Lewisham Local Care Partners Strategic Board
Date: Thursday 21 September 2023, 14.00-16.10hrs
Venue: MS Teams (meeting to be held in public)
Chair: Tom Brown

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, introductions, declarations of interest, apologies for absence, Action Log & Minutes of the previous LCP meeting held on 27 July 2023 (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**				14.05-14.15 10 mins
3.	**PEL Report**	Enc 3	Sarah Wainer	To Note	14.15-14.20 5 mins
	Delivery				
4.	**Highlights from the Lewisham Place Executive Group and Integrated Programme Management function**	Enc 4 & 4a	Jessica Arnold	For Discussion	14.20-14.40 20 mins
5.	**Additional VCSE representative *(for approval of an additional representative & process)***	Enc 5	Tom Brown/ Charles Malcolm-Smith	For Approval	14.40-14.50 10 mins
6.	**Development Plan for LCP**	Enc 6 & 6a	Charles Malcolm-Smith	For Discussion	14.50-15.10 20 mins
7.	**Primary Care Group Chair's Report**	Enc 7	Anne Hooper	To Note	15.10-15.20 10 mins
8.	**LCP Logo/Branding**	Enc 8 & 8a	Sarah Wainer	For Approval	15.20-15.30 10 mins
9.	**Risk Register**	Enc 9, 9a & 9b	Sarah Wainer	For Discussion	15.30-15.40 10 mins

10.	**People's Partnership update**	Enc 10	Anne Hooper	To Note	15.40-15.50 10 mins
	Governance				
11.	**Finance update**	Enc 11 & 11a	Michael Cunningham	For Discussion	15.50-16.00 10 mins
	Place Based Leadership				
12.	**Any Other Business**		All		16.00-16.10 10 mins
					CLOSE
	Date of next meeting (to be held in public): • **Thursday 30 November 2023 at 14.00 hrs via Teams**				
	Papers for information				
	Minutes of: • **People's Partnership meeting (25/07)** • **Integrated Quality & Assurance Group (14/07)** • **PEG (Place Executive Group) (08/06)** **Also:** • **Safeguarding Children Annual Report 2022/23 & Q1 July 2023 report**	Enc 12 Enc 13 Enc 14 Enc 15			

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 27 July 2023 at 14.00 hrs.

via MS Teams

Present:

Michael Kerin (MK) (Chair)	Healthwatch Lewisham representative
Ceri Jacob (CJ)	Place Executive Lead, Lewisham, SEL ICS
Anne Hooper (AH)	Community Representative Lewisham
Dr Helen Tattersfield (HT)	Primary Care representative
Tom Brown (TB)	Executive Director for Community Services (DASS), LBL
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Sandra Iskander (SI)	Acting Chief Strategy, Partnerships & Transformation Officer, LGT
Vanessa Smith (VS)	Chief Nurse, SLaM
Pinaki Ghoshal (PG)	Director of Children's Services, LBL
Fiona Derbyshire (FD)	CEO Citizens Advice Lewisham (VCSE representative)

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Kenny Gregory (KG)	Director of Adult Integrated Commissioning
Ashley O'Shaughnessy (AOS)	Associate Director of Primary Care Lewisham, SEL ICS

Lorraine Harker (LHa)	Family Hub Project Manager, LBL
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Jessica Arnold (JA)	Director of Delivery, Lewisham, SEL ICS

Apologies:

Dr Prad Velayuthan, Chief Executive OHL & Sarah Wainer, Director of Transformation

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 18 May 2023** Michael Kerin (Chair) welcomed everyone to the meeting. Housekeeping matters were given by the chair. Apologies for absence were noted as recorded above. Declaration of Interests – There were no new or amended declarations of interest. Minutes of the Lewisham LCP Strategic Board meeting held on 18 May 2023 – these were agreed as a correct record. Action log – actions were updated accordingly. MK also commented on the Primary Care agenda item (no.9) regarding the inclusion of the Metrics and noted these had now been included. He requested for completeness that for item 9 an action to show the approved the PC strategy was approved subject to the relevant Metrics inclusion. This action would be opened and closed. **The LCP Board approved the Minutes of the meeting held on 18 May 2023.**	
2.	**Questions from members of the public** There were no questions raised from the members of the public or received in advance of today's meeting.	

3.	**PEL (Place Executive Lead) update** Ceri Jacob presented the agenda item. The PEL update was taken as read. Reminder of the MCR programme and the need for a 30% reduction by 2025, with at least 20% by 2024, the bulk of which is related to cost related pay. Three step process noted. Steps 1 and 2 have taken place. This looked at the core elements of each function. All staff have been involved with functional workshops. Have also taken views on the options. Step 3 commences now with Executive Directors. Expect to go live on 16 October with the consultation. There is the employee assistance programme if needed by colleagues. 5 P's work noted. Completed our self-assessment, reviewed at the last seminar session. Final plan back to LCP in a couple of months *(LH noted for Forward Planner)*. Last ICB Board approved six corporate objectives to focus on over the next year. Our Lewisham priorities are compatible with this. Looking at immunisation take up in the borough. AH noted the MCR programme focus on core and strategic functions and asked, what would be the impact on health and care services for Lewisham? CJ stated the core statutory requirements for an ICB have not changed. First focus is for the structure to focus on delivery of the core functions. Discussions with partners across the ICS, looking at a system approach. Priorities, most do have targets. For screening etc they drive our health inequalities. Breast screening is particularly low in Lewisham for example. If we can increase uptake there will be better outcomes for Lewisham. CJ also updated on the new co-chair arrangements and advised Tom Brown would be taking over from Pinaki Ghoshal. Michael Kerin is now covering as chair following Dr Jacky McLeod's departure. **The Lewisham LCP Board noted the PEL report.**	

4.	**Update on priorities** JA presented the agenda item. Documents previously shared and slides shared on screen. JA updated on the five priorities and gave the background. It is now about delivery of the priorities. Noted there is a lot of detail contained within the slides, so a summary had also been included. Lewisham had agreed four priorities earlier this year including integrated working. A fifth one has been added now to encompass financial stability. The original four priorities cannot be delivered without financial stability. There has been considerable engagement in relation to the priorities. Looking to tackle inequalities. The underpinning actions were noted including integrated neighbourhood working with a multi-disciplinary approach. Work is on-going and linked to directory of services and appropriate signposting. JA spoke about LTC (long term conditions) and advised the focus is on three LTC: cardiology, respiratory and diabetes. Looking at community models of care. There is a LTC delivery forum. Work on local models of care for older people highlighted. Building on findings from the frailty project. Drawing out the older people's voice. There are 48 voluntary sector organisations in Lewisham alone, so their voices need to be heard. All Age Mental Health Alliance work noted. Looking at early intervention work. Scoping for a community based hub offering 24/7 care noted. The idea is to start across one PCN and then the plan is to roll out more widely. JA mentioned CYP (children and young people), local child health teams are under development. This will involve GP's and paediatric colleagues. Looking to address inequalities around screening and immunisations. This will be discussed at future LCP Board meetings. Focus on local engagement with breast cancer noted. Working with the voluntary sector and community champions.	

	Workforce is the fourth priority. Looking at apprenticeships as an opportunity across the partnership. Need to focus on an integrated workforce. Lastly, finance noted. We must be in a good financial position to take the priorities forward. Slide detailing the various committees reporting lines highlighted up through the PEG (place executive group) and then onto the LCP Board. Noted future challenges around delivery. CJ mentioned finance, this will be tested through the older people's work. The older people's board has been started from scratch. Build on work we are already doing and plan how to use our money collectively. Also ties in with our system intentions. TB queried to VS about the right person right care. VS said she was aware of conversations across the region. Impact assessment needed. VS advised she would take that away and seek assurance. Have seen police community event information. Can share if required. TB emphasised there will be some implications. MK noted this would be picked up in risk register work as well. AH noted the synergy with the People's Partnership engagement, happy to support the work. JA happy to pick up offline. CJ advised there will be regular reports from the PEG showing progress in the future. MK noted it was early days. Queried receiving approved PEG Minutes and potential time lag on updates. CJ advised the report will include information on when system partners are involved. MK suggested it would be helpful to add an update on information with regards to the committees, e.g., who is involved. JA agreed to provide the information. **The LCP Board noted the update.**	**VS** **JA**

5.	**Primary Care 5 Year Plan** AOS presented the agenda item. MK noted it had been discussed in detail last time, further updates were noted at that meeting. Final strategy was now back here for approval. AOS gave the background and updated on recent feedback. AH thanked for her feedback. Also, other voluntary and community sector feedback noted. Advised work is on-going with the Metrics. Noted regular reports will detail feedback to the LCP Board. Seeking final approval of the plan here today. MK invited FD to comment. FD felt it was an improvement but there were still concerns about the impact on the voluntary sector. MK stated Metrics need to relate well to what we are trying to deliver. AOS advised strengthening links to the People's Partnership as part of this. Population Health scheme will assist with data. MK reminded AOS Healthwatch can also provide useful data. CJ commented on the enabler piece, the different strands will be working together. MK welcomed further feedback in future meetings. **The LCP Board approved the updated Primary Care Five Year Plan.**	
6.	**CYP (Children & Young People) Family Hubs & Start for Life** Lorraine Harker presented the agenda item. Slides shared on screen. Lewisham is one of 75 LA's receiving funding from the DfE (Department for Education) to March 2025 to introduce Family Hubs and the Start for Life Programme. Expectation from DfE is support will be provided as necessary. It is an integrated approach working around the family. Lewisham Family Hubs Model noted. There is a navigator who works with the family to ensure they receive help and support as needed. Green boxes detailing start for life offers noted. Aim is to ensure the best start for a child's life. There is also online support and guidance.	

	Digital poverty noted so there is access to wifi being offered in Lewisham. Working through the integrated care system is one of the priorities. Actions for 2023/24 and 2024/25 identified to ensure right services are in place. Pilot in Clyde hub in north of the borough as this venue had a good amount of space. Can create a family plan if needed. Health Visitors and Midwives on site as well as the DWP (Department for Work & Pensions) for benefit and employment advice. There is also a stay and play offer for children with autism. Commissioned and community services involved including the migrant network. Also having conversations with Athena about Domestic Abuse support as well. Family Hub sites noted. Next will be Downderry Hub hopefully. Looking at a number of options for area 2. It is a hub and spoke model. Might look at using leisure centres as well. Drug and alcohol and sexual health services offered as well. Local population needs assessment undertaken, did not want a generic model. Worked with Public Health to map out the areas. Looking at outcomes and services we need to offer. Infant feeding, obesity in Downderry, mental health issues adults and children in Downham. Target services where the need is greatest. Home learning environment impact on early learning. Parenting support, social care data used. Domestic Abuse noted in Downham and Rushey Green. Bellingham has a high prevalence of drug and alcohol abuse. Risk factors for teenage pregnancy noted, Lewisham has the highest rate nationally. Links to slower academic progress noted in relation to teenage pregnancy. Conclusions focussed on specific needs including breast feeding support and perinatal mental health pressures. Key milestones highlighted. Soft launch April 2023, evaluation in July 2023 where lessons learnt will be listened to. Plans for further Family Hubs noted. CJ said the presentation had been very interesting. Queried two hubs in area 1? Services around younger age group at the moment. Link over to the adults, mental health issues. The hidden child. Lha advised area 1 was a logistical matter, area is divided by a railway line. Honor	

	Oak is a youth centre, reinforces the youth offer. A family hub with a strong adolescence offer. Evening sessions will be offered as well as weekends. For adults primary funding is from start for life, DfE expectations. Looking at where services are already offered and link into other people, e.g., links to carers hubs. There is a desire to make it a full offer for the whole family. LHa said JA has been to visit Clyde to see if a paediatric (children's) clinic offer could be made there. FD stated there was clearly a synergy with Citizens Advice. Our advice can be complex and lengthy. Need a conversation whereby people can be signposted to Citizens Advice Bureau. We do offer signposting for provider first aid training. LHa has spoken to CAB already and stated the first aid training would be really useful. MK noted the use of local area data and how this had framed the different priorities and proposals for each hub. CMb really liked the approach. LHa said the teams had really worked well together to pull the data together. Presented at the Early Intervention convention. JA endorsed the model and noted the amount of work behind this. Overlap with other services, paeds outreach and children's work, children's immunisations work also noted. Soft outputs can be hard to measure though. Cost of living crisis and nutrition classes, community swap shop, all these need to be publicised. PG said it is a public health approach. A preventative approach and a key priority locally. Sustainability longer term, additional grant funding is short term. There is still some Local Authority funding. A question for the future. AOS mentioned vaccinations look to incorporate, advice or issue them, bit of both maybe. Good links and local GP surgeries as well, hubs and six PCN's too. MK commented on HT's point around immunisations in the Chat. HT stated Health Visitors have helped historically which worked well. Do want to work closely with the hubs, a lot of patients are not aware of it though. Need to raise awareness. We have social prescribers, a lot of similar work which we need to link up. LHa advised she is meeting with Sarah Wainer to ensure links with social prescribers.	

	MK noted the warning about resources from PG. The report has flagged up the important things and aspects for co-ordination elsewhere. This also gives ideas for other areas and initiatives. Noted where we are and implications for the future. KG mentioned the mental health alliance Board which LHa was happy to attend as well. **The LCP Board noted the update.**	
7.	**People's Partnership update** AH presented the agenda item. Report taken as read. Update on second People's Partnership meeting earlier this week which included the co-development of the Lewisham Health & Wellbeing Charter (HWB). Also started discussions on priorities for Lewisham they would like to see. Meeting this week concentrated on the responsibilities side of HWB, what can we do to support ourselves. Prompted a good discussion. Overarching responses focussed on information and communication. Lot of discussion around accessibility and services being difficult to access. Need to make services easier to access. Peer to peer support groups were felt an effective way for people to support themselves and others. There were concerns about the sustainability of these groups though over the years. There is a willingness to nurture good relationships with the community and the NHS. Other issues such as poverty and unemployment can impact on peoples health and wellbeing. Priorities discussion focussed on what was important to people. How can their voices be heard. Strong feeling people want a voice. Need equity and show we do undertake work which will help them. Barriers to responding noted as well. Digital Exclusion is an issue. People feel services are moving away from them. Alignment and connectivity needed at neighbourhood level. The synergy noted again with JA's presentation.	

	MK noted the focus on the People's Partnership. Connectivity in meetings does need to be considered for those joining digitally. Online engagement is important but it cannot be a second class approach. Need to focus on publicising the group. Parts of the population were not represented. Should not just rely on meetings, e.g., surveys as well. Also needs to be engagement with Healthwatch, which is an independent organisation. Voluntary sector will have their views as to how the population can feed in, there is still work to do. AH thanked MK for his comments. Needed to get the Partnership up and running, some small investment is needed. Agreed there is not full representation at this time, need to find a unified voice. Perhaps another six months to get things into position to be fully representative of the Lewisham position. Will need resourcing. HT advised were aware of difficulties in primary care with regards to sign-posting. Digital Exclusion, looking to use digital to free up access for those who need it. One enables the other, not enable the message everyone must use digital. Patient access will improve for all if it is utilised this way. AH agreed, the message is not quite getting across at the moment. The perception is "all digital" which is not correct. CJ said it was early days, at the beginning of the journey. Engagement will be via one Board. There are many other forums which will include the local voice but it will be fed back via one Board. MK noted the issues especially around the digital exclusion message. There are a range of means whereby engagement can go forward. **The LCP Board noted the report.**	
8.	**Primary Care Group Chair's Report** AH presented the agenda item. Report taken as read. The Lewisham Staff Awards for primary care organised by the primary care team were noted. AH was looking forward to the event. **The LCP Board noted the report.**	

9.	**Risk Register** CJ led the agenda item. ICB Board has agreed the Risk Appetite document. It details the level of risk the Board is prepared to tolerate by area. Clinical quality and safety had been discussed at length; this was moved into cautious. The ICB Board was tolerant to risks to try new things and they were willing as an ICB to take risks to drive outcomes. Risk Register details 8 risks for Lewisham, some need to be added, mental health and metropolitan police announcement maybe. TB notified Pentland House is to close within the next month. Stay City is remaining, increase numbers planned. CJ advised have had initial accommodation centres on the risk register, will monitor safeguarding concerns. Will amend accordingly. TB said this leads to another set of risks around vulnerable people as the estate will be empty. Time as an asylum centre is limited. CJ noted the disruption to vulnerable people and noted the work and commitment of our safeguarding teams. MK queried the risks from on-going strike action. CJ advised that risks would be on SLaM and LGT risk registers as providers. Trust have been managing this and invited SI and VS to comment. SI advised there were significant risks here, we are live to them. Considered by our Trust Board and we speak to our regulators. Have specific plans in place. CJ noted risks were discussed at the SEL Quality and Assurance meeting and is discussed at an SEL level. VS advised there had been an executive team session yesterday, we have a number of community teams, working through how we will gather the data. Have oversight and governance on a number of matters. **The LCP Board noted the update.**	

10.	**Finance update** MC presented the agenda item. Slides shared on screen. Key points were highlighted. Noted different reporting timescales at the May 2023 LCP meeting. MC gave a 2022/23 recap as requested. ICB underspend of £16k against resource allocation. Position now audited, and unchanged. This forms part of the statutory accounts. Achieved other financial duties as well. Lewisham position Month 12 outturn against delegated budget for 2022/23 noted. £0.25m surplus across the five main providers. £176m worth of efficiencies delivered, 44% delivered non - recurrently though. LA financial position, £7.1m overspend across adult and children's social care, efficiencies outturn £9.4m against a plan of £16m. key pressures noted. For 2023/24 delegated budget for the ICB in Lewisham Month 3 position detailed. ICB £2.4m overspend predominately driven by prescribing cost pressures. Medicines optimisation team are working hard to identify the causes and any remedial action needed. CHC (continuing health care) pressures noted. Lewisham overspend £124k, smallest of the six boroughs. Current forecast is break even for end of the year for Lewisham and the ICB. Summary of the delegated budget included in the pack. For Savings, six boroughs have efficiencies target of £29m, 4.5% of the budget. £4.2m target for Lewisham, Month 3. Key driver is prescribing, about 50%, £1.8m is the target on prescribing. £0.4m remaining to be found. SMT meet monthly to discuss this and close the gap. Need to deliver the efficiencies now. Executive summary noted, deficit of £45m Month 2 for the ICS. Worse than planned. Key derivers were industrial action £9.4m cost, a number of actions taken to close the gap. Significant operational demand also noted. £241m of savings against a plan of £290m, 83% identified, need to ensure it is delivered. High number are at risk of potentially not being delivered. The pressures are building for 2023/24. ICS forecast break even position for the year.	

	LA financial position Month 2 adults and children social care £6.5m overspend forecast, efficiencies of £7.1m against a plan of £9.6m. High cost of support of placements for children a significant driver. MK noted SMT and other groups giving financial matters consideration. LA overspends last year and already this year at what stage does it become untenable? MC gave assurance on discussions at SMT, specific efficiencies and savings meetings are monthly. Sustainability for 2024/25 is looking at this as a system. Workstreams focus, look at achieving the best value for our money across the system, provide longer term sustainability. Savings target of £4.2m in Lewisham, similar to last year but will reach a point where it cannot continue to be achieved without greater partnership focus on achieving savings together. PG spoke about LA funding, have had funding cuts the last fifteen years. Lewisham are more stable than other LA's. We are stepping back from annual cuts, taking a longer view, family hubs and prevention work for example. CJ agreed, focus on prevention and early intervention needs to be the win for us. TB said we need to see how we can work together collectively, the Lewisham pound, not working in our own silos, have the best value. A different way of working and a challenge. **The LCP Board noted the finance update.**	
11.	**Any Other Business** MK advised the CMb two AOB items in the Chat can be circulated via email if required. MK noted it was the last meeting for SI and thanked her for the support to the Board. Also noted Steve Jones (comms) was leaving the organisation soon. MK thanked SJ for his comms work for the Board. Noted TB to chair the next meeting in September 2023. Meeting closed 16.08 hrs.	
12.	**Date of next meeting.** Thursday 21 September 2023, 14.00-16.00 hrs via Teams	

Lewisham LCP Board Action Log 2023 meetings 27 July 2023

Date of meeting & agenda item:	**Action:**	**For:**	**Update:**
27/07/2023 (4). Update on priorities	*TB queried to VS about the right person right care. VS said she was aware of conversations across the region. Impact assessment needed, VS advised she would take that away and seek assurance. Have seen police community event information. Can share if required. TB emphasised there will be some implications. MK noted this would be picked up in risk register work as well.*	**VS**	
27/07/2023 (4). Update on priorities	*MK suggested it would be helpful to add an update on information with regards to the committees, e.g. who is involved. JA agreed to provide the information.*	**JA**	Document circulated with the meeting papers detailing the information requested.

**Future agenda items for LCP Board meetings and other meetings will be marked "to note" in the Minutes for my reference (LH)*

Lewisham Local Care Strategic Board

Item 3
Enclosure 3

Title:	**PEL Update Report**
Meeting Date:	**21 September 2023**
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
As previously noted, all ICBs are required to deliver a real terms reduction in running costs of 30% by April 2025. At least 20% of this must be delivered by April 2024. The bulk of the ICB's running costs relate to pay budgets.

The 3-step process put in place to redesign the ICB structures is nearing completion, with structures being finalised early October ready for formal staff consultation commencing 16 October. There has been significant engagement through the process both with ICB staff and partners across the ICS.

The ICB is reshaping its staff structure in a manner that seeks to support and take advantage of opportunities that arise from working within an integrated system.

A more detailed report will be brought to a future Board meeting.

Corporate Objectives update
At its July public board meeting, SEL ICB approved a set of 6 corporate objectives to focus its work over the next year. These objectives all relate to areas that fall within the remit of the six Local Care Partnerships and a decision has therefore been taken that LCPs will take responsibility for delivery. The objectives reflect the Lewisham LCP's local priorities. Therefore, tracking of achievement against priorities and corporate objectives can be aligned.

Pharmacists, Optometrists and Dentists (PODs)
In April of this year, responsibility for PODs (development and contracting) was delegated from NHSE to ICBs. This provides an opportunity for ICBs to consider primary care in its broadest sense and to maximise opportunities of managing more

	care and prevention initiatives in community settings. Discussions with POD leads have taken place within the Lewisham Primary Care Leaders Group and more recently, a Lewisham LCP Board Seminar where the discussion focused on areas where PODs can contribute to the work of the LCP and in particular, in relation to prevention and early intervention services. We look forward to working more closely with PODs in the future and moving recent discussions into tangible initiatives within primary care.				
Any Potential Conflicts of Interest	**Nil**				
Relevant to the following Boroughs	**Bexley**			**Bromley**	
	Greenwich			**Lambeth**	
	Lewisham		**x**	**Southwark**	
	Equality Impact	Nil			
	Financial Impact	Nil			
Other Engagement	Public Engagement	**Not required for this paper**			
	Other Committee Discussion/ Engagement	**NA**			
Recommendation:	**To note the update**				

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 4
Enclosure 4

Title:	**Highlights from the Lewisham Place Executive Group and integrated Programme Management function**
Meeting Date:	21st September 2023
Author:	Jessica Arnold, Director of Delivery, Lewisham ICB
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update to members of the Lewisham Local Care Partnership (LCP) Board on the development of the Place Executive Group during the first half of 2023/24. To provide an update on the integrated Programme Management function that has been developed within Lewisham during that time as a cross-cutting resource serving the wider Lewisham LCP.	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	As above.		
Potential Conflicts of Interest	None.		

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

	Equality Impact	None.
	Financial Impact	None.
Other Engagement	Public Engagement	Not applicable.
	Other Committee Discussion/ Engagement	Lewisham Place Executive Group
Recommendation:	Colleagues are asked to note and discuss the update provided on the re-launched Lewisham Place Executive Group and the integrated Programme Management arrangements, both of which have been put into place in the first half of 2023. Also note their implications for robust governance and partnership-building around Lewisham-wide programmes linked to our shared strategic priorities.	

Highlights from the Lewisham Place Executive Group and integrated Programme Management function

1. Introduction

This paper provides an update to members of the Lewisham Local Care Partnership (LCP) Board on the development of the Place Executive Group during the first half of 2023/24. This includes a re-visioning and re-launch of the Group and it's meetings to play a productive role within Lewisham's governance structure, and outlining the business covered by the Place Executive Group during that time.

The paper also covers the integrated Programme Management function that has been developed within Lewisham over the past six months, as a cross-cutting resource serving the wider Lewisham LCP. This includes the role and deployment of an integrated Programme Management team, and a new, robust approach to progress reporting that will support the Partnership to better understand our position against our strategic priorities.

2. Re-launching Lewisham's Place Executive Group

The Lewisham Place Executive Group was relaunched earlier this year following a 'stocktaking' and design workshop in May 2023. Bringing together members from across the partnership, the session focused on how the Place Executive Group could best provide a 'bridge' within Lewisham's governance structure between our multiple 'engine room' groups and the LCP Board (see Annex A for the context of how the Place Executive Group fits into the governance structure). The key workshop findings were that the Place Executive Group must:

- be clear on it's purpose and it's role in the governance structure
- link to our shared strategic priorities
- report regularly up to the LCP Board
- **be a forum to hold partners and the system to account for progress and deliverables**
- **be supported by an LCP-wide integrated programme management approach**
- **be a forum to offer peer and collective support to members on difficult problems**
- And that Place Executive Group meetings should:
  - build trust between LCP members
  - be more active than just information sharing
  - avoid duplication
  - be well-attended by members or their representatives
  - encourage actively participation and agenda items from members

The Place Executive Group is chaired by the Director of Delivery, Lewisham ICB, and meets bi-monthly for 90 mins alternating between online and in person.

3. Place Executive Group business in 2023/24 to date

The agendas and speakers at Place Executive Group meetings have been arranged to cover an assortment of topics of interest across LCP organisations and to execute decision-making/approval as appropriate as part of the governance structure. The topics usually link directly to Lewisham and SEL's agreed strategic priorities (see Annex B).

