reflects the work both at Place level and centrally to reduce the levels of outstanding invoices. The finance teams are continuing to work with budget holders to clear pre-September 2023 invoices wherever possible. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers where required. The value of invoices outstanding has remained consistent with last month.

As mentioned previously, work has been ongoing to clear all pre-April 2023 items and maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. As of 17th January, there are 10 invoices still to be cleared with a value of circa £7k which is an improved position from last month. The focus going forward will be on clearing all agreed invoices over 30 days old, to reduce the levels of invoices which would otherwise need to be cut over to the new ledger system.

As part of routine monthly reporting for 2023/24, high value invoices are being reviewed on a regular basis to establish if they can be settled quickly and budget holders are being reminded on a constant basis to review their workflows.





13. Mental Health Investment Standard (MHIS) – 2023/24

NHS South East London

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 Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M09. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,773** (£698k, 0.16% over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting however that we are seeing a reduction in spend as the year progresses driven by a reduction in the price of some antidepressant drugs.
- Slide 3 sets out the position by ICB budgetary area.

Risks to delivery

- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans to mitigate this include improving joint funding panel arrangements and developing new services and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there is significant and increasing independent sector spend with a forecast spend of £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is currently reviewing provider pathways to maximise resources and capacity. A Pan- London workshop is taking place on 16 January to develop best practice principles for ADHD assessment and treatment. ADHD along with ASD waits for both adults and CYP are a key priority for 2024/25 operational planning.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 because of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to August 2023) is £10.8m.

13. Summary MHIS Position – Month 09 (December) 2023/24

NHS South East London

Mental Health Spend By Category	Category Reference Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 31/12/2023 YTD £'000	Mental Health - Non-NHS Actual 31/12/2023 YTD £'000	Total Mental Health Actual 31/12/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2024 Year Ending £'000	Total Mental Health Forecast 31/03/2024 Year Ending £'000	Total Mental Health Variance 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	27,188	3,154	30,342	36,251	4,166	40,417	585
Children & Young People's Eating Disorders	2	2,726	2,049	0	2,049	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	6,978	0	6,978	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	21,174	4,770	25,944	28,232	6,361	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	13,632	0	13,632	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	9,377	0	9,377	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	24,302	252	24,554	32,402	336	32,738	(65)
Ambulance response services	8	1,146	861	0	861	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	79,640	8,976	88,615	106,186	11,741	117,927	1,173
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	10,970	7,199	18,168	14,837	9,588	24,425	(1,586)
Mental Health Placements in Hospitals	20	5,548	2,422	1,558	3,980	3,275	2,068	5,343	205
Mental Health Act	10	6,567	0	5,003	5,003	0	6,646	6,646	(79)
SMI Physical health checks	11	890	503	89	592	670	118	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	84,730	0	84,730	112,973	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	8,811	6,169	523	6,692	8,225	695	8,920	(109)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**428,941**	**289,993**	**31,524**	**321,516**	**386,914**	**41,719**	**428,633**	**308**
Mental health prescribing	16	9,585	0	8,065	8,065	0	10,753	10,753	(1,168)
Mental health in continuing care (CHC)	17	549	0	290	290	0	387	387	162
Sub-total - MHIS (inc CHC, Prescribing)		**439,075**	**289,993**	**39,878**	**329,871**	**386,914**	**52,859**	**439,773**	**(698)**
Learning Disability	18a	11,525	8,644	959	9,603	11,525	1,274	12,799	(1,274)
Autism	18b	2,594	1,379	566	1,945	1,839	752	2,591	3
Learning Disability & Autism - not separately identified	18c	50,112	5,987	32,777	38,764	7,983	43,661	51,644	(1,532)
Sub-total - LD&A (not included in MHIS)		**64,231**	**16,010**	**34,302**	**50,312**	**21,347**	**45,687**	**67,034**	**(2,803)**
Dementia	19	14,671	9,518	1,465	10,983	12,691	1,953	14,644	27
Sub-total - Dementia (not included in MHIS)		**14,671**	**9,518**	**1,465**	**10,983**	**12,691**	**1,953**	**14,644**	**27**
Total - Mental Health Services		**517,977**	**315,521**	**75,645**	**391,166**	**420,952**	**100,499**	**521,451**	**(3,474)**

13. Summary MHIS Position M09 (December) 2023/24 - by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M09 2023/24		Year to Date position for the nine months ended 31 December 2023						Forecast Outturn position for the financial year ended 31 March 2024					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	**Category number**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Children & Young People's Mental Health (excluding LD)	1	30,814	27,188	3,154	0	30,342	472	41,002	36,251	4,166	0	40,417	585
Children & Young People's Eating Disorders	2	2,049	2,049	0	0	2,049	0	2,726	2,732	0	0	2,732	(6)
Perinatal Mental Health (Community)	3	6,978	6,978	0	0	6,978	0	9,285	9,304	0	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	26,298	21,174	4,770	0	25,944	354	34,993	28,232	6,361	0	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	13,632	13,632	0	0	13,632	0	18,139	18,176	0	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	9,377	9,377	0	0	9,377	0	12,478	12,503	0	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	24,555	24,302	252	0	24,554	2	32,673	32,402	336	0	32,738	(65)
Ambulance response services	8	861	861	0	0	861	0	1,146	1,148	0	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	89,507	79,640	8,976	0	88,615	892	119,100	106,186	11,741	0	117,927	1,173
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	17,165	10,970	7,042	157	18,168	(1,004)	22,839	14,837	9,379	209	24,425	(1,586)
Mental Health Placements in Hospitals	20	4,169	2,422	1,558	0	3,980	190	5,548	3,275	2,068	0	5,343	205
Mental Health Act	10	4,935	0	5,003	0	5,003	(68)	6,567	0	6,646	0	6,646	(79)
SMI Physical health checks	11	669	503	89	0	592	78	890	670	118	0	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	84,730	84,730	0	0	84,730	0	112,743	112,973	0	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	6,622	6,169	523	0	6,692	(70)	8,811	8,225	695	0	8,920	(109)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**322,361**	**289,993**	**31,367**	**157**	**321,516**	**844**	**428,941**	**386,914**	**41,510**	**209**	**428,633**	**308**
Other Mental Health Services:		0	0	0	0			0	0	0	0		
Mental health prescribing	16	7,204	0	0	8,065	8,065	(861)	9,585	0	0	10,753	10,753	(1,168)
Mental health continuing health care (CHC)	17	413	0	0	290	290	122	549	0	0	387	387	162
Sub-total - MHIS (inc. CHC and prescribing)		**329,977**	**289,993**	**31,367**	**8,512**	**329,871**	**105**	**439,075**	**386,914**	**41,510**	**11,349**	**439,773**	**(698)**
Learning Disability	18a	8,644	8,644	959	0	9,603	(959)	11,525	11,525	1,274	0	12,799	(1,274)
Autism	18b	1,946	1,379	566	0	1,945	0	2,594	1,839	752	0	2,591	3
Learning Disability & Autism - not separately identified	18c	37,584	5,987	8,684	24,093	38,764	(1,180)	50,112	7,983	11,537	32,124	51,644	(1,532)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**48,173**	**16,010**	**10,209**	**24,093**	**50,312**	**(2,139)**	**64,231**	**21,347**	**13,563**	**32,124**	**67,034**	**(2,803)**
Dementia	19	11,003	9,518	1,011	454	10,983	20	14,671	12,691	1,348	605	14,644	27
Sub-total - LD&A & Dementia (not included in MHIS)		**59,177**	**25,529**	**11,220**	**24,547**	**61,295**	**(2,119)**	**78,902**	**34,038**	**14,911**	**32,729**	**81,678**	**(2,776)**
Total Mental Health Spend - excludes ADHD		**389,153**	**315,521**	**42,587**	**33,059**	**391,167**	**(2,013)**	**517,977**	**420,952**	**56,421**	**44,078**	**521,451**	**(3,474)**

- Approximately 88% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of mental health continuing health care net of physical healthcare costs. Other LDA spend includes LDA continuing health care costs

SEL ICB Finance Report

Updates from Boroughs

Month 9

Appendix 1 – Bexley

NHS South East London

Overall Position

	M09					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	3,638	3,546	92	4,851	4,728	123
Community Health Services	15,188	14,410	778	20,250	19,213	1,037
Mental Health Services	7,832	7,499	333	10,437	9,910	527
Continuing Care Services	18,837	19,656	(819)	25,116	26,149	(1,033)
Prescribing	25,376	28,364	(2,988)	33,835	37,499	(3,664)
Prescribing Reserves	398	-	398	531	-	531
Other Primary Care Services	2,326	1,913	413	3,101	2,550	551
Other Programme Services	1,448	38	1,410	1,930	(386)	2,316
Programme Wide Projects	-	-	-	-	100	(100)
Delegated Primary Care Services	30,579	30,579	-	40,774	40,774	(0)
Corporate Budgets	2,655	2,204	451	3,540	2,982	558
Total	**108,277**	**108,209**	**67**	**144,365**	**143,519**	**846**

Month 9 (M9) Financial overview – Underspends reported: Year to Date (YTD) - £67k, Forecast Outturn (FOT) £846k. The YTD position is an improvement from prior month of £729k while the FOT expectedly remains the same delivering the control total, following £2.4m of the ICB reserve allocated to Bexley Place; £531k to Prescribing Reserves and £1,873k reported within Other Programme Services.

Key Drivers:

- Prescribing budget reports an overspend YTD of £2.99m and FOT of £3.66m. YTD position is a marginal improvement of £30k with FOT significantly improving by £561k from prior month. This reflects activities being stable with the impact of the recovery plans and efficiency savings now being seen. This is further accounted for within the Other Programme Services line. There is still a recovery gap of £386k still to be closed with reduction in run rate.

The key drivers to the overspend remains the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives. There are effects of the COVID pandemic, increased waiting lists and population growth.

