

**Lewisham Local Care Partners Strategic Board**

**Date: 27 July 2023, 14.00-16.00 hrs**

**Venue: MS Teams (meeting to be held in public)**

**Chair: Michael Kerin**

**AGENDA**

No	Item	Paper	Presenter	Action	Timing
1.	<b>Welcome, introductions, declarations of interest, apologies for absence &amp; Minutes of the previous LCP meeting held on 18 May 2023 (for approval)</b>	Verbal/ Enc 1	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	<b>Any questions from members of the public</b>				14.05-14.15 10 mins
3.	<b>PEL Report</b>	Enc 2	Ceri Jacob	To Note	14.15-14.20 5 mins
<b>Delivery</b>					
4.	<b>Update on 4 priorities (progress report) – to follow</b>	Enc 3/ PRES	Jessica Arnold	For Discussion	14.20-14.40 20 mins
5.	<b>Primary Care Five Year Plan</b>	Enc 4	Ashley O'Shaughnessy	For Approval	14.40-15.00 20 mins
6.	<b>CYP - Family Hubs &amp; Start for Life</b>	Enc 5/ PRES	Lorraine Harker	For Discussion	15.00-15.20 20 mins
7.	<b>People's Partnership update</b>	Enc 6	Anne Hooper	To Note	15.20-15.30 10 mins
8.	<b>Primary Care Group Chair's Report</b>	Enc 7	Anne Hooper	To Note	15.30-15.35 5 mins
9.	<b>Risk Register</b>	Enc 8	Ceri Jacob	For Discussion	15.35-15.45 10 mins
<b>Governance</b>					
10.	<b>Finance update</b>	Enc 9	Michael Cunningham	For Discussion	15.45-15.55 10 mins
<b>Place Based Leadership</b>					
11.	<b>Any Other Business</b>		All		15.55-16.00 5 mins
<b>Papers for information</b>					
	<b>Minutes of:</b>				

	<ul style="list-style-type: none"><li>• <b>Integrated Quality &amp; Assurance Group held 12 May 2023 (approved 14 July)</b></li><li>• <b>(To note – <i>Place Executive Group May 2023 meeting comprised a workshop format, no Minutes</i>)</b></li><li>• <b>Mental Health All-Age Alliance Leadership Board notes from May &amp; June 2023</b></li></ul>				
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## Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 18 May 2023 at 14.00 hrs

Via MS Teams

**Present:**

Pinaki Ghoshal (PG) (Chair)	Executive Director of CYP, LBL
Ceri Jacob (CJ)	Place Executive Lead, Lewisham, SEL ICS
Michael Kerin (MK)	Healthwatch Lewisham representative
Anne Hooper (AH)	Community Representative Lewisham
Dr Simon Parton (SP)	Primary Care representative (LMC)
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
Dr Prad Velayuthan (PV)	Chief Executive, OHL

**In attendance:**

Avril Baterip (AB)	Corporate Governance Lead, Bromley, SEL ICS (Minutes)
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Kenny Gregory (KG)	Director of Adult Integrated Commissioning

Sarah Wainer (SW)	Director of Transformation, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director of Primary Care Lewisham, SEL ICS
Simon Whitlock (SWH)	Head of Service – Joint Commissioning
Dr Emma Nixon (EN)	GP
Simon Morioka (SM)	PPL
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Jessica Arnold (JA)	Director of Delivery, Lewisham, SEL ICS