Following the re-launch workshop in May, there have been two meetings of the Lewisham Place Executive Group and one urgent offline decision. The next meeting is scheduled for 2nd October. Items covered have included/will include:

June 2023	• Health Inequalities (focusing on screening and immunisations uptake and the Workforce Cultural Competency Tool) • SEL System Intelligence Specification • Community Provider Network briefing on the SEL Adult and Children & Young People's CPN
July 2023 (offline decision)	• Long Covid Service Review
August 2023	• ICS Estates & Infrastructure Plan – Lewisham Engagement & Q&A • Directory/Signposting Task and Finish Group • Programme Progress Highlight Reports & Q&A • Intermediate Care Beds Reprocurement
October 2023 (planned)	• CYP System Intentions • Adults Integrated Commissioning System Intentions • LTCs and Planned Care System Intentions • Mental Health System Intentions

4. Establishing our Integrated Programme Management function for the LCP

The Integrated Programme Management function for Lewisham that has been set up in 2023 aims to achieve four key outcomes:

1. Establish an Integrated Programme Management team, hosted by NHS Lewisham and Greenwich Trust but serving the wider Lewisham Partnership, to:
    a. lead the PMO function and system-wide assurance
    b. be deployed to work directly on key programmes that are linked to our strategic priorities, to provide additional capacity and value added expertise in their delivery
2. Develop a Programme Progress pack and reporting tool showing the progress, leads, risks, milestones and quantitative and qualitative deliverables and outcomes of Lewisham's priority programmes (covered in more detail later in this report).
3. Embed a robust Programme Management culture across teams and organisations within Lewisham, such that accountability and productive reporting are set up and working well to support programmes' individual delivery as well as collective scrutiny of our movement as a borough towards our goals.
4. To support the Lewisham Place Executive Group through each of the above outcomes and as required by the Partnership.

The Integrated Programme Management team has been established since April 2023 and is formed of two Programme Managers, one Project Manager and one Project Support Officer (4.0 WTE of varying grades). All four posts have been recruited to; three are currently working within the team and by early October, the final postholder will take up their new role. The team has been established for an initial period of two years, then will be subject to review and recommendations for beyond that period by 31st March 2025.

Examples of workstreams and projects that the team have been deployed into across Lewisham (as per 1b above) include:

- Urgent and Emergency Care (multiple projects)
- Cardiology including CVD and hypertension
- Integrated Neighbourhoods
- Older People's programme
- LTC and Planned Care Forum
- Paediatrics including hospital and community (from October)

5. Programme progress reporting and assuring the Partnership

There are over 35 key programmes or projects being delivered across the Lewisham partnership, excluding those that are internally run within member organisations (see Annex C for a summary of programmes identified through an early mapping process, and noting this is subject to change). Lewisham's programmes span delivery areas such as urgent care, primary and community based care, Long Term Conditions, children's services, mental health and older people's services. In addition, there are many 'enabler' activities to support these programmes and the health and care system more generally, such as IT, estates, communications and workforce. Understanding the progress of these programmes towards their deliverables – including the nature of the actions being taken, their quantifiable and quality-based outcomes, the associated risks, timescales of key milestones, their system leadership and interdependencies, and their finances – is a significant task.

A progress report that shows programme progress across this plethora of delivery areas as described above is in development as a resource and tool for ensuring Lewisham programmes are being robustly and consistently monitored. This will aid senior leaders and stakeholders, including through the Place Executive Group, to be informed and assured that we are either on track or that challenges and threats are being proactively identified and well managed. This tool will help Lewisham LCP to better understand our position against our strategic priorities and to be well-positioned to both maximise opportunities and to mitigate risks to delivery.

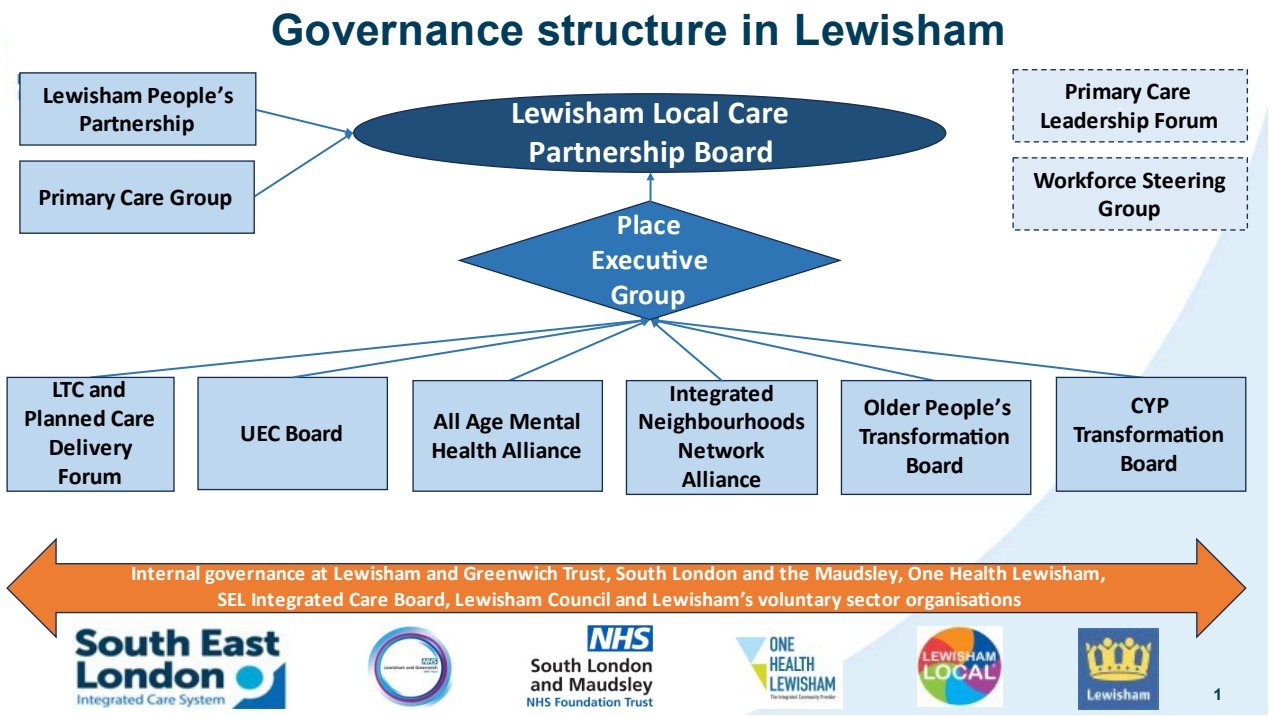
Currently, the finished products of programme progress reporting are being drafted, confirming our list of priority programmes and mapping through the reporting that current exists (with a strong emphasis on avoiding duplication). This includes ensuring programmes have in place a Project Initiation Document, Terms of Reference of various 'engine room' groups and crucially, agreeing core metrics to measure our impact and successes through highlight reporting.

A further update on the outcomes and benefits of our renewed approach to programme progress reporting will be brought to the LCP Board in due course.

Author: Jessica Arnold, Director of Delivery, Lewisham ICB
Date: 11th September 2023

6. Annexes

Annex A

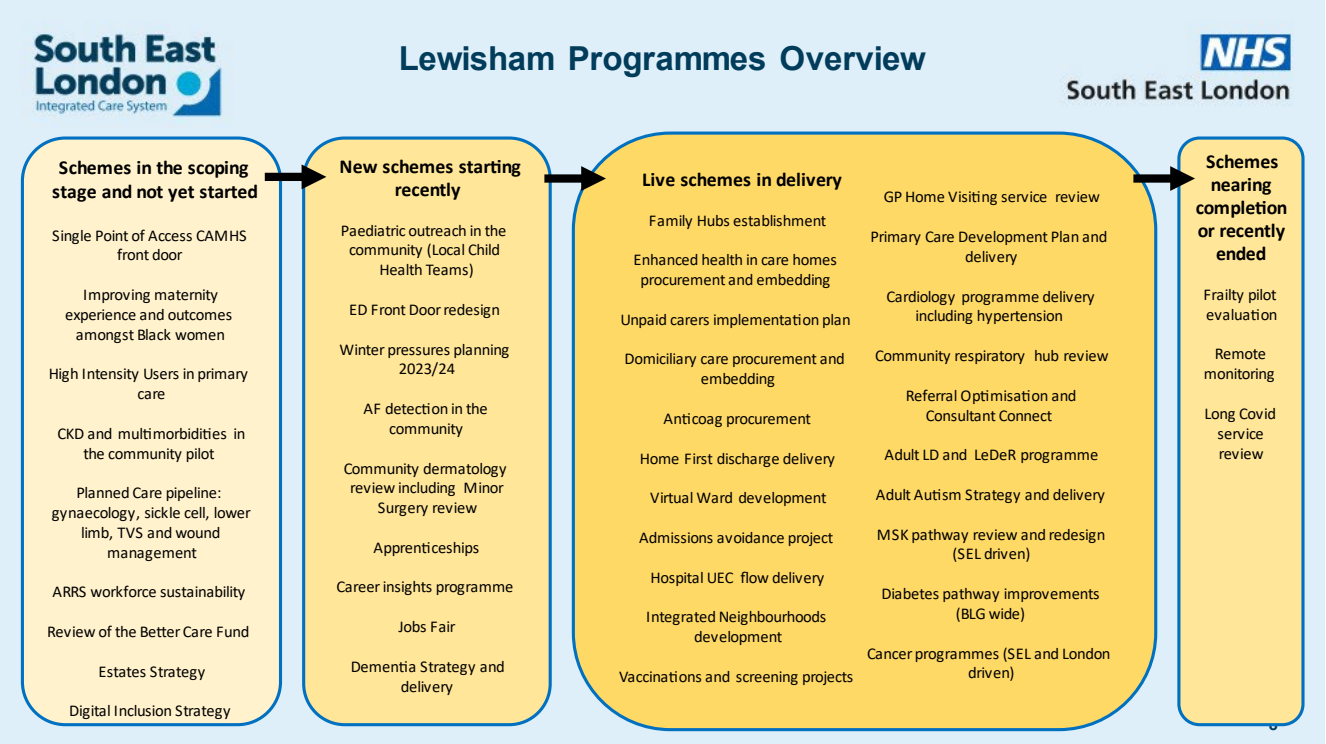


Annex B: Strategic priorities agreed by South East London ICS and Lewisham LCP

SEL ICS priorities:	S1 - Prevention and wellbeing: improving prevention of ill health and helping people in south east London to stay healthy and well.	S2 - Early years: making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.	S3 - Children's and young people's mental health: improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.	S4 - Adults' mental health: making sure adults have quick access to early support, to prevent mental health challenges from worsening.	S5 - Primary care and people with long-term conditions: making sure people have convenient access to high-quality primary care and improving support and care for people with long-term conditions.

Lewisham priorities:	L1 - Working to build stronger, healthier families	L2 - Being a compassionate employer and building a happier, healthier workforce	L3 - Working together and in collaboration as organisations and with the communities we serve.	L4 - Reducing inequalities in Lewisham

Annex C: Draft mapping of Lewisham partnership wide projects –
to be verified and subject to change



Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Additional VCSE representative to the Strategic Board**
Meeting Date:	**21st September 2023**
Author:	Charles Malcolm-Smith, People & Provider Development Lead
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	The board is asked to approve recruitment of an additional local Voluntary, Community & Social Enterprise (VCSE) sector representative to the board.	Update / Information	
		Discussion	
		Decision	*x*
Summary of main points:	The membership of the strategic board in its terms of reference aims to ensure representation from across the partnership including the VCSE. In particular, the role of the VCSE in the delivery of services is critical to achieving our local plans and priorities. It is proposed that an additional VCSE representative is recruited to the board in order to provide additional capacity and so that the board can be reflective of the local community organisations and networks that connect with our population and deliver services for them. Subject to approval by the board, the recruitment will be undertaken by the Lewisham ICB team with the council's Community Service Directorate.		
Potential Conflicts of Interest	**None identified.**		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	No equalities impact has been undertaken to date.		
	Financial Impact	None identified		
Other Engagement	Public Engagement	None undertaken to date		

	Other Committee Discussion/ Engagement	None
Recommendation:	The board is asked to approve recruitment of an additional local Voluntary, Community & Social Enterprise (VCSE) sector representative to the board.	

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 6

Title:	**Development Plan for the Local Care Partnership**
Meeting Date:	**21st September 2023**
Author:	Charles Malcolm-Smith, People & Provider Development Lead
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	The report proposes four action areas that will support the development of the local care partnership.	Update / Information	
		Discussion	x
		Decision	

Summary of main points:	The attached action plan is based on the InPlace 5Ps framework. The draft plan was reviewed at the board seminar session in June and has been revised to reflect the feedback on the suggested actions. The action plan covers four areas: • Strategy & Planning • Ways of Working • Shared Records & Information • Resources Each area has identified impact, supporting actions and oversight group. Subject to approval by the board and through executive leads, action owners to be agreed to lead implementation in each area. A progress update is proposed for December 2023, and plan refresh for April 2024.
Potential Conflicts of Interest	**None identified**

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

	Equality Impact	None identified
	Financial Impact	None identified

Other Engagement	Public Engagement	None to date on this action plan; public engagement is identified as one of the priority action areas.
	Other Committee Discussion/ Engagement	Previous board updates and seminar sessions.
Recommendation:	The board is asked to comment on the proposed partnership development plan for the period October 2023 – March 2024	

South East London
Integrated Care System

Development Plan for the Lewisham Local Care Partnership

Lewisham LCP Strategic Board

21st September 2023

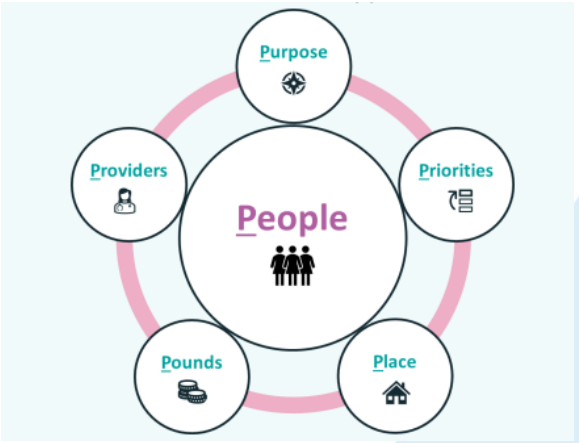
South East London Integrated Care System

Background & Proposed Timeline

NHS South East London

- This pack contains a proposed action plan for improved partnership working to deliver our agreed priorities and objectives

- The London InPlace 5Ps Framework has been used to support reflection on how well we are working together and where we can focus to improve



October 2022 Workshop 1 – Purpose & Priorities

December 2022 Workshop 2 - Place & Pounds

April 2023 Workshop 3 - Providers

June 2023 Seminar – Review Action Areas

September 2023 Action Plan for Agreement

December 2023 Progress Check

April 2024 Plan Refresh

Context:
Lewisham's priorities & objectives

1	**Strengthening the integration of primary and community based care**	The model, infrastructure and approach required to deliver effective integrated working at a neighbourhood level will be established. Through this approach local models of care will be established for at least two long term conditions and to support older people. The provision of early intervention and community support for mental health will also be expanded.
2	**Building stronger, healthier families and providing families with integrated, high-quality, whole-family support services**	An integrated model for family hubs across Lewisham will be established and the integrated pathways that can be delivered through family hubs will be identified.
3	**Addressing inequalities throughout Lewisham health and care system**	An agreed infrastructure will be implemented through which initiatives to address health inequalities and achieve health equity in the borough can be delivered.
4	**Maximising our roles as anchor organisations, being compassionate employers and building a happier, healthier workforce**	Opportunities for joint apprenticeship programmes will be identified. Joint initiatives will be implemented to promote health and care careers and develop tools and approaches to inform workforce planning and address workforce.
5	**Achieving financial sustainability**	The LHCP will work to optimise the use of resources, align financial planning and maximise financial resilience to system pressures.

Action Plan 1

Aim for next 6 months	Impact (5Ps)	Actions to address priority area	Oversight and action owners
Strategy & Planning **Broadening engagement to support better involvement and understanding across all staff within the LCP to support implementation of our vision, progress and plans** **Implementing plans**	**Purpose** **Priorities**	An individual communications and engagement plan in place for each of the LHCP strategic priority areas so that there is improved awareness and understanding of the objectives and delivery programmes amongst public, VCSE and staff Place Executive Group (PEG) • Maintain development of the PEG to drive development and delivery of partnership programmes and plans • Ensuring progress is evidenced against key priorities and shared with Lewisham LCP and SEL partners	Programme leads, communications and engagement leads Place Executive Group

Action Plan 2

Aim for next 6 months	Impact (5Ps)	Actions to address priority area	Oversight and action owners
Ways of Working **Continuing to develop joint working across Lewisham**	**Place** **Providers**	Embedding the Lewisham People's Partnership Committee; establish planning group, develop plan for extending co-production approaches within partnership Enhancing involvement across local VCSE partners; extend representation at strategic board, working with LBL, develop forums and opportunities for feedback/input to LCP Working with the Health & Wellbeing Board contribute to development and implementation plans for revised Health & Wellbeing Strategy Enhancing engagement of GP practices and wider primary care in the partnership Developing a network of clinical and care professionals to enhance engagement and integrated working Organisational development of the culture of integrated bringing together teams and leadership across the partnership to develop commitment, ownership, leadership	LCP Strategic Board

South East London Integrated Care System

NHS South East London

Action Plan 3

Aim for next 6 months	Impact (5Ps)	Actions to address priority area	Oversight and action owners
Shared Records & Information **Ensuring staff have access to the information they need to deliver high-quality care**	**Providers** **Place**	As a partnership to develop a joint vision for comprehensive shared care records, to identify quick wins and working with the ICS on delivery	Integrated Quality Group
Resources **Streamlining our ability to move resources to where they are needed**	**Place** **Providers** **Pounds**	Understanding how we can use existing mechanisms for aligning funding around our key priorities; agree approach for sharing/pooling, that meets criteria for transparency, best value and resilience. This will start with the Older People's programme in the first instance. Ensuring our workforce is aligned to our priorities through a workforce plan	LCP Strategic Board Workforce Steering Group

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 7
Enclosure 7

Title:	**Lewisham Primary Care Group – Chair's Report**
Meeting Date:	21 September 2023
Author:	Chima Olugh, Primary Care Commissioning Manager (Lewisham).
Primary Care Group Chair	Anne Hooper.
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead.

Purpose of paper:	The purpose of the Primary Care Group is to provide leadership, challenge and oversight for the delivery of primary care services in Lewisham, focused on, and working with, the local population and system providers. The Group also provides guidance to the Lewisham Local Care Partnership on key primary care priorities.	Update / Information	X
		Discussion	
		Decision	

Summary of main points:

1. **Primary Care Service Development Funding (and general practice IT funding) 2023/24.**

NHS England provides service development funding each year for ICBs, as additional programme funding on top of ICB baselines.
The funding should be invested in initiatives that support practices and primary care networks to deliver high quality primary care.

For 2023/24 the primary care Service Development Funding has three sections –

a) A transformation budget to support change and improvement in primary care (and particularly general practice) including support to the workforce.

b) A set of specific workforce programmes continuing from previous years (including ARRS funding).

c) Funding from primary care SDF to increase general practice IT (GPIT) revenue budgets ('GPIT Infrastructure and Resilience').

2. **The Lewisham Care Partnership PCN – 2023/24 PCN Adjusted Population**

	It was discovered that there was an error in the calculation of the 2023/24 PCN Adjusted Population for The Lewisham Care Partnership PCN which resulted in a lower than expected PCN Adjusted Population. The original Adjusted Population was registered as 49,908. The error was related to the merger of The Lewisham Care Partnership which took place in 2022 and would impact on all requirements and payments associated with the PCN Adjusted Population figure. An officer decision was taken to revise the 2023/24 PCN Adjusted Population for The Lewisham Care Partnership PCN to 52,859 in line with the NHSE calculation and all requirements/payments will now be based on this revised figure (this will be backdated to 1st April 2023). **3. Primary Care Communications Campaign** Due to the many changes in primary care, caused mainly by the covid-19 pandemic, high demand, recruitment and retention issues and new staff in the general practice workforce, it is imperative to ensure people are kept up to date so they can understand how best to access healthcare services. These changes need to be communicated to people so they can understand how best to access healthcare services. **4. PMS Premium Services** GP practices performance in relation to the PMS Premium service is monitored quarterly using a local dashboard. It was noted that practices are performing well in a range of areas, especially the area of alcohol where all 27 practices achieved the higher threshold. More focus is needed on childhood obesity and the uptake of Serious Mental Illness Physical Health Checks. Furthermore, the PMS Premium has remained largely unchanged for a number of years, and it is the right time to carry out a review. A task and finish group has commenced this work starting with the structure and process for practice based multi-disciplinary meetings. The primary care group endorsed the approach taken to review practice based multi-disciplinary meetings.
Potential Conflicts of Interest	There was a Conflict of Interest for Dr Singhrao as a GP at The Lewisham Care Partnership. However, this was not considered material as there was no decision to be made on this item as it had already been made by officers and was being presented back to the Primary Care Group for information only.

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

	Equality Impact	

	Financial Impact	The primary medical care allocations to ICBs included information on all the former 5 The Lewisham Care Partnership practices and so are not impacted by the merger. The decision to revise the PCN adjusted population should not present any budgetary pressures.
Other Engagement	Public Engagement	None
	Other Committee Discussion/ Engagement	NA
Recommendation:	**The Lewisham Local Care Partnership is asked to note the updates from the Chair's Report.**	

Lewisham Primary Care Group Chairs' Report

1. Primary Care Service Development Funding (and general practice IT funding) 2023/24

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

NHS England provides service development funding (SDF) each year for ICBs, as additional programme funding on top of ICB baselines. The funding should be invested in initiatives that support practices and primary care networks (PCNs) to deliver high quality primary care.

Primary care SDF in 2023/24 has three sections:

a) A transformation budget to support change and improvement in primary care (and particularly general practice) including support to the workforce.

b) A set of specific workforce programmes continuing from previous years (including ARRS funding).

c) Funding from primary care SDF to increase general practice IT (GPIT) revenue budgets ('GPIT Infrastructure and Resilience').

The number of separate primary care SDF allocations has been reduced significantly for 2023/24.

It is for ICBs to determine how to invest the overall transformation funding to deliver the support required. Systems should also consider how to support and consolidate improvements in practices that have already invested in changes.

Main uses of the funding are outlined below:

- To support the primary care communications and engagement plan.
- Practice resilience – as per previous years to support individual practices with immediate needs.
- PCN development - as per previous years to support PCN development and maturity.
- GP Transformation Support – similar to the Bromley approach which is about working through the new Support Level Framework with practices to identify development needs.

Progress will be reported back through the primary care group.

2. The Lewisham Care Partnership PCN – 2023/24 PCN Adjusted Population

The group received an update in relation to an error in the calculation of the 2023/24 PCN Adjusted Population for The Lewisham Care Partnership PCN and the officer decision to revise this.

It was brought to the attention of the ICB that there had been an error in the calculation of the 2023/24 PCN Adjusted Population for The Lewisham Care Partnership PCN which had resulted in a lower than expected PCN Adjusted Population. The Adjusted Population was registered as 49,908

The error was related to the merger of The Lewisham Care Partnership which took place in 2022 and would impact on all requirements and payments associated with the PCN Adjusted Population figure.

The ICB consulted with NHSE and received the following response:

- *"Full information on the merger was not available to NHS England when PCN Adjusted Populations were calculated, and this has impacted the PCN Adjusted Populations for PCN U11059 TLCP.*

- *PCN Adjusted Populations are based on 1st January raw list sizes. For 1st January 23 only practice G85038 THE LEWISHAM CARE PARTNERSHIP had a raw list size, of 55,879 in what is known as the GSUM report from PCSE. Only weights for age etc could be applied to this practice, as none of the other former practices in this PCN had a raw list size. Without knowing the full details of the merger, by default the weights for age etc. applied to the raw list size of 55,879.were for the practice G85038 in its former guise.*

- *If the full information about the merger had been available at the time, it is estimated the PCN Adjusted Population for PCN U11059 would be 52,859 (and it is only an estimate based on the average weights for age etc of all 5 former practices prior to merger).*

- *It is at the ICB's discretion to decide whether to amend the PCN Adjusted Populations for this PCN. The primary medical care allocations to ICBs were calculated slightly earlier and included information on all the former 5 practices and are not impacted by the merger."*

In light of this response, ICB officers took the decision to revise the 2023/24 PCN Adjusted Population for The Lewisham Care Partnership PCN to 52,859 in line with the NHSE calculation and all requirements/payments will be based on the revised figure (this will be backdated to 1st April 2023).

Table 1 below indicates the error.

Table 1.

Practice List Size 01/01/2023	55879
Practice Normalised Weighted List Size 01/01/2023	52869
PCN Adjusted Population 01/01/2023	**49908**
Difference	**10.69%**

The impact on relevant PCN Adjusted Population payments is shown in the table 2 below:

Table 2.

Funding stream	Funding available per metric used	Maximum Network Contract Funding for 2023/24 - Original PCN Adjusted Population (49,908)	Maximum Network Contract Funding for 2023/24 - Revised PCN Adjusted Population (52,859)
Enhanced Access Payment	£7.578	£378,205	£400,566
Leadership and Management Payment	£0.684	£34,137	£36,156
Capacity and Access Support Payment	£2.765	£137,996	£146,155
Capacity and Access Improvement Payment	£1.185	£59,141	£62,638
Total	**N/A**	**£609,479**	**£645,515**

3. Primary Care Communications Campaign

The group was updated on plans for a primary care communications campaign.

There have been many changes in primary care mainly due to the covid-19 pandemic, high demand, recruitment and retention issues and new staff in the general practice workforce.

These changes need to be communicated to patients so they can understand how best to access healthcare services.

3.1 Aims of the campaign:

- To inform, engage and educate Lewisham residents about developments in primary care and how they can access local services, including community pharmacy.

- To improve the understanding of primary care services and manage expectations.

- To support primary care by having materials available for them to use to communicate messages to support public understanding of the system.

The campaign will use a variety of means and platforms to promote the messages and will ensure there are efforts to reach residents who are less digitally literate. It will also utilise existing national material, as well as locally developed resources.

3.2 Campaign messages:

- People will be seen by the most appropriate healthcare professional from an expanded and multi skilled practice team, based on their needs.
- Getting an appointment. There are a variety of ways to book an appointment including use of the phone, online consultation or the NHS App.
- Promote the range of services people can refer themselves to if they do not necessarily need a GP appointment.
- Use community pharmacy for minor ailments and health advice. They offer a wide range of services, can help with repeat dispensing and are the medicines experts.
- Promote the role of social prescribers to help reduce the number of 'social' appointments that come to primary care.
- How to register with a GP practice.

The campaign will be conducted in stages, and is planned to commence in October 2023, at the same time as the annual winter campaign. Endeavours will be made to align with the winter campaign where there is similarity to ensure consistency.