- The overspend reported within CHC of £819k YTD is a £58k deterioration from previous month, the FOT overspend of £1.03m is a marginal improvement of £30k. The position is influenced by increased activities coupled with increase in the FNC, AQP and non-specialist home care weekly rates. The execution of the recovery plan has decelerated the expenditure run rate.
- Community Health Services underspent by £778k and £1.04m YTD and FOT respectively, attributable to increased efficiencies within several contracts.
- Other Primary Care Services reports an improved position YTD of £413k underspend and static FOT underspend of £551k. This is a proactive action to support the recovery plan as mobilisation of the local care network schemes are delayed.
- Other improved underspends are: Corporate budgets - £451k YTD and FOT of £558k, (improving by £39k YTD) due to existing vacancies without backfill, expected to continue till year end. Mental Health Services - £333k YTD and FOT of £527k (improving by £29k YTD). This is a continuous improvement driven by reduction in activity within MH cost per case.

Efficiency savings – The 23/24 savings target is 4.5% of controllable budget across SEL, being £3.9m for Bexley borough. At M9, all target has been identified and combined delivery rate is 100%.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	5,146	5,093	52	6,861	6,791	70
Community Health Services	62,658	62,138	520	83,544	82,830	714
Mental Health Services	10,774	11,145	(371)	14,360	14,720	(360)
Continuing Care Services	18,781	19,365	(584)	25,042	25,821	(779)
Prescribing	34,818	38,387	(3,568)	46,343	50,834	(4,491)
Prescribing - Reserves	485	-	485	728	-	728
Other Primary Care Services	2,551	2,425	126	3,401	3,233	168
Other Programme Services	1,466	(1,073)	2,539	1,954	(1,431)	3,385
Programme wide projects	-	122	(122)	-	162	(162)
Delegated Primary Care Services	44,148	43,990	158	58,866	58,656	210
Corporate Budgets	3,241	2,964	277	4,321	3,877	444
Total	**184,067**	**184,556**	**(488)**	**245,420**	**245,493**	**(73)**

- The borough is reporting an overspend of £488k at Month 9 and is forecasting a £73k overspend at year end. The variances stated in the report relate to the year-to-date position.

- The Prescribing budget is £3,083k overspent after factoring in the additional funding that was received last month and represents a continuation of the activity and price pressures that have been occurring all year. These are primarily due to NCSO price pressures, NICE implementation and an increase in overall activity.

- The Continuing Healthcare budget is £584k overspent. Since the beginning of the year the number of FNC [funded nursing care] clients has increased by approximately 15% and a piece of work is underway to identify the impact of this increase in both 2023/24 and 2024/25. Bromley have a significant number of new Care Home beds that have recently opened as well as homes that will be opening in the next two years. The annual cost of each FNC client is over £11k per annum. As this cohort's health deteriorates, they will often become eligible for CHC.

- The Mental Health budget is £371k overspent. The number of section 117 cost per case (CPC) placements has increased in year and is impacting upon the 2023/24 financial position. The growth in S117 activity is due to more cases coming to joint funding panels and more clients being identified as partially health funded. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.

- The 2023/24 borough savings requirement is £7,429k. The forecast year end position is a £2k shortfall. It should be noted that approximately £1.35m of the savings are non-recurrent so for 2024/25 these schemes will need to be reviewed and made permanent or additional recurrent savings will need to be identified.

- The forecast overspend is £73k and reflects the position agreed as part of the financial focus meetings that were held in December. This position is very challenging due to the level of the overspends in the Prescribing, CHC and Mental Health Directorates. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

Appendix 3 - Greenwich

NHS South East London

Overall Position

Description	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	5,202	5,093	109	6,936	6,807	128
Community Health Services	26,683	26,416	267	35,577	35,221	356
Mental Health Services	6,863	6,598	264	9,129	8,641	488
Continuing Care Services	20,574	21,262	(688)	27,433	28,261	(828)
Prescribing	25,316	28,514	(3,198)	33,755	37,922	(4,166)
Other Primary Care Services	1,942	1,726	217	2,536	2,247	289
Other Programme Services	2,312	160	2,152	3,083	213	2,869
Programme Wide Projects	0	0	0	0	(68)	68
Delegated Primary Care Services	38,981	38,831	150	51,976	51,776	200
Corporate Budgets	3,921	3,429	492	5,228	4,629	599
Total	**131,794**	**132,029**	**(235)**	**175,653**	**175,649**	**3**

- The overall Greenwich borough position is £235k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC).
- The financial control total set for Greenwich is a breakeven position. The forecast position is reported as £3k favourable.
- The Prescribing pressures within Greenwich are consistent with the wider trends reported across SEL.
- CHC is £688k overspent to date and is attributable to the fully funded LD cohort of patients within Adults CHC. This cohort is current being independently assessed to ensure the packages of care are appropriate cognisant of wider financial constraints.
- The £267k underspend within Community is slippage in project schemes to support the wider financial recovery plans, most notably on the Virtual Wards programme. The Primary Care underspend of £217k is similarly associated with slippage in schemes.
- The £109k underspend in Acute Services is primarily due to income for non-SEL 'out-of-area' patient attendances within the Urgent Treatment Centre located at the QEH site. This is a non-recurrent benefit with new contractual arrangements embedded from Q2.
- The £492k favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment, and a freeze within non-pay expenditure lines.
- Mental Health is £264k favourable to date attributable to lower (Children) cost per case activity than scheduled. Female PICU spot placement activity has been variable, with a forecast assumption that activity will revert to longer term established trends.

Appendix 4 – Lambeth

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	900	356	544	1,200	810	390
Community Health Services	19,241	17,600	1,641	25,654	23,845	1,809
Mental Health Services	15,811	15,851	(40)	21,055	21,055	(0)
Continuing Care Services	23,971	24,841	(870)	31,961	33,108	(1,147)
Prescribing	29,049	31,948	(2,900)	38,664	42,497	(3,833)
Prescribing Reserves	405		405	607		607
Other Primary Care Services	2,579	2,455	124	3,439	3,274	165
Other Programme Services	1,986	192	1,794	2,648	256	2,392
Delegated Primary Care Services	60,028	60,028	0	80,040	80,040	0
Corporate Budgets	4,358	3,693	665	5,811	4,873	938
Total	**158,327**	**156,965**	**1,363**	**211,079**	**209,758**	**1,321**

- The borough is reporting an overall £1.4m year to date underspend position and a forecast year-end position of £1.3m favourable variance at Month 9 (December 2023). The reported year to date position includes £0.9m overspend on Continuing Healthcare and £2.5m overspend on Prescribing (inclusive of reserve), offset by underspends in some budget lines and includes the impact of recovery action (£2.9m) and implementing freeze on new financial commitments.

- The underlying key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care) with NRS . In addition to the reported position there are risks against implementation of self-referral for the Community Adult Audiology Service, increasing demand/significant waiting times of ADHD service and cost of Primary Care Estate projects.

- The CHC team continues to deliver on reducing packages for high-cost cases including for 1:1 care, LD clients and transitions cases. The team is also working locally with Adult Social Care commissioning colleagues to develop provision particularly in context of place-based needs. Lambeth has been subject to disproportionate rates for some services but work at place is ongoing to establish better value costs. The number of active CHC/FNC clients in M09 is 602.

- Prescribing month 9 position is based on M07 2023/24 actual data as the PPA information is provided two months in arrears. The year to date overspend of £2.5m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier and selected practices to identify further opportunities around prescribing efficiencies, working with community pharmacy to reduce waste and over-ordering, etc. The team is delivering the savings plan as practices progress with local improvement plans in-year.

- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M09 is £0.5m above plan mainly due to additional vacancy factor. All existing and future expenditure/investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	789	786	3	1,053	969	84
Community Health Services	18,456	17,486	970	24,608	23,710	899
Mental Health Services	5,250	4,935	314	6,992	6,501	491
Continuing Care Services	15,751	18,471	(2,719)	21,002	24,598	(3,596)
Prescribing	29,145	31,897	(2,753)	38,792	42,456	(3,664)
Prescribing Reserves	406	0	406	609	0	609
Other Primary Care Services	1,406	1,269	137	1,875	1,692	183
Other Programme Services	5,369	153	5,217	7,159	204	6,955
Delegated Primary Care Services	45,024	45,024	0	60,034	60,034	0
Corporate Budgets	3,140	2,932	209	4,187	3,908	279
Total	**124,738**	**122,954**	**1,784**	**166,312**	**164,072**	**2,240**

- At month 9, the borough is reporting an underspend of £1,784k (month 8 £1,498k) and forecasting an underspend for the full year of £2,240k (month 8 £2,240k). The year to date and forecast outturn positions reflect the release of ICB reserves at month 8 (prescribing £609k, inflation funding £1,566k to Other Programme – total £2,175k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure. Hence the month 9 forecast surplus is £2,240k compared with £65k at month 7.
- The main overspend is on prescribing costs. Based on October's data (as data is available 2 months in arrears), the position shows an overspend of £2,753k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £1,074k) , and other prescribing pressures including treatment of long-term conditions such as diabetes, CVD and Chronic Kidney Disease (YTD £1,679k). The forecast overspend for prescribing at month 9 has materially improved at £3.7m (month 8 £4.3m) reflecting a reduction in expenditure run rate showing in the October data.
- The medicines management team is working to identify further mitigations to reduce the forecast prescribing overspend, building on reductions in expenditure run rate reflected in the month 9 position.
- There is also an overspend on continuing care services of £2,719k driven by price and activity pressures. This reflects children's CHC £374k and adult's £2,345k. The YTD position reflects efficiencies delivered of £441k, and further efficiencies of £154k have been identified and profiled from month 10. The Place Executive Lead is meeting with the senior CHC team every two weeks to review progress on mitigations to this financial position including ensuring client reviews are on track. However, there remains further risk to this position reflecting activity levels associated with CHC eligibility.
- All other budget lines are close to breakeven or showing underspends. The main forecast underspend is on other programme services £6,955k. This reflects financial recovery actions taken to mitigate prescribing and continuing care services overspends, delivery of the borough's efficiency programme, and includes the uncommitted inflation reserve of £1,566k.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. The YTD delivery is marginally behind plan reflecting an under achievement of £84k on continuing care services.
- The current forecast outturn for borough efficiencies is £4,189k, £19k behind plan reflecting a small forecast under delivery of prescribing plans. The medicines management team is pursuing several actions to close this gap, and improve the overall prescribing expenditure run rate.