**Apologies:** N/A

**Actioned by**

1.	<p><b>Welcome, introductions, declarations of interest, apologies for absence &amp; Minutes from the previous meeting held on 23 March 2023</b></p> <p>Pinaki Ghosal (Chair) welcomed everyone to the meeting. Housekeeping matters were given by the Chair.</p> <p>Apologies for absence were noted as recorded above.</p> <p><u>Declaration of Interests</u> – There were no new or amended declarations of interest. Dr Simon Parton (SP) advised that he would step away from the meeting when the agenda item on Health Inequalities Funding is discussed, to ensure any potential conflict of interest is managed.</p> <p><u>Minutes of the Lewisham LCP Strategic Board meeting held on 23 March 2023</u> – these were agreed as a correct record.</p> <p><u>Action log</u> – there are two open actions on the log that was reviewed:</p>	
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	<p>1) Workforce recruitment – CMS provided an update. Working this through with Meera Nair who chairs the Workforce Steering Group. A report will be brought to the next LCP meeting.</p> <p>2) Quality and Assurance Group – this was discussed at the last Quality and Assurance Group meeting. Actions have been agreed including Digital Exclusion in the Local Authority. This will be brought back to the LCP Strategic Board in July 2023.</p> <p><b>The Board approved the Minutes and Action Log of the Lewisham LCP Strategic Board meeting held on 23 March 2023.</b></p>	
<p><b>2.</b></p>	<p><b>Questions from members of the public</b></p> <p>There were no questions from the public received in advance of today's meeting.</p> <p>The question and written response of the public question from the Lewisham LCP Strategic Board on the 23 March 2023 was reviewed and noted in the meeting today, no further action required.</p> <p><b>The Lewisham LCP Strategic Board noted the written response to the public question.</b></p>	
<p><b>3.</b></p>	<p><b>PEL (Place Executive Lead) update</b></p> <p>Ceri Jacob presented the agenda item. The PEL update was taken as read.</p> <p>CJ updated the Board on the All Staff Event at Charlton recently where the management cost reductions were discussed. All ICBs are required to make a reduction of 30% by April 2025. The intention is to shape the workforce and the priorities for the ICB and ICS, and maximise opportunities for an integrated care system. There are potential changes for providers and the LA. There is a three step process in place. Step 1 has grouped the ICB's functions into six categories for a review that will complete at the end of May 23. Step 2 will test the outputs from step 1 with staff and providers and is due to begin in June 23. Step 3 will develop the new structures with formal Consultation to commence in the first half of October 23.</p>	

	<p>It was noted that this is a significant reduction to be made; from 700 to approximately 450. CJ will bring a clearer outcome on this once further details are available. How we work with partners, the LA and provider networks for the planning and delivery as an ICS is important. Roles will change and evolve over time.</p> <p>In response to a question, CJ confirmed that formal engagement with the LA will take place in due course. CJ will discuss this in detail with PG and TB.</p> <p>In response to a question, CJ confirmed that there is no intention to do an equal spread of 30% across the organisation. Step 1 is looking at functions rather than individual roles - looking at it in its totality.</p> <p><b>The Lewisham LCP Strategic Board noted the PEL report.</b></p>	
<p><b>4.</b></p>	<p><b>Health Inequalities Funding:</b></p> <p>Dr Catherine Mbema presented the agenda item which is for ratification. This paper looks at groups allocated funding from SEL ICS for projects/initiatives that aim to address health inequalities in Lewisham. This is a high-level review with aims revisited, implementation and outcomes reviewed. The programme is in various stages of implementation. The proposal is to continue with funding in areas allocated last year with another review to take place in Autumn.</p> <p>The projects/initiatives fell into two broad categories:</p> <ul style="list-style-type: none"> <li>- Community Assets: voluntary and community sector providers including social prescribing via LGT</li> <li>- Health Services: there are a set of objectives to deliver health services in a more equitable way</li> </ul> <p>Deliverables include data such as waiting lists and better recording of ethnicity and protected characteristics. Addressing inequalities in maternity and smoke-free pregnancy.</p> <p>Additional funding above that allocation is to be determined. A workstream group oversees this funding and a discussion was held on what to review as a system including the wider, social determinants of</p>	