4. PMS Premium Services

4.1 Q1 PMS Premium Dashboard

The group was updated on progress made by practices with regards the local PMS Premium.
Practice performance in relation to the PMS Premium service is monitored quarterly using a local dashboard. The Q1 PMS Premium dashboard was brought to the group.

It was noted that practices are performing well in a range of areas, especially the area of alcohol where all 27 practices achieved the higher threshold.

It was agreed that more focus was needed around childhood obesity and uptake of Serious Mental Illness Physical Health Checks.

4.2 Multi-Disciplinary Meetings Self-Assessment Questionnaire

The PMS Premium has remained largely unchanged for a number of years, and it is the right time to carry out a review.

The group received an update on the approach established to conduct part of the review.

A task and finish group has commenced this work starting with the structure and process for practice based multi-disciplinary meetings (MDMs). A self-assessment questionnaire has been circulated to members of multi-disciplinary teams to identify areas for support or improvement and highlight and share good practice.

Feedback and outcomes from the self-assessment questionnaires will form the next part of the review process for MDMs. This will be followed by some in-depth interviews to get further detail and soft information.

The group endorsed the approach taken to review practice based MDMs and will continue to monitor progress.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 8

Title:	**Lewisham Health and Care Partnership logo**
Meeting Date:	**21.9.23**
Author:	Helen Eldridge, Head of Communications and Engagement, SEL ICS - Lewisham
Executive Lead:	Ceri Jacob

Purpose of paper:	To seek approval for the implementation of the proposed logo for Lewisham Health and Care Partnership	Update / Information	
		Discussion	
		Decision	x

Summary of main points:

This paper sets out a proposed logo for the Lewisham Local Care Partnership (LHCP) for the Board to discuss and agree on a logo and next steps.

The aim is to develop a brand identity using a logo that:

- will create an identity for LHCP that will help to raise awareness of the partnership amongst residents of Lewisham. That will make LHCP both identifiable and accountable.
- can be used to promote the work that LHCP does and highlight the benefits of joint working for the local population.
- Will create a sense of unity amongst partners by formalising the partnership with a co-ordinated look and feel of all communications that are shared by the partnership across the Lewisham community.
- will be available and adaptable for alliances and partnership work as needed.
- can be used on social media accounts, signage, leaflets etc which don't lend themselves to multiple logos.

Proposed logo:

lhcp Lewisham Health and Care Partnership

Potential Conflicts of Interest	There are no immediate conflicts of interest. Partner organisations communications representatives have fed back on the proposal.			
	Bexley		**Bromley**	

Relevant to the following Boroughs	**Greenwich**		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact	A low cost public sector design team has been used to develop the logo. Printed materials will not be reprinted to feature the new logo. Initial implementation will largely be through internal channels.		
Other Engagement	Public Engagement	We have not engaged directly with the public on the development of the logo which is in line with SEL ICS branding guidelines.		
	Other Committee Discussion/ Engagement	LHCP SMT LHCP communications and engagement group		
Recommendation:	The Lewisham Health and Care Partnership Strategic Board is asked to approve the proposed logo.			

South East London Integrated Care System

NHS South East London

ENCLOSURE: 8a

Lewisham Local Care Partnership Logo Proposal

1. Introduction

This paper sets out a proposed logo for the Lewisham Local Care Partnership (LHCP) for the Board to discuss and agree on a logo and next steps.

The aim is to develop a brand identity using a logo that:

- will create an identity for LHCP that will help to raise awareness of the partnership amongst residents of Lewisham. That will make LHCP both identifiable and accountable.
- can be used to promote the work that LHCP does and highlight the benefits of joint working for the local population.
- create a sense of unity amongst partners by formalising the partnership with a coordinated look and feel across communications that are shared by the partnership across the Lewisham community.
- will be available and adaptable for alliances and partnership work as needed.
- can be used on social media accounts, signage, leaflets etc which don't lend themselves to multiple logos.

2. Creating a logo

A design agency was asked to create a suitable logo that generated interest in the partnership.

The brief was that the logo:

- can be used on leaflets, documents and social media.
- can be used alongside the SEL ICS logo and is in line with SEL ICS brand guidelines.
- can be used alongside LHCP partner logos as appropriate.
- can be developed by as the basis for sub brands for LHCP alliances and programmes in the future as needed.

As a rule, a good logo is distinctive, appropriate, memorable, practical, and simple in form. It conveys the intended message, and from a practical level it is transferable when used in different formats and across various communications materials.

An impactful logo grabs attention and makes a strong first impression. It is the foundation of a brand identity. The proposed LHCP logo needs to instil trust in residents while being instantly recognisable.

For a partnership that offers health and social care services, it is important to build trust right from the start and a good logo can help to achieve this. We also looked at the logos that have been developed by other SEL boroughs to both inspire creative discussion, to ensure that we didn't copy what had been done before, and to ensure that we create our own brand identity.

SEL Local Care Partnerships Logos

Bexley Wellbeing Partnership	Lambeth Together
One Bromley	Partnership Southwark
Healthier Greenwich Partnership	Lewisham Health and Care Partnership

3. Proposal

A number of options and approaches were considered by SMT and the LHCP communications and engagement group resulting in the following proposal:

This uses the ‘brand mark’ LHCP and the ‘word mark’ Lewisham Health and Care Partnership.

It will also be available in a stacked version:

Brand guidelines will be created in collaboration with partners to support the implementation and use of the logo. This will cover when how the logo will be used alongside partnership logos as appropriate. For example, it may be used alongside the SEL ICS logo, the NHS logo or, when the Council is the lead partner, the Lewisham Council logo.

Collateral to be created:
Other collateral that will be created will include:

- Brand guidelines
- Template letterheads
- Teams background

4. Conclusion and recommendations

A logo will help to raise the profile of LHCP and help to promote the partnership work that benefits local residents. A joint logo will support the creation of a sense of unity and partnership working that is key to helping residents start well, live well and age well.

The LHCP Strategic Board is asked to approve the introduction of the proposed logo.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 9
Enclosure 9

Title:	**Risk Register**
Meeting Date:	Thursday 21st September 2023
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob/Sarah Wainer

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	⇔	Open (10-12)
Financial	**449.** Absorption of cost pressures	⇔	Open (10-12)
Strategic	**334.** Inability to deliver revised Mental Health Long Term Plan trajectories. Note: Residual risk increased from 6 to 10.	↓	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)
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

	All risks have all been re-worded as part of the ask from the Assurance Team with risk owners. Risks are discussed on a monthly basis via the Risk Forum chaired by the Chief of Staff. Key areas for discussion relate to themes around workforce, funding and delivery of service and what mitigations can be 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. The Lewisham risk register now includes the risk, risk description and the level of risk appetite levels by risk category – refer to NHS SEL ICB Risk Appetite Statement 2023/24 with an indication of where each risk is currently levelled at according to the risk appetite framework. **4.New Risks** None. **5.Key Themes:** The key themes from the risk register relate to finance/budgetary impact, workforce limitations and quality of care around successful delivery of services.
Potential Conflicts of Interest	**N/a**

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 and discussed at the Lewisham weekly Senior Management Team meetings and monthly Extended SMT. The risk forum operates with representatives from all ICB directorates and LCPs, and the ICB's risk specialists such as the Assurance Team. It is chaired by the Chief of Staff with the aim of ensuring a consistent approach to the identification and management of risk across the ICB. It supports the smooth escalation of risks from LCP to SEL levels and vice-versa. In addition, changes have been implemented to the risk management framework which

		summarises the key changes proposed to the ICB's risk management framework for 2023/24. 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 is taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and has asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF.	

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 Travel	Risk owner	Risk sponsor	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance														
448	Financial	**Savings Target - Identification & delivery of savings**	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. Identification and delivery of efficiencies in 2024/25 is likely to be even more challenging and there is a risk the delegated borough budget for 2024/25 will be exceeded unless a more system wide approach to efficiencies is implemented and reflected in control totals and efficiency targets for respective organisations across the system.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Cerri Jacob	Michael Cunningham	1) A careful and detailed budget setting process has been conducted to identify target savings. 2) Sound budgetary control will continue to be applied to ensure expenditure trends are monitored, and any deviations from budget are identified at an early stage. 3) The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4) The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 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. In September - Borough financial focus group with CFO and director of planning.	There are no currently identified control gaps.
449	Financial	**Absorption of cost pressures**	The ICB - Lewisham is facing material cost pressures in 2023/24 reflecting the impact of activity and pricing on prescribing budgets. There is a risk the delegated borough budget will be exceeded if these cost pressures cannot be fully mitigated.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Cerri Jacob	Michael Cunningham	1) A careful and detailed budget setting process has been conducted to identify cost pressures. 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 financial position of the borough including commentary on cost pressures. 4) The Lewisham borough SMT review and discuss cost pressures and mitigations 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. • Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23. • Review of prescribing position at Planning and Delivery Group. • Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible.	The impacts of controls will be assessed in light of budgetary positions in 2023/24. In Sept - Borough financial focus group with CFO and director of planning.	There are no currently identified control gaps.
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 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 what the gaps in the system are. 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. Reinstatdish 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.	1. Compliance with the Joint Funding Protocol. 2.Monthly reporting at the Joint Commissioning Finance Group. 3. 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.
Safeguarding														
347	Governance	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	There is a risk that Initial Health Assessments (IHAs) are not completed for Children Looked After (CLA) within the 20 working days. This is caused by a delay in timely notifications by Children's Social Care. This results in a delay in identifying the health needs for CLA and can impact the ICB's ability to meet statutory requirements and can lead to health risk.	4x3=12	3x3=9	3x1 =3	Open (10–12)	⟺	Cerri Jacob	Christiane Nitsch/Margaret Mansfield	1.KPIs and data set in place., 2.The Designated Doctor and medical colleagues undertake all the IHAs, 3.Post has been recruited to No Named Nurse 4.Currently quarterly Steering Group has been set up (first meeting in Jan 23) - monthly meeting previously in place to where discussion took place around Social Workers completing forms for IHAs. 5. Team have developed SOP for process and discussion for training package, 6.Designated Professionals are part of the Partnership CLA Steering Group for service improvement, 7.Director of Quality and designated professionals together with Commissioners will review service specification and requirements in 6 weekly meetings, 8.Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs), 9. The Steering Group set up by local authority and health will also look at initial health assessments and out of Borough placed children 10. Medical advisor for adoption just became vacant, there is an interim Medical Advisor in place (until September).	Statutory guidance in place. IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently Designated Doctor and adoption medical officer as well as other medics are completing IHAs in the interim. Also, on the workplace for CLA steering group.	IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently Designated Doctor and adoption medical officer as well as other medics are completing IHAs in the interim. Also, on the workplace for CLA steering group.	Gap 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 nonconcordance with Lewisham local safeguarding referral pathway for adults. Risk is; large volume of adults, children young people deemed to be at risk. NOTE: Pentland House is now closed.	3x3=9	3x3=9	1x1=1	Cautious (7 – 9)	⟺	Cerri 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. As of 11th September 2023, Pentland House has closed. Appropriately, 250 service users will be moved before this date and it is likely that the majority moved will take place prior to 31st August 2023. The Clear Springs Ready Safeguarding team visited Pentland House on 8th August 2023 to meet with those that have additional vulnerabilities to ensure they are profiled to appropriate accommodation. ICB and Lewisham's multi-agencies have met to discuss support of service users' and the transition to new locations. These include NGOs, Primary Care Sanctuaries and other agencies. In addition, a complaint will be raised with the Home Office and Clear Springs Ready homes in relation to system processes used during the closure. Meetings being held to formulate a multi-agency response.	As outlined in controls.	Embedding safeguarding in IHA where possible (capability, knowledge and referral).	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 Cranch	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 reveing 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. **Update:- 15/08** - 2 x Therapists and 2 x Doctors starting in the next month increase in capacity for clinics. Trust conducting weekly meetings to monitor targets.	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 Cranch	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 (42 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants. **Update:- 15/08** - Due to the above will assist with an increase in assessment capacity.	Monitoring ongoing to gauge impacts of controls via Quarterly monitoring meetings.	Reduction in waiting times for assessments.	1. Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.

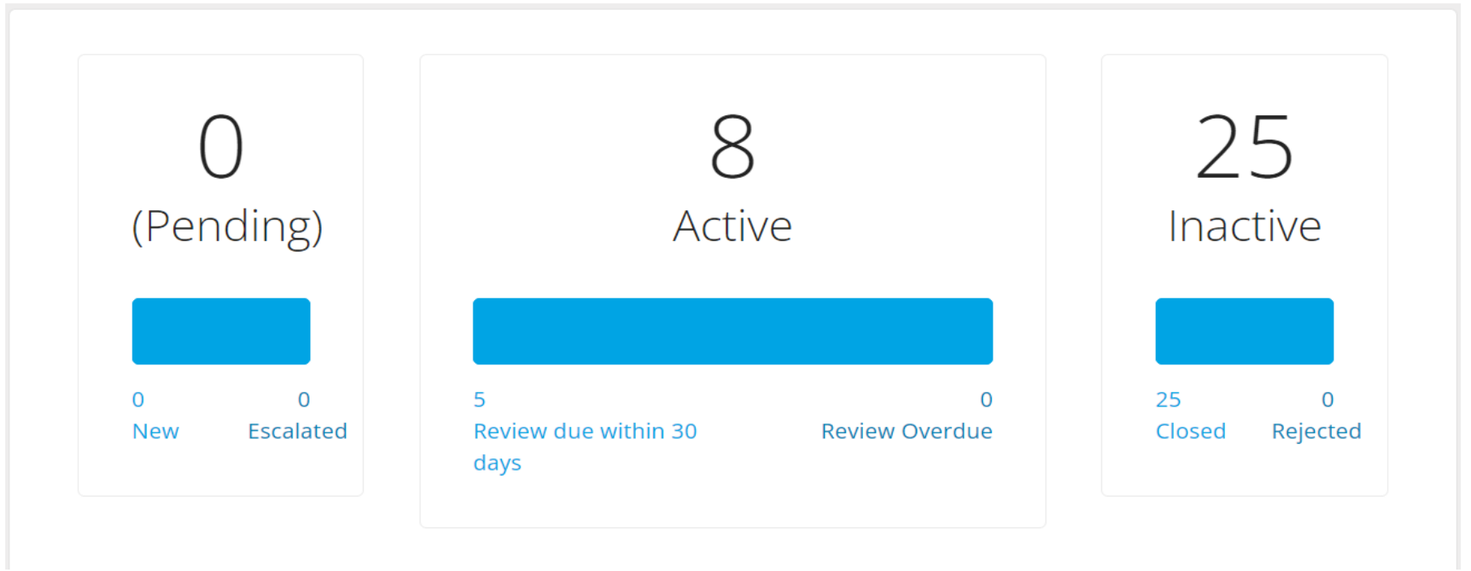
Key - Direction of Risk

⬇ Risk has become worse.

⟺ Risk has stayed the same

⬆ Risk is improving

Risk Register Summary (in accordance with Datix)



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

Key

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

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

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

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

Likelihood Matrix

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

Severity Matrix

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

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

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

2. *The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits.*

3. *The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make change or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed.*

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

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

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

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

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 10
Enclosure 10

Title:	**Lewisham People's Partnership - Update**
Meeting Date:	**21 September 2023**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob

Purpose of paper:	To update the Lewisham Health and Care Partnership on the discussions and actions from the Lewisham People's Partnership meeting held on 25th July 2023.	Update / Information	***x***
		Discussion	x
		Decision	

Summary of main points:

Following on from the programme of engagement earlier in the year 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 are 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 second meeting of the Lewisham People's Partnership was held on 25th July 2023 and discussed two main agenda items:

- Further co-development of the Lewisham Health and Wellbeing Charter – building on the responses from the 11th May meeting of the Lewisham People's Partnership and feedback from the Healthier Communities Select Committee
- To start discussions on the priorities of the Lewisham People's Partnership

Discussions regarding the co-development of a Health and Wellbeing Charter for Lewisham continued at this meeting with a clearer understanding that the Charter will be a companion to the revised Lewisham Joint Health and Wellbeing strategy, will respond to recommendations in the two Marmot reports and will have a focus on the wider determinants of care. The meeting was asked:

- What would you say are the most important issues to be included in the Charter?
- What do you think are the responsibilities of Lewisham people and communities towards health and care services and what, as individuals and communities, can we do to support ourselves and others in living healthier lives and improving our health outcomes?

The discussions highlighted a consensus that the important issues to be included in the Charter were equal and easier access to health and care services for all people and communities, ensuring that access is the same whether using digital or non-digital means, clear and accessible communications, single points of access to holistic health and care services and increased health promotion, commitment to reducing inequalities, sustainable and long term VCSE sector strategy and support, and clarity on how the wider determinants will be integrated into health and care strategies and plans.

The discussions on the Charter also highlighted a consensus on what would support people and communities to live healthier lives and improve health outcomes - peer to peer services, one stop shop fronts, sharing health and care information across communities, using the right service and keeping appointments, working smarter together, and utilising and expanding what is already working within our communities.

The outcomes of these discussions were included in a draft of the Health and Wellbeing Charter presented to Lewisham's Healthier Communities Select Committee meeting on 6th September.

Discussions regarding the priorities of the Lewisham People's Partnership focused on a number of key questions – what was important to people and communities, how can LHCP work with you all, who do you want to hear from, and how can we link more effectively to more networks, people and communities to increase the influence they have. The outcome of the discussions focused on information, access and digital, improving health and wellbeing, integration, and voice and influence.

The full discussions and actions from the 25th July meeting of the Lewisham People's Partnership are attached for further information.

The next meeting of the Lewisham People's Partnership will be on 27th September and will focus on:

- Feedback on the continuing co-production of the Lewisham Health and Wellbeing Charter
- Co-production in Adult Social Care
- Community spaces in Lewisham for access to health information and advice

Potential Conflicts of Interest				
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 11 **Enclosure 11**

Title:	**Month 4 Finance Report**
Meeting Date:	**21st September 2023**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS at Month 4.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 4 2023/24 – Summary ICB Position

As at month 04, the ICB is reporting a year to date overspend against plan of £5,177k which is driven by an adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets. The ICB is reporting break-even against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England.

At present there are only two months prescribing data available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Prescribing expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.

The overspend on CHC relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. However, some boroughs have also seen activity levels increasing compared to the start of the year. Further details on the ICB financial position are set out in Appendix A of this report.

Financial focus meetings have been arranged during September to review borough recovery actions, with the outcomes of these meetings expected to support the forecast break-even position. The ICB is also applying expenditure controls in the interim period.

The ICB – Lewisham Borough reported a YTD underspend of £27k and FOT underspend of £81k as at month 4. Whilst the borough has the same pressures as

	referenced above in relation to prescribing and continuing health care, it has at this stage in the year been able to mitigate these pressures through underspends in other budgets and delivery of its targeted efficiencies. Further details are shown in this report. Lewisham borough has fully identified its £4.2m efficiencies target for 2023/24. Efficiencies delivered up to month 4 are on plan at £932k. Details of these efficiencies are included in this report. **Month 4 2023/24 – Summary ICS Position** • At month 4 SEL ICS reported a system deficit of £58.1m, £43.9m adverse to a planned £14.2m deficit. This compares to a £32.5m adverse variance at month 3. • The ICB and 4 out of 5 providers are reporting an adverse variance against plan. • The system is reporting a break-even forecast out-turn position. • The system has identified £237.7m (82%) of its £290.3m annual efficiency plan. At month 4 £121.6m (51%) of the identified efficiencies is rated as a low risk of not being delivered. • At month 4 the system has delivered £72.3m of efficiencies, £4.2m behind the YTD plan of £76.5m Further details on the ICS position are included in this report. **Month 4 2023/24 – Lewisham Council** At month 4 Adult Social Care Services is forecasting an overspend of £1.0m and Children Social Care Services an overspend of £6.9m. The drivers of these forecast overspends are detailed in this report.
Potential Conflicts of Interest	Not applicable

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

	Equality Impact	Not applicable
	Financial Impact	The paper sets out the ICS and borough financial positions as at Month 4
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 ICS and borough financial positions as at Month 4.	

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Lewisham LCP Board
Finance Update – Month 4

ICB – Lewisham Delegated Budget – Month 4

NHS South East London

Overall Position

- At month 4, the borough is overall reporting an underspend of £27k and forecasting an underspend for the full year of £81k.

- The overspend is mainly driven by prescribing costs. Based on May's data (as data is available 2 months in arrears), the position shows a prescribing overspend of £1,176k reflecting activity and price pressures. This is after applying four months of a 1% risk reserve for CAT M/NCSO drugs (£127k). The local medicines management team has identified the drivers of these pressures and is identifying further mitigations beyond the existing efficiency target to try mitigate these pressures. It should be noted that additional cost pressures are being seen in 2023/24 relating to growth in prescribing costs associated with long term conditions.

- The forecast outturn for prescribing is based on May's data and does not reflect that identified efficiencies are profiled from July onwards. The team are focussed on the delivery and de-risking of these efficiencies and as delivery increases, this should positively impact the forecast outturn.

- There is also an overspend on continuing care services of £249k mainly driven by price pressures. The YTD position reflects efficiencies delivered of £182k, and further efficiencies of £413k have been identified and profiled from month 5 which when delivered should positively impact the forecast outturn. There remains however risk to this position reflecting AQP rate increases of c.17% which are required to be managed within a budget uplift of c. 3.5%

	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	420	368	52	1,260	1,105	155
Community Health Services	8,798	8,669	129	26,393	25,256	1,137
Mental Health Services	2,323	2,159	164	6,969	6,490	479
Continuing Care Services	6,931	7,180	(249)	20,794	21,266	(472)
Prescribing	12,931	14,106	(1,176)	38,537	43,074	(4,537)
Other Primary Care Services	504	504	(0)	1,513	1,513	0
Other Programme Services	955	47	908	2,865	140	2,725
Delegated Primary Care Services	19,720	19,720	0	59,161	59,161	0
Corporate Budgets	1,369	1,171	199	4,108	3,512	596
Total	**53,951**	**53,924**	**27**	**161,599**	**161,517**	**81**

- All other budget lines are at breakeven or showing underspends. The main underspend is on other programme services £908k which reflects where budget has been removed from other budget lines relating to identified and delivered efficiencies to month 4.

- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 4 this is now fully identified, and the borough is focussed on delivery and de-risking these identified efficiencies as a key priority. Delivery at month 4 is on plan, however it should be noted prescribing efficiencies of £1.5m are profiled from July to March in line with the optimisation plan for medicines.

ICB – Lewisham Delegated Budget – Efficiencies Month 4

NHS South East London

- This table summarises the Lewisham position at month 4.
- The borough has identified efficiencies of £4.208m (100%) compared to a target of £4.208m This represents an improvement from the total identified at month 3 which was £3.805m.
- Although the initial target of £4.208m is now identified, it is imperative this is now delivered in full and given the risk of slippage, and the overall position of the ICB, it is important to identify stretch opportunity beyond the initial target.
- Efficiencies delivered to month 4 total £932k (month 3 £567k) noting profiling of prescribing savings £1.5m are profiled from July onwards.