Appendix 6 – Southwark

NHS South East London

Overall Position

	M09					
	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s	FOT Budget £'000s	FOT Actual £'000s	FOT Variance £'000s
Acute Services	415	80	336	553	106	447
Community Health Services	24,460	23,822	638	32,613	31,753	860
Mental Health Services	5,659	6,563	(904)	7,524	8,685	(1,161)
Continuing Care Services	14,765	14,080	685	19,687	18,789	897
Prescribing	24,064	26,670	(2,606)	32,030	35,625	(3,595)
Prescribing Reserves	335	-	335	503	-	503
Other Primary Care Services	716	675	40	955	901	54
Other Programme Services	1,226	153	1,073	1,635	205	1,430
Programme Wide Projects	225	225	(0)	300	260	40
Delegated Primary Care Services	48,083	48,083	-	64,113	64,113	-
Corporate Budgets	3,308	2,855	453	4,411	3,813	599
Total	**123,258**	**123,208**	**50**	**164,324**	**164,249**	**76**

- The borough is reporting a YTD surplus of £50k at month 9 and forecasting delivery of its control total which is a surplus of £75k for the year. This includes the release of reserves (prescribing £503k, inflation funding £1,468k to Other Programme – total £1,971k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure.

- Prescribing - The overspend of £3.6m reflects activity and cost pressures. The borough has seen an increase in costs in cardiovascular disease and management of other long-term conditions. Some of this increase is due to a quality improvement review. The borough has seen an increase in cost of 13% and activity increase of 4% compared to last year. The current reported position is an improvement from previous month of £249k favourable variance on our forecast. The improvement is due to reduction in activity and reflects the impact of the savings plan.

- The overspend on mental health (£1.2m) relates to mental health placements and is due to increased costs for Learning disability placements. The position has remained stable between month 8 and 9.

- Underspend in Continuing Healthcare is due to a combination of factors, including maximising the AQP provision and regularly reviewing the database to ensure forecasting is as accurate as possible. Some of the underspend reflects changes made where CHC funding is not eligible.

- The community services underspend position includes many of the recovery actions. A key risk relates to the NRS contract (Community Equipment Service) which is reporting an overspend of £1,065k against a budget of £1.5m.

- Borough had identified £3.6m of recovery action plans as mitigations to support the financial challenges in the borough. Of these plans £207k (6%), is no longer achievable. The forecast position includes recovery actions achieved.

- Borough has efficiency target of 4.5% which amounts to £4.0m. As at month 9 borough is reporting a forecast under delivery of savings of £423k (10%) mainly due to the under delivery in both the Mental health and Prescribing savings plans.

Appendix B

SEL ICS Financial Highlights

Month 09 2023/24

South East London Integrated Care System

I&E summary

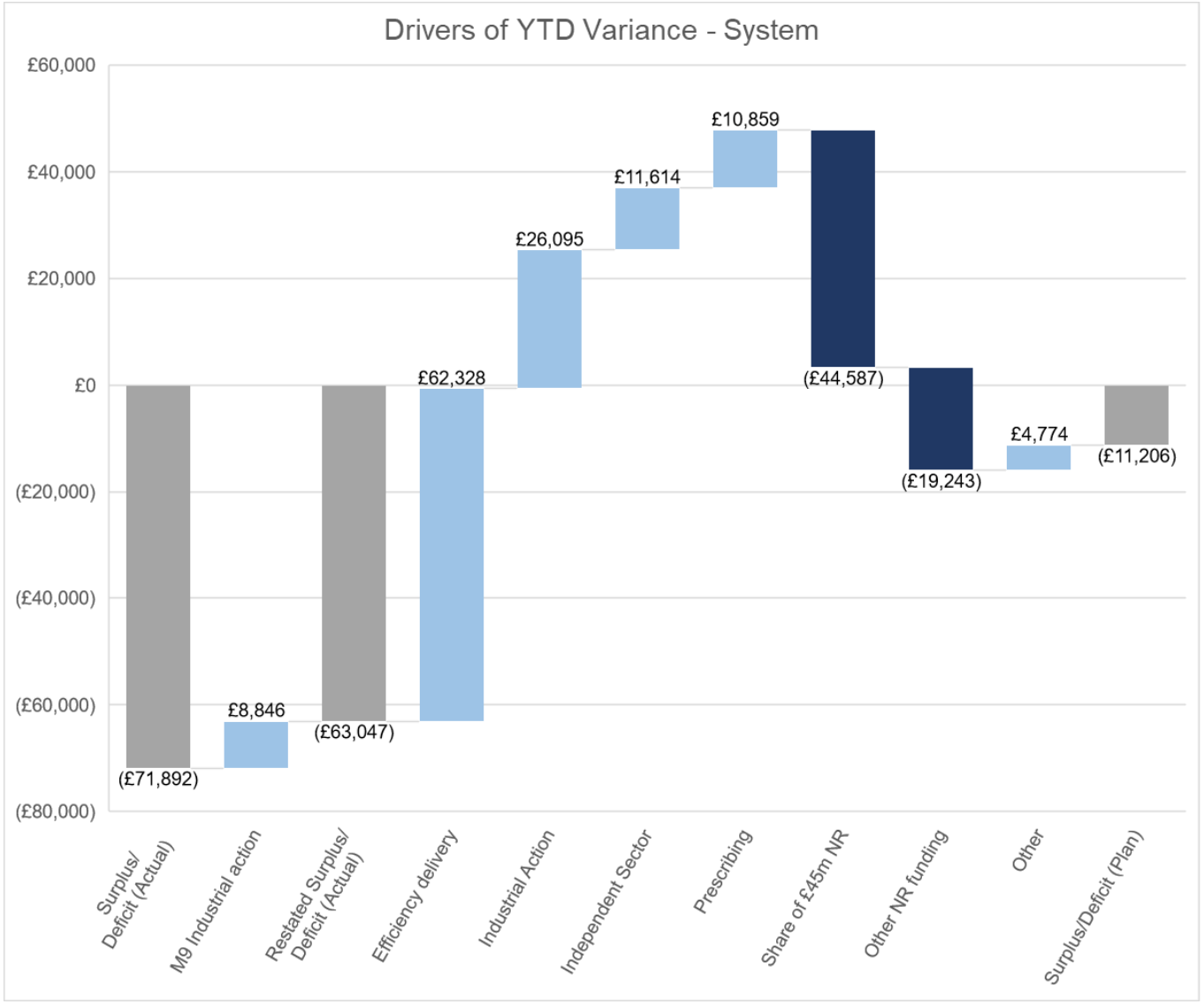
NHS South East London

- At month 9 **SEL ICS reported a system deficit of £71.9m, £60.6m adverse to a planned £11.2m deficit.** This compares to a £52.8m deficit and £40.5m adverse variance at month 8. **Adjusting for £8.8m impact of industrial action in M9, the YTD deficit would be £63.0m.**
- At month 8 the system submitted a break-even reforecast for 2023/24, following confirmation of £45m non-recurrent national funding (primarily to compensate for costs of the industrial action in months 1 – 7) and adjustments to ERF targets. The funding was allocated on the assumption that there would be no further industrial action in 2023/24. At M9 all organisations across the system are forecasting in-line with the submitted reforecast with the additional impact of industrial action announced for M9 and M10. Despite the system **forecasting a £21.9m deficit position**, after **adjusting for the impact of industrial action** (£8.8m in M9 and forecast £13.6m in M10), **the system is forecasting to break-even**.
- The current assessment of **risk,** currently without a mitigation and excluding further IA, **against delivery of the plan is c. £143.8m**.

	M9 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	(0.0)	(15.5)	(15.5)	The key drivers of the in-month and YTD performance are industrial action (£9M) and non-pay, mainly driven by independent sector spend (£5.3M), efficiencies not yet realised (£29.5M).	(0.0)	19.8	19.8
KCH	(24.3)	(61.2)	(37.0)	The main driver of the YTD variance is under performance of efficiencies (£20.8m), industrial action (£7.7m) and pay award funding shortfall (£10.0m).	(17.5)	(50.7)	(33.2)
LGT	0.0	(4.7)	(4.7)	Under-achieved IURPs (c£11.2m) are causing the biggest variance to the breakeven plan.	0.4	(4.2)	(4.6)
Oxleas	0.1	3.1	2.9	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and B/S flex used to offset under-delivery of efficiencies of £5.2m).	0.2	3.5	3.4
SLaM	0.3	(0.6)	(0.9)	Non-recurrent income above plan at M9.	0.0	0.0	0.0
SEL Providers	**(23.9)**	**(79.1)**	**(55.2)**		**(16.9)**	**(31.5)**	**(14.7)**
SEL ICB	**12.7**	**7.2**	**(5.4)**	The ICB continues to be adversely impacted by overspends in prescribing (£15.4m) and continuing healthcare (CHC) (£5.0m), which are being partially offset by underspends in other budgets.	**16.9**	**9.6**	**(7.2)**
SEL ICS total	**(11.2)**	**(71.8)**	**(60.6)**		**0.0**	**(21.9)**	**(21.9)**

Analysis of M9 YTD position

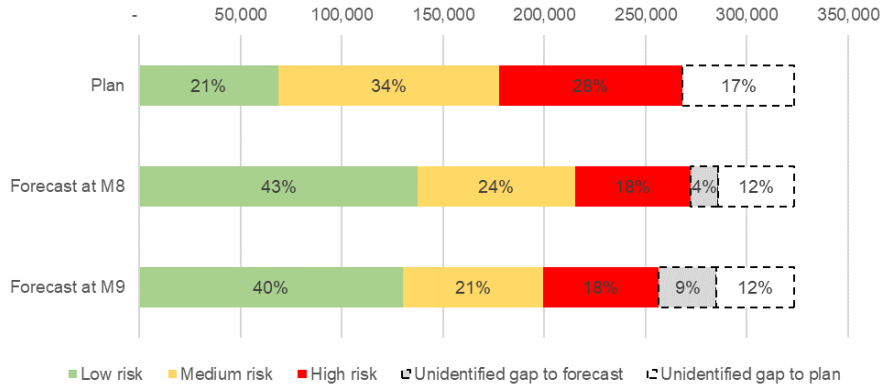
- The reported YTD deficit of £71.9m is adverse to plan by £60.6m. Restating the YTD position for the impact of industrial action in M9 the system deficit is £63.0m: The main drivers to the variance are
  - Performance against planned and required efficiencies is c £62.3m behind plan and further behind plan than at month 8. It is important to continue the focus to drive improvement and deliver the year end savings forecasts although this has been significantly impacted by ongoing industrial action.
  - Impact of industrial action in months 1 to 8 of £26.1m. This is offset by NR funding, of which SEL received £45.0m.
  - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £11.6m.
  - A YTD cost-pressure of £10.9m on prescribing in the ICB
  - These pressures are offset by non-recurrent funding, including SEL's £45m allocation from the national allocation to support the impact of industrial action during months 1 to 7.