<p>health and care; population data on PCNs and neighbourhoods; and to build on initiatives to address the cost of living crisis such as the Warm Welcome Hubs led by the LA.</p> <p>CJ supported this proposal and asked if there was broad input and representation from all partners. In response to this, CM confirmed that there is representation from most groups in the LCP but is happy to plan a Seminar with nominated representatives to take this forward.</p> <p><b>Action: LCP Strategic Board Seminar to be arranged with nominated representatives</b></p> <p>SI was supportive of the proposal and noted that this needs time to develop for new ideas. It was asked if there are any major gaps identified in the inequalities data. AH noted that the engagement list in the paper states that early intervention of the Lewisham LCP Strategic Board may be useful in the engagement programme. In response to this, CM confirmed that some initiatives may be relevant to come to the LCPSB.</p> <p>JA asked if there will be an underspend this year for any of these initiatives. In response to this, CM noted that some of that funding has already been spent, there may be some flexibility for further underspends. CM will go back to the workstream group to identify potential underspends.</p> <p>AOS noted that there was no reference to the work of Health Equity Fellows in the paper. In response to this, CM confirmed that this is not a complete review and an evaluation partner will be included in this work.</p> <p>TB noted that this work needs to show progress and be quantifiable. CM agreed that as the work develops, progress will be monitored and brought back to the LCP Strategic Board. SI stated that there needs to be outcome measures for all areas and an awareness of the challenges of recruiting staff, whilst also being able to demonstrate the benefit for spending this money.</p> <p>A member of the public had a question on this item in relation to metrics; quantitative and qualitative data; and the impact of this work on the Afro/Caribbean populations. CM thanked the member for the question and noted that there are specific initiatives by the ICS to</p>	<p><b>CMB/LH</b></p>
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	<p>improve the recording of special category data to include ethnicity. Where data is available this will be included but acknowledged there are gaps in recording. Improving special category data is very important to improve planning and impact assessment.</p> <p>CJ noted that the Older People’s programme work to collect this data will include ethnicity and the impact. Aware of the significant gaps and data quality collection issues, the Clinical Effectiveness Group is involved in this workstream.</p> <p><b>The Lewisham LCP Strategic Board APPROVED the Health Inequalities Funding proposal.</b></p>	
<p><b>5.</b></p>	<p><b>Place Executive Group (PEG)</b></p> <p>JA presented the agenda item. The aim of the PEG is to assure the LCP Strategic Board that we have the right programmes in place and to provide updates on successes and challenges. There are a number of areas to be considered such as managing programmes effectively; identification of resources such as the new Integrated Programme Team for capacity in the system and the development of a performance pack; and governance.</p> <p>The PEG is an active group and is task orientated. The focus is on quality rather than quantity and the group may review a small number of priorities but in greater depth. Membership is key to this group, including provider and voluntary sectors to ensure there is representation across the system. Trade-offs in accountability were noted. There is a need to hold each other to account through mature conversations and recognition that some of the challenges affect the partnership providers. A Memorandum of Understanding (MoU) rather than ToR (Terms of Reference) has been proposed around values, building trust and helping each other in a safe space. Next steps include reflection in the next PEG and regular stock-taking. The real test is how this is fed through and to ensure there is coherent governance around this. CJ noted that accountability and internal challenge is imperative, there may be at some point updates at high levels that can be challenged through this group.</p> <p><b>The Lewisham LCP Strategic Board noted the update.</b></p>	

<p><b>6.</b></p>	<p><b>5 Ps</b></p>	<p>CMS presented the agenda item.</p> <p>The 5 Ps is a development tool to support local integration. This is centred on people with 34 underpinning principles. The supporting principles have four different levels from 0 to 3. Surveys, workshops and seminars were held looking at each of the 34 principles to gather responses and to define the ambition for the next six months. The process has now been completed across all 5 Ps.</p> <p>Summary ambitions:</p> <ul style="list-style-type: none"> <li>- The first session was held over six month's ago</li> <li>- There is a clear vision and underpinning plan</li> <li>- Measurable actions developed in partnership</li> <li>- People's Partnership fully established</li> <li>- Full engagement with the Primary Care Service</li> <li>- Flexibility around Workforce</li> <li>- Coming together as an anchor organisation</li> </ul> <p>Suggested actions cover four broad areas:</p> <ol style="list-style-type: none"> <li>1. Broadening engagement in vision</li> <li>2. Continue to develop joint working</li> <li>3. Ensure people have access to the information they need</li> <li>4. High quality care</li> </ol> <p>Next steps:</p> <ol style="list-style-type: none"> <li>1. Confirm action areas</li> <li>2. Development of the plan with agreed timescales, leads and outcomes</li> <li>3. Potential discussion in Seminar session</li> </ol> <p><b>The Lewisham LCP Strategic Board noted the update.</b></p>
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**7. Five Year Delivery Plan for Primary Care in Lewisham**

AOS presented the agenda item. Slides were circulated and taken as read. In relation to COIs, as noted in the cover sheet, there are no immediate conflicts of interest however this may occur for primary care providers which will be identified and managed accordingly as the plan is implemented.

This plan was presented at the Seminar last month and feedback from stakeholders has been incorporated into the plan. The plan has been finalised and seeking approval from the board today.

Key points to note:

- 5 Year Forward View Plan
- Detailed actions for this year and next
- 5 years' time assumptions broadly describe what the primary care landscape could look like but not yet final

The plan describes primary care as an enabler to the wider system ensuring the contribution from primary care is included and is part of delivery of the LCP Forward View Plan.

Wider enablers include workforce, estates, data and digital exclusion. Engagement with the public for the delivery of the plan as an equal partner, as the public themselves are an enabler to the plan.

It was noted that the plan is likely to evolve and adapt over time as we progress and the plan further develops.