Lewisham Efficiencies – Month 4

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%

ICS - High-level Summary – Month 4

South East London

- At month 4 **SEL ICS reported a system deficit of £58.1m against a planned £14.2m deficit.**
- Whilst the deficit and variance to plan have both increased in absolute terms in month 4, we have seen an improvement in the rate of spend in month across most trusts, with the exception of KCH and the ICB. We have seen higher than expected non pay costs, a continuation of unplanned independent sector costs in support of elective recovery activity and prescribing and CHC pressures, with significant one-off costs as a consequence of industrial action.
- **Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the **impact of industrial action,** has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £96m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

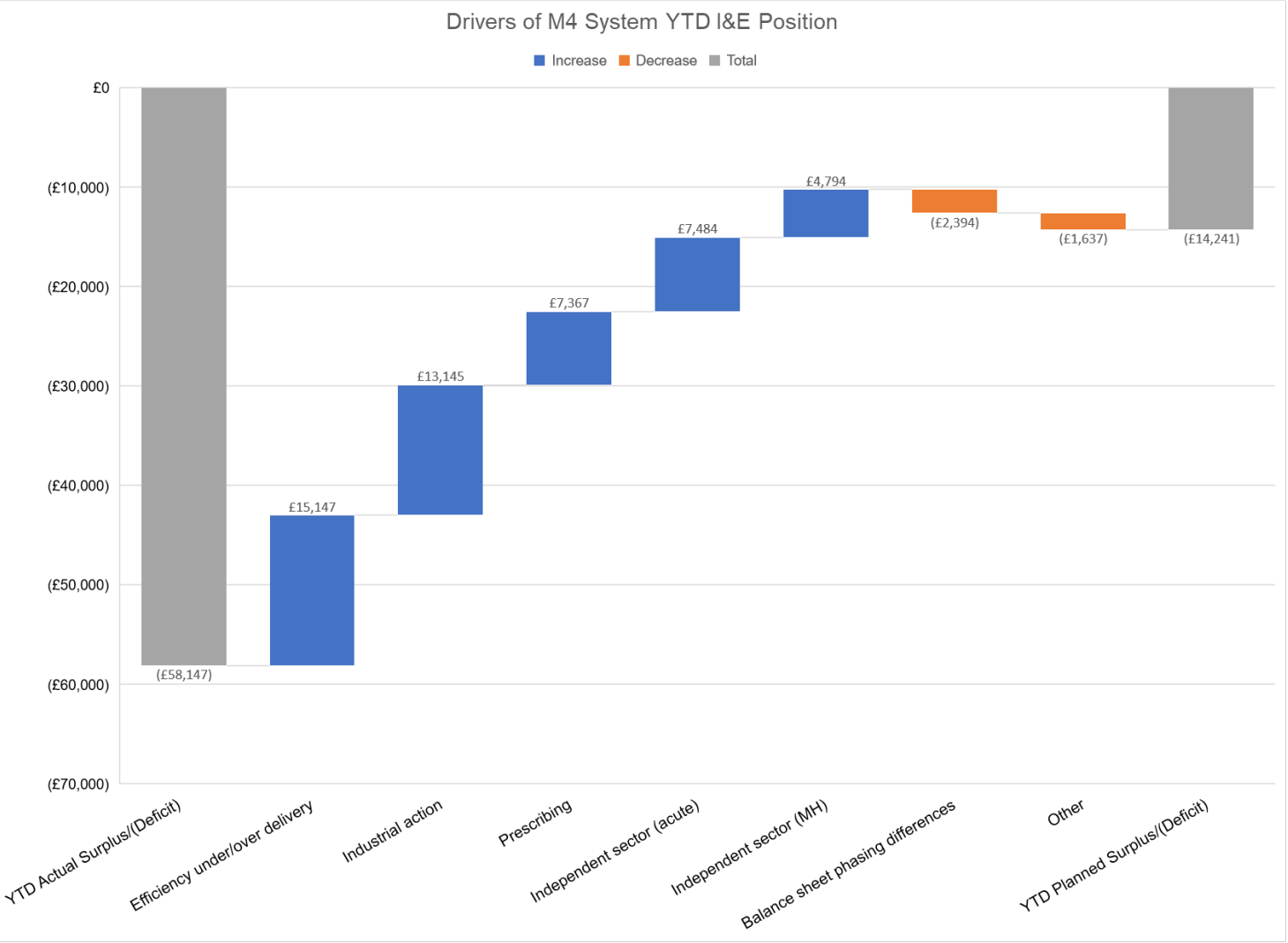
	YTD Actual	Variance
	£m	£m
GSTT	(19.7)	(18.8)
KCH	(43.6)	(13.1)
LGT	(11.6)	(6.8)
Oxleas	2.6	2.5
SLaM	(2.0)	(2.5)
Providers	**(74.3)**	**(38.7)**
ICB	**16.2**	**(5.2)**
ICS total	**(58.1)**	**(43.9)**

	M04 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	(0.8)	(19.7)	(18.8)	In-month improvement driven by release of planned balance sheet flex into the position totalling £4.6m.	0.0	0.0	0.0
KCH	(30.5)	(43.6)	(13.1)	Key drivers to YTD variance are strikes and bank holidays (£5m), drug costs not offset by income (£3.4m), and back phased CIP plan (£3.3m).	(49.0)	(49.0)	(0.0)
LGT	(4.8)	(11.6)	(6.8)	Main drivers of variance to plan are medical pay overspend (£4.8m YTD) and the impact of industrial action (£3.6m)	(15.3)	(15.3)	0.0
Oxleas	0.1	2.6	2.5	Trust has relied on balance sheet flexiblity (£3.9m) and profit on sale of asset of (£2.5m) to deliver an YTD surplus position.	0.2	0.2	0.0
SLaM	0.5	(2.0)	(2.5)	YTD variance main driver is high levels of clinical staff costs (£1.5m) due to recurrent CIP plans not being in place.	0.0	0.0	0.0
SEL Providers	**(35.6)**	**(74.3)**	**(38.7)**		**(64.1)**	**(64.1)**	**0.0**
SEL ICB	**21.4**	**16.2**	**(5.2)**	Key driver to adverse variance in ICB is impact of 22/23 prescribing (c. £6m)	**64.1**	**64.1**	**(0.0)**
SEL ICS total	**(14.2)**	**(58.1)**	**(43.9)**		**0.0**	**0.0**	**0.0**

ICS - Analysis of M4 YTD position

NHS South East London

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels.
- At month 4 SEL ICS reported a system deficit of £58.2m against a planned £14.2m deficit.
- A major driver to the deficit is CIP plan phasing and delivery slippage (£15.1m) including £9.1m of stretch efficiency as a result of final changes to submit a break-even plan.
- External factors outside of the system control (e.g., industrial action) is reported as £13.1m. These costs are being validated to ensure they are consistent and complete.
- Other operational challenges being experienced in the system beyond Industrial Action include continuing challenges in Non-Elective Acute and Mental Health pathways that have led to additional costs incurred in **Independent Sector capacity (£12.3m)** with operational pressure requiring the use of >50 unplanned independent sector beds to date.
- We are also experiencing increased unplanned expenditure in acute settings in relation to patients with severe mental health conditions.
- Primary care prescribing pressures caused by drug supply chain issues and increase prescribing (c.£7.4m) have continued from 2022/23 with reduced supply of generic drugs leading to higher utilisation of higher cost branded products.
- CHC pressures are being experienced but contained currently. There is a risk that it will not be possible to contain this pressure through the rest of the financial year.



ICS - Efficiencies – Month 4 Update

NHS South East London

- **Our plan targets provider efficiencies of £290m (min. 4.5% of influenceable spend).** Since submission of the plan GSTT have increased their efficiency target with an **additional stretch of £33.1m.** The revised system efficiency target is £323.6m.
- **At month 4**, the system has **identified £285.9m, (88%) of the planned £290m target**. At month 4 £121.6m (51%) of the identified efficiencies is rated as low risk (at month 3 £119.7m was low risk). Against the revised target there is an unidentified gap of £37.7m.
- At month 4 the system has **delivered £72.3m of efficiencies, £4.2m behind the YTD plan of £76.5m.** The variance to the efficiency plan has improved from month 3 where the system was £11.8m behind plan
- Whilst we have seen an improvement in the overall variance behind plan, **this has been driven by additional delivery of £14.6m of non-recurrent efficiencies in month 4**. At month 4, recurrent efficiencies are £22.1m adverse to plan compared to being £18.7m behind plan at month 3.

Risk of delivering efficiency plan

Submitted plan	Organisation	Stretch target	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
72,203	GSTT	105,504	96,737	8,767	31,181	25,003	40,553	57,269	39,468	57,269
72,000	King's	72,000	54,272	17,728	29,071	13,200	12,001	43,304	10,968	57,281
34,932	LGT	34,932	31,272	3,660	1,832	450	28,990	14,964	16,308	31,272
26,056	SLaM	26,056	26,056	0	9,856	11,700	4,500	14,998	11,058	14,998
20,251	Oxleas	20,251	12,712	7,539	0	5,000	7,712	4,558	8,154	4,558
164,367	ICB	164,367	164,367	0	25,652	11,348	127,367	139,290	25,077	139,290
(99,541)	intra-system	(99,541)	(99,541)	0	0	0	(99,541)	(99,541)	0	(99,541)
290,268	**SEL ICS**	**323,569**	**285,875**	**37,694**	**97,592**	**66,701**	**121,582**	**174,842**	**111,033**	**205,127**

Month 4 YTD efficiency delivery

	Recurrent			Non-recurrent			Total		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*
GSTT	16.7	14.0	(2.7)	4.4	3.8	(0.6)	21.0	17.8	(3.3)
KCH	9.7	7.1	(2.6)	0.2	2.5	2.3	9.8	9.5	(0.3)
LGT	10.0	3.3	(6.7)	1.2	8.7	7.5	11.3	12.0	0.8
Oxleas	2.0	1.5	(0.4)	4.8	2.6	(2.2)	6.8	4.1	(2.7)
SLaM	2.3	1.9	(0.4)	3.7	5.6	1.9	6.0	7.5	1.5
SEL Providers	**40.6**	**27.8**	**(12.8)**	**14.3**	**23.1**	**8.8**	**54.9**	**50.9**	**(4.0)**
SEL ICB	**54.8**	**45.5**	**(9.3)**	**0.0**	**9.1**	**9.1**	**54.8**	**54.6**	**(0.2)**
Intra-SEL	**(33.2)**	**(33.2)**	**0.0**				**(33.2)**	**(33.2)**	**0.0**
SEL ICS	**62.2**	**40.1**	**(22.1)**	**14.3**	**32.2**	**17.9**	**76.5**	**72.3**	**(4.2)**

12. Month 2 2023/24 – Lewisham Council

NHS South East London

Overall Position

2023/24 Efficiencies	Year-to-date Month 4			Full-Year Forecast 2023/24		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	2.3	2.3	0.0	7.0	7.0	0.0
Childrens Care Services	1.3	0.0	(1.3)	3.8	0.0	(3.8)
Total	**3.6**	**2.3**	**(1.3)**	**10.8**	**7.0**	**(3.8)**

2023/24 LBL Managed Budgets	Year-to-date Month 2			Full-Year Forecast 2023/24		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	23.8	24.1	(0.3)	71.4	72.4	(1.0)
Childrens Care Services	17.9	20.2	(2.3)	53.6	60.5	(6.9)
Total	**41.7**	**44.3**	**(2.6)**	**125.0**	**132.9**	**(7.9)**

Adult Social Care and Commissioning: £1m forecast overspend at Period 4. This position assumes significant delivery of savings including those carried forward from prior years. It also draws down on various reserves and corporate provisions. The underlying reason for the 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. A risk to the reported pressure is additional costs arising from children transitioning into Adulthood, despite additional budget there is a risk that the actual cost of placements exceeds the funded level.

Further work is underway on the children's position between finance and service leads to review the delivery of targeted savings.

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Appendix A

SEL ICB Finance Report

Month 04 2023/24

Contents

1. Executive Summary

NHS South East London

- This report sets out the month 04 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12-month financial period which makes budgeting and reporting more straightforward.
- The ICB's financial allocation for the year as at month 04 is **£4,738,176k.** In month, the ICB received additional allocations of **£75,987k,** which included 84% of the Elective Recovery Fund **(£69,726k),** Primary Care Access Recovery Plan **(£2,133k),** additional running cost allowance for ICB staff pay awards **(£906k)** plus some other additional allocations set out on the next slide.
- As at month 04, the ICB is reporting a **year to date overspend** against plan of **£5,177k** which is driven by an **adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets.** The ICB is reporting **break-even** against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England.
- At present there are only two months **prescribing data** available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Prescribing expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. However, some boroughs have also seen activity levels increasing compared to the start of the year. Greenwich and Lambeth boroughs have the most challenging financial positions for continuing care, and both are working to identify efficiencies that can be delivered to reduce run-rate.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions, with the outcomes of these meetings supporting the forecast break-even position.
- In reporting this month 04 position, the ICB has delivered the following financial duties:
  - Underspending **(£1,068k)** 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 04, and noting the risks outlined in this report (primarily relating to prescribing and CHC), the ICB is forecasting a **break-even** position for the 2023/24 financial year.

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								
Diabetes Outcomes scheme	84	97	97	115	103	102	(598)	-
Discharge funding	91	52	46	58	195	55	(497)	-
Prescribing reserve	28	38	27	31	32	26	(181)	-
Other		13		108		64	(185)	-
M4 Allocations								
Elective Recovery Fund							69,726	**69,726**
PCT Primary Care Access Recovery Plan							2,133	**2,133**
ED BBV testing							925	**925**
Running costs allowance							906	**906**
DWP NHS Talking Therapies							821	**821**
Cardiac Rehab & Heart Failure targeted funding							803	**803**
Asylum Health		4	5	32	21	50	320	**432**
Other			37				204	**241**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**

- The table sets out the Revenue Resource Limit at month 04.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 04, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets – this had no overall impact on the overall allocation. The main adjustments related to discharge funding, the prescribing risk reserve and the diabetes outcome scheme, all of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£75,987k** of allocations, giving the ICB a total allocation of **£4,738,176k** at month 04**.** The additional allocations included 84% of the Elective Recovery Fund **(£69,726k),** Primary Care Access Recovery Plan **(£2,133k),** additional running cost allowance for pay awards **(£906k)** plus long-term conditions funding and talking therapies & asylum health 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 on a monthly basis.

3. Key Financial Indicators

NHS South East London

- The table below sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position (£5.2m) as at Month 4 due to the prescribing pressure which is continuing into this financial year and the impact of CHC pressures.
- All other financial duties have been delivered for the year to Month 4 period.
- At this point in the financial year, a breakeven position 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	1,458,226	1,463,403	4,738,176	4,738,176	
Operating Under Resource Revenue Limit	1,436,859	1,442,036	4,674,076	4,674,076	
Not to exceed Running Cost Allowance	12,066	10,998	36,199	33,392	
Month End Cash Position (expected to be below target)	4,500	817			
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%	97.6%			
Mental Health Investment Standard (Annual)			440,426	441,834	

4. Budget Overview – Position as at Month 4

NHS South East London

	M04 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	1,585	2,238	2,312	396	420	184	765,235	**772,370**	**772,370**
Community Health Services	6,241	27,349	11,750	8,604	8,798	10,827	80,483	**154,053**	**154,053**
Mental Health Services	3,360	4,708	3,022	7,116	2,323	2,487	161,909	**184,925**	**184,925**
Continuing Care Services	8,290	8,265	9,055	10,551	6,931	6,496	-	**49,588**	**49,588**
Prescribing	11,278	15,448	11,078	12,888	12,931	10,677	352	**74,651**	**74,651**
Other Primary Care Services	952	1,008	857	1,041	504	197	7,033	**11,592**	**11,592**
Other Programme Services	19	29	71	88	946	54	3,799	**5,008**	**5,008**
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,930	**3,039**	**3,039**
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	**116,210**	**116,210**
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,041	**67,041**	**67,041**
Corporate Budgets	1,113	1,475	1,634	1,937	1,369	1,470	10,752	**19,751**	**19,751**
Total Year to Date Budget	**46,236**	**79,868**	**56,853**	**68,938**	**53,951**	**53,567**	**1,098,815**	**1,458,227**	**1,458,226**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	1,533	2,237	2,222	184	368	117	765,003	**771,665**	**771,665**
Community Health Services	6,109	27,355	11,779	8,587	8,669	10,702	80,692	**153,893**	**153,893**
Mental Health Services	3,378	4,899	2,992	7,109	2,159	3,113	161,548	**185,198**	**185,198**
Continuing Care Services	8,373	8,348	9,798	11,282	7,180	6,548	-	**51,529**	**51,529**
Prescribing	12,481	16,773	12,411	14,058	14,106	11,850	339	**82,018**	**82,018**
Other Primary Care Services	952	1,008	857	996	504	180	7,160	**11,657**	**11,657**
Other Programme Services	19	21	71	88	38	54	2,630	**2,922**	**2,922**
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,504	**2,612**	**2,612**
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	**116,210**	**116,210**
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,191	**67,191**	**67,191**
Corporate Budgets	1,002	1,359	1,616	1,670	1,171	1,286	10,406	**18,508**	**18,508**
Total Year to Date Actual	**47,244**	**81,350**	**58,819**	**70,290**	**53,924**	**55,025**	**1,096,752**	**1,463,403**	**1,463,403**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	52	1	90	212	52	67	231	**705**	**705**
Community Health Services	132	(6)	(29)	18	129	125	(209)	**160**	**160**
Mental Health Services	(18)	(191)	30	7	164	(626)	362	**(273)**	**(273)**
Continuing Care Services	(83)	(83)	(742)	(731)	(249)	(52)	-	**(1,941)**	**(1,941)**
Prescribing	(1,203)	(1,326)	(1,333)	(1,170)	(1,176)	(1,174)	14	**(7,367)**	**(7,367)**
Other Primary Care Services	0	(0)	(0)	45	(0)	17	(127)	**(65)**	**(65)**
Other Programme Services	0	8	(0)	0	908	(0)	1,169	**2,086**	**2,086**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	426	**426**	**426**
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(150)	**(150)**	**(150)**
Corporate Budgets	112	116	19	267	199	184	346	**1,242**	**1,242**
Total Year to Date Variance	**(1,008)**	**(1,482)**	**(1,967)**	**(1,352)**	**27**	**(1,459)**	**2,063**	**(5,177)**	**(5,177)**

- At month 04, the ICB is reporting a YTD overspend of **£5,177k.** As highlighted the main drivers relate to prescribing and continuing care overspends. The ICB is reporting a break-even outturn position.
- The prescribing budget is **£7,367k overspent year to date**. This is based on two month's PPA data which shows the expenditure trend from last year is accelerating. This position includes four months of the borough 1% risk reserve for prescribing. In addition, at a SE London level, four months of the £3.5m central reserve for prescribing have been factored into the position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a pressure of £273k YTD. The boroughs seeing the largest overspends are Bromley and Southwark and both are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£1,941k overspent** and the underlying pressures are variable across the boroughs. The full impact of 23/24 bed prices are not yet reflected as negotiations are still ongoing with some suppliers. Greenwich and Lambeth boroughs are continuing to see the largest pressures, but all boroughs are now seeing the impact of increased client numbers and above inflation uplifts. Four months of the 1% CHC reserve has been included to partially mitigate the overspend. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The overspend on delegated primary care DPO relates to the ophthalmology claims and further investigation into this is taking place.
- The underspend of **£1,241k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report. The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions.

5. Prescribing

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 4 prescribing position is based upon M02 23/24 data as the information is provided two months in arrears. Early indications from this data are that the trend from last financial year is continuing into this year. The ICB is reporting a prescribing position of **£7,367k overspend** year to date (YTD). This is after 4 months of the borough 1% risk reserve and the central (£3.5m) risk reserve have been reflected into the position. In addition, the non PPA budgets are overspent by £13k giving an overall overspend of £7,380k YTD.
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£26,300k**.

Borough	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1 Qtr of 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & 1 Qtr of 1% Risk Reserve budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	11,783,564	402,598	402,143	(99,873)	(34,988)	11,887	12,465,332	11,262,714	(1,202,619)	33,567,861	37,788,263	(4,220,402)
BROMLEY	15,848,404	545,121	540,986	(136,514)	(23,718)	15,925	16,790,204	15,464,627	(1,325,577)	46,092,478	50,652,042	(4,559,564)
GREENWICH	11,646,211	426,631	398,404	(43,659)	(79,790)	11,776	12,359,574	11,026,212	(1,333,362)	32,862,522	37,558,390	(4,695,867)
LAMBETH	13,362,736	421,277	454,872	(50,781)	(116,496)	13,398	14,085,005	12,915,450	(1,169,555)	38,495,936	42,686,379	(4,190,444)
LEWISHAM	13,135,707	436,950	447,898	(43,052)	(42,378)	13,365	13,948,490	12,772,616	(1,175,874)	38,062,722	42,599,945	(4,537,223)
SOUTHWARK	11,110,024	376,438	379,053	(45,160)	(122,341)	11,132	11,709,146	10,535,465	(1,173,681)	31,399,108	35,458,080	(4,058,972)
SOUTH EAST LONDON												
Grand Total	**76,886,646**	**2,609,016**	**2,623,357**	**(419,039)**	**(419,711)**	**77,483**	**81,357,751**	**73,977,083**	**(7,380,668)**	**220,480,628**	**246,743,099**	**(26,262,471)**

- The table above shows that of the YTD overspend, approximately **£2,610k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,700k** relates to a local growth in prescribing, some of which will be a consequence of the pandemic. The table on the next page shows the drug chapters where the growth can be identified to, and how these relate to long term conditions.
- Of the overall annual unmitigated pressure of circa £26,300k, around **£8,000k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics including care homes and local 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.

5. Prescribing – Drivers of Overspend (1)

NHS South East London

- The table below shows the BNF chapters which are seeing the highest levels of growth and these all map to long term conditions such as Diabetes, CVD, respiratory and the central nervous system.

- The table on the next page shows the top 20 drugs showing growth year to date; April-May 2023/24 v 2022/23 – some of the % growth rates are very large and will help to explain the cost pressures we are seeing within the prescribing budget.

Code	BNF Chapter	Total items last year	Total cost last year	Total items this year	Total cost this year	% growth items	England % growth items	Actual growth cost	NCSO cost pressure (Apr-Jul)	% growth cost	England % growth cost
06	Endocrine System	484,131	£6,588,237	505,076	£7,438,818	4.3%	3.2%	£850,581	£10,847	12.9%	12.9%
04	Central Nervous System	716,227	£5,058,615	720,896	£5,768,077	0.7%	-0.5%	£709,462	£287,381	14.0%	12.6%
02	Cardiovascular System	1,185,462	£5,167,955	1,211,536	£5,691,218	2.2%	1.6%	£523,263	£531,349	10.1%	9.5%
03	Respiratory System	258,396	£3,760,372	258,230	£4,260,215	-0.1%	-0.8%	£499,843	£44,190	13.3%	7.6%
01	Gastro-Intestinal System	351,768	£2,292,703	356,985	£2,780,001	1.5%	0.8%	£487,298	£389,182	21.3%	23.2%
05	Infections	138,530	£684,389	143,152	£955,573	3.3%	2.7%	£271,183	£270,504	39.6%	38.6%
21	Appliances	132,965	£2,097,592	135,941	£2,330,265	2.2%	4.0%	£232,673		11.1%	13.8%
14	Immunological Products and Vaccines	11,138	£122,853	19,268	£230,291	73.0%	33.6%	£107,438		87.5%	45.2%
13	Skin	107,334	£1,002,279	104,010	£1,095,261	-3.1%	-1.9%	£92,982	£73,218	9.3%	6.6%
09	Nutrition and Blood	267,848	£2,832,318	266,236	£2,908,796	-0.6%	1.8%	£76,478	£13,866	2.7%	10.0%

Long term conditions such as CVD, CNS, diabetes and respiratory are responsible for 50% increase in prescribing cost growth

5. Prescribing – Drivers of Overspend (2)

NHS South East London

BNF Chemical Substance	Total items last year	Total cost last year	Total items this year	Total cost this year	% growth items	England % growth items	Actual growth cost	% growth cost	England % growth cost
Dapagliflozin	10,250	£419,247	19,839	£767,242	93.6%	75.6%	£347,995	83.0%	74.0%
Omeprazole	135,683	£357,446	136,507	£631,124	0.6%	-1.4%	£273,679	76.6%	79.6%
Promethazine hydrochloride	14,471	£64,875	15,470	£280,813	6.9%	8.9%	£215,939	332.9%	324.3%
Edoxaban	11,751	£519,457	15,264	£695,684	29.9%	80.4%	£176,228	33.9%	84.4%
Detection Sensor Interstitial Fluid/Gluc	6,205	£548,864	7,620	£697,365	22.8%	38.4%	£148,501	27.1%	37.4%
Semaglutide	2,886	£361,462	4,185	£495,741	45.0%	33.6%	£134,279	37.1%	34.4%
Sacubitril/valsartan	2,371	£194,303	4,021	£318,148	69.6%	38.2%	£123,845	63.7%	39.6%
Famotidine	7,982	£164,937	11,118	£287,253	39.3%	51.0%	£122,316	74.2%	90.8%
Aripiprazole	7,452	£34,726	8,005	£151,607	7.4%	2.1%	£116,881	336.6%	349.3%
Adrenaline	2,917	£215,721	3,051	£329,161	4.6%	-2.2%	£113,440	52.6%	42.9%
Influenza	7,826	£74,739	15,116	£170,914	93.2%	24.0%	£96,175	128.7%	48.8%
Phenoxymethylpenicillin (Penicillin V)	11,694	£33,912	12,264	£128,198	4.9%	9.5%	£94,286	278.0%	276.8%
Beclometasone dipropionate	45,834	£1,080,037	47,573	£1,171,748	3.8%	-0.4%	£91,710	8.5%	2.2%
Atorvastatin	200,580	£256,535	217,740	£345,755	8.6%	8.9%	£89,221	34.8%	35.3%
Empagliflozin	7,692	£354,284	10,040	£440,359	30.5%	24.8%	£86,075	24.3%	25.1%
Alendronic acid	19,675	£23,734	18,615	£100,862	-5.4%	-7.4%	£77,128	325.0%	304.7%
Lisdexamfetamine dimesylate	2,537	£166,059	3,675	£239,516	44.9%	38.5%	£73,456	44.2%	41.1%
Gabapentin	24,395	£117,819	24,425	£179,725	0.1%	-2.0%	£61,906	52.5%	40.6%
Estradiol	11,784	£117,307	15,165	£177,812	28.7%	31.8%	£60,505	51.6%	55.0%
Amoxicillin	29,050	£40,882	31,690	£100,234	9.1%	6.7%	£59,352	145.2%	132.2%

Highlighted drugs are under price concession

5. Prescribing Mitigating Actions – Savings Schemes

NHS South East London

- Boroughs have been given an overall 4.5% savings target to deliver. To date, savings of **£8,766k** (circa 4% of the prescribing budget) have been identified. Delivery against the 2023/24 savings plan is included within slide 8 of this report.
- The table below shows the components of the Prescribing savings plan for 2023/24:

QIPP area	SEL spend Jan-Dec 22	Identified opportunity
High Impact Core QIPP		
Self-care/OTC	£13,947,492	£744,146
Vitamin B co tablets	£45,068	£4,980
Cyanocobalamin	£573,182	£84,802
Low priority prescribing	£2,105,951	£390,760
Unlicensed specials	£1,140,741	£172,730
Adult ONS*	£4,544,697	£493,622
Paediatric CMA*	£1,463,538	£99,471
SMBG	£3,207,963	£276,083
NHSE recommendation (ketones, lancets)	£643,673	£30,777
Semaglutide	£673,611	£65,510
Total		***£2,362,881***
Generic medicines		
Generic sitagliptin	£4,626,641	£1,558,288
Generic apixaban	£5,605,468	£706,644
Total		***£2,264,932***
Non-core QIPP		
1) Branded Generics		
Metformin MR 500mg and 1g		£17,514
Oxycodone MR (Longtec/Generic)		£151,197
Buprenorphine Patches (Butec/Generic)		£39,592
Quetiapine MR/Seroquel		£17,514
2) Local opportunities		
GREY drugs		£34,398
RAG list		£46,475
Triple therapy COPD		£120,000
Total		***£433,723***
Cost avoidance		
OptimiseRX**		£2,040,797
SMR***		£129,176
Total contribution to underlying position		£1,133,940
Budget review		£400,743
Total		***£3,704,656***
		£8,766,193

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed through our medicines governance for prioritisation and implementation, noting that active work on all of them is already underway in SEL.

6. NHS Continuing Healthcare – Overview

NHS South East London

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).

- The overall CHC financial position at Month 04 is an **overspend of £1,941K**. All boroughs are reporting overspends in CHC this month, even with the inclusion of 4 months of the borough 1% CHC risk reserve. As previously stated, there is material overspends in Greenwich and Lambeth boroughs with a smaller overspend in Lewisham. The overspend in Greenwich is driven by fully funded LD clients, whilst in Lambeth it is due to fully funded PD under 65 clients, and rehab and palliative clients in Lewisham. The Borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. A CHC Summit was also held in month which has resulted in a series of Task & Finish Groups looking at savings opportunities for 2023/24 and 2024/25. Slide 13 details some of the actions agreed to mitigate the spend and look for further opportunities without compromising patient care or quality. A further Summit meeting has been arranged for early September to review progress.