Efficiency delivery and maturity

ıisation	Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	77.7	77.7	27.8	7.0	34.1	36.6	56.1	21.6	76.3
King's	72.0	72.0	62.0	10.0	24.6	3.0	34.4	51.0	11.0	61.0
LGT	34.9	30.6	30.6	4.3	2.2	6.8	21.6	16.1	14.5	31.2
Oxleas	20.3	13.7	13.7	6.6	0.0	0.0	13.7	6.2	7.5	7.3
SLaM	26.1	26.1	26.1	0.0	5.3	14.8	6.0	8.7	17.3	26.1
SEL Providers	**258.7**	**220.0**	**210.0**	**48.7**	**39.1**	**58.7**	**112.3**	**138.1**	**71.9**	**201.9**
SEL ICB	**64.8**	**64.8**	**46.5**	**18.3**	**18.0**	**10.7**	**17.8**	**24.3**	**22.2**	**42.6**
SEL ICS	**323.6**	**284.8**	**256.6**	**67.0**	**57.1**	**69.4**	**130.1**	**162.4**	**94.2**	**244.5**

- **The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend).** Following internal review, GSTT increased its efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 9,** the system is forecasting to deliver £284.8m of efficiencies, of which **£256.6m is identified**
- At month 8 £137.6m of the identified efficiencies were rated as low risk compared to £130.1m low risk at month 9.
- At month 9 the system has **delivered £172.6m of efficiencies, £61m behind the YTD plan of £233.6m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 8, £190.7m is forecast to be recurrent, compared to £162.4m forecast recurrent efficiencies at month 9.



Enc 11

LEWISHAM PEOPLE'S PARTNERSHIP
Discussions and actions from the meeting held on 7th February 2024

Lewisham People's Partnership – Agenda for the meeting held on 7th February 2025.

1. **What voices were at this meeting**

2. **Lewisham Health and Care Partnership's Intentions for 2024/25 – presentation and discussion with Jessica Arnold, Director of Delivery, NHS South East London ICS, Lewisham**

3. **Actions and date of next meeting**

Agenda Item 1 – Voices at the meeting

Anne Hooper, Chair, Lewisham People's Partnership
Lisa Fannon Public Health, Lewisham Council
Sue Boland, Head of Services for SEL Mind
Peter Ramrayka, Indo Caribbean Group and Air Cadets
Laura Luckhurst, Community Development Officer, Lewisham Council
Jessica Arnold, Director of Delivery, Director of Delivery, NHS South East London Integrated Care System Lewisham
Gabrielle Alfieri, Operations Manager, Healthwatch Lewisham
Kelvin Wheelen, Carers Consultant of Dementia at SLaM
Maria Kogkou, Head of Business and Development at Citizens Advice Lewisham
Alexandra Camies, South Lewisham Patient Participation Group
Dominic Parkinson, Director of services for SEL Mind
Charles Malcolm-Smith, People & Provider Development Lead
Daniel Johnson, Communication and Engagement Manager
Lauren Woolhead, PA & Business Support

Agenda item 2 – Lewisham Health and Care Partnership's Intentions for 2024/25

Background

Lewisham Health and Care Partnership (LHCP) consists of the organisations and people who are working together to change health and care in Lewisham for the better – Lewisham Council, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Hospital Trust, One Health Lewisham, General Practice, Lewisham Healthwatch, commissioners and support teams.

Introduction

Jessica explained that the 2024/25 Lewisham Intentions are the areas that the LHCP are developing, changing or investing in that are different from previous years. They are in addition to other current LHCP priorities – such as diabetes – where there is already much work being undertaken that will also be ongoing in 2024/25.

Jessica also explained that the development of the LHCP Intentions for 2024/25 started last year with a long list which were then further developed by LHCP including detailed financial plans. These plans were then taken to all the organisations within LHCP for feedback and, at the same time, are being presented to the Lewisham People's Partnership for their views and comments.

Jessica gave a presentation of the 5 key areas covered by the Intentions – long term conditions, children and young people, older adults and urgent care, mental health, and primary care and medicines – with the following questions in mind:

- What is your response to these intentions?
- Do they match your expectations of what is needed to improve the health and wellbeing of people and communities in Lewisham and to support reductions in current health inequalities?
- Is there anything missing from these intentions that needs to be included?

For the full presentation please see Appendix 1.

Following discussion, the meeting gave the following responses to each of the five areas of the 2024/25 intentions:

1. Long term conditions

- The focus on improving the quality of life of people with chronic kidney disease and to reduce hospital admissions was welcomed
- There was a need for same day access to primary care to support those living with long term conditions.
- It was acknowledged that there were now additional support - such as physiotherapy, pharmacy advice and support, social prescribing – available to people through primary care but was this enough to meet demand and was it available to everyone on an equitable basis?
- The meeting noted the investment in population health management which was providing much needed data about the health of people in Lewisham such as the conditions they had, their age, gender and ethnicity, and locality – all of which was being used to review the needs of people and communities for specific services such as those for people with high blood pressure
- Population health management supports work programmes to reduce health inequalities in Lewisham
- The meeting acknowledged the role of health equity teams and the work they are doing with specific population groups to improve take up of health services, to support the development of services that meet the needs of local people and communities and also to support the implementation of the opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
- The meeting noted that dementia was not included nor was the need for closer work and promotion of dementia services to Black African and Black Caribbean people and communities – Jessica acknowledged that whilst dementia wasn't included in the 2024/25 intentions there is still considerable work ongoing in this area within LHCP and agreed to get further information from the dementia work stream on how services were working with, and promoting their services, to Black African and Black Caribbean people and communities

2. Children and young people

- The meeting welcomed the further integration of child, parental and perinatal mental health services and community paediatric services into family hubs
- The pilot for a single point of access for children's community mental health services was welcomed but how will people and communities know that this is available?
- The meeting noted that issues regarding mental health race equality, education, diversity and the impact on children's and young people's mental health was not included in the intentions nor was the question why are children ad young people getting mental health issues?
- It was noted that, in discussions around health and care issues and the impact of wider determinants, crime comes up as an issue for young people in Lewisham

3. Older adults and urgent care

- The meeting acknowledged the value of virtual wards but asked for assurance that people who could not, or chose not, to use technology would not be disadvantaged. It was noted that there were a number of effective options that were available to support people with the technology as well as the option for retaining home visits

4. Mental health

- The meeting welcomed the intention to improve BAME access to children's mental health services and noted that, as part of the BLACHIR opportunities for action, there was engagement with young black men about their needs with regard to access and use of mental health services
- The meeting acknowledged that there were still trust issues with some communities and mental health services – it was acknowledged that local community groups and voluntary organisations are building effective relationships with communities but the procurement processes for funding test their capacity – Jessica acknowledged that small organisations have an important role and that they need sustainable, long-term funding, joint Council/ICB service contracts and support to develop consortia
- It was noted that Lewisham has many diverse communities and that national targets – and their impact on commissioning - needs to consider local priorities and support cultural and diverse local communities
- Terminology matters in communications
- We need to understand how and where children and young people want to engage with mental health services

5. Primary care and medicines

- The services and support available from pharmacies – and the Pharmacy First scheme - was welcomed but the meeting acknowledged that people needed more information about what was available to them

General comments on the 2024/25 Intentions

- The wider determinants of health and care – housing, employment, education, finance and environment – impact on all five areas of the 2024/25 intentions
- Health inequalities impact on all five areas of the 2024/25 intentions
- Funding for the 2024/25 LHCP intentions should follow the Core20PLUS5 principles[1]
- The meeting welcomed the emphasis on amplifying grass roots voices acknowledging that the need for plans to be clear how people and communities were going to be made aware of them and how they could contribute
- The need for long term, robust plans to meet demand
- The meeting felt that it was important to be clear with language and what it means – for example – BAME does not adequately reflect the diversity of people and communities – and the diversity of their needs and experiences - in Lewisham
- It was also felt important that language is inclusive - for example – that it demonstrates the different needs and experiences that people and communities in Lewisham will have. Other examples would be to have explanations of clinical terms such as atrial fibrillation and hypertension and to ensure that leaflets were available in a range of languages

Next steps

We had a good session for two hours on system intentions with the Lewisham People's Partnership, which has yielded both direct feedback and an agreement to schedule a series of deep dives into the different areas each area of the intentions at future meetings of the Lewisham People's Partnership.

It was also agreed that specific queries raised at this meeting will be taken back to colleagues by Jessica and updates will be given at future meetings.

[1] Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities. Core20 – the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation. PLUS – population groups to be identified at local level such as. 5 – 5 clinical areas of focus which require accelerated improvement – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension

Agenda Item 3 – Date and location for the April 2024 meeting of the Lewisham People's Partnership

A note of the meeting discussions and actions arising will be sent to all those at the meeting and to all those on the Lewisham People's Partnership mailing list as well as being posted on the Lewisham People's Partnership web page. They will also be shared with the Lewisham Health and Care Partners Strategic Board for consideration and to influence ongoing discussions.