MK raised questions on two areas:

- Are these the metrics to gather or to address key issues? How far are we measuring what we can rather than what we need to?
- The second question raised was in relation to the voluntary sector who appear to be missing from the table?

In response to the questions, AOS noted that the metrics presented are not an exhaustive list and a number of methods are being utilised



to gather the data we need, including GP surveys and working with the population on a wider scale. In terms of the voluntary sector, this is being picked up through the joint neighbourhood working.

CJ noted that one of the metrics relate to GPs only and we must ensure that this picks up protected characteristics. Primary care is an enabler of change, some of the patient experience and outcomes will be identified through this work.

AH noted that the approach and engagement in the partnership was agreed – language and visibility of the People’s Partnership must be prominent in this. AH would welcome an addition in the Primary Care plan on the People’s Partnership. In response to this, AOS noted that this was discussed in the Primary Care Group and will be included in the plan, the narrative on the metrics is looking at the details that sit beneath this, where there is good ethnicity recording coding and other protected characteristics.

TB noted that the delivery of the plan in an already constrained system. It was asked if we are being fair and honest with the size and scale of the problem? In response to this, AOS noted the scale and challenge, actions around this had already started. This is an ambitious plan that needs to be considered quite quickly. There is a need for a system effort and push for the plan to be realistic and deliverable.

SP raised a question on access and demand/capacity issues. It was noted that access is not the only issue. Having GPs and nurses available is linked to access and we therefore need to ensure there is a sufficient workforce in place to deliver whole system change. AOS agreed with TB’s points, working with people in the system to facilitate good, accessible services is paramount.

JA noted that the Primary Care Development Plan is focussed on GPs and consideration is to be given for the additional, new services transferring over to the ICB such as Optometry, Dental and Pharmacy. In response to this, AOS confirmed that we have already started to work with Pharmacy this year on Covid vaccinations and the Covid Recovery Plan, with emphasis on building on arrangements already established. AOS and CJ met with Dental and Optometry recently and

	<p>are eager to work together, there are some real opportunities for collaborative working.</p> <p>It was noted that there needs to be a correct pathway for patients to self-refer and the benefit of digitalisation in this. AOS noted the interface issues and interdependencies. Estates are linked to this work and there is lots of work ongoing to realise these benefits.</p> <p><b>The Lewisham LCP Strategic Board APPROVED the Five Year Delivery Plan for Primary Care in Lewisham subject to the inclusion of metrics.</b></p>	
<p>8.</p>	<p><b>Lewisham Health and Care Partnership – Local Care Plan 2023-24 Delivery Plan</b></p> <p>Sarah Wainer presented the plan to the Board, which is for information. For context, the SEL Joint Forward View Plan which covers all six boroughs was previously presented at Lewisham’s LCP Strategic Board, which focused on the four, joint priorities:</p> <ol style="list-style-type: none"> <li>1. Strengthening the partnership – community based care, voluntary sector, community health, models for care for long term conditions and older people.</li> <li>2. Development of Children’s hubs</li> <li>3. Addressing inequalities</li> <li>4. Role as an anchor organisation</li> </ol> <p>This is the delivery plan that Programme Boards have developed including opportunities, interdependencies and metrics. A lot of the metrics were repeated in different Programme Boards and the plan is for the partnership to do deep dives on particular areas. There are interdependencies in Digital and Estates. Conversations had been held on joining up Estates to maximise opportunities as plans are dependent on how we use our assets. The plan is also dependant on resources being available.</p> <p><b>The Lewisham LCP Strategic Board noted the Lewisham Health and Care Partnership – Local Care Plan 2023-24 Delivery Plan.</b></p>	