- Consistent with last month, boroughs have continued to experience an increase in activity; this is however being offset by a decrease in average package prices. Even though the average package cost has reduced in Greenwich, Lambeth and Lewisham, the increase in the number of clients is driving their adverse positions. Increases in client numbers is also impacting Bexley. For Bromley and Greenwich, price increases are also a factor in the current overspend. The price negotiations with providers are on-going and CHC teams are seeing higher than expected price inflation requests, and so there is a risk that costs will increase as we move through the year. There is 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. **Currently all six boroughs are forecasting overspend CHC positions at the year end.**

- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis is 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	6,945	277	8,593	375	6,714	265	6,059	251	5,814
Month 5												
Month 6												
Month 7												
Month8												
Month9												
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						
Month 6						
Month 7						
Month 8						
Month 9						
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 to improve comparability . The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. This table shows that for most boroughs, there has been a significant increase in client numbers compared to March 2023, the exception to this being Bromley. This would indicate activity as a significant driver for part of the overspend. Bromley has started to updated it cost to reflect new price agreements, hence the average price has gone up this month, all other boroughs are yet to update the cost and showing a reduction in average prices this month. Greenwich and Lambeth show high average costs which correlates with the high volume of high cost packages shown in table 2.
- The second table shows the number of care packages above £1,500 per week per borough for 4 months ending 31st July 2023; this also includes high-cost numbers for March 2023 as a baseline. The majority of boroughs are seeing an increase in the high cost cohort of clients compared to the baseline and this will contribute to the overspend position based on activity as the driver unless compensating reductions in client numbers elsewhere are in place but from the first table, we can see this is not the case. For Lambeth there has been a significant decrease in the high cost cohort of patients.
- All boroughs have produced savings plan and are implementing and monitoring them actively. In Southwark and Lambeth, there are issues due to staffing within GSTT as they outsource part of the CHC service, this may adversely impact delivery of the savings schemes

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 by 1st September to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of AQP beds, specific approval of packages over 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 will be shared at the next CHC Summit.
- 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.

Longer Term

- 5 Task and Finish Groups to meet before the next CHC Summit so that they can feed back on the potential opportunities around the following areas – (1) assistive technology, (2) high-cost LD clients, (3) transition between childrens and adults CHC, (4) LD expertise in boroughs and support and (5) choice and equity policy and financial ceilings.
- Market management work – this is being explored by a Pan London Group which SE London attends.

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 contract arrangements.

- In year, the ICB is forecasting to spend circa **£3,317,829k** of its total allocation on NHS contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£885,262k**
    - Kings College Hospital **£871,367k**
    - Lewisham and Greenwich **£626,983k**
    - South London and the Maudsley **£302,273k**
    - Oxleas **£228,825k**

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

8. ICB Efficiency Schemes

South East London

South East London ICB
Place - Efficiency Savings

	Full Year 2023/24				Month 4			Month 3
	Annual Requirement	Identified Month 4	Unidentified Month 4	Unidentified Month 3	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(937)	2,579	2,307	(272)	(115)
Bromley	7,429	5,938	(1,491)	(1,741)	1,572	1,516	(56)	(11)
Greenwich	4,857	4,857	0	(536)	1,518	1,635	117	(53)
Lambeth	4,690	5,770	1,080	1,080	1,598	1,735	137	(99)
Lewisham	4,208	4,208	0	(403)	932	932	0	0
Southwark	3,967	4,095	128	(480)	760	777	17	0
Total	**29,050**	**28,726**	**(324)**	**(3,017)**	**8,959**	**8,902**	**(57)**	**(278)**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 4 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.5m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 4, saving schemes with a full year value of £28.7m had been identified, leaving a current gap still to be identified of £0.3m. In-month, efficiency schemes with a value of £2.7m were identified. Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 5 report.
- At month 4, delivery (£8.9m) is on plan. However, Places are identifying and implementing actions to improve savings run-rate. At this relatively early stage in the financial year, we are forecasting that the savings plan of £29.5m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

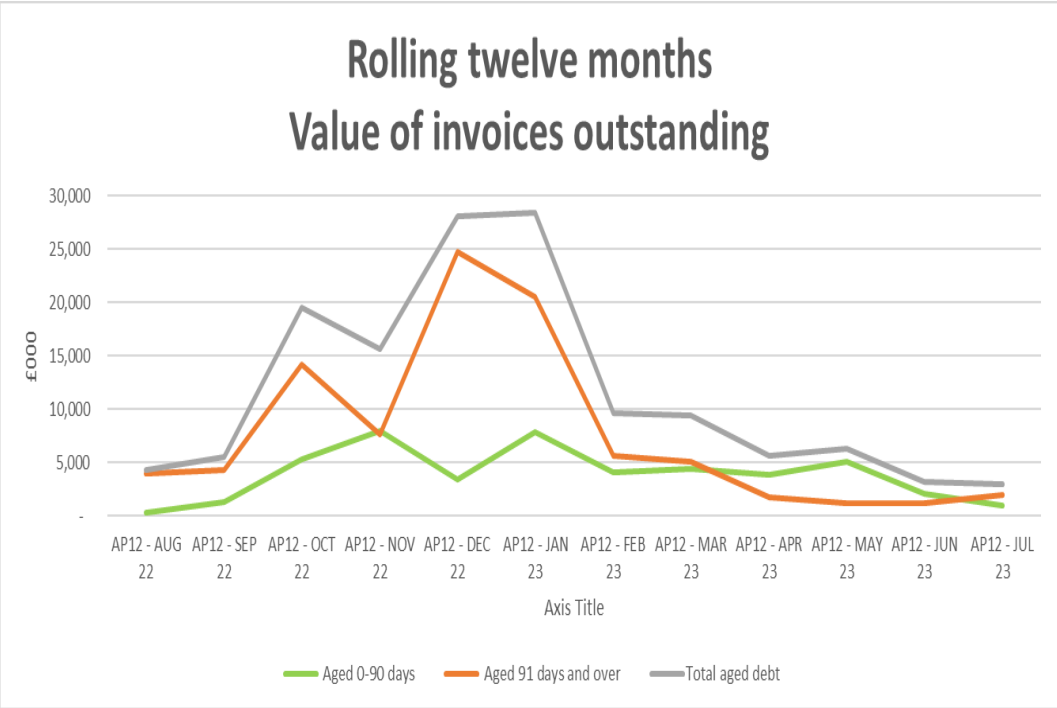
9. Corporate Costs – Programme and Running Costs

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 **£1,241k**, which consists of an **£174k** underspend on programme costs and an underspend of **£1,068k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** The RCA is **£36,199k** for the year, an increase of **£906k** in month due to an additional allocation for the staff pay award. The current run-rate on administrative costs 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 Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
	£000s	£000s	£000s		£000s	£000s	£000s
PROGRAMME							
ACUTE SERVICES B	0	22	(22)		0	0	0
NON MHIS MENTAL HEALTH SERVICES B	149	510	(362)		446	1,556	(1,110)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	1,212	946	266		3,637	2,796	841
MEDICINES MANAGEMENT - CLINICAL	1,537	1,315	222		4,611	3,917	694
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	1,518	1,555	(36)		4,555	4,690	(134)
PRIMARY CARE TRANSFORMATION	0	29	(29)		0	0	0
SAFEGUARDING	1,027	963	64		3,082	3,022	60
NURSING AND QUALITY PROGRAMME	782	672	110		2,346	2,036	311
CLINICAL LEADS	1,656	1,253	403		4,968	3,745	1,223
PROGRAMME WIDE PROJECTS	(489)	86	(575)		(1,466)	259	(1,726)
PROGRAMME ADMINISTRATIVE COSTS	292	158	133		875	397	478
PROGRAMME TOTAL	**7,684**	**7,511**	**174**		**23,053**	**22,417**	**636**
ADMIN							
ADMINISTRATION & BUSINESS SUPPORT	285	346	(61)		854	456	398
ASSURANCE	175	169	6		525	507	17
BUSINESS DEVELOPMENT	157	157	0		471	471	0
BUSINESS INFORMATICS	1,237	1,021	216		3,712	3,428	284
CEO/ BOARD OFFICE	0	25	(25)		0	0	0
CHAIR AND NON EXECS	75	79	(4)		226	252	(26)
PRIMARY CARE SUPPORT	327	378	(51)		982	1,056	(74)
COMMISSIONING	2,240	2,033	207		6,719	6,566	153
COMMUNICATIONS & PR	621	568	53		1,863	1,700	162
CONTRACT MANAGEMENT	338	263	75		1,015	731	284
CORPORATE COSTS & SERVICES	609	523	86		1,828	1,520	308
CORPORATE GOVERNANCE	1,731	1,490	241		5,193	4,427	766
EMERGENCY PLANNING	182	159	23		546	478	67
ESTATES AND FACILITIES	934	937	(3)		2,802	2,811	(9)
FINANCE	(131)	(345)	215		(392)	(1,618)	1,227
IM&T	422	162	259		1,265	520	745
IM&T PROJECTS	340	340	0		1,019	1,019	0
OPERATIONS MANAGEMENT	172	165	7		517	496	22
PERFORMANCE	275	230	45		825	622	203
STRATEGY & DEVELOPMENT	2,191	1,809	382		6,572	5,645	927
ADMIN PROJECTS	(769)	(170)	(600)		(2,308)	337	(2,646)
SERVICE PLANNING & REFORM	42	42	(0)		127	127	(1)
EXECUTIVE MANAGEMENT TEAM	613	617	(4)		1,840	1,840	(0)
ADMIN TOTAL	**12,066**	**10,998**	**1,068**		**36,199**	**33,392**	**2,807**
CORPORATE TOTAL	**19,751**	**18,509**	**1,241**		**59,252**	**55,809**	**3,443**

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	341	450	91	20	1	76	979
Non-NHS	935	198	471	23	190	117	1,934
Unallocated	0	0	0	0	0	0	0
Total	**1,276**	**648**	**562**	**43**	**191**	**193**	**2,913**

Overview:

- The ICB has an overall debt position of **£2.9m** at Month 4. This is **£0.2m lower** compared to last month. Of the current debt, there is approximately £384k of debt over 3 months old which is a slight deterioration. **The largest debtor values this month are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**
- The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger in April 2024. 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	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	ROYAL BOROUGH OF GREENWICH	630	9	564	66	5	4
2	SOUTHWARK LONDON BOROUGH COUNCIL	468	5	468	-	5	-
3	NHS ENGLAND	351	6	351	-	6	-
4	OXLEAS NHS	186	1	186	-	1	-
5	CHIESI LTD	185	3	185	-	3	-
6	THE MAYOR'S OFFICE FOR POLICING AND	160	1	-	160	-	1
7	IMPROVING HEALTH	79	1	79	-	1	-
8	NHS SOUTH WEST LONDON ICB	74	10	56	18	4	5
9	NHS NORTH CENTRAL LONDON ICB	67	9	60	7	4	5
10	NHS NORTH EAST LONDON ICB	67	3	67	-	3	-

11. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 4 was **£4,658,142k**. The MCD available as at month 04, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,235,536k**.
- As at month 04 the ICB had drawn down 30.5% of the available cash compared to the budget cash figure of 33.3%. In July, there was again no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 01 due to high volumes of year end creditors to be paid.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team to achieve the target cash balance. The actual cash balance at the end of Month 04 was **£817k**, well within the target set by NHSE **(£4,500k).**
- 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	2023/24 AP4 - JUL 23	2023/24 AP3 - JUN 23	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,658,142	4,582,155	75,987
Capital allocation	0	0	0
Less:			
Cash drawn down	(1,312,000)	(952,000)	(360,000)
Prescription Pricing Authority	(85,494)	(62,022)	(23,472)
HOT	(851)	(648)	(203)
POD	(22,840)	(15,580)	(7,261)
22/23 Pay Award charges	(1,733)		(1,733)
PCSE POD charges adjustments	312	0	312
Remaining Cash limit	**3,235,536**	**3,551,906**	**(316,370)**

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-22	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-22	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-22	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-22	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-22	385,000	0	1,697,000		4,813		
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	1,682,000	**15,000**					

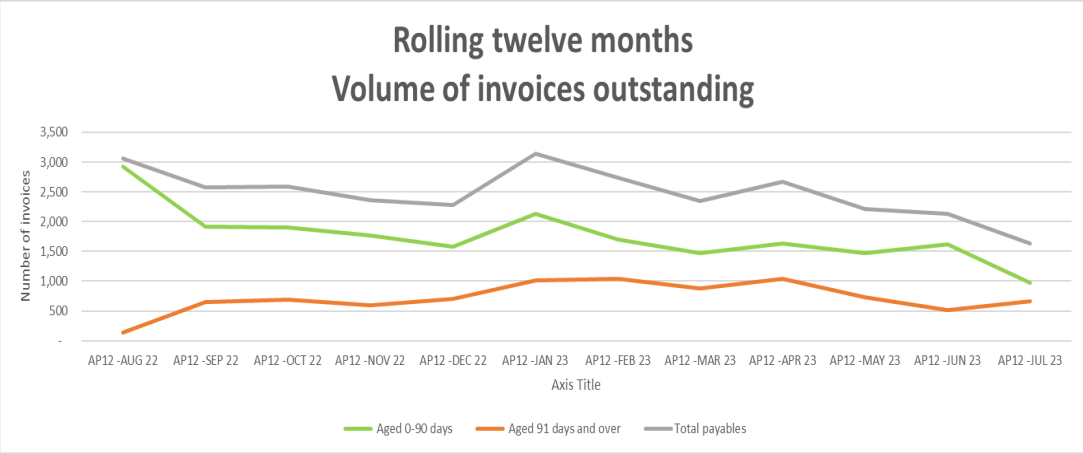
12. Aged Creditors

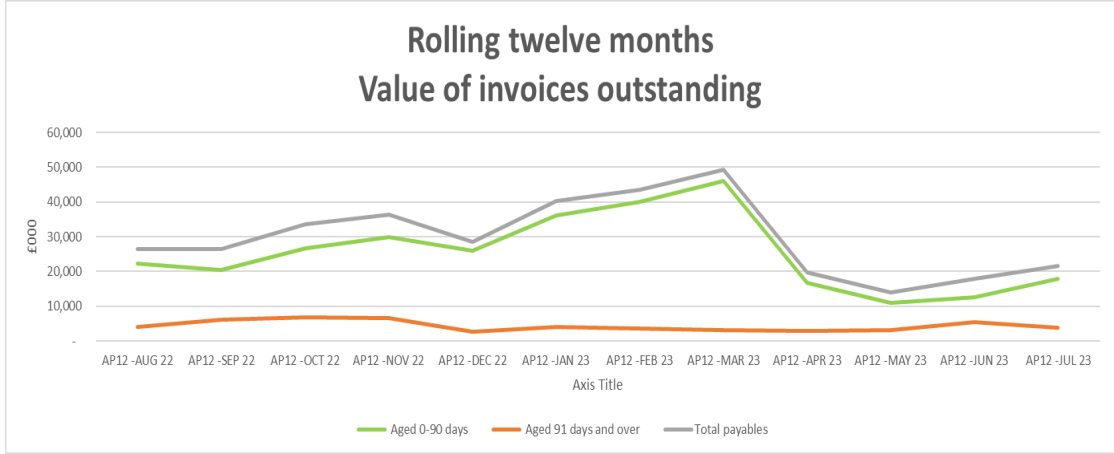
The ICB will be moving to a new ledger ISFE2 on 1st April 2024 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger.

The **volume of outstanding invoices continues to decrease** again this month which is positive, however, the volume of items over 90 days appears to be increasing slightly. The value of the invoices outstanding increased slightly; however, the value of items over 90 days did reduce. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers if required.

Work is ongoing to clear all the items over 91 days and to maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. The number of pre ICB invoices has reduced to around 10 and it is expected these will be completely cleared shortly. The outstanding invoices relating to quarters 2 and 3 of 2022/23 have also been the focus of attention and these numbers have also reduced. Further attention will be given to these items during the next month as well as outstanding invoices for quarter 4 of 2022/23.

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

South East London Integrated Care System

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 8.62%.** This has increased by 1.6% since last reported to reflect the recent pay uplift allocation. 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 M04. The ICB is forecasting that it will deliver the target value of **£440,426k** with a forecast of **£441,834k** (£1,408k over delivery). This over-delivery is largely because of increased spend on prescribing as a result of price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below. There are variances against cost per case activity categories 'Community B - 9b' and 'Mental Health Placements in Hospitals – 20' where the patient profile has changed since that used as the basis of the 2023/24 plan.
- Slide 3 sets out the position by ICB budgetary area.
- ICBs have an opportunity to review mental health spend and amend previous and current year spend where we have improved data. The deadline for submission of the 2023 Mental Health Data Review is 13 September.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements
- 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 against the 22/23 outturn position of £1.6m. An SEL task and finish group is considering how best to manage demand, support the delivery of sustainable local services and ensure equity of access. We are also working with the London Region and other ICBs on this.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.7m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.9m (12.4%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to May 2023) is £12.9m, an increase of 18.3% over 22/23.

13. SUMMARY MHIS POSITION – Month 04 July (2023-24)

South East London Integrated Care System

Mental Health Spend By Category	Category Reference Number	Total Mental Health (per recategorisation Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 31/07/2023 YTD £'000	Mental Health - Non-NHS Actual 31/07/2023 YTD £'000	Total Mental Health Actual 31/07/2023 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	44,523	13,301	1,530	14,831	39,902	4,554	44,456	67
Children & Young People's Eating Disorders	2	3,108	1,036	0	1,036	3,108	0	3,108	(0)
Perinatal Mental Health (Community)	3	9,766	3,255	0	3,255	9,766	0	9,766	(0)
Improved access to psychological therapies (adult and older adult)	4	34,964	9,387	2,120	11,507	28,160	6,361	34,521	443
A and E and Ward Liaison mental health services (adult and older adult)	5	17,885	5,962	0	5,962	17,885	0	17,885	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,505	4,168	0	4,168	12,505	0	12,505	(0)
Adult community-based mental health crisis care (adult and older adult)	7	33,166	10,942	111	11,053	32,827	334	33,161	5
Ambulance response services	8	1,588	529	0	529	1,588	0	1,588	(0)
Community A – community services that are not bed-based / not placements	9a	118,034	34,878	4,487	39,365	104,635	13,319	117,954	80
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,816	3,860	3,291	7,151	11,580	9,771	21,351	1,465
Mental Health Placements in Hospitals	20	6,313	1,812	705	2,517	5,436	2,313	7,749	(1,436)
Mental Health Act	10	6,213	0	2,166	2,166	0	6,441	6,441	(228)
SMI Physical health checks	11	768	182	17	199	545	50	595	173
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	111,445	37,148	0	37,148	111,445	0	111,445	(0)
Adult and older adult acute mental health out of area placements	14	7,242	2,183	195	2,378	6,549	529	7,078	164
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**430,336**	**128,643**	**14,622**	**143,265**	**385,931**	**43,672**	**429,603**	**733**
Mental health prescribing	16	9,606	0	3,969	3,969	0	11,907	11,907	(2,301)
Mental health in continuing care (CHC)	17	484	0	102	102	0	324	324	160
Sub-total - MHIS (inc CHC, Prescribing)		**440,426**	**128,643**	**18,693**	**147,336**	**385,931**	**55,903**	441,834	(1,408)
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	684	0	228	228	0	684	684	(0)
Learning Disability & Autism - not separately identified	18c	30,142	4,140	5,700	9,840	12,421	16,825	29,246	896
Dementia	19	14,540	4,186	645	4,831	12,558	1,933	14,491	49
Sub-total - LD&A & Dementia (not included in MHIS)		**45,366**	**8,326**	**6,573**	**14,899**	**24,979**	**19,442**	**44,421**	**945**
Total - Mental Health Services		**485,792**	**136,969**	**25,266**	**162,235**	**410,910**	**75,345**	**486,255**	**(463)**

13. SUMMARY MHIS POSITION M04 (July) 2023-24 – position by budgetary area

South East London Integrated Care System

Mental Health Investment Standard (MHIS) position by budget area M04 2023/24		Year to Date position for the four months ended 31 July 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	14,841	13,301	1,530	0	14,831	10	44,523	39,902	4,554	0	44,456	67
Children & Young People's Eating Disorders	2	1,036	1,036	0	0	1,036	0	3,108	3,108	0	0	3,108	0
Perinatal Mental Health (Community)	3	3,255	3,255	0	0	3,255	0	9,766	9,766	0	0	9,766	0
Improved access to psychological therapies (adult and older adult)	4	11,655	9,387	2,120	0	11,507	148	34,964	28,160	6,361	0	34,521	443
A and E and Ward Liaison mental health services (adult and older adult)	5	5,962	5,962	0	0	5,962	0	17,885	17,885	0	0	17,885	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	4,168	4,168	0	0	4,168	0	12,505	12,505	0	0	12,505	0
Adult community-based mental health crisis care (adult and older adult)	7	11,055	10,942	111	0	11,053	2	33,166	32,827	334	0	33,161	5
Ambulance response services	8	529	529	0	0	529	0	1,588	1,588	0	0	1,588	0
Community A – community services that are not bed-based / not placements	9a	39,436	34,878	4,487	0	39,365	71	118,034	104,635	13,319	0	117,954	81
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	7,605	3,860	3,221	70	7,151	455	22,816	11,580	9,562	209	21,350	1,466
Mental Health Placements in Hospitals	20	2,104	1,812	705	0	2,517	(413)	6,313	5,436	2,313	0	7,749	(1,436)
Mental Health Act	10	2,071	0	2,166	0	2,166	(95)	6,213	0	6,441	0	6,441	(228)
SMI Physical health checks	11	256	182	17	0	199	57	768	545	50	0	595	173
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	37,148	37,148	0	0	37,148	0	111,445	111,445	0	0	111,445	0
Adult and older adult acute mental health out of area placements	14	2,414	2,183	195	0	2,378	36	7,242	6,549	529	0	7,078	165
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**143,537**	**128,644**	**14,552**	**70**	**143,265**	**271**	**430,336**	**385,930**	**43,463**	**209**	**429,602**	**734**
Other Mental Health Services:		0	0	0	0								
Mental health prescribing	16	3,202	0	0	3,969	3,969	(767)	9,606	0	0	11,907	11,907	(2,301)
Mental health continuing health care (CHC)	17	161	0	0	102	102	60	484	0	0	324	324	161
Sub-total - MHIS (inc. CHC and prescribing)		**146,900**	**128,644**	**14,552**	**4,140**	**147,336**	**(436)**	**440,426**	**385,930**	**43,463**	**12,440**	**441,833**	**(1,407)**
Learning Disability	18a	0	0	0	0	0	0	0	0	0	0	0	0
Autism	18b	228	0	0	228	228	0	684	0	0	684	684	0
Learning Disability & Autism - not separately identified	18c	10,047	4,140	4,570	1,130	9,840	207	30,142	12,421	13,435	3,390	29,246	897
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**10,275**	**4,140**	**4,570**	**1,358**	**10,068**	**207**	**30,826**	**12,421**	**13,435**	**4,074**	**29,930**	**897**
Dementia	19	4,847	4,186	443	202	4,831	16	14,540	12,558	1,328	605	14,491	49
Sub-total - LD&A & Dementia (not included in MHIS)		**15,122**	**8,326**	**5,013**	**1,559**	**14,899**	**223**	**45,366**	**24,979**	**14,763**	**4,678**	**44,421**	**946**
Total Mental Health Spend - excludes ADHD		**162,022**	**136,970**	**19,565**	**5,700**	**162,235**	**(213)**	**485,792**	**410,909**	**58,226**	**17,118**	**486,253**	**(461)**

- Approximately 85% of MHIS 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 continuing health care net of physical healthcare costs

SEL ICB Finance Report

Updates from Boroughs

Month 4

NHS
South East London

Appendix 1 - Bexley

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	1,585	1,533	52	4,755	4,598	157
Community Health Services	6,241	6,109	132	18,723	18,328	395
Mental Health Services	3,360	3,378	(18)	10,079	9,955	124
Continuing Care Services	8,290	8,373	(83)	24,869	25,118	(249)
Prescribing	11,278	12,481	(1,203)	33,614	37,835	(4,220)
Other Primary Care Services	952	952	0	2,856	2,856	-
Other Programme Services	19	19	0	57	56	1
Delegated Primary Care Services	13,398	13,398	-	40,194	40,194	()
Corporate Budgets	1,113	1,002	112	3,340	3,005	335
Total	**46,236**	**47,244**	**(1,008)**	**138,488**	**141,945**	**(3,457)**

- At month 4, Bexley borough is reporting a £1m overspend year to date against budget. This is mainly driven by Prescribing, CHC and Mental Health (MH) but slightly offset by underspends within the Community Health Services, Corporate budgets, and Acute Services.
- The forecast outturn reports an overspend of £3.5m which includes FOT overspend for the Prescribing budget – £4.2m and CHC - £249k. Both are expected to be offset by FOT underspend for Community Health Services - £395k, Corporate Budgets - £335k, Acute Services - £157k and MH - £124k.
- The year to date overspend in Prescribing is mainly driven by increased long term conditions and medication being out of stock, thereby, requiring switches to different high-cost medications, some are within CAT M and NCSO (No Cheaper Stock available) which are subject to national pricing policies. More significantly, other switches are not captured as such but equally expensive. The same overspend position is seen across SEL Places. However, to mitigate the cost pressures within Bexley borough, efficiency opportunities has been explored with effects expected to be seen at back end of the financial year. More opportunities will continue to be explored within the Prescribing services locally to bring the position back to line.
- CHC reports an increased overspend from £9k YTD in prior month to £83k and is now forecast to overspend more to £249k. This is driven by continuous increase in high-cost placements. Constant review is being done to explore opportunities to discontinue high-cost placements where there is patient improvement.
- Mental Health Services is overspent by £18k YTD but forecast to underspend by £124k at year end. In month position is driven by inflation on learning disabilities cost but expected to be managed through activities for the remaining part of the year.
- The Community Health Services underspent by £132k YTD and is forecast to underspend by £395k at year end. This is due to efficiencies within various community contract at renewal. More contracts due for renewal are being reviewed to achieve more savings.
- Acute Services reports an underspent of £52k YTD and is forecast to underspend by £157k at year end. This is driven by the reduction in requirement for patient transport, expected to continue through the financial year and efficiencies achieved within the UTC contract renewal.
- The Corporate Budgets underspent by £112k year to date and is forecast to underspend by £335k at year end. This is due to existing vacancies without backfill which is expected to continue till year end.
- Efficiency savings – The 23/24 savings target has been revised to 4.5% across SEL. This comes to £3.899m for Bexley borough. At M4, £3.4m has been identified and delivering with £3.1m being recurrent. Work is still ongoing to identify recurrent schemes and to bridge the £500k gap.