Please feel free to distribute these notes to any of your networks and connections. If you have any comments or suggestions you would like to make then please do contact Anne Hooper, Chair, Lewisham People's Partnership at anne.hooper@nhs.net.

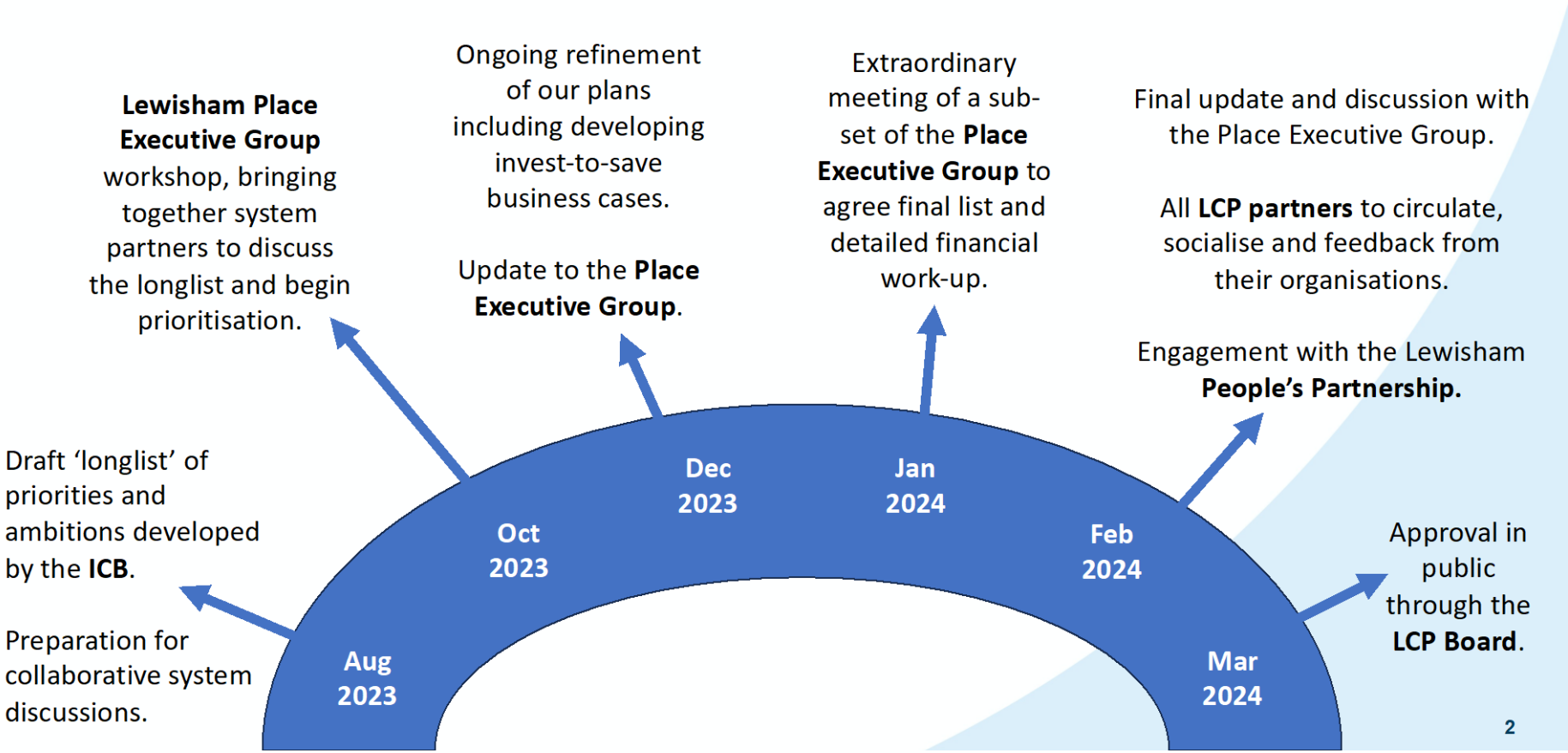
The next meeting is to be held on 23rd April 2024, at Catford Civic Centre, Catford Rd, London SE6 9SE with Hybrid option. If there are topics that you would want to be included in either this meeting or future meetings, please do let Anne know.

APPENDIX 1 - Presentation

South East London Integrated Care System

Developing Lewisham's system intentions for 2024/25

NHS South East London



2

South East London Integrated Care System

Lewisham's System Intentions for Long Term Conditions

NHS South East London

1. Reprocurement of **community dermatology** services to reflect SEL best practice and support primary care.

2. Improve low rates of **hypertension** control through proactive primary care support, patient activation and VCSE development.

3. Redesign of **Musculoskeletal (MSK) services** to reflect national and SEL best practice.

4. Improve access to **respiratory diagnostic and management services** for children and adults including support for primary care management.

5. Spread and scale of the **Chronic Kidney Disease Multimorbidity Model of Care** pilot, providing better multidisciplinary care to people with complex health and wellbeing challenges.

6. Improve the quality and appropriateness of community and hospital **referrals** through better referral tools and uptake of Advice and Guidance and GP education.

Denotes additional funding being invested compared with 2023/24.

3

South East London Integrated Care System

Lewisham's System Intentions for Children and Young People

NHS South East London

7. Pilot a **Single Point of Access** for children's community mental health services.

8. Expand the GP-led **Youth Clinic** to the south of Lewisham.

9. Develop the **voluntary sector** to provide early help and prevention for children's mental health and emotional wellbeing.

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

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

12. Improve our **neurodiversity offer** including reducing waiting times for autism and ADHD assessments, and developing 'waiting well' options.

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

4

Lewisham's System Intentions for Older Adults and Urgent Care

14. **Older Adult's Transformation Programme**, including establishing a Proactive Care team.

15. Maximising the impact of **Wellbeing at Home** including through Wellbeing Workers career progression and use of technology and AI.

16. **Home First** improvements to reduce discharge delays.

17. **Admissions avoidance** and Length of Stay reductions through additional social worker and therapies provision.

18. Increase the capacity of the **NHS@Home service** (Virtual Ward) including developing new pathways for Heart Failure, respiratory and paediatric patients, and linking with care homes and LAS.

5

Lewisham's System Intentions for Mental Health

19. Improve **community crisis care pathways** including by scoping youth workers for schools in-reach and urgent care; developing the Bridge Café; and a comms campaign.

20. Improve **BAME access** to children's mental health services through the 'Should I Really Be Here' project.

21. Develop **early intervention and prevention services**, focusing on voluntary sector support of black people and their carers, and preventing crisis for autism people.

22. **All Age Autism Strategy** and services, to improve waiting times and staff training.

23. Deliver the SEL 'core offer' **adult mental health community teams** across Mental Health services, primary care and the voluntary sector.

7

Lewisham's System Intentions for Primary Care and Medicines

South East London Integrated Care System

NHS South East London

24. Implement a **Primary Care Network population health scheme**, including improving uptake of SMI health checks and screening and immunisations.

25. Continue to deliver the national **Primary Care Access Recovery Plan**.

26. Continue delivery of the Primary Care Networks **health inequalities** programme and health equity fellows.

27. Mobilise a new dedicated **GP practice for care home and Extra Care Housing residents**.

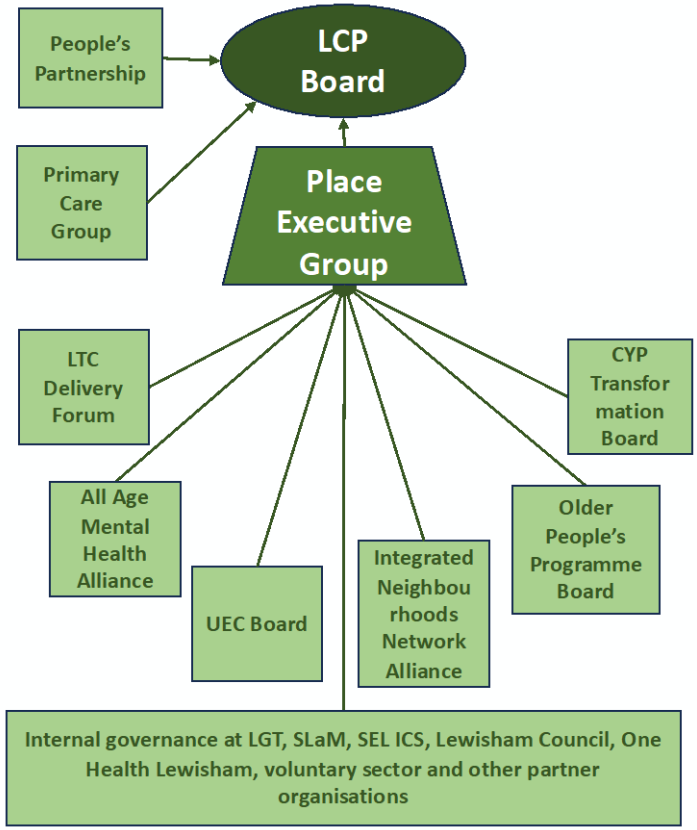
28. Deliver our **Medicines Optimisation Plan 2024/25**, including quality and safety focused initiatives.

29. Develop and deliver a **Community Pharmacy Strategy** to maximise the impact of pharmacies on population health, access to care and avoiding urgent care.

30. Embed the **Atrial Fibrillation detection scheme** in community pharmacies to improve identification and reduce strokes and other ill health.

8

Next steps for system intentions 2024/25



- ✓ Action: Checklist for patient and public engagement against each system intention to be completed during February to give assurance of a robust approach within each programme.
- ✓ Action: Approval through the LCP Board in public in March 2024.
- ✓ Action: Ongoing development and delivery through Lewisham's various working groups will continue up to and into the new financial year.
- ✓ Action: Progress of delivery of the Lewisham system intentions will go through the Place Executive Group, supported by the Integrated Programme Management team's efforts to produce high quality and useful performance reports with programme leads across the LCP.