<p><b>9.</b></p>	<p><b>Primary Care Group Chair’s Report</b></p> <p>AH presented the agenda item, the report was taken as read. Issues discussed include the Delivery Plan on GP access changes, which has now been published noting the challenge with demand for services.</p> <p>The Primary Care Group reviewed their terms of reference and will continue to review these in light of the new delegated responsibilities transferring over to the ICB namely Pharmacy, Optometry and Dental.</p> <p>Primary care visits to all GP practices highlighted issues and emerging themes such as access; demand and capacity; IT and abuse of staff. The Primary Care Group will continue to review this feedback with practices.</p> <p>It was asked if the feedback from the Primary Care Group to the LCP Board was effective and useful? CJ noted that we need to think of all the groups as not all groups are feeding into this board yet and there is good information from the Place Executive Group and People’s Partnership that may be beneficial to appraise the board on regularly. We need to think of a meaningful way of updating the board on sub-committees or sub-groups without just appending the notes.</p> <p>SP noted that Community Pharmacy is not invited to these meetings and it was suggested that they could be a quarterly attendee. CJ was in agreement with this and proposed a Seminar on Pharmacy, Optometry and Dental to think of how we can work together and to start to involve them in developing the system further. Pharmacy has strong links with public health.</p> <p><b>Action: LCP Strategic Board Seminar to be arranged.</b></p> <p><b>The Lewisham LCP Strategic Board noted the Primary Care Group Chair’s Report.</b></p>	<p><b>CJ/LH</b></p>
<p><b>10.</b></p>	<p><b>Risk Register</b></p> <p>CJ presented the agenda item.</p>	

	<p>Risk 338 was closed as part of the review on risks conducted by the ICB. For consistency it was felt that this was an issue rather than a risk and can be picked up through the Primary Care Group.</p> <p>Financial risks were reviewed – the financial challenge for ICBs and LCPs were noted. We need to make the best use of funding available, focus on prevention and reduce the waits for non-elective care. There is a savings programme in place to support with service development.</p> <p>Risk 337 was reviewed - initial safeguarding referrals are not being received from the two initial accomodation centres in Lewisham. It was noted that we do not commission these services, however the Home Office has met with Pentland House and work is ongoing.</p> <p>In response to a question, CJ confirmed that the direction of travel for some risks may not change once the required level of risk is achieved.</p> <p>SP raised a question on the risk of inflation pressures due to the economy and the impact on workforce. In response to this, CJ confirmed that this risk does feature on provider risk registers referencing the impact on the system.</p> <p><b>The Lewisham LCP Strategic Board noted the Risk Register.</b></p>	
<p><b>11.</b></p>	<p><b>Finance Update</b></p> <p>MC presented the agenda item. The report was taken as read.</p> <p>At month 12, the ICB has delivered all of its financial duties (subject to normal auditing processes) including £16k surplus against its total allocation, despite prescribing pressures of £12.7m driven by acuity and Category M drugs, which is a national issue.</p> <p>Lewisham’s delegated position at month 12 is overspent by £474k (0.4% of budget) for the full year 2022-23. This reflects an adverse movement of £548k from the month 11 forecast outturn. Prescribing costs have worsened in M12. Some non-recurrent costs include £116k for Urgent Care costs. The financial accounts for 2022-23 will be closed off at the next LCP Strategic Board meeting in July. The budget for 2023-24 is currently going through the final stages of governance.</p>	

	<p>The borough has a savings challenge for 2023-24 to optimise saving opportunities across the system.</p> <p>The group discussed reviewing the financial accounts of partners in the LCP as part of this agenda item. It was felt that it would be beneficial to also present the local authority, SLAM and LGT's financial reports for the overall position in the borough. MC will look into this and bring additional financials to the next meeting including monitoring for 2023-24.</p> <p><b>Action: MC to collate all partner financial reports for the next LCP Strategic Board meeting.</b></p> <p><b>The Lewisham LCP Strategic Board noted the Finance update.</b></p>	<b>MC</b>
<b>12.</b>	<p><b>Any Other Business</b></p> <p>No items raised.</p> <p>Meeting closed 15.53 hrs.</p>	

## Lewisham Local Care Partnership Strategic Board

Item 3  
Enclosure 2

<b>Title:</b>	<b>PEL Update Report</b>
<b>Meeting Date:</b>	<b>27 July 2023</b>
<b>Author:</b>	Ceri Jacob
<b>Executive Lead:</b>	Ceri Jacob

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

<b>Summary of main points:</b>	<p>This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.</p> <p><b>Management Cost Reduction Programme</b> 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.</p> <p>To achieve this reduction the ICB is running a 3-step process which aims to achieve the 30% reduction whilst also re-shaping the ICB to work most effectively within and ICS environment. With a reduction of this scale the ICB will need to focus on delivery of only its core and statutory functions. Where functions are delivered on behalf of the ICS more broadly, there will be a need for partners in the system to take on a bigger role than previously. Conversations are ongoing with partners in the ICS.</p> <p>Step-2 has now been completed. This step included 15 sessions with staff from all grades to test the definition of core for their function and to obtain their views on the options that emerged during Step-1.</p> <p>Step-3 will run from now until early October. Executive Directors will take the outputs of Steps-1 and 2 and use them to inform the restructure. Staff consultation will commence in early October. There will be further engagement with staff between now and October and support is available through the ICB Employee Assistance Programme.</p> <p><b>5Ps self-assessment and action plan development</b> Over the past few months the LCP Strategic Board has been supported to self-assess how we are working as an integrated board. The self-assessment element has now completed and at our board seminar in June we continued the work to</p>
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improve how we are working together using the InPlace 5Ps framework. We reviewed an outline action plan and agreed four critical development areas: strategy and planning, ways of working, shared records and information, and resources. Further work will be undertaken to fully populate the action plan to finalise detailed actions, timescales and leads. This will be presented to a later LCP Strategic Board for agreement.