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	2,238	2,237	1	6,715	6,712	3
Community Health Services	27,349	27,355	(6)	82,046	82,065	(19)
Mental Health Services	4,708	4,899	(191)	14,125	14,613	(488)
Continuing Care Services	8,265	8,348	(83)	24,795	25,045	(250)
Prescribing	15,448	16,773	(1,326)	46,042	50,601	(4,560)
Other Primary Care Services	1,008	1,008	(0)	3,023	3,023	0
Other Programme Services	29	21	8	87	64	24
Delegated Primary Care Services	19,348	19,348	0	58,048	58,048	0
Corporate Budgets	1,475	1,359	116	4,424	4,076	347
Total	**79,868**	**81,350**	**(1,482)**	**239,305**	**244,247**	**(4,943)**

- The borough is reporting an overspend of £1,482k at Month 4 and is forecasting a £4,943k overspend at year end.
- The Prescribing budget is £1,326k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend at Month 4 is £545k. The budget is being tightly monitored and additional savings schemes continue to be developed to mitigate the position. The 1% borough prescribing reserve has been included within the position.
- The Mental Health budget is £191k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is impacting upon the 23/24 position. A budget review took place during the month and approx. £490k of additional funding has been transferred from within the directorate to manage the position and there is an improvement compared to last month. However, CPC placements have increased again in the early part of 23/24 causing an additional in year pressure.
- The Continuing Healthcare budget is £83k overspent. The CHC database has recently been updated to include 23/24 price increases and this has resulted in an adverse movement due to the impact being greater than the accrual had been factored into previous reports. In addition to this, activity has increased by 7% between May and July. This increase is unusually high and is being reviewed by the CHC team.
- The Corporate budgets are £116k underspent due to vacancies.
- The 2023/24 borough savings requirement is £7,429k. A savings target 4.5% has been applied to all budgets except for the Mental Health and Delegated Primary Care budgets, which have not been allocated a savings target. At Month 4 annual savings of £5,938k have been identified and work is ongoing to close the gap. The variance against plan at Month 4 is a shortfall of £56k due to a small under-delivery of prescribing savings, though these are expected to increase going forward as schemes are implemented.
- The forecast overspend is £4,943k and the borough continues to systematically identify savings and mitigations to improve the overall place position.

Appendix 3 – Greenwich

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	2,312	2,222	90	6,936	6,835	101
Community Health Services	11,750	11,779	(29)	35,251	35,246	5
Mental Health Services	3,022	2,992	30	9,065	8,984	81
Continuing Care Services	9,055	9,798	(742)	27,165	29,393	(2,227)
Prescribing	11,078	12,411	(1,333)	33,017	37,713	(4,696)
Other Primary Care Services	857	857	(0)	2,246	2,246	0
Other Programme Services	71	71	(0)	213	213	(0)
Delegated Primary Care Services	17,074	17,074	0	51,223	51,223	0
Corporate Budgets	1,634	1,616	19	4,903	4,847	56
Total	**56,853**	**58,819**	**(1,967)**	**170,019**	**176,700**	**(6,680)**

- The overall Greenwich borough position is £1,967k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as £6,680k, with an initial assumption of the continuation of the Prescribing & CHC spend trajectories, inclusive of efficiencies delivered therein, offset with mitigations elsewhere within the position.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures include Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions, alongside pricing pressures within the prescribing database. Work will continue in month to mitigate the overspend and will include an increased focus on the delivery of the local prescribing saving schemes to ensure maximum traction of the schemes which encompass an array of initiatives.
- CHC is £742k overspent to date and is attributable to the fully funded cohort of patients within Adults CHC. The overspend is characterised by a greater number of clients commissioned at a higher rate to that as planned. There is ongoing work with the CHC team to assure on the robustness of the database information that informs the report. Further, the inclusion of efficiencies for work to date in tracking reduced spend on domiciliary clients, ensuring Local Authority placement costs are recovered and the recovery of unutilised funds for PHB clients.
- The £29k overspend within Community is for increased activity within neuro-rehabilitation treatment.
- The £90k 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 from Q2. This underspend is complemented by reduced in-month activity reported at the Hurley UCC (Bexley).
- The favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment offset by pay inflationary pressures (inclusive of vacancy factor) for 2023/24.

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	396	184	212	1,188	552	636
Community Health Services	8,604	8,587	18	25,813	25,760	53
Mental Health Services	7,116	7,109	7	21,348	21,348	0
Continuing Care Services	10,551	11,282	(731)	31,652	33,846	(2,193)
Prescribing	12,888	14,058	(1,170)	38,414	42,604	(4,190)
Other Primary Care Services	1,041	996	45	3,123	2,988	135
Other Programme Services	88	88	0	264	264	0
Delegated Primary Care Services	26,316	26,316	0	78,951	78,951	0
Corporate Budgets	1,937	1,670	267	5,811	5,292	518
Total	**68,938**	**70,290**	**(1,352)**	**206,564**	**211,605**	**(5,041)**

- The borough is reporting an overall £1.4m overspend position year to date and forecast £5m adverse variance at Month 4 (July 2023). The reported year to date position includes £0.7m overspend on Continuing Healthcare and £1.2m overspend on Prescribing, offset by underspends in other budget lines.
- The key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets.
- The CHC team is continuing delivery of actions in its savings plan for 23/24. Reviews of cases and care packages have been set out on a programme of work and are methodically working through them. The number of active clients reduced by 22 in M04.
- Prescribing month 4 is based upon M02 2023/244 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £1.2m is driven by increase in demand, price pressures due to Cat M and NCSO. All ICBs are experiencing similar impact. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.
- The 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 M04 is £0.1m above plan 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	420	368	52	1,260	1,105	155
Community Health Services	8,798	8,669	129	26,393	25,256	1,137
Mental Health Services	2,323	2,159	164	6,969	6,490	479
Continuing Care Services	6,931	7,180	(249)	20,794	21,266	(472)
Prescribing	12,931	14,106	(1,176)	38,537	43,074	(4,537)
Other Primary Care Services	504	504	(0)	1,513	1,513	0
Other Programme Services	955	47	908	2,865	140	2,725
Delegated Primary Care Services	19,720	19,720	0	59,161	59,161	0
Corporate Budgets	1,369	1,171	199	4,108	3,512	596
Total	**53,951**	**53,924**	**27**	**161,599**	**161,517**	**81**

- At month 4, the borough is overall reporting an underspend of £27k and forecasting an underspend for the full year of £81k.
- The overspend is mainly driven by prescribing costs. Based on May's data (as data is available 2 months in arrears), the position shows a prescribing overspend of £1,176k reflecting activity and price pressures. This is after applying four months of a 1% risk reserve for CAT M/NCSO drugs (£127k). The local medicines management team has identified the drivers of these pressures and is identifying further mitigations beyond the existing efficiency target to try mitigate these pressures.
- The forecast outturn for prescribing is based on May's data and does not reflect that identified efficiencies are profiled from July onwards. The team are focussed on the delivery and de-risking of these efficiencies and as delivery increases, this should positively impact the forecast outturn.
- There is also an overspend on continuing care services of £249k mainly driven by price pressures. The YTD position reflects efficiencies delivered of £182k, and further efficiencies of £413k have been identified and profiled from month 5 which when delivered should positively impact the forecast outturn. There remains however risk to this position reflecting AQP rate increases of c.17% which are required to be managed within a budget uplift of c. 3.5%
- All other budget lines are at breakeven or showing underspends. The main underspend is on other programme services £908k which reflects where budget has been removed from other budget lines relating to identified and delivered efficiencies to month 4.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 4 this is now fully identified, and the borough is focussed on delivery and de-risking these identified efficiencies as a key priority. Delivery at month 4 is on plan, however it should be noted prescribing efficiencies of £1.5m are profiled from July to March in line with the optimisation plan for medicines.

Appendix 6 – Southwark

NHS South East London

Overall Position

Budget Areas	Year to Date Budget £	Year to Date Actuals £	Variance £	Annual Budget £	Forecast Outturn £	Variance £
Other Acute	184	117	67	552	352	200
Community Services	10,827	10,702	125	32,482	32,106	376
Mental Health	2,487	3,113	-626	7,460	9,139	-1,679
Continuing Healthcare	6,496	6,548	-52	19,489	19,643	-155
Prescribing	10,677	11,850	-1,174	31,823	35,881	-4,059
Other Primary Care	197	180	17	590	540	50
Delegated Primary Care	21,074	21,074	0	63,224	63,224	0
Other Programme	154	154	0	463	463	0
Corporate	1,470	1,286	184	4,411	3,858	553
Total	53,567	55,025	-1,459	160,494	165,208	-4,714

- The borough is reporting an overspend of £1.46m in month 4 which is a significant deterioration from previous month (£769k o/s). The adverse movement is mainly as a result of further overspends in prescribing costs and mental health cost per case. Underspends in Corporate , acute and other community services are absorbing some of the overspends. Forecast outturn is expected to be an overspend of £4.71m. (Month 3 £1.1m). The forecast overspend is driven by prescribing and mental health. .Underspends in Corporate and Community Services is absorbing some of the overspend.

- Prescribing overspend of £1.1m is after the release of the 1% risk reserve. Drug shortages continue to impact on prices and overspend continues due to CatM/NCSO and prescribing in long term conditions . Practice visits and QIPP discussions have been completed. Meds Op team are developing local non-core QIPP reporting in time for phased delivery of saving. (September)

- The Mental Health & Learning Disabilities position represents a significant risk to the ICB Southwark borough. Increase in costs and unfunded cost pressures in mental health placements is the key reason for the overspend. Costs and activity with Psychiatry UK are increasing significantly and this is also contributing to the overspend. We have a savings plan on MH cost per case. To date one discharge has been achieved and another has been delayed due to issues raised at the Mental Health Act Tribunal on housing. Whilst every effort is being made to reduce expenditure in Mental Health placements, there are risks that needs and costs of patients change widening QIPP gap and patients are readmitted following discharge.

- Continuing Health care is also showing an overspend, price negotiations with providers are on-going and CHC teams are seeing higher than expected price inflation requests from providers and so it is likely that costs will increase as we move through the year. A CHC summit took place last month and CHC leads are working together to mitigate the cost pressures in CHC.

- The borough has had to restrict investment and a release all uncommitted budgets in community and primary care services, in order to mitigate the borough overspends and cost pressures. The borough has also had an impact on some of its mental health investment standard (MHIS) & SDF plans as a result of SLAM's financial recovery position. Discussions are going to be taking place to understand the full impact of this on the borough.

- The borough is in the process of identifying and implementing additional recovery actions to improve its financial position.

- Total savings for 2023/24 for Southwark Place amounts to £4m. Savings plans to deliver the 4.5% efficiency (£4m) have now been identified. A number of these schemes in prescribing, Mental Health and CHC are high risk. The YTD plan shows delivery in full as at July 23, however most of the schemes for prescribing and CHC are phased from September and are currently high risk. Since identifying the CHC schemes, a clinical commissioner has left the borough team, which will significantly impact the milestones and delivery.

Enclosure 12

LEWISHAM PEOPLE'S PARTNERSHIP
Discussions and actions from the meeting held on 25th July 2023

Lewisham People's Partnership – Agenda for the meeting held on 25th July 2023

1. **What voices do we have at this meeting**

2. **Further development of the Lewisham Health and Wellbeing Charter – building on the responses from the 11th May meeting of the Lewisham People's Partnership and from the Healthier Communities Select Committee**

3. **To start discussions on the priorities of the Lewisham People's Partnership**

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

Agenda Item 1 – Voices at the meeting

Anne Hooper, Chair, Lewisham People's Partnership
Charles Malcolm-Smith, People & Provider Development Lead (Lewisham)
Steve James, Communications and Engagement Manager (Lewisham)
Alex Camies, South Lewisham Patient Participation Group
Laura Luckhurst, Community Development Officer, Lewisham Council
Barbara Moore, Stanstead Lodge representing Healthy Walkers Clinic
Rosemaire Ramsay, R2
Jack Emsden, St. Christopher's Hospice
Conner Tayler, IRIE! Dance Theatre
Beverley Glean, IRIE! Dance Theatre
Leanne Bowes, SLaM

Online attendees
Iris Till Posac, Positive Ageing
Michael Kerin, Healthwatch Lewisham
Miria Papsofroniou, Apex Support, housing provider
Peter Ramrayka, Indo Caribbean group and air cadets
Sue Boland, BLG Mind – left 3pm
Tim Bradley, left between 2.23 and 3pm
Lisa Fannon, Public health, Lewisham Council
Sharon Latter, Three Cs (learning disability, autism, mental health)
Fiona Derbyshire, Citizens Advice – left 3.30
Lauren Woolhead, PA and Business Support
Helen Eldridge, Head of communications and engagement (Lewisham)

Agenda Item 2 – Further development of the Lewisham Health and Wellbeing Charter – building on the responses from the 11th May meeting of the Lewisham People's Partnership and from the Healthier Communities Select Committee

Background

This agenda item was introduced by Anne Hooper. Anne outlined that at the previous meeting of the Lewisham People's Partnership in May 2023 we had discussed the proposal from Lewisham Health and Wellbeing Board to **define** both the **expectations** of **health and care services** in Lewisham and the **responsibilitie**s of **people and communities** in Lewisham. At that May meeting we had **focused mainly on the expectations** with a **consensu**s that the charter needed to:

- **Relate to what is important to people and communities in Lewisham**
- **Acknowledge and take in to account the diversity of Lewisham**
- **Demonstrate how inequalities and inclusion are addressed**
- **Be meaningful and able to be held to account**
- **Have specifics and metrics not generalates**

What happened next?

The consensus from the 11th May meeting was fedback to the Healthier Communities Select Committee in July and we learnt that:

- **Further consultation** on the Charter would be ongoing over the summer, including with the Lewisham People's Partnership, Lewisham Health and Care Partnership, ward assemblies and the public, with **final feedback** to the **Lewisham Health and Wellbeing Board in September**
- The **Charter** will be a **companion** to the **revised Lewisham Joint Health and Wellbeing Strategy**
- Lewisham Health and Wellbeing Board is responsible for publishing a joint local health and wellbeing strategy. A **Strategy Working Group** is developing proposed **priority areas** and **actions** for the strategy **focusing** on the interface between **wider determinants of health and health services – economic, social and environmental -** all of which **impact** on the **lives of people and communities** and **contribute towards health inequalities and health outcomes**.
- The Strategy Working Group will be **basin**g their **priorities and actions** on the recommendations from the following documents:
    - **Build Back Fairer**: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England (December 2020)
    - **Health Equity in England**: The Marmot Review 10 Years On (February 2020

Agenda Item 2 – Continued

Actions for the meeting:

Following on from the discussions at the May meeting and with a clearer understanding that the Charter will be a companion to the revised Lewisham Joint Health and Wellbeing Strategy, will respond to recommendations in the two Marmot reports and will focus on the wider determinants of health and health services, the meeting was asked:

- What would you say are the most important issues to be included in the Charter?
- What do you think are the responsibilities of Lewisham people and communities towards health and care services and what, as individuals and communities, can we do to support ourselves and others in living healthier lives and improving our health outcomes?

Following discussion, the meeting gave the following responses:

What are the important issues that need to be included in the Charter:

- Equal and easier access to health and care services for all people and communities in Lewisham
- Ensure access is the same for all whether using digital means or non-digital means
- Clear, accessible communications on what health and care services are available and how people can equally access all services using digital and non-digital means
- Single points of access to holistic health and care services and increased health promotion
- Inequalities - commitment to continue to build on what we have already achieved and closer relationships with all our communities and community leaders
- Sustainable, long-term voluntary, community and social enterprise sector strategy and support
- Clarity on how wider determinants will be integrated into health and care strategies and plans

Responsibilities of people and communities in Lewisham and how to support ourselves and others in living healthier lives and improving health outcomes:

- Peer to Peer services support people and communities in achieving better health outcomes but need sustainable funding
- One stop "shopfronts" across the borough would widen existing communication access points and enable people and communities to access information/support and health promotion programmes more effectively
- Sharing health and care information and communications across communities
- As we expect the NHS to support us, we need to support the NHS – use the right service and keep appointments
- Working smarter together
- Utilise and expand on what is already working within the community
- Demonstrate support for people who do not have current resources

Agenda Item 3 – To start discussions on priorities of the Lewisham People's Partnership

This agenda item was introduced by Anne Hooper who gave a brief overview of the background to establishing the Lewisham People's Partnership. Anne acknowledged that there are many individual groups and organisations that do a fantastic job in Lewisham of representing patients, services users, carers and communities in Lewisham. The establishment of Lewisham People's Partnership supports a more comprehensive and structured approach to ensure that the diverse local voices of people and communities in Lewisham are heard by the Lewisham Health and Care Partnership and informs decision making in achieving a sustainable, equitable and accessible health and care system.

The purpose of this agenda item was to start discussions on the priorities of the Lewisham People's Partnership - what is important to you, how can we work with you, who do you want to hear from, and - through the Lewisham People's Partnership - how we can link to your networks, people and communities to increase the influence they have.

Following discussion, the meeting gave the following responses:

Information, Access and Digital

Use our influence and feedback to work with primary care on access and equity issues
Re-assessing digital access and how it excludes people – how to resolve
How do people and communities get the information/support they need to improve their health and wellbeing - shopfronts/information hubs/single point of access
There is a lack of money and a lack of knowledge – what can we do about that – does it impact on equitable access

Integration

There is a variation in neighbourhoods – how best to develop strategic neighbourhoods with joined up PCN's and community leaders/champions – what community development needs are there
How to link the above with the Lewisham H&WB strategy
What intelligence do we need and what are our core deliverables

Improving health and wellbeing

More involvement in health promotion activities
How to improve health prevention and health promotion awareness
What are the key issues for people and communities that would improve people's health – what stops good health
What are the barriers to people getting involved in improving their health and wellbeing
How can we effectively deal with poverty, crime, poor housing etc
How is the focus on the wider determinants of health going to effectively improve health and wellbeing

Voice and Influence

To have a voice, to have influence and to hold to account
How does LPP support speaking truth to power
To have a voice and influence about equity and equality objectives
Want the LPP to have teeth – what are the hooks – what do we need to know – how do we pull in all partners
How to utilise partnerships and networks formed through Lewisham Borough of Culture programmes
Networking event to support shared intelligence

Agenda Item 4 – Actions and date/location/suggested agenda for the September 2023 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, colleagues or connections. If you have any comments or suggestions you would like to make about either about the notes or the suggested agenda for the next meeting then please do contact Anne Hooper, Chair, Lewisham People's Partnership at anne.hooper@nhs.net.

The next meeting of the Lewisham People's Partnership will be held on 27th September 2023 at Lewisham Local, Unit C, PLACE/Ladywell, 261 Lewisham High Street, London SE13 6NJ from 10.00am to 12 noon.

Suggested agenda items to be included in the September meeting:

- Feedback on the Lewisham Health and Wellbeing Charter
- Further discussions on the priorities of the Lewisham People's Partnership – what is important and where we can make a difference
- Older Adults Work
- Community Champions – what they do and how they can connect

Enclosure 13

Integrated Quality & Assurance Group meeting

Minutes of the meeting held on 14 July 2023 at 11.00-13.00 hrs

via MS Teams

APPROVED: 14 July 2023

Present:

Louise Crosby (Chair)	(LC)
Lizzie Howe (Minutes)	(LH)
Ceri Jacob	(CJ)
Caroline Walker	(CW)
Carolyn Denne	(CD)
Dr Taj Singhrao	(TS)
Helen Woolford	(HW)
Dr Faruk Majid	(FM)
Simon Whitlock	(SWh)
Erfan Kidia	(EK)
Michael Kerin	(MK)
Kerry Lonergan	(KL)
Joan Hutton	(JH)
Sarah Wainer	(SW)
Ashley O'Shaughnessy	(AOS)

Apologies: Kenny Gregory & Jessica Arnold

		Actioned by
1.	**Welcome, apologies for absence & Minutes of the previous meeting held on 12 May 2023.** LC welcomed everyone to the meeting. Apologies for absence were noted. The actions were updated accordingly. Minutes of the previous meeting were agreed as an accurate record. Two minor amendments were noted: • Time of the 12 May meeting to be added to the Minutes • The correct spelling of Michael Kerin's surname would be added	

2.	**Lewisham Performance Dataset** AOS led the agenda item. Slides shared on screen. Key points noted with regards to Learning Disabilities health checks. Some funding from SEL central team has been made available for a borough co-ordinator. LC stated good to see we are doing well but how do we become aware of incidents or where someone has not had a health check etc. AOS advised information is available in high level reports. EK advised there is a specific LD team in the borough. Social care aspect will also be looked at for children's. CW advised the primary care dashboard work is on-going, this will allow local level access at a borough level. AOS emphasised making every contact count. Need to relay the same message. It is important for the LD population. Also quality of the health checks, need to be giving thought to how we ensure it is right. LC suggested perhaps bringing a wider presentation back to the group. Will pick up offline with AOS. EK advised borough LD team can also provide some slides.	
3.	**Feedback from:** CW led the agenda item. • ICB Quality & Performance – spike in pressure ulcers noted. Never Events – 4 in April relating to foreign objects. These are being looked at. Mortality Index, slight increase noted. • ICB System Quality Group – Dr Jessica Ong (CCPL) presented on Disproportionality in Neurodiversity & Safeguarding, has been shared with the group. Also, black & brown maternity document shared. Slightly outside of the reporting cycle for other information so more will be available next time. LC will consider if Dr Ong should also present to this group. CW did feel it would be good to share good work. LC and CW to check availability of those presenters. EK felt the sub-group had real potential for meds. CW advised could present on Lewisham interface work at the next meeting.	**LC/CW** **CW**
4.	**Quality Alerts/SIs** CW led on the agenda item.	

	Group were updated on DXS issues. FM commented on the number of two week wait issues. There are also general referral issues. Suicides still the main cause of death in terms of mental health. Noted Kenny Gregory has been looking into some funding. Need to look at what we can do locally. Poor communication needs to be addressed. LC advised LGT are planning on having a Patient Portal. Can discuss some of the factors here with key colleagues. FM felt this was a good idea. LC asked FM to share where best practice is taking place as well. MK supported FM's last point about communication. Example of the no-reply text issue noted and having to attempt contact via a switchboard. Patients need a clear point of contact. LC will discuss with the LGT COO Miranda. Need a methodology. CW noted there were still some pathways work to do in terms of referrals. Work is underway centrally to deal with the backlog for cancer pathways.	
5.	**Areas of focus and opportunities for joint working** LC led the agenda item. Noted prescribing work. List of other items for consideration detailed on the agenda. LC went through the list and noted areas of potential opportunities. Noted Digital Inclusion had been discussed at the last meeting. Any other important areas for the next 6-12 months to be advised to LC. AOS mentioned for primary care the Access Recovery Plan which had recently been issued. CJ mentioned work on children's health. SW mentioned frailty and older people work. Perhaps KG could consider. Will be picked up offline with CH. SWh agreed with children and mental health. Need to consider the timing though. FM commented on decision making as clinicians, need more input at the design stage, example of patients with complex needs and sign-posting. Discharge summary issues noted. EK noted number of QA for ADHD patients historically. Group advised SLaM and Oxleas provide ADHD services. KL will link EK in with the group. CW commented on the deep dive and felt this would pick up prescribing as well. LC felt there were process matters which were not working. Also, poor infrastructure. Noted the no reply text issue needs resolution. Discharge summary work needs consideration. LC commented on	

	work at QEH. Children and Young People mental health deep dive for the next meeting. LC and CJ to pick up offline. Noted medication had been discussed at today's meeting. Perhaps have Older People's work here and ADHD suggestion as well. CJ advised SW will check with KG and Tristan Brice about the Older People's work. Group discussed the importance of keeping the focus on existing issues and areas of discussion as well. LC noted will keep focussed on Digital Inclusion.	**SW**
6.	**Medication errors** EK led the agenda item. Slides previously sent to attendees, also shared on screen. Overprescribing in older adults and impact on the system. Noted it is a complex problem. Work on slides also has input from SEL colleagues. EK updated on the key highlights, consequences and the system opportunities. EK spoke about the systemic and cultural causes. Noted data has also been split by ethnicity. Health inequalities impact highlighted. SEL prescribing data Sept-Oct 2022 detailed. SEL opioid prescribing detailed Sept-Oct 2022 as well. Factors which can lead to long-term sustainable reductions in overprescribing highlighted. Colour coding showed areas of responsibility. Work of pharmacy teams and PCN's noted. EK highlighted the summary slide. LC said the presentation had been very helpful and interesting. CW stated it was good to see a local focus across the system. QA review group has been set up. Noted 2.4m patients are taking more than 10 medications, which is high. Suggestion by CW to meet with EK bi-monthly to discuss QA. FM noted these were well known problems. Need to look at what we can do as a group and a system. Have mentioned prescribing previously at meetings, patient and practitioner awareness. Neurological conditions in care homes, attend neuro clinic then GP asked to prescribe, ECG and blood test etc. whole day to have tests completed but probably need consultant input to interpret the results. Patient becomes destabilised, sent to A&E. need to resolve this as a system. Previously written to the Medical Director and it did stop. LC agreed, need to ensure we contact our colleagues to resolve this.	