9

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 13
Enclosure 12

Title:	**Lewisham Primary Care Group - Chairs Report**
Meeting Date:	**14 March 2024**
Author:	Chima Olugh, Primary Care Commissioning Manager (Lewisham)
Primary Care Group	Anne Hooper
Executive Lead:	Ceri Jacob

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:	Key items discussed and/or approved at the January and February 2024 Primary Care Group meetings include: **Service Change** ▪ ICO Health Group - Boundfield Road Site closure **Primary Care Quality and Transformation** ▪ 2024/25 PMS Premium Commissioning Intentions ▪ Service Development Funding ▪ SEL Flexible Staff Pooling
Potential Conflicts of Interest	**No Conflicts of Interest identified**
Any impact on BLACHIR recommendations	**PMS Premium Commissioning Intentions:** 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	N/A		
	Financial Impact	▪ **SEL Flexible Staff Pooling:** Funded from the 2024/25 service development funding. ▪ **PMS Premium Commissioning Intentions:** Funded through the delegated primary care budget.		
Other Engagement	Public Engagement	**ICO Health Group - Boundfield Road Site closure:** ICO Health Group engaged its Patient Participation Group and informed patients of the site closure.		
	Other Committee Discussion/ Engagement	N/A		
Recommendation:	This paper is for information. The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.			

1) ICO Health Group - Boundfield Road Site closure

1.1 Background

The ICO Health Group (ODS Code G85104) is a GP practice in Lewisham and part of the Sevenfields Primary Care Network (PCN).

The practice holds a General Medical Services (GMS) contract and currently operates across three sites namely;

a. Moorside Clinic, Downham Health and Leisure Centre. 7-9 Moorside Road BR1 5EP.
b. Marvels Lane Surgery. 37 Marvels Lane, SE12 9PN. (Branch)
c. Boundfield Medical Practice. 103 Boundfield Road, SE6 1PG. (Branch)

On 19 December 2023, the ICO Health Group received formal notification from the landlord that the availability of the Boundfield Medical Centre branch site, will come to an end on the 29th of February 2024. Dr Pavar, who was a previous partner of the ICO Health Group and owner of the Boundfield Medical Centre branch site planned to sell the premises. This means the site would need to be vacated and no longer be available for NHS use.

1.2 Strategic Alignment

Boundfield Medical Centre site building is an old house and not Disability Discrimination Act (DDA) compliant, not purpose built or fit for purpose and would require significant investment to ensure that it meets Health & Safety, Fire and DDA requirements.

The closure of the site aligns with the NHS Long Term Plan, GP Forward View and the ICB strategy for larger practices utilising space and working together to deal with the pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.

The Boundfield Medical Centre site consisted of only four clinical rooms and mainly administrative space since it was a detached house. This would easily be accommodated at the other locations within the ICO Health Group.

The ICO Health Group already had plans to consolidate its estates, from its previous four to two sites and has previously consolidated all services provided at the Boundfield Medical Centre site onto its main Downham.

Furthermore, staff from the Boundfield Medical Centre site had moved to the Downham site (much of which had been facilitated during the pandemic due to changes in operational processes mandated by response to the pandemic).

The distance between the Boundfield Road and Downham main site is 0.6 miles and approximately a 20 minute walk. There are also good public transport links between the sites including buses 124 and 284.

1.3 What next

In order to avoid any disruption to services ICO Health Group had taken steps to engage its Patient Participation Group (PPG) and informed patients of the imminent closure.

Improvements have been made to the Downham site which has enabled an increased number of clinical sessions to be held. Also, the practice is reviewing its services at the Marvels Lane site (in partnership with Lewisham & Greenwich Trust who currently own the site).

1.4 Financial impact

There is a financial saving for the practice consolidating its sites and a potential long-term saving for the Integrated Care Board (ICB) in relation to rent and rates reimbursements which would be released following the closure.

Rent:	£39,500.00.
Rates:	£5,370.49
Total	**£44,870.49**

The ICB would make an average annual saving of £44,870.49. However, the practice is considering its future estates configuration and in particular the future of the current Marvels Lane Clinic site and in order to support this, the practice has requested that the rent and rates from the Boundfield Medical Centre be protected, and ring fenced for this.

Additionally, ICO will gain some financial efficiencies from reducing overheads incurred through the maintenance of the site.

The ICB GPIT team is in contact with the practice to relocate, decommission and dispose of the IT equipment as necessary.

1.5 Next steps

- The Boundfield Medical Centre site will close on the 29 February 2024.
- The ICB GPIT team is in contact with the practice to relocate, decommission and dispose of the IT equipment as necessary.
- Commissioners will work with ICO Health Group to ensure that the appropriate processes are followed in relation to further patient engagement and the close down of the site to ensure that the transition is managed appropriately.
- ICO Health Group will continue to review its services across its other sites and request that the rent and rates from the Boundfield Medical Centre be protected and ring fenced to support this.

The full ICO Health business case can be found in appendix A.

2) 2024/25 PMS Premium Commissioning Intentions

2.1 Background

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

The value of the PMS Premium is an estimated £3.2 million. The additional 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.

2.2 Review

The Premium consists of service specifications which are used to support practice quality improvement. The table below outlines the areas covered by the Premium.

As per previous years the PMS Premium commissioning intentions are being reviewed in preparation for 2024/24 to ensure the priority areas are still relevant and are delivering the desired patient outcomes.

2.3 Next steps

A draft proposal has been discussed at the January meeting of the group, a final proposal and options appraisal will be taken to the March meeting for ratification.

An update will be bought to the May meeting Local Care Partnership Strategic Board.

	Current Commissioning Intentions
1.	End of Life Care
2.	Risk Profiling & Multidisciplinary Working
3.	Bowel Cancer screening
4.	Childhood Obesity
5.	Wound care management
6.	Drug monitoring in primary care
7.	Referral Management
8.	Serious Mental Illness
9.	Patient Experience
10.	Alcohol intervention

3) 2023/24 Service Development Funding

The group received an update to the original proposed approach to utilisation of the primary care service development funding for 2023/24.

3.1 Background

To support ICBs maximise use of their primary care Service Development Funding (SDF) and in recognition of the new statutory nature of ICBs, the number of separate primary care SDF allocations has been reduced significantly for 2023/24.

For the bundled primary care transformation budget, the names of the previous funding lines that have been brought together and its proposed use are shown in table 1 below for information.

It is for ICBs to determine how to invest the overall transformation amount to deliver the support required to general practice and PCNs set out in the Delivery Plan and in regard to the 'primary care transformation funding' section below. Systems should also consider how to support and consolidate improvements in practices who have already invested in changes.

Table 1: Proposed use of the borough SDF budget:

Comms and engagement	To support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available *(as per the campaign discussed at the July PCG meeting)*	**£20,000**
Practice resilience	To support practice resilience, addressing immediate practice pressures to maintain services effectively and safely *(continuation of the approach that has been running in Lewisham for many years)*	**£30,000**
Transformational Support - PCN Development	To support continued PCN development and maturity including at scale delivery i.e. ehub, remote monitoring, centralised back office, automation *(continuation of the approach that has been running in Lewisham for several years)*	**£85,000**
Transformational Support - GP Transformation Support	To support practices with a "local equivalent GPIP national intermediate offer", linking to the Support Level Framework (SLF) approach to help identify specific needs *(an opportunity to help target the resilience funding to where it is needed the most)*	**£55,000**
	TOTAL	**£190,000**

3.2 Proposal

Due to resources challenges with the communications and engagement work and timeframes the ICB proposed that the £20k allocated to this work be reallocated to the PCN development fund.

The shift in resources takes the PCN development funding from £85k to £105k.
Some of the monies have already been committed to bring in a consultancy facilitator to work with all the PCNs to refine and develop their development plans.

The ICB will utilise recently released national resources to support the communications and engagement work.

3.3 The proposal was formally agreed and accepted by the group.

4) SEL ICS Primary Care Flexible Staff Pooling

4.1 Background

The primary care flexible staffing pool (FSP) arrangements reflect NHS England's People Plan commitment to establish GP banks to support practices and PCNs increase capacity in general practice and create a new offer for GPs who want to work flexibly. Each Integrated Care System (ICS) could receive up to £120,000 to implement or augment existing virtual pool arrangements.

To support South East London GP practices and PCNs, SEL ICS commissioned a flexible staffing pool solution from Lantum in April 2022 for 2 years. Each practice was given a license to enable them to advertise sessions initially for GPs but with the intention of widening this to all clinical and non-clinical staffing groups.
Practices pay 1% fees for any bookings made through Lantum.

The current arrangements with Lantum come to an end at the end of March 2024 and the ICS has put forward options for 2024/25.

Prior to the central arrangement of a SEL staffing pool solution through Lantum, individual boroughs had their own staffing pool solutions in place, using a mix of local and national suppliers.

4.2 Objectives

Objectives of the SEL pool include:

- To build practice and PCN resilience
- To save practices money
- To create a staffing pool consisting of GPs initially with the potential to expand to incorporate all clinical and non-clinical roles
- To support with the new Enhanced access offer going live from Oct 2022
- To reduce GP stress and workload by providing an organised and structured approach to a flexible staffing pool
- Easy auditing, performance data gathering and more control to aid workforce planning via performance dashboards
- Improved integration at ICS level
- Access to Lantum's 30,000 clinical staff nationwide outside of the staffing pool
- Better management, local area knowledge
- Paperless hassle-free invoicing structure, beneficial for both GPs and clinicians. Full track record of shifts worked, automated pay, option of next day payment for clinicians directly via Lantum.

4.3 Future potential development opportunities of SEL pool

a) Further widening onboarding of clinical and non-clinical staff self-employed to the staffing pool.

b) Recruiting all clinical and non-clinical roles that wish to remain PAYE. The addition of the PAYE option would allow the service to develop and to offer greater flexibility in terms of staffing groups such as ARRS roles who may not work on a self-employed basis.

4.4 Options for renewal

There were 2 decisions to make regarding the flexible staffing pool provision:

- **Decision 1**

1a) To extend the contract with Lantum for 12 months (at 9 months SEL ICB will review future provision in line with updated guidance.
1b) Not to extend the contract with Lantum and reprocure a SEL-wide service.