**Corporate Objectives and Risk Appetite**

At its July public board meeting, SEL ICS approved a set of 6 corporate objectives to focus it’s work over the next year. These were developed through a process of engagement with Board members. There is a strong focus on prevention and reduction of the health inequalities that exist in SEL.

<u><b>Six SEL ICB 2023/24 Corporate Objectives</b></u>	
1. Increase the uptake of adult flu immunisation.	
2. Improve the health status of people with mental health conditions and learning disabilities where there is evidence of health inequalities.	
3. Increase uptake of screening for bowel cancer for adults.	
4. Increase uptake of screening for breast cancer.	
5. Increase uptake of screening for cervical cancer.	
6. Improve the detection and management of hypertension as a cardiovascular risk factor.	

The Lewisham LCP priorities are all compatible with the SEL ICB Corporate Objectives and will contribute to SEL’s overall achievement with these objectives.

<b>Any Potential Conflicts of Interest</b>	<b>Nil</b>		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	<b>x</b>	<b>Southwark</b>
	Equality Impact	Nil	
	Financial Impact	Nil	

<b>Other Engagement</b>	Public Engagement	<b>Not required for this paper</b>
	Other Committee Discussion/ Engagement	<b>NA</b>
<b>Recommendation:</b>	<b>To note the update</b>	

## Lewisham Local Care Partners Strategic Board Cover Sheet

**Item**                    **4**  
**Enclosure**           **3**

<b>Title:</b>	<b>Update on Lewisham’s Strategic Priorities</b>
<b>Meeting Date:</b>	<b>27<sup>th</sup> July 2023</b>
<b>Author:</b>	Jessica Arnold, Director of Delivery, SEL ICS (Lewisham)
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	To update the LCP Board on progress against the agreed actions that underpin the five Strategic Priorities agreed for Lewisham in early 2023.	Update / Information	<b>X</b>
		Discussion	<b>X</b>
		Decision	

**Summary of main points:**

In early 2023, Lewisham LCP Board agreed four strategic priorities across the Partnership; relating to primary and community care integration, families, health inequalities and workforce. These four priorities were shortly afterwards supplemented by the fifth priority of financial sustainability. These priorities were drawn directly from our public and stakeholder engagement, and are being delivered through the various workstreams within Lewisham LCP, e.g. UEC, Primary Care, Mental Health, CYP.

The enclosed presentation provides a succinct update on progress against a set of underpinning actions that will together deliver the five Lewisham strategic priorities. Full reporting of progress, milestones, risks, mitigations, finances, etc of these actions goes through the individual programme boards and steering groups that constitute Lewisham’s governance structure, and are overseen by the Lewisham Place Executive Group.

The Place Executive Group has undergone a review in recent months and has been relaunched to reflect partner and stakeholder feedback about how it can best serve as a bridge between operational level delivery groups and the LCP Board. The function of PEG therefore includes oversight of priority programmes, services and events within Lewisham LCP, with the balance struck between scrutiny and accountability, yet collaboration and supportiveness between partners.

**Potential Conflicts of Interest**

Nothing specific.

<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>	
	<b>Greenwich</b>		<b>Lambeth</b>	
	<b>Lewisham</b>	✓	<b>Southwark</b>	

	Equality Impact	n/a
	Financial Impact	n/a
<b>Other Engagement</b>	Public Engagement	The People's Partnership supports delivery of the Lewisham priorities.
	Other Committee Discussion/ Engagement	n/a
<b>Recommendation:</b>	To note the contents of the enclosure and discuss as relevant.	