	KL would be interested in information at a Lewisham level. Noted the complexity of those having more than 10 medications. Need to determine the starting point to tackle issues. SW reminded the group about the Frailty Pilot and recent evaluation. MDT's had been resource intensive. Work is being taken forward under the Older People's Programme. CD noted the green colour coded recommendations and the impact of change at place. It gives awareness of change. With regards to ethnicity data, is there a mechanism to interrogate the data. LC need to consider how we move forward this. EK is leading at a place level. Perhaps a T&F group will be considered. We will fill the gap, have the right people in the system. LC asked EK to have some offline conversations with key people, work out a few suggestions, then back to the next meeting. EK agreed. (CW to note for Forward Planner)	**EK/CW**
7.	**Forward Planner** Noted will be updated to reflect discussions at meeting today.	
8.	**Reflection on previous two meetings** LC invited comments from attendees. FM queried expectations of CCPL's by the group. Noted the lead role for CCPL's is still vacant. CCPL's have a broad membership. CJ suggested perhaps testing the agenda with the CCPL group prior to future meetings. Will need to check with SLaM about the mental health items, no representation at the meeting today. LC thanked the group for their contributions. Meeting closed 12.45 hrs. **Date of next meeting:** • Friday 8 September 2023 at 11.00-13.00 hrs via Teams	

Enclosure 14

Lewisham Place Executive Group (PEG) Meeting

Minutes of the meeting held 8 June 2023 at 16.00 hrs via Teams

APPROVED: 7 August 2023

Present:

Jessica Arnold, Director of Delivery, Lewisham Local Care Partnership – Chair	(JA)
Dr Catherine Mbema, Director of Public Health	(CMb)
Sarah Wainer, Director of System Transformation	(SW)
Ashley O'Shaughnessy, Associate Director of Primary Care	(AOS)
Kenny Gregory, Director of Adult Integrated Commissioning	(KG)
Jenny Cassettari, Divisional Director of Operations, LGT	(JC)
Richard Oladi, Head of Operations, One Health Lewisham	(RO)
Cordelia Hughes - Borough Business Support Lead - Minutes	(CH)
Sara Rahman, Director of Families Quality and Commissioning	(SR)
Champa Mohandas, Director of Pharmacy/Chief Pharmacist LGT	(CM)
Sandra Iskander, Deputy Director of Strategy LGT	(SI)
Simon Morioka, Joint Chief Executive, PPL	(SM)
Kerian Dale, Senior Analysts, PPL	(KD)
Angela Dawe, Independent Health Care Consultant, SEL	(AD)

Apologies:

- Ceri Jacob – Lewisham Place Executive Lead
- Michael Cunningham, Associate Director of Finance
- Lauren Woolhead - PA/Business Support
- Tom Hastings, Director of Operations
- Mark Pattison, Service Director
- Joan Hutton, Director of Adult Social Care

		Actioned by
1.	**Welcome, apologies for absence, Minutes of the previous meeting held on 8 June 2023** JA welcomed all to this meeting and introduced members. JA stated that as a result of the workshop held on Thursday 11th May, that no minutes were provided for this meeting and actions have been completed. In terms of the performance packs; once this document has been finalised, that it will come to this meeting as a regular slot. JA concluded that at this meeting, agenda items will be limited to ensure well-rounded conversations and asked members to please feel free to contribute with any agenda items.	

	In addition, under AOB there will be a discussion around the frequency, dates and time of this meetings going forward.	
2.	**Health Inequalities & Health Equity Programme 2022-24 – Immunisations and Cancer Screening / Workforce Toolbox - Dr Catherine Mbema** CMb presented the key strategic priorities (Priority 4) for immunisation, screening and Lewisham Health Inequalities and Health Equity programmes and highlighted the latest data in the following categories: - **Immunisation Uptake – Adults and Children** CMb confirmed that Children Cover data and trends saw a decline in uptake and coverage of childhood immunisations with a steadily following downwards trend and a lower uptake during the pandemic. Lewisham ward wise MMR2 uptake shows some of the most derived areas such as New Cross (86.8%) and Blackheath (87.5%) having one of highest uptakes. However, comparison across boroughs asks the question if deprivation plays any role in the vaccination uptake. **Unvaccinated children aged 1-9 years (by Lewisham PCN)** Lewisham PCN-wise breakdown shows that there are only 5.38% to 7.85% unvaccinated children in the PCNs. If these children could have been vaccinated, the uptake of childhood vaccination would reach herd immunity level. But it has proved to be difficult to bring these few children to get vaccinated. **Cancer Screening** SEL dashboard highlights breast and bowel cancer screening with breast having a low uptake; and below the target (80%) at 35.8%. CMb reported that it was interesting to note the percentage of bowel cancer patients with a severe mental illness, so this is an area that will need further work with our colleagues and mental health teams to discuss and explore further. **Ethnicity** CMb confirmed a working relationship with Health Equity Fellows particularly around learning disabilities and screening. In addition, building trust with our Primary Care Networks (PCN) which are in place in all PCNs. CMb confirmed that they are also looking to re-vamp the health and wellbeing champions programme and are recruiting champions. This will also feed into the Health and Wellbeing Charter including a working tool for BLACHIR and training for front line workers. JA thanked CMb for her presentation and open the floor for questions. CM asked if there is an equity in access for childhood vaccinations in each of these areas i.e. availability of appointments for the volume of patients who may	

	need to be vaccinated? There can be barriers for working parents so to ensure we are offering enough spread that people can go to. SR asked about the workforce tool and cultural competencies. This work would be important especially for the Black and ethnic communities. CMb agreed. SW mentioned about the re-vamping of the Waldron which now has funding and the Downham practice which has estates to support the neighbourhood community. CMb agreed with the above comments but that screening is a bit tricky when referring to mobile but for vaccinations, its good. AOS commented about Polio and that it had a good uptake in Lewisham. This programme had more drop in options and learnings from Polio, which would be useful. Also, incentives would be good suggestion especially around SMI and bowel. KG discussed SMI (6 tests) & LD physical health checks. Incentives would require enough capacity in primary care to make this happen, but it would be useful to align SMI checks. Also, to align physical health checks work with screening. CM asked if every contact counts like with covid and has there been a drop in any place for vaccinations. CMb mentioned that most are using the common system but it would be great to expand. 1 year and 2 year MMR – no vaccination barriers or cultural aspects as such but drops tend to happen when you get older. CM asked if this is due to barriers for access so need to think about if we can offer in a different way. There are incentive providers but need to think about incentives for the community versus costs. JA concluded and asked about family hubs and families that had children that had not been immunised and the potential to offer jabs. Maybe link in with GPs practices and federations to set up clinics in family hubs. Also, the role of pharmacy and the pharmacy strategy which some members are developing later this year. Also, GP waited patients and do a localised enhanced recall such as a text message/phone call from practice may be beneficial. CMb thanked all for their comments and feedback and agreed to follow up with AOS and KG offline regarding SMI physical health checks and incentives.	
3.	**SEL System Intelligence Specification - follow up - Simon Morioka and Kieran Dale** Simon Morioka introduced himself a Joint Chief Executive for PPL and Kieran Dale as a PPL Senior Analyst. SM said that although happy to present today that the main ask was – 'what do you need from us.' SM reported on the following: - In order to move beyond the management of data and into the harnessing of insights and shared intelligence, PPL and Edge Health are supporting South East London ICS to develop a specification around system intelligence and	

	analytics requirements across South East London. SM continued that the National guidance on ICBs is to develop strategy and implementation, collaboration across the system, data infrastructure and engagement. SM asked some key question for all to think about which are: - • What is that you need from the system from an information and analytics perspective to be able to deliver your responsibilities? • What is currently working well, and where are the main gaps? • How can the ICB best support the system and partners in improving the use of information and data? SM said he appreciates there are increasing challenges – operationally and at strategic level but there is a need to understand how we use the information and also think about our partners; local authority, voluntary sector and sharing of information. SM concluded that it would be useful to get sense from this membership group. SW reported that some of the challenges and demand for information and data that comes from NHSE such as the Better Care Fund returns – that a better joined up approach would be ideal that is across borough. SW said that we need to be ahead of the game and have better communication across the system. CM asked about data analysts and dashboard and does it include workforce data. With services, regional and national level and pharmacy data related to medicines. Where does this piece of work sit in the context of that. JA asked about at patient level if data would be anonymised and a look back 12 months before intervention. Also, historic and micro level data. It would be good to know what have other boroughs said. SM replied that the aim is to have better management of various requests including performance and assurance across all boroughs. To understand what is possible will be drawn out via the specification. Every ICS is required to produce one of these strategies which will include workforce data. Regarding Population Health the impression is that Lewisham is slightly ahead in this area but primary and secondary care data and interface needs to be improved and how we better link to Public Health data. SR asked about plans for adult social care as mainly health. Thinking about sharing data including family hubs, there needs to be a local needs analysis. Access relevant data and what is the bureaucracy. SW asked about the link with adult social care, admission avoidance, discharge and planning for the future. What is the criteria for analytics resource for things that happen across all SEL boroughs e.g. Core20Plus5. SW/SM will discuss about these areas in further detail offline.	

	AOS added on the data quality, GP and primary care systems, DPIAS as an example, in that some of the processes need to be streamlined. SM thanked all for highlighting these issues and that the next step will be pulling together all the key information and circulate the draft specification. Interviews are planned for each borough and when completed, we will share our finding.	
4.	**Community Provider Network - Briefing on the SEL Adult and Children & Young People's CPN - Angela Dawe** AD confirmed she has worked with Helen Smith of Oxleas NHS FT since 2019 and there are four community health providers and six local authorities in SE London who have worked collaboratively on aspects of adult community health services through the Community Provider Network (CPN). In 2021, a parallel network developed in children and young people's (CYP) community health services. The CYP CPN is chaired by Jacqui Scott, CEO of Bromley Healthcare and has developed its own work programme, reporting to the SEL Babies, Children & Young People Programme Board. Since 2019, we collectively have: • Developed six Place-based urgent community response services that meet national targets (SE London was a national Accelerator site for this service) • Established a successful pilot to improve pathways between LAS/111 services and UCR teams. • Attracted funding to upskill our UCR clinical workforce. • Developed a core offer programme run by local clinicians. • Established a cross-provider data users group that has improved data quality in UCR services. • Successfully bid for funds for a CPN data programme, leading to for example, a monthly community services dashboard. • Raised the profile of community health services within the ICS. AD said that the purpose of being here today is to highlight and promote our work but also feedback local comments and issues at Place forums. For example, how can we communicate better, understand how the CPNs programmes is informed by Place priorities. HD advised all to review the briefing for an overview. SI echoed AD points and the need to ensure we are working in a collaborative way. JC suggested the possibility of executive coaching and stated it is an important message for staff to have the tools to cope with the various complexities. Help bring people together.	

	JA commented on the progress with UCR and the integrated pathways for the virtual ward. Also, transfer of patients to virtual ward and limitations with technology, wound care and what is happening in Lewisham compared to Bromley. With children's CPN developing local child health teams with GPs with our without paediatrics, which is not off the ground as yet; it would be real value as more accessible to access the patients. AOS asked about the wound care core offer and stated from a primary care perspective the need to engage with LGT colleagues and the GP access recovery plan. There is a need to review the impacts across the system such as community, primary and secondary care - collectively and what we can about them.	
5.	**AOB** **Best meeting days & times and frequency e.g. bi-monthly, fortnightly** JA talked about converting this meeting to bi-monthly and alternating in person and virtual. All agreed to having 2-3 agenda items to ensure a good discussion and for flow. **Action:** CH to change series to bi-monthly as above.	**CH**
Date of Next Meeting Monday 7th August 11:00-12:30pm, Committee Room 3, Civic Suite, Catford		

Lewisham Local Care Partners Strategic Board

Cover Sheet

Paper for information

Enclosure 15

Title:	Safeguarding Children and Young People Annual Report April 2022 – March 2023
Meeting Date:	**21 September 2023**
Author:	Margaret Mansfield, Designated Nurse Safeguarding Children and Young People Dr Abimbola Adeyemi, Consultant Community Paediatrician Designated Doctor Safeguarding Children
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of this report is to provide assurance that Lewisham health organisation's met their responsibility for safeguarding children and young people.	Update / Information	**X**
		Discussion	
		Decision	

Summary of main points:

- This is the Lewisham borough (Place) Safeguarding Children Annual report.
- A summarised version of this report also forms part of the SEL ICB Safeguarding Annual Report.
- The report provides an update on progress, achievements and key issues in the last year. It further identifies impacts and key priorities for safeguarding children within Lewisham for the coming year.

The report also covers the following safeguarding activities:

- Training;
- Supervision;
- Voice of the child;
- Joint Targeted Area Inspection; and
- Child Safeguarding Practice Reviews.

Potential Conflicts of Interest	**None**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	
	Financial Impact	
Other Engagement	Public Engagement	
	Other Committee Discussion/ Engagement	
Recommendation:	The Board is asked to note the report.	

NHS South East London Integrated Care Board - Lewisham Place Safeguarding Children Annual Report April 2022 - March 2023

Authors:

Margaret Mansfield, Designated Nurse Safeguarding Children and Young People

Dr. Abimbola Adeyemi, Consultant Community Paediatrician and Designated Doctor Safeguarding Children

Contents

INTRODUCTION

As of 1st July 2022, Integrated Care Boards (ICBs) were established and replaced Clinical Commissioning Groups (CCGs) as a result of the Health and Care Act 2022. The ICB works with partners from across the South East London Integrated Care System (ICS) to develop plans to meet the health needs of the population and secure the provision of health services. The ICS is a partnership of health and social care organisations that have come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

This is the Lewisham Place Safeguarding Children Annual Report. A précised version of this report forms part of the South East London Integrated Care Board (SEL ICB) Safeguarding Annual report.

The report covers the period from April 2022- March 2023. It provides a summary of Safeguarding Children activities. It also provides updates on progress and accomplishments made within Safeguarding Children and Young People.

SEL ICB, is committed to Safeguarding Children, and Safeguarding is a key priority on its agenda. SEL ICB, Lewisham Place, is a key partner in the Lewisham Local Safeguarding Children Partnership (LSCP).

The Lewisham Executive Place Lead, Designated Doctor, Designated Nurse and Named GP have been influential in the LSCP, working together to deliver the partnership safeguarding function, and assuring health organisations' ability to meet their obligations to safeguard children.

PURPOSE OF THE REPORT

SEL ICB is an NHS body with a range of statutory duties, including safeguarding children, Children Looked After (CLA) and adults at risk, and is required to provide an annual report to provide evaluation and assurance of services commissioned to safeguard children.

The Safeguarding Children Annual Report provides assurance that Lewisham health services met their responsibility for safeguarding children, and also confirms that SEL ICB (Lewisham) has sought evidence of effective safeguarding arrangements from the local health economy. It contains contributions from reports submitted by South London and Maudsley (SlaM), NHS Lewisham and Greenwich Trust (LGT), SEL ICB Lewisham Named General Practitioner (GP) for Safeguarding Children, the Local Safeguarding Children Partnership (LSCP) and the Children Looked After Health Team (CLA). To note, there is a separate full annual report for Children and Young People Looked After and Care Leavers.

The report also provides updates on progress made on the key priorities of the year and identification of the main issues, risks, and key priorities relating to safeguarding children within Lewisham for the year pending.

In the reporting period, the UK were undergoing the 'lift of restriction' of COVID-19 (Delta and Omicron), which affected resourcing and delivery of safeguarding services.

LOCAL CONTEXT

Lewisham has a population of 300, 600. This is set to continue to grow by the time of the 2031 Census, and is expected to reach 325, 900 by 2031, and climb to 343, 400 by the time of the 2043 Census.

The borough is the 14th largest in London by population size, and the 6th largest in Inner London. There were 70, 600 Children and Young people between the age of 0-19 living in the borough, making up 23.5% of the population (2021 Census – latest data).

Children in Lewisham experience worse than the national average for child poverty, family homelessness, obesity rates and GCSE achievement. Notwithstanding, figures for 16-17 years olds not in Education, Employment or Training (NEET) was in line with the England average.

The integrated Joint Commissioning unit based in the Local Authority manages the commissioning of community child health services, child safeguarding and Children Looked After and Care Leavers on behalf of health commissioners and Public Health.

There is a substantial number of children who live in circumstances where they are at risk of significant harm from abuse and neglect. There were 327 children subject to a Child Protection plan (CPP) at the end of March 2023. This figure has decreased from 394 in March 2022, constituting a decrease circa 20%. In the previous year, the increase in the numbers and rate of CPP may have resulted from increased cases of 'hidden harm' and increased complexity during the pandemic (as increased CPP numbers aligned with an increase in front door referrals), which emerged as children became more visible in the community when schools and leisure activities returned to in person attendance.

As the number of children subject to a Child Protection Plan continued to follow a downward trend, Lewisham Children's Social Care increased scrutiny and senior management oversight of Initial Child Protection Conferences (ICPCs) and CPP in response to very high levels of CPP (nearly the highest in London at one stage). This supported decision-making at the front door, and enabled more children to safely step-down from CPPs.

The table below provides a breakdown of numbers of children subject to Child Protection Plans.

Child Protection data as of March 2023

Gender	**Count of**
Female	152
Male	172
Unborn	3
Total	**327**
Categories	**Count of**
Emotional abuse	96
Physical abuse	14
Neglect	183
Sexual abuse	19
Multiple categories	15
Total	**327**
Age	**Count of**

Unborn	3
Under 5	113
5 - 9	90
10 - 15	102
16+	19
Total	**327**
Ethnicity	**Count of**
White	127
Black	112
Asian	14
Mixed	58
Other	8
Unknown	8
Total	**327**

Neglect was the largest category this year and this is in line with national data. Neglect remained the most prevalent category in the last two years and continued to be a priority on the LSCP agenda. The next most common category continued to be emotional abuse, while the number of children with sexual abuse or physical abuse recorded as the initial category of abuse decreased.

The prevalence of neglect may be attributed to a combination of factors, such as domestic abuse or parental substance misuse, mental health issues and impact of Covid-19.

The Child Protection Plan (CPP) ethnicity categories were less specific and covered descriptors as shown in the table above. The data does not clearly reveal the rich diversity of the Lewisham population.

However, young people of white ethnicity provide the largest representation on CP plan (127), this contrasts with last year, where young people of black ethnicity were overrepresented (141 in 2022; 112 in 2023).

According to the latest Census (2021), the population in Lewisham is predominately white (51.5%), while 48.5% stated their ethnicity was Black, Asian or other than white ethnic group. However, for the population aged 0-19, the proportion who stated their ethnic group as other than white was 62.3%.

Incidences of knife crime and serious youth violence is high and supporting children at risk of extra-familial harm is a key priority for the LSCP. Black Caribbean and African boys and young men are disproportionately represented as victims and perpetrators of serious youth violence in the borough.

Although data suggests first-time entrants to the Youth Justice System have decreased and moving in line with the London and England average, young black males and mixed heritage are overrepresented in the youth custody statistics. The disproportionality of criminal exploitation has been explored in the Lewisham Safeguarding Children partnership and remains a priority on the organisational agenda.

There are a total of 1467 children classified as a Child-in Need in Lewisham. This has increased from 1253 in the preceding period, constituting a **1**7% increase. This is also reflected in the reduction of children on CPP.

IMPACT POST COVID-19 PANDEMIC

This report covered the period when COVID-19 restrictions were completely lifted and services were gradually returning to 'normal'. Safeguarding children remained business as usual, albeit youth safety was a priority for Lewisham, with key issues around poverty, domestic abuse, hidden harm to young children and neglect. Service provision also remained in place to support vulnerable children and families. The reduction in CPP reflects the resources and interface of contacts between families and professionals with provision of appropriate support. The extent of the impact of Covid-19 is still not fully known in Lewisham. However, the national review on COVID-19 is awaited and findings will be reviewed and implemented in Lewisham when available.

SAFEGUARDING OBLIGATIONS AND RESPONSIBILITIES

Responsibilities for safeguarding are enshrined in international and national legislation and also embedded within the core duties of all organisations across the health system. There is a distinction between provider responsibilities to ensure safe and high-quality care, and commissioner responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned. It remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, and conscientiously applied, with the well-being of those children and adults at the heart of practice.

This annual report is set within the context of safeguarding responsibilities as defined in Section 11 (s11) of the Children's Act (2004), which places a duty on organisations, including the ICB, to ensure their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

This dictates that organisations should have arrangements in place required to safeguard and promote the welfare of children, as reflecting the importance of safeguarding and promoting the welfare of children. At an organisational or strategic level, key features include:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the agency's responsibilities towards children which is available to all staff;
- Service development that takes account of the need to safeguard and promote welfare, and is informed, where appropriate, by the views of children and families;
- Staff training on safeguarding and promoting the welfare of children; and
- Safe recruitment procedures in place.

Effective safeguarding arrangements must also be underpinned by two key principles:

- Safeguarding is everyone's responsibility, and, for services to be effective, each professional and organisation should play their full part; and
- A child-centred approach for services should be based on a clear understanding of the needs and views of children.

NHS England is responsible for ensuring that the commissioning system in London is working effectively to safeguard children and adults at risk. SEL ICB has a duty to support NHS England with the quality of Primary Care Services. This role includes commissioning assurance as well as strategic leadership and influencing. Safeguarding Children, young people and adults at risk: NHS Safeguarding accountability and assurance framework (SAAF, 2022) sets out the safeguarding responsibilities of NHS England. During this reporting period, the London Designated Safeguarding Professionals meetings continued and were attended regularly by Lewisham Child Safeguarding Designates via MS Teams who are members of the forum.

SAFEGUARDING CHILDREN GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The safeguarding governance arrangements for Lewisham meet the statutory duty to safeguard and promote the welfare of children and young people.

ICB Responsibilities

The Lewisham Place Executive Lead (SEL ICB): The Borough Executive Lead ensures that the responsibility to safeguard children and young people is discharged effectively across the whole health economy in Lewisham. The Place Executive Lead works with the Executive Director of Children Services and the Police Chief Officer– to ensure safeguarding arrangements respond to the needs of children in the area.

The Place Executive Lead also has management oversight of the Safeguarding Children Designates.

Designated Professionals

Lewisham has secured and maintained the expertise of Designated Professionals:

- Designated Doctor Safeguarding Children;
- Designated Nurse Safeguarding Children;
- Designated Nurse for Children Looked After;
- Designated Doctor for Children Looked After; and
- Designated Paediatrician for Child Death.

The role of the designated safeguarding children professionals is to provide clinical expertise and strategic leadership for the local health community and act as a vital source of advice to the ICB, NHS England, the local authority and the LSCP. They also provide advice and support to other health professionals across the health economy.

LEWISHAM SAFEGUARDING CHILDREN ACHIEVEMENTS IN 2022- 23

- Partnership Working - SEL ICB safeguarding leads (Lewisham Place Executive Lead Director, Designated Professionals and Named GP) have been proactive in supporting all LSCP activities and functions.

- Think Family - 'Think Family' approach, is being achieved in the Primary Care Adults and Child Safeguarding Leads Forum and Safeguarding Assurance group meeting which monitors and reviews assurance of commissioned services, as well as ensuring policies and procedures are integrated. This approach enables practitioners to acknowledge wider family needs which extend beyond the individual child or adult being cared for in the primary care setting, and/or within commissioned services, with Think Family forming a golden thread in all services delivered.

- Safeguarding Children and Young People Forum – this has been well established in SEL ICB Lewisham Place as it provides a platform for sharing learning and networking and enables partnership working with CSC and other agencies.

- Child Safeguarding Practice Review (CSPR) - Learning from CSPR pertaining to health has been disseminated and forms a key component of training.

- Policies/ Guidance – during this reporting period, guidance pertaining to health has either been completed or is close to completion. This enables professionals to access up to date guidance to facilitate their practice.

- Sudden Unexpected Death in Infants (SUDI) – the work undertaken whereby funding was obtained to purchase thermometers to distribute to women, and imminent launch of the 'Safer Sleeping for Babies' campaign, has shown positive activity to addressing response to high numbers of SUDI.

- Children Looked After and Care Leavers - Designated professionals for Children Looked After, in conjunction with the Local Authority, have set up a Children Looked After and Care Leavers Steering Group. This ensures the health needs of Children Looked and Care Leavers in the borough are understood, helping to improve outcomes and ensure they are safe, healthy and thriving.

Other contributory activities

Sudden Unexpected Death in Infant (SUDI)

In response to the unusually high number of sudden unexpected deaths in infants, the Designated and Named professionals worked in partnership with Tri-borough Designated professionals and other agencies to develop and sustain a programme for prevention of SUDI. A Task and Finish group was developed in Lewisham led by the Designated Nurse. Funding was obtained from Public Health to purchase thermometers (high temperature being a contributory factor in SUDI) that are distributed to women. Launch of the 'Safer Sleeping for Babies' campaign is also underway at the time of this report.

Child Death Overview Processes

The Designated nurse contributes to Joint Agency Response meetings and Child Death Overview Panel. Learning identified from this forum has been implemented.

Enhancing Child Sexual Abuse Pathway SEL & SWL

NHSE have funded a one-year programme in South London to enhance the existing network of specialist and local services, creating a collaborative partnership of Child Sexual Abuse (CSA) service providers across South London to deliver a best practice CSA service. This is in line with the existing model in North London and will provide a common pathway for children and families across multiple locations. Designated professionals are involved in the ongoing work.

Safeguarding Assurance Monitoring

The Lewisham Safeguarding Assurance monitoring function was delivered quarterly and chaired by the Designated Nurse. The commissioned providers submit quarterly assurance reports and Designated Professionals routinely attend Lewisham and Greenwich NHS Trust Safeguarding Committee meeting.

Safeguarding Children and Young People Forum

Designated professionals introduced a Safeguarding Children and Young People Forum. The forum brings together safeguarding professionals for CYP from all Lewisham health partners to share information about work relating to safeguarding, good practice, education and development.

RISKS AND CHALLENGES IN THE COMING YEAR

- Child and Adolescent Mental Health Services (CAMHS) and waiting times: This is an ongoing national issue and represents a significant concern affecting local CAMHS. Extended waiting times (12 weeks) for children and young people for receipt of support from CAMHS presents major risks and challenges to service delivery.

- NHS Management Cost Reduction: the ICB is undergoing a process of management cost reduction (target is 30%). This may further impact safeguarding, in terms of resources, capacity and delivery, as the ICB reorganises structures and headcount as a result.

- Health and Social Care capacity: Locally, the demand for safeguarding interventions is increasing, but commensurate capacity is not expanding at a similar rate across health and social care.

SAFEGUARDING MONITORING AND ASSURANCE FROM PROVIDER HEALTH ORGANISATIONS

The ICB need to assure themselves that organisations from which they commission services have effective safeguarding arrangements in place and are required to obtain assurance

from all commissioned services, including NHS and independent healthcare providers, throughout the year.

Lewisham's key arrangements for seeking safeguarding assurance are through the Lewisham Health Safeguarding Assurance Group. The meeting receives and analyses safeguarding performance information and data, and information received is discussed at provider organisations respective strategic safeguarding committees. Lewisham health providers share safeguarding data with the Lewisham Safeguarding Children Partnership, NHS England, and other statutory or mandatory bodies and/or requirements. Further reports are sought from providers in cases where other reporting arrangements do not provide sufficient assurance i.e. audit report. The Safeguarding Children and Young People forum also provides an opportunity for obtaining assurance from providers. To note, providers have not undergone a CQC inspection during the reporting period.

Lewisham and Greenwich NHS Trust (LGT)

LGT operate an integrated safeguarding service, with acute and community services combined. The Trust has a clear line of accountability for provision of the safeguarding service, and key statutory functions are in place. SEL ICB received assurance via the Designated professionals attending LGT quarterly safeguarding committee meetings, receiving quarterly assurance report, and annual report.

LGT actively participated in the Joint Targeted Area Inspection (JTAI) in November 2022 wherein some services were identified to have maintained good practice.