1c) Not to renew the contract with Lantum and for boroughs to procure individual flexible staffing pools.

- **Decision 2**

Is there is interest to expand the SEL wide pool (if Decision 1 supports this) to include PAYE staff which will open the SEL pool to include all the primary care workforce.

4.5 Recommendation

SEL ICBs preferred option is:

1a) to extend the contract with Lantum for 12 months with a review at 9 months to agree next steps once the necessary guidance has been published for 2025/26. This would allow the ICS to seamlessly build on the already established relationship and SEL pool set up with Lantum.

Decision 2
SEL ICB to conduct a feasibility study for the addition of PAYE staff to the SEL wide pool.

The primary care group approved the recommendations.

Appendix A

ICO Health Group Business Case for the closure of Boundfield Medical Centre Site
Aim

This aim of this business case is to outline the plan and provide assurances for the closure of the ICO Health Group Boundfield Medical Practice site on the 29th of February 2024.

1. Background

The ICO Health Group (ODS Code G85104) is a GP practice in Lewisham and part of the Sevenfields Primary Care Network (PCN).

The practice holds a General Medical Services (GMS) contract and currently operates across three sites.

i) Moorside Clinic, Downham Health and Leisure Centre. 7-9 Moorside Road BR1 5EP.
ii) Marvels Lane Surgery. 37 Marvels Lane, SE12 9PN. (Branch)
iii) Boundfield Medical Practice. 103 Boundfield Road, SE6 1PG. (Branch)

See appendix A which contains a map of the sites.

On 19 December 2023, the ICO Health Group received formal notification from the landlord that the availability of the site for Boundfield Medical Centre branch site, will come to an end on the 29th of February 2024. Dr Pavar, who was a previous partner of the ICO Health Group and owner of the Boundfield Medical Centre branch site will sell the premises. This means the site will need to be vacated and will no longer be available for NHS use.

Due to the sudden nature of the situation the ICO Health Group has not been able to develop a full business case and associated plans. However, in order to avoid any disruption to services it has taken steps to engage its Patient Participation Group (PPG) and has informed patients of the imminent closure.

The ICO Health Group already had plans to consolidate its estates, from its previous four to two sites and has previously consolidated all services provided at the Boundfield Medical Centre site onto its main Downham. Prior to the pandemic the Boundfield Medical Centre site was being used for just 2 days per week and during the pandemic and the forced remote working of some of the clinical staff this had resulted in the Boundfield Medical site not being used at all with more reliance on its other premises.

Furthermore, staff from the Boundfield Medical Centre site have already moved to the Downham site (much of which has already been facilitated during the pandemic due to changes in operational processes mandated by response to the pandemic).

Improvements have been made to the Downham site allowing an increased number of clinical sessions to be held, and the practice is reviewing its services at the Marvels Lane site (in partnership with Lewisham & Greenwich Trust who currently own the site).

The distance between the Boundfield Road and Downham main site is 0.6 miles and is an approx. 20 minute walk. There are also good public transport links between the sites including buses 124 and 284.

2. Patient/Stakeholder Engagement

The short notice of closure of the Boundfield Medical Centre site has limited the practices' scope to undertake comprehensive patient engagement. However, all patients will remain registered with ICO Health Group and will continue to have access to services from the remaining sites.

The ICO Health Group has been operational as a single entity since its merger on 1st January 2013 and all historic 'Boundfield' patients are familiar with and using all ICO Health Group sites according to opening hours and their preference. ICO Health group has communicated with all patients through multiple channels about the closure of the Boundfield Medical Centre site who are aware that all services will remain undisrupted.

Steps taken to ensure patients are aware of the site closure:

i) Information about the site closure and changes have been published on the practice website.
ii) Information notices have been displayed on the front of the surgery building and leaflets at the reception desk.
iii) The Patient Participation Group have been informed of the closure and have given their support. A PPG meeting is being held in February 2024.
iv) All vulnerable patients have been identified and contacted by telephone and are being supported through the process.
v) The practice has sent text messages to patients who regularly attend Boundfield Medical Centre site explaining the closure. As patients have been attending the Moorside Clinic at the Downham site over many years now it would not be necessary to send letters explaining the closure.

ICO has informed Sevenfields PCN clinical director and the wider PCN of the closure.

Patient feedback and concerns will be collected (by email, telephone or face to face) and addressed at future patient engagement events and will be considered as part of ICOs future planning process.

ICO Health Group have engaged with all staff – all of whom are contracted to work across all sites since the merger in 2013 and are familiar with the standard operating procedure.

All local services are aware that Boundfield Medical Centre as a branch site of ICO Health Group has remained closed since the pandemic. Since the merger of Boundfield Medical Centre to form the ICO Health Group in 2013 all physical medical records for patients have been filed in Moorside Clinic in the Downham site and was fully communicated to the original Boundfield Medical Centre patients at the time.

3. Neighbouring Practices

A review of neighbouring practices is shown below – all currently have open lists should anyone choose to re-register. However, as patients are already visiting the Moorside Clinic for their current needs, it is not anticipated that any patients will register elsewhere.

Practice	Distance	Location	Capacity
Oakview Family Practice. 190 Shroffold Road, BR1 5NJ.	0.4 miles	Lewisham	Yes
Torridon Road Medical Practice. 80 Torridon Rd SE6 1RB.	0.4 miles	Lewisham	Yes
Downham Family Medical Practice, Moorside Road, BR1 5EP	0.6 miles	Lewisham	Yes

Novum Health Partnership. Baring Road Medical Centre, 282 Baring Road, SE12 0DS.	0.7 miles	Lewisham	Yes

4. Strategic Alignment

As an old house the Boundfield Medical Centre site building is not Disability Discrimination Act (DDA) compliant, is not purpose built and is not fit for purpose and would require significant investment to ensure that it meets Health & Safety, Fire and DDA requirements.

The closure of the site aligns with the NHS Long Term Plan, GP Forward View and the ICB strategy for larger practices utilising space and working together to deal with the pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.

The Boundfield Medical Centre site consisted of only four clinical rooms and mainly administrative space since it was a detached house. This would easily be accommodated at the other locations within the ICO Health Group.

5. Financial Considerations

There is a financial saving for the practice consolidating its sites and a potential long-term saving for the ICB in relation to rent and rates reimbursements which would be released following the closure.

Rent:	£39,500.00.
Rates:	£5,370.49
Total	**£44,870.49**

The ICB would make an average annual saving of £44,870.49. However, the practice is considering its future estates configuration and in particular the future of the current Marvels Lane Clinic site and in order to support this, **we are requesting that the rent and rates from the Boundfield Medical Centre would need to be protected and ring fenced for this.**

Additionally, ICO will gain some financial efficiencies from reducing overheads incurred through the maintenance of the site.

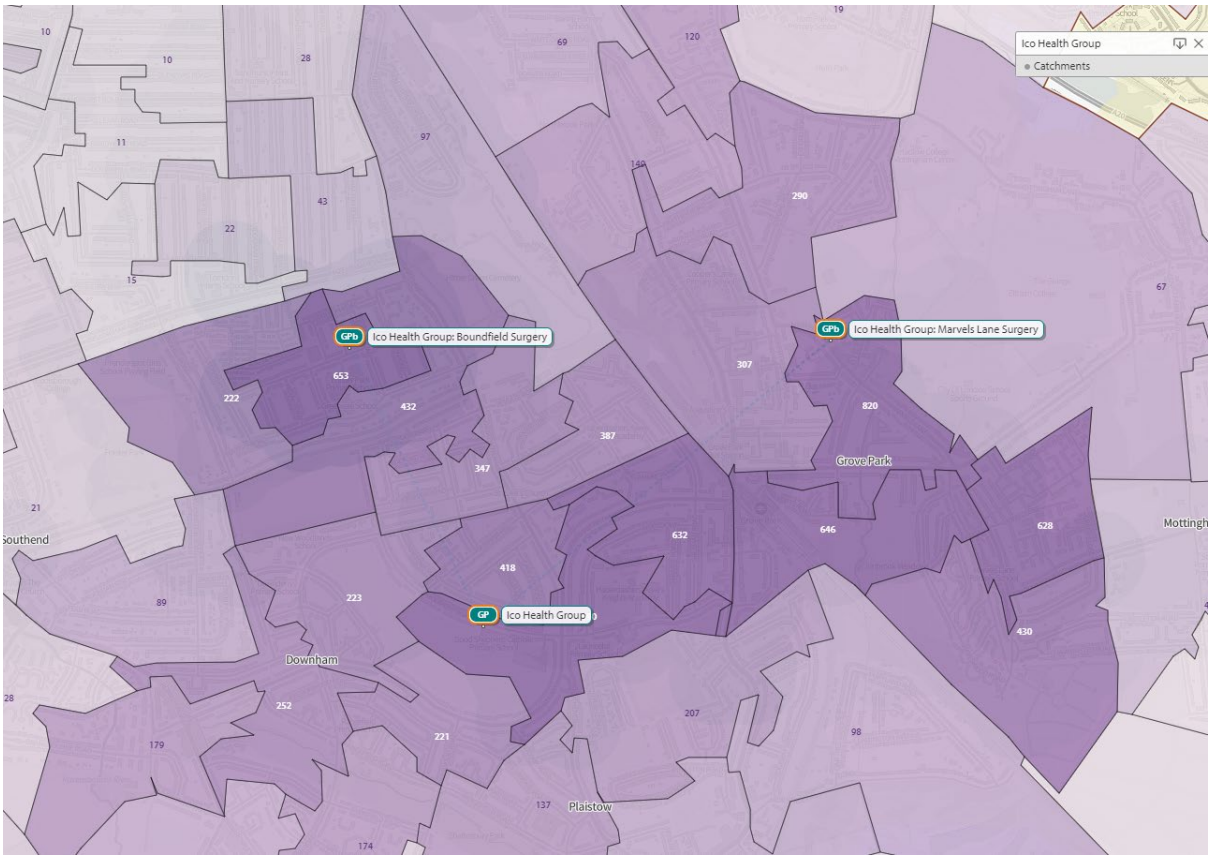
The ICB GPIT team is in contact with the practice to relocate, decommission and dispose of the IT equipment as necessary.