## Lewisham Local Care Partners Strategic Board Cover Sheet

**Item**                    **5**  
**Enclosure**           **4**

<b>Title:</b>	<b>Five year forward view delivery plan for Primary Care in Lewisham</b>
<b>Meeting Date:</b>	27 July 2023
<b>Author:</b>	Ashley O'Shaughnessy
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	The purpose of this paper is to seek final approval of the Five year forward view delivery plan for Primary Care in Lewisham following presentation at the Lewisham Local Care Partnership Strategic Board on the 18 May 2023 and incorporation of comments made on the inclusion of metrics.	Update / Information	
		Discussion	
		Decision	X
<b>Summary of main points:</b>	<p>The Five year forward view delivery plan for Primary Care in Lewisham articulates the proposed direction of travel and outlines the priority areas for focus over the next 5 years.</p> <p>Following presentation of the plan at the Lewisham Local Care Partnership Strategic Board on the 18th May 2023, an updated version has now been drafted (v1.1) based on comments made and is being taken back to the board for final approval.</p> <p>The main changes are:</p> <ul style="list-style-type: none"> <li>Explicit reference to working with the Lewisham People's Partnership to support delivery of the plan</li> <li>Explicit reference to working with the local Voluntary and Community Sector (VCS) as part of the "Partnership/collaborative working" priority action</li> <li>Explicit reference to considering ethnicity when reviewing outcome/performance data to understand if there are any inherent inequalities that need to be addressed</li> </ul> <p>Further work will be undertaken on metrics to support the delivery and evaluation of the plan, looking at both direct/indirect quantitative and qualitative measures.</p> <p>Governance for the oversight and delivery of the plan will sit with the Lewisham Primary Care Group with regular update reports submitted to the Lewisham LCP Strategic Board.</p>		

<b>Potential Conflicts of Interest</b>	There are no immediate Conflicts of Interest, however this may occur for primary care providers on the board including One Health Lewisham and GPs as a result of the commissioning of services and use of funding to support delivery of the plan - any such conflicts will be identified and managed accordingly.		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
	Equality Impact	Delivery of the plan should support a reduction in health inequalities and indeed this is one of the specific priority areas included as part of the plan. This includes digital inclusion.	
	Financial Impact	Much of the financial resource that will support the delivery of the plan is associated with national contracts and programmes which come with dedicated funding sources. The plan will also be underpinned by an investment plan which will help inform how we prioritise any locally available discretionary funding.	
<b>Other Engagement</b>	Public Engagement	Although much of the plan is informed by broader national and local public engagement and feedback, we have not had the opportunity to directly engage with the local public around the plan. We intend to have more formal engagement with the public to further inform the plan, particularly working with the Lewisham People's Partnership which has now been made explicit as part of the plan.	
	Other Committee Discussion/Engagement	<ul style="list-style-type: none"> <li>▪ Lewisham Primary Care Group</li> <li>▪ Lewisham Primary Care Leadership Forum</li> <li>▪ Lewisham LMC</li> <li>▪ Lewisham Clinical Care and Professional Leads Meeting</li> <li>▪ Lewisham Place Executive Group</li> <li>▪ Lewisham Senior Management Team</li> <li>▪ Lewisham Local Care Partnership Board seminar (April 23)</li> <li>▪ Lewisham Local Care Partnership Strategic Board (18.5.23)</li> </ul>	
<b>Recommendation:</b>	<p>The Lewisham Local Care Partnership Strategic Board is asked to:</p> <ul style="list-style-type: none"> <li>▪ <b>Approve the updated Primary Care Development Plan</b></li> </ul>		

# Five year forward view delivery plan for Primary Care in Lewisham

Version 1.1

23<sup>rd</sup> May 2023

**FINAL**

## Introduction

- This Five year forward view delivery plan for Primary Care in Lewisham articulates the proposed direction of travel and outlines the priority areas on which we will focus over the next 1 – 5 years.
- The plan aligns with and complements national policy, the South East London Integrated Care System (ICS) strategy, the Lewisham Health and Care Partnership (LHCP) priorities and the Fuller Stocktake report and associated actions.
- The plan highlights the main areas where primary care is an enabler to wider system change and delivery of improved outcomes, especially regarding the four identified local partnership priorities - we will need to ensure that there are clear expectations of what each part of the system will need to achieve to contribute to this, including primary care.
- The plan identifies 6 priority areas which will be the focus of our work and details specific actions for 23/24 and 24/25 as well as intended outcomes in 5 years time.
- The plan also describes priority actions in the supporting enabler areas of Workforce, Digital, Estates and Data.
- More detailed plans will sit beneath this Five year forward view as needed which will also be underpinned by an investment plan.
- Governance for the oversight and delivery of the plan will sit with the Lewisham Primary Care Group with regular reports submitted to the Lewisham LCP Strategic Board to provide update.