The Trust have Safeguarding Children policies including a Safeguarding Supervision policy.

LGT maintained safeguarding training programme for staff and volunteers. The table below highlights levels of training compliance as of 31st March 2023. The Trust used approaches such as online training, directing staff to LSCP and other suitable national training to increase level training compliance. Further improvement for Level 4 is to be prioritised in the coming year.

Training level	Q1	Q2	Q3	Q4
Level 1	95%	94%	88%	91%
Level 2	92%	90%	86%	87%
Level 3	85%	86%	89%	88%
Level 4	80%	100%	75%	60%

The LGT safeguarding audit programme was put on hold during the reporting period due to the impact of Covid-19 and resource constraints. The Trust have participated in the LSCP audits providing a good standard of evidence.

South London and Maudsley NHS Foundation Trust (SLaM)

SLaM provides mental health services, for Croydon, Lambeth, Lewisham, and Southwark. Trust safeguarding arrangements are in place and quarterly adult and children safeguarding committee meetings are held. Receipt of quarterly safeguarding assurance report and annual report). The Trust have a Safeguarding Children policy in place. The Safeguarding Supervision policy is currently undergoing ratification. The Trust contributed to the JTAI.

The Trust have maintained safeguarding training. Safeguarding training compliance levels as of 31st March 2023 are highlighted in the table below. Improving level 2 & 3 training compliance has been prioritised for the coming year.

SLaM/ Lewisham - Safeguarding Children Training

Training level	Q1	Q2	Q3	Q4
Level 1	95%	94%	93%	94%
Level 2	98%	98%	66%	78%
Level 3	70%	68%	34%	81%
Level 4	85%	85%	85%	85%

Primary Care Services

SEL ICB receives assurance from the Named GP on a quarterly basis via the Safeguarding Assurance Meeting.

Primary Care Safeguarding Training - Level 3 child safeguarding training continues to be provided via a combination of e-learning, LSCP training, Lewisham CEPN sessions and Named GP led Safeguarding forums. Primary care practitioners are encouraged to use the self-declaration form as a reflective tool following training sessions and upload to Clarity for their appraisals. Safeguarding GP Forums are now joint meetings to support the 'Think Family' approach. The forum takes place bi-monthly, alternating between adult and children guest speakers. The first hour is open to all primary care staff, and topics are chosen to reflect local learning needs. The second hour is a closed forum for safeguarding case discussions and supervision.

The topics covered during 2022-23 were:

- 'MCA Impact on Hoarding and self-neglect'
- 'Learning & recommendations from CSPR Child DB'
- 'Managing Self Harm in Primary Care'
- 'Raising awareness of the Early Years Alliance'
- 'Working together with Health Visitors'
- Modern Slavery & Human Trafficking
- Online Gambling & Gaming Safety
- Role of the Independent Gender-based Violence Advocate
- 'Family Thrive' Model – Update from Early Help
- Prevent training
- 'Case conference report writing training for GPs'
- 'CSPR case presentation re: Child FA: Learning & Recommendations'
- 'Case presentation re: Child GB: Learning & Recommendations;

Lewisham Safeguarding Children Standards for Primary Care - The Named GP updated the Safeguarding Children Standards for Primary Care in response to learning from case reviews and changes in national guidelines, 2022-23 saw the inclusion of the following sections:

- Multi-agency Child Exploitation (MACE);
- Child Sexual Abuse (CSA) Pathway;
- LeDeR review process; and
- Signs of Safety Framework.

A Safeguarding Local incentive scheme for primary care was launched by the Primary care team in SEL ICS. The Named GP contributed to the Lewisham appendix and supported with the programme roll out.

Audit - The Named GP for Safeguarding Children contributes to Child Safeguarding Practice Reviews and has worked collaboratively to implement recommendations arising. An audit programme is in place to gain learning has been embedded in practice. The audits completed in 2022-23 include the GP- Health visit link meetings, neonatal discharge summaries, child protection list and multi-agency audit during JTAI.

JTAI - Primary care contributed to the JTAI. The Named GP was actively involved in the inspection and made significant contributions which received positive feedback.

SAFEGUARDING SUPERVISION

Designated professionals provide safeguarding supervision to all named safeguarding professionals in the borough. Routine safeguarding supervision for Designated professionals is not in place but is being procured. Prior to SEL CCG transitioning to SEL ICB, Safeguarding Supervision training was commissioned and delivered for Designated professionals.

CHILDREN LOOKED AFTER

The term 'Children Looked after' (CLA) includes all children looked after by a Local Authority, including those subject to a care order under Section 31 of the Children Act 1989, and those looked after on a voluntary basis through an agreement with their parents under Section 20 of the same Act.

The ICB responsibility for the provision of CLA health assessments is set out in the statutory guidance Promoting the Health and Well-Being of Looked After Children (DH 2015 – updated 2022) as well as the NICE guidance Promoting the Quality of Life of Looked After Children and Young People (2021). A detailed SEL ICB – Lewisham Children Looked After (CLA) Health annual report (2022-23) is attached at **appendix 1**.

As of 31st March 2023, there were 445 Children and Young People Looked After by Lewisham local authority, as compared to 475 in the previous year (March 2022). This shows a decrease of circa 7%. This group comprised of 81 children aged under 5 years, 234 school aged children (5-15 years) and 130 young people aged 16+. Children of Black heritage are over-represented in the data of Children Looked After in Lewisham, which reflects the demography of Lewisham and is consistent with the previous year.

Children and Young People Looked After

Ethnicity	Count of
White	122
Black	137
Asian	22
Mixed	121
Others	34

Unknown	9

Under statutory guidance, the CLA Initial Health Assessment (IHA) has to be completed by a doctor within 20 working days of the child coming into care to ensure health information is available in time for the first statutory review of the child's care plan. Completion of IHA within the statutory timeframes remains a challenge. Work was undertaken between Children's Social Care and Health to address concerns with completion of IHA paperwork. Children's Social Care subsequently developed an induction package for staff that incorporates IHA paperwork, and a joint health and Social Care training package will be developed in the coming year which is intended to improve the quality of IHA paperwork received from CSC.

During the course of 2022/23, statutory health assessments were predominately undertaken through face to face contact. Completed assessments were Review Health Assessment (RHA) – 347 and IHA 146 in year.

PARTNERSHIP WORKING

Partnership working between agencies in Lewisham continued to develop, as evidenced by the establishment of a Health and Children Social Care Meeting developed by the Designated Doctor for Safeguarding Children and the Head of Service for Children Social Care in the previous year. Health and Children Social Care professionals with strategic and operational safeguarding responsibilities meet quarterly. The meetings focus on service updates, issues impacting on effective partnership working, implementing learning from internal audits, LSCP or Child Safeguarding Practice Review and learning from case escalations. To support further development of partnership working, a Multi-Agency Safeguarding Hub (MASH) Strategic Meeting is held quarterly. Lewisham health providers participate and contribute to the Strategic MASH and Early Help forums. The Head of Service for Children Social Care participates in the Lewisham Safeguarding Children and Young People Forum, providing regular updates and developments on Children Social Care. These meetings have strengthened partnerships, collaborative working and decision-making. Health and Children Social Care have also worked collaboratively to develop a number of protocols and guidance, further illustrating a shared commitment to partnership working.

LEWISHAM SAFEGUARDING CHILDREN PARTNERSHIP WORKING

Working Together to Safeguard Children (2018) names the local authority chief executive, the accountable officer of SEL ICB, and a chief officer of police as the lead representatives with accountability under legislation. In Lewisham, the lead representatives have delegated the responsibility to the following: Executive Director for Children and Young People – London Borough of Lewisham; Lewisham Place Executive Director - NHS SEL ICB and Detective Superintendent Public Protection Southeast BCU – Metropolitan Police. The Designated Professionals support and escalate any emerging issues to the Lewisham Place Executive Director, who attends the Executive Group meetings.

The Executive Group meet six times a year and are supported by the Safeguarding Children Full Partnership Group, who also meet four times a year. The Designated Safeguarding

Professionals, together with Place Executive, attend and contribute to the Full Safeguarding Children Partnership Group.

There are Four Sub-Groups that report to and inform the work of the Executive Board and Partnership, as outlined below:

- Monitoring, Evaluation and Service Improvement (MESI)/ MESI Audit Group Task and Finish Group;
- Learning from Practice (LFP);
- Strategic Multi-agency Child Exploitation (MACE); and
- Schools' Safeguarding Network.

The Designated Safeguarding professionals attend and contribute to the sub-groups and Task and Finish groups. The Designated Nurse for Safeguarding co-chairs the Monitoring, Evaluation and Service Improvement sub-group and Audit Task and Finish Group with the Head of Safeguarding and Quality Assurance.

Contributions

LSCP Executive Group

The Lewisham Executive Place Lead contributes to the LSCP Executive group representing the health economy. The executive partners hold the decision-making responsibilities for the partnership.

Full Partnership Meeting

The Lewisham Executive Place Lead, Designated Professionals and Named Professionals participate at the Full Partnership Meeting, which provides oversight on LSCP activities.

Child Safeguarding Practice Review Processes

Designated Safeguarding professionals have prioritised attendance and contributions to Rapid Review Meetings. Through Learning from Practice Review Sub-Group, they have supported and contributed to a Lewisham-led Child Safeguarding Practice Review which is outlined further in this report. Learning from Child Safeguarding Practice Reviews has been disseminated and forms a key component of training.

Monitoring, Evaluation and Service Improvement (MESI) Sub-Group and Audit Group

The Designated Nurse co-chairs this meeting. The group monitors and evaluates the effectiveness of what is being achieved by LSCP partners both individually and collectively to safeguard and promote the welfare of children, and share lessons from individual agency audits, multi-agency audits and performance data. The sub-group have been embedding a robust quality assurance process and have been committed to ensure that the partnership is demonstrating impact on work activities and the positive outcomes for children, young people and families. In this reporting period, the following workstreams have been delivered:

- The closure of a number of long-standing review actions;
- Development of MESI performance dashboard;
- Data set in relation to disproportionality from all partners to explore themes and trends necessary to identify children that are over-represented across services; and

- An assurance report template for partners to complete which will provide an oversight on improvements and assurance required for partners to report

Audit

Designated Professionals supported the completion of a live Multi-agency Child Sexual Abuse (CSA) Familial audit to improve understanding of the multiagency response to CSA. The recommendations from the audit are being implemented. Designated professionals also contributed to the development and implementation of the LSCP Annual Audit Programme.

Multi-agency Neglect Strategy

The Designated Nurse leads on development of multi-agency Neglect Strategy and toolkit. The Designated Doctor and named professionals across health contribute to this multi-agency work and worked with partners to develop a Multi-agency Neglect Strategy and toolkit that is appropriate and effective across agencies.

Modern Slavery

Lewisham were successful in a bid to the Home Office to pilot decision-making on the National Referral Mechanism (NRM) to be carried out locally. NRM is a framework for identifying and referring potential victims of modern slavery. A positive outcome from the panel can influence a young person's court case and prove that they were exploited. The pilot removes the decision-making for NRM's from the single competent authority, which can take up to 500 days, enabling timely decision-making locally (within 45 days). Designated professionals contributed to the bid, have been trained and act as the health voting member on the NRM panel.

Multi-agency Guidelines/ Protocols and Pathways

Designated and Named Professionals contributed / led to development of several multi-agency guidelines/ protocols and pathways:

- Multi-agency Child Sexual Abuse Pathway - The pathway provides professionals with clear processes to follow and enables them to work effectively when there are concerns of CSA. The CSA training and awareness raising continues to be delivered by the partnership.

- Multi-agency Hospital Discharge Protocol – developed to support practitioners with a clear process for discharge and safety planning for children and young people who present and require a multi-agency response to address their safeguarding and mental health needs.

- Multi-agency Guidance for Management of Perplexing Presentation or Fabricated or Induced Illness - to support multi-agency practitioners to make appropriate decisions on how to safeguard children who present with perplexing presentations and/or fabricated or induced illness, and advise practitioners how to recognise these issues, assess risk and manage these types of presentations to obtain better outcomes for children.

Safeguarding Children and Adult Policy

Following transition of the CCG to ICB, the Designated Nurse, together with the Designated Nurse for Adults, led on the production of the Safeguarding Children and Adults Policy to align with required updates and changes.

Multi-agency Safeguarding Hub Strategic Meeting

The Designated Nurse attends and contributes to the work delivered in the MASH Strategic forum. Health was well-represented in MASH and were commended by an inspector during JTAI.

Joint Targeted Area Inspection (JTAI)

LSCP was subject to a JTAI in November 2022. The Place Executive Lead and Designated professionals actively participated in the inspection process, including multi-agency audits and focus groups. The JTAI was published in January 2023. It was overall positive on the work the partnership has been doing to keep children safe. The focus of the inspection was on front door (MASH) and this was judged to be working effectively. The inspection did identify some areas where the partnership could do things differently these were things the partnership have already identified. Designated professionals are working with partners to progress the following recommendations:

- Adult mental health services' child safeguarding and risk-assessment practice that recognises the 'hidden child' and adopts a 'Think Family' approach;
- Timeliness of completion and sharing of multi-agency hospital discharge and protection plans prior to the birth of vulnerable babies.
- Improve internal and external information-sharing systems in all agencies, so that appropriate individuals and organisations receive the correct reports and decisions following the outcome of referrals, strategy meetings, child protection investigations and assessments; and
- Inclusion of all relevant professionals in meetings and access to pertinent information about children and their families.

VOICE OF THE CHILDREN

The Children's Act 2004 emphasises the importance of speaking to the child or young person as part of any assessments. This has also been highlighted as central in any Safeguarding Practice Reviews.

In pursuit of best practice, the SEL ICB Designates monitor and ensure the Children and Young People Looked After voice was routinely captured within statutory health assessments. The Children Looked After nurses also utilise an online feedback tool after completing the health assessments and receive further feedback when attending the Lewisham Children in Care Councils.

Lewisham has demonstrated extensive engagement with young people through the Lewisham young mayor's group and young people's views are sought in service developments. Capturing the voice of young people is included in the commissioning cycle and multi-agency audits demonstrate the voice of children and young people. School aged

children attended LSCP Full Partnership meeting and recently delivered an impressive and outstanding safeguarding presentation to the partnership.

The voice of young people was also included in the work of the Youth Violence and Modern Slavery and Human Trafficking Team. The table below contains a sample:

'He said when he went to Harrow there were 2 cars he got into a cab with friends. He said no one made him go, he wanted to go. They stole something from someone there. He was then told by the person he stole from that he had to work for him as he owed him. He went by cab to the house in Peckham, he got picked up from somewhere in the Lewisham. This was arranged in person and he was given a phone. He was found in a flat by police with drugs, knife and 2 phones after he called his sister say was being made to sell drugs. The flat was described as being a "drug den"

Outcomes from the above case led to a positive National Referral Mechanism panel decision. The NRM decision supported the young person's legal case in court, namely that he was a victim of Modern Slavery.

CHILD SAFEGUARDING PRACTICE REVIEWS

The publication of "Working Together" (2018) introduced national and local Child Safeguarding Practice Reviews to replace Serious Case Reviews (SCRs). Currently, Lewisham is not contributing to a National CSPR. However, there is one local CSPR in progress.

The Designated professionals are involved in the Child Safeguarding Practice Review Process. There was one Lewisham-led Child Safeguarding Practice Review (Child FA). A second review 'Baby Euan' was led by Central Bedfordshire Local Safeguarding Children Partnership.

The learning identified for health from these reviews included the following:

- Understanding the use of alternative and natural medicines by different cultures;
- The impact of COVID on access to health services, and potential inequalities of impact from Covid arrangements – re: non face to face contact;
- Learning difficulties and the variability of working and relationships across services also the need for greater understanding on the impact of learning difficulties on how information is processed and good ways to communicate;
- Domestic abuse, and how this is dealt with in private law proceedings;
- Understanding the impact of domestic violence on the family and pattern of abuse from adults to child;
- The need to always include the voice and lived experience of a child in actions and assessments, this includes babies, and those that are unable to communicate verbally;
- Taking account of a mother's co-morbidities and their vulnerabilities and any risks posed to a child;
- Better knowledge of fathers/male carers and any risks that they may pose to a child but also to the mother; and

- Information sharing between different health providers and different local authority areas.

All recommendations from these reviews have been implemented and/or are progressing to completion.

DOMESTIC HOMICIDE REVIEW (DHR)

In this reporting period, there was one DHR notification, this is in progress and will be reported in the coming year.

LEWISHAM CHILD DEATH REVIEWS

The Tri-Borough Child Death Overview Panel (CDOP) arrangements were operational from October 2019 and are removed from the LSCP functions. The Local Authority and the ICB are responsible for ensuring a Child Death review process is in place. The Child Death Review Team (CDR) are based in Lewisham and Greenwich NHS Trust (LGT) and administer for the boroughs of Bexley, Greenwich and Lewisham (BGL) (Tri-Borough approach is required due to the numbers of child deaths). The CDOP panel meetings rotate between Greenwich, Bexley and Lewisham, reviewing all child deaths that occur in the three Boroughs. The Designated Professionals from the three Boroughs ensure that there is representation from a Designated Child Safeguarding Professional at the CDOP panels.

From the 1st April 2022 to 31st March 2023, Bexley, Greenwich and Lewisham Child Death Review Team have been notified of the deaths of 73 babies and children under the age of 18 years old. This compares to the previous year (2021-2022) figure of 63 child deaths, showing an increase of 15%. Of the 73, 38 (52%) of these met the criteria for a Joint Agency Response (JAR) meeting; this is an increase of 20 (32%) from 2021-2022 (15). 48 children were male and 24 were female (the gender of 1 baby was indeterminate).

In Lewisham, there have been 24 child death notifications, which represents 33% of the total notifications for Bexley, Greenwich, and Lewisham in total.

The age range was as follows: 29 Neonates 0-27 days, 17 notifications 28 – 364 days, 9 notification 1-4 years; 4 notification 5-9 years, 8 notifications 10 – 14 years; and 6 notifications 15 – 17 years.

Sudden unexpected, Extreme prematurity, unexplained death, Acute medical or surgical condition and Trauma and other external factors represented the main common categories of deaths. Chromosomal, genetic and congenital anomalies, deliberately inflicted injury, abuse or neglect and Infection were reflected in some of the child deaths.

Some of the vulnerabilities identified included a history of parental mental health, special education needs and some of the children were under CAMHS or had been known to them in the past.

IMPACT ON CHILDREN AND FAMILIES

- Guidance/ Pathway - the Child Sexual Abuse Pathway and Multi-agency Guidance for Management of Perplexing Presentation or Fabricated or Induced Illness led to development of an improved referral mechanism for children, enabling appropriate safeguarding measures are put in place.

- SUDI - The result of work on SUDI will prevent pre-mature death in babies and raise awareness of the issue in supporting parents.

- Modern Slavery – the work of the NRM being transferred locally improves early identification of young people at risk of exploitation and enables support mechanism being put in place prevent young people entering criminal system.

SUMMARY

The report has addressed the following:

- Appraisal of safeguarding functions over the last year;
- Validation that Lewisham health economy is meeting statutory obligations to safeguard Lewisham's children and young people;
- Outlined governance arrangements in place across the Lewisham health economy, with both senior accountability and a continued commitment to improving services that support the safeguarding of children and young people; and
- Confirmation that the transition of CCG to ICB has not negatively impacted on Safeguarding Children and Young People functions; albeit it is unknown currently vis a vis potential impacts of the NHS 30% reduction programme on safeguarding children.

PRIORITIES 2023 – 2024

- Work collaboratively with partners to deliver Lewisham Safeguarding Children partnership agenda including implementation of Child Practice Review and JTAI action plans;
- Delivery of safeguarding activities outlined in the ICB joint Forward Plan;
- Continue joint working across the six boroughs to identify and share good practice to reduce variation across services and improve practice; and
- Review and augment safeguarding assurance from providers.

RECOMMENDATIONS

The Governing Body is requested to receive and acknowledge the Safeguarding Children Report for information and assurance that effective safeguarding systems and processes are in place within Lewisham.

REFERENCES

Children Act (1989) Children Act 1989 (legislation.gov.uk)

Child Act (2004) Children Act 2004 Legislation.gov.uk

Health and Social Care Act (2022) Legislation.gov.uk

Working Together to Safeguard Children: A guide to inter-agency working to safeguarding promote the welfare of Children (2018) Working together to safeguard children - GOV.UK (www.gov.uk)

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) Safeguarding Children and Young People: Roles and Competencies for La Staff | Royal College of Nursing (rcn.org.uk)

Promoting the health and well-being of Looked After Children: Statutory guidance for local authorities, Clinical Commissioning Groups and NHS England Department for Education and Department for Education and Department of Health (2015) Promoting the health and wellbeing of looked-after children - GOV.UK (www.gov.uk)

Looked-after children and young people, NICE guideline (2021) Overview | Looked-after children and young people | Guidance | NICE

APPENDICES

Appendix 1

Children and Young People Looked After and Care Leavers Annual Report

April 2022 – March 2023.

CYP Looked After and Care Leavers Ann

Safeguarding Children and Young People Update: Quarter 1 - 2023

Introduction: This report provides an overview on Safeguarding Children and Young People activities in Q1. The designated professionals are working collaboratively with partners to progress the LSCP Safeguarding agenda.

Modern Slavery: Lewisham National Referral Mechanism (NRM) Panel pilot to speed up identifying CYP who may be at risk of Modern Slavery has now been established with NRM panel occurring monthly. In this quarter, there were 21 referrals reviewed. 16 of the cases received a positive decision, which would support a court case that the young person was being exploited. 5 cases resulted in negative decision outcomes, where there was not enough evidence to support exploitation. Some of the themes included recruitment into gangs/affiliation, transportation of drugs, and criminal and sexual exploitation. The designated professionals are a core member of the panel, providing information from the wider health economy and fulfilling the requirement as voting members (CSC, health and Police).

JTAI action plan update: a multi-agency JTAI action plan has been developed and finalised. There are three specific actions pertaining to health as outlined below.

- Increase health attendance at Strategy Meetings and Child Protection Conferences – The designated professionals convened a Task and Finish Group. Named professionals and CSC are in attendance. A joint health and CSC protocol for attendance to Strategy Meetings and Child Protection Conferences has been developed and is in progress. The protocol would help CSC to ensure appropriate health practitioners are invited to these meetings and decisions/ outcomes are communicated.

- Develop a Multi-agency Protocol for Pre-birth Hospital Discharge Plan for Vulnerable Babies – this action has progressed through a Task and Finish group set up by the Designated Nurse, Health practitioners and CSC are involved. The objective is to agree a clear and concise protocol with a plan for pre and post birth of vulnerable babies for health and CSC reference, especially in an emergency.

- Implementation of Multi-agency 'Think Family' approach. There are various activities being undertaken by different partners to promote 'Think Family' principles. The Designated Nurse is working collaboratively with the children and adults safeguarding strategic lead to develop guidance that is centralised, accessible and utilised by all agencies i.e. (development of Think Space, Think Family planned for September, considering Local Children System - LCS and adults system talk to each other and develop guidance toolkit and training offer).

Child Safeguarding Practice Review (CSPR) formally known as Serious Case Reviews: There was no newly commissioned CSPRs. However, the partnership is overseeing one existing case that is finalising its governance process.

The LSCP was linked to an external CSPR led by Central Bedfordshire Safeguarding Children Partnership - Baby Euan (the baby died from what is believed to be non-accidental injuries - family had moved between boroughs including Lewisham). The partnership was linked to the case due to the family having lived briefly in Lewisham prior to the incident. Lewisham and Greenwich NHS Trust contributed to the review. The review has been published, and, of the six recommendations made, no learning was attributed to health.

Domestic Homicide Review (DHR): One DHR was reported, and a chair appointed. This is at the stage of information gathering from agencies to determine if the family was known to them.

Serious Incident Notifications (SIN): two SIN were made in this reporting period:

- A young person who was a victim of an assault causing serious injury. The case did not progress to CSPR, and learning identified is being implemented by individual agencies.
- A 16-year-old who was assaulted at school premises.

Neglect Strategy: the partnership is continuing to develop a Neglect Strategy and toolkit for practitioners to assist with early identification and intervention in safeguarding CYP where there is concern about Neglect. The Designated Nurse is leading this work with contributions from the Designated Doctor and Named professionals. Progress has been made to align the Signs of Safety (SOS) harm matrix with a Neglect Screening tool, as opposed to developing a new toolkit, and incorporate into an existing tool that is already in use by practitioners.

Sudden Unexpected Death in Infants (SUDI): Due to the increase in unexpected incidents in SUDI last year, various activities remain in progress to address the issue, including distribution of thermometers (high temperature contributory factor) to women. To date, 138 thermometers have been distributed to women. Lewisham Safer Sleep campaign is also being launched in July together with training packages. Funding has been obtained to modify a 'who is in Charge' video (tools for keeping babies safe/ promoting safe sleeping) originally produced by Birmingham. The video will ultimately be adapted and utilised across SEL. Prior to launch, it will be tested in some GP practices, and is intended to prevent premature death in babies.

Policy/ Guidance: Multi-agency guidance on Bruising to Non-Mobile Babies and Disabled Children - the Designated professionals have set up a Task and Finish group with partners to progress development and implementation of this guidance.

Care Leavers Prescription Pre-Payment Certificate: Lewisham, in conjunction with the other SEL boroughs, are in the process of implementing a scheme for free prescriptions for care leavers. Care leavers between aged 18-25 years old, who require repeat prescriptions for ongoing medical conditions, and are eligible for the scheme, receive a free 12-month pre-paid prescription certificate. Lewisham have identified approximately 169 care leavers as eligible. The Designated Nurse CLA & CLs led a Task and Finish Group to progress an implementation date of June 2023. Launch was delayed, but 2 years of funding has been secured.

Child Protection Plan (CPP) and Children Looked After (CLA) Data:

Between April and June, there were 309 Children subject to CPP. In the same period, the number of CLA was 437. The number of both CPP and CLA is noted to have decreased compared to March 2023, CLA – 445 and CPP 327.

Statutory Roles: Designated and Named professionals are all in post. However, interim cover for the Adoption Medical Adviser will be recruited into following resignation of the former postholder. Designated and Named Professionals continue to work with partners to take forward the Local Safeguarding Children Partnership (LSCP) agenda.

Authors:

Margaret Mansfield – Designated Nurse Safeguarding Children

Dr Abimbola Adeyemi – Designated Doctor Safeguarding Children

31st July 2023