6. Next Steps

- It is intended that the Boundfield Medical Centre site will close on the 29 February 2024.
- The ICB GPIT team is in contact with the practice to relocate, decommission and dispose of the IT equipment as necessary.
- Commissioners will work with ICO Health Group to ensure that the appropriate processes are followed in relation to further patient engagement and the close down of the site to ensure that the transition is managed appropriately.

- ICO Health Group will continue to review its services across its other sites and request that the rent and rates from the Boundfield Medical Centre be protected and ring fenced to support this.

Map of ICO Health Group sites (and registered patient numbers)



Notes and actions from Lewisham IQAG 12 January 2024 (Approved 8 March 2024)

Discussion	Actions
<u>Attendees:</u> Louise Crosby (chair) (LC) Lizzie Howe (notes) (LH) Ceri Jacob (CJ) Caroline Walker (CW) Dr Faruk Majid (FM) Amanda Lloyd (AL) Carolynn Denne (CD) Ashley O'Shaughnessy (AOS) Tristan Brice (TB) Matt Agbolegbe (MA) Neil Goulbourne (NG) Iain McDiarmid (IMcD) (rep. Kenny Gregory) Emily Newell (EN) Lorraine Harker (LHa) Sarah Greig (SG) Helen Woolford (HW) Simon Whitlock (SWh) <u>Apologies for absence:</u> Fiona Mitchel Margaret Mansfield Kenny Gregory Heather Hughes	
1. Notes of previous meeting.	Agreed as a correct record

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2. Action Log	No outstanding actions.
3. LCP Performance Data. CW led the agenda item. Performance data discussed. Covid outbreak noted. One area to be chosen for update at each meeting. **Dementia**. TB updated on the Dementia dashboard. Dementia Strategy previously signed off by Mayor & Cabinet in October 2023. Implementation Plan noted. Looking for support from the IQ&AG going forward in terms of data. LC requested any written information, TB advised this is currently with SLaM. TB went through the steps outlined in the plan. LSE is helping with the work. LC queried best practice nationally but TB stated not at this time. The local action alliance has been restarted. CD mentioned engagement work and support for people. A Dementia Café has been established at LGT. CJ mentioned looking at targets and beyond that. System impact noted. Hope this work improves the experience as well for the person and their carer(s). Queried how quality issues would be notified via the dashboard. TB advised this was still a work in progress. TB queried to FM about gaining the client perspective as well. CW said a good relationship with carer(s) was vital. TB mentioned free parking for carer(s) to LC. Will be picked up offline. CW mentioned blue badges. **CHC.** CW updated on the agenda item. Downward trends noted. LC stated if these declined this would need to be detailed on an agenda here. AOS commented the numbers do need to be taken in context and spoke about the Family Hubs and child immunisations.	TB advised for Dementia he would be looking for support from the IQ&AG going forward in terms of data. Strategy will be shared by TB with the group. TB will hopefully have a dashboard for sharing at the March meeting. TB will circulate to IQ&AG the membership of the local action alliance. LC/TB to pick up offline. HH to attend the next meeting *(CW to note for Forward Planner).*

CW advised CHC leads are reviewing the 28 day assessment lists, looking to reduce the 12 week timescale. Band 4 admin posts are being utilised to ease pressure on assessors with regards to bookings etc. No team manager at the moment. Staffing also an issue for closing cases as well. Cost pressures noted. CJ said it was staff related. A number of staff were off at the same time. Extra capacity now with an extra person targeting the "long waiters". Numbers should come down now as staff are back, also an extra external resource has been recruited. CW SEL update is detailed in the report. LC said it was helpful to go through the dashboard.	
4. Feedback from <u>ICB Quality & Performance/ ICB System Quality Group</u> Feedback on reports detailed at the last meeting. One provider had challenged some of the figures. Felt report should be more outcome focussed and detail how learning would be shared. CW updated on a couple of key slides. With regards to the insulin SI CW noted the good work of the meds optimisation team in sharing the learning. Also raised as a safeguarding issue. There has been an increase in aggression and violence towards staff. LGT have implemented a single point of handover with LAS. There is now a 45 minute target for handovers for LAS. LC noted some staff in ED had expressed concerns about LAS leaving site at 45 minutes before	Meds Optimisation team to note.

handover. Meeting with Chief Executive had been held; it was a productive meeting. AOS mentioned primary care involvement as well. CW/AOS to pick up offline. CD noted increase in aggression etc and queried if change in Met police attendance had any impact. CJ felt it was a general population issue. Not aware of an impact so far regarding Met police change in attending mental health incidents. MA said aggression and violence was increasing in the wards. This is being monitored. CW commented on slide 5 in the pack and the update. Also an update on CHC. Slide 8 gave an update on acute providers. Update on maternity noted. <u>CCPL</u> FM led the agenda item. Present concerns are safeguarding and primary care (provision of social services reports and timeliness, attendance at conferences etc). It is not easy to get locums. Numbers in Lewisham do seem high compared to other boroughs. Have been discussions on whether we need to employ someone purely to manage this. Spoken to counterparts in other boroughs about learning from deaths. Medical Examiners review all community deaths. Reporting of those with LD/Autism appears to have discrepancies. Access and timeliness to CAHMS still a concern. Medication review issues noted. Maternity and post-partum depression noted. No recent data had been seen. Often a difference in relation to ethnicity. Freedom to speak up guardians noted.	

NHS dentistry and lack of access is an issue and also there can be language barriers to access. Continuity of care can be a challenge in primary care as some staff work part-time. Can be medication access issues. Might need to consider this for a future agenda item. Have been conversations about the 111 service and access for those with disabilities (e.g. hearing). Also issues with attributing the level of urgency. Looking at previous calls now has helped manage this.	
5. Quality Alerts/SIs CW advised happy to take any questions on the slides.	
6. Improving Hypertension management SG (Programme Manager, Integrated Programme team) led the agenda item. Slides shared on screen. Overview of work so far given to the group. Links to heart conditions and health inequalities noted. Currently focussing on those already diagnosed. Aims and objectives of the programme highlighted. Have three workstreams: • Primary care enhancement (looking to develop an incentive scheme) • Public Engagement (building relationships & on-going dialogue with residents) • Community approaches (upskilling & support training noted) Hypertension portfolio links in with other work. SG spoke about the slide detailing the impact the work could make.	

CJ spoke about the importance of the work especially with an ageing population. Need to ensure we have the trust of the community and get the engagement right and be accessible. CD acknowledged this was an important area to work on especially for the BAME community and wondered if there were links with the physical health checks. There can be complexities with other health issues. MA agreed with this point and emphasises the importance of working with primary and secondary care teams. Do have some existing contacts with this group. LC thanked SG for the update. SG happy to pick up any queries offline.	
7. Primary Care and Secondary Interface <u>Approach & next steps</u>. AOS led the agenda item. Have held a session with CCPL and LGT colleagues. There is a lot of commitment and engagement to take this forward. Feels right to report through this group. Need a clear work plan for this and a comms plan. Align with Bexley and Greenwich colleagues as well to avoid duplication. Need to also be clear on the big ticket items. Will be looking to have T&F groups. There are also lots of other interfaces not just primary and secondary care. Quick wins from 29/11 meeting shared. Bypass numbers for practices list has been shared. Work of the training hub discussed. Need to be mindful SEL work on primary/secondary care interface is also taking place.	

NG (Chief Strategy Officer, LGT) advised this was a priority for Lewisham. Need to focus on operational and day to day relationships. Must have an impact for this to work. CW agreed with AOS that T&F groups were needed. LC thanked AOS for the update. **Family Hubs & Health Integration** EN (CYP commissioning team) and LHa (Family Hubs project manager led the agenda item. LHa updated on the Lewisham model. Expectation is the buildings will play a wider part in the community. Connecting, growing and thriving families is the ethos. Workshops are taking place. Outcomes noted. Hub locations detailed by LHa. Downderry will open soon. It is a hub and spoke model linking out to youth centres and libraries etc. Have navigators who provide a meet and greet service. The number of services on offer is increasing. EN spoke about information sharing, noted co-location is going well. Feedback from families is that they only want to tell their story once. Want to prevent families falling through the cracks or just dropping out of receiving support. Governance slide noted. Want a neighbourhood approach. Looking at the pathways. MDT's are about to be set up. Practitioners want to be able to work with partners. Working on a DPIA which should be signed off within the next two weeks. IG colleagues will be involved in the sign off. Automatic sharing of information on new births in the borough would mean support could be offered early on. Would require multi-agreement on sign up though in terms of data.	

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EN spoke about how better use could be made of the buildings including clinical rooms. Have good links with midwifery and health visitors. Any services for 0-19 year olds you would like included please advise the team. Uptake on interventions would be welcome as well. Also thinking about sustainability as well. Department of Education funding noted, this finishes in March 2025. Want to keep the model going after that point.	
LC surprised at the amount covered by the hubs.	
CJ mentioned EN & LHa attending meetings with service leads. LC mentioned looking at what services could be decamped to the hubs, would discuss this with LGT colleagues.	LC to discuss with LGT colleagues.
CJ noted close links with Public Health and the immunisations figures which are low.	CJ to take forward with primary care and Public Health.
IMcD commented on the neighbourhoods programme and links with the family hubs.	
CD commented on support for young carers. Also support (peer support) for perinatal health. This would tie in with the think family approach.	
Harms review	
Deferred to next meeting.	*CW to note for Forward Planner.*
CW noted the report was shared last November and again this month. Key highlights detailed in the group Chat.	

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8. Forward Planner Noted no comments.	
9. Escalations None to note.	
10. AOB/Date of next meeting No items raised. LC closed the meeting at 12.58 hrs. <u>Date of next meeting:</u> Friday 8 March 2024 at 11.00-13.00 hrs via Teams	