# Lewisham borough

## Our population

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

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

## Health outcomes for our population

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

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

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

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

## Inequalities within our borough

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

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

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

## Overview of our current system

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

## Strengths / opportunities

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

## Challenges

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

## What we've heard from the public

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

## Working with the local population

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

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

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

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

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



# Our vision and objectives

## Our vision

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

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

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

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

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

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



# Primary care as an enabler

## Primary care as an enabler

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

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

# Our objectives and priority actions

## Our priority actions

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

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

# Priority action – detail

## Name of priority action

### Proactive and preventative care

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

## How we will secure delivery

Actions for 23/24

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

Actions for 24/25

- Implement our coordinated local approach to supporting residents to live healthily
- Develop approaches with the wider primary care family to further improve early identification of LTCs
- Review of social prescribing data to inform approaches to social determinants of health and impacts on primary care service delivery

## Intended outcomes in 5 years time

- Downward trend in emergency admissions for preventable illness stemming from undiagnosed chronic disease
- Achieving at least at the same level as the London average for cervical screening rates
- Achieving the expected prevalence levels for the main LTC areas
- Consistently achieving above the nationally set targets for SMI and LD health checks

# Priority action – detail

## Name of priority action

### Accessible care

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

## How we will secure delivery

Actions for 23/24

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

Actions for 24/25

- Implementation of same day urgent care services including clear communication to the public and wider system partners
- In-line with national policy, continue to work with PCNs to refine their Enhanced Access offer
- Implementation of new arrangements for the GP home visiting service
- Continue to strengthen links with the wider primary care family to support patients to access the right services at the right time, first time

## Intended outcomes in 5 years time

Reduced variation in access across Lewisham

The right balance of care to support individual patient needs – for example, continuity of care for patients with long term conditions and timely care for those with episodic or urgent needs

All patients have access to a range of appointments (in person or remote) to meet their needs and service locations are convenient if a face to face consultation is required

All patients know how to access the most appropriate service to ensure they receive the right care at the right time

Improved patient experience of all aspects of access

# Priority action – detail

## Name of priority action

### Co-ordinated care

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

### How we will secure delivery

Actions for 23/24

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

Actions for 24/25

- Implementation of the new single provider model for older adult care homes
- Implementation of the agreed local Integrated Neighbourhood Teams model and approach
- Implementation of the 3<sup>rd</sup> and final year of the PCN diabetes outcome scheme

### Intended outcomes in 5 years time

Integrated and coordinated neighbourhood teams in place and primary care clear on their role within these

Effective multidisciplinary working/teams in place following best practice

Improved outcomes for our patients with LTCs, particularly the diabetes 3TTs and 8 care processes

Reduced avoidable use of unplanned care and avoidable exacerbations of ill health

Embedded population health management approach in care delivery, using data and evidence to identify need and how to address it

At least 80% of patients who have an expected death to have a “universal care plan” in place

# Priority action – detail

## Name of priority action

### Sustainable primary care

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

## How we will secure delivery

Actions for 23/24

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

Actions for 24/25

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

## Intended outcomes in 5 years time

All primary care providers rated as a minimum at Good overall by the CQC or equivalent body

Reaffirming the importance of primary care as the corner stone of the NHS

Reduce variation between patient experience and outcomes irrespective of which practice/PCN a patient is registered with

# Priority action – detail

## Name of priority action

### Partnership/collaborative working

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

## How we will secure delivery

Actions for 23/24

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

Actions for 24/25

- Fully established Primary Care Leadership forum which is representative of the wider primary care family i.e. pharmacy, dental and ophthalmic services
- Review progress against the local “interface” action plan to evaluate impact of short term actions and ensure that medium/longer term actions are on track
- Review of the local charter to ensure appropriate and working for all parties
- Evaluation of the impact of the public engagement campaign and incorporation of any changes/additions as needed
- Proactively work with local pharmacy, dental and ophthalmic services to improve outcomes for the population

## Intended outcomes in 5 years time

Seamless pathways between services for patients and providers (including self referral options where appropriate) with reduced duplication, a clear understanding of each others services/roles/responsibilities and effective lines of communication

A well informed population who are clear on how to best utilise the whole range of local services and their roles and responsibilities as part of this

A truly unified primary care voice for Lewisham with clear lines of accountability, responsibility and decision making authority

The whole primary care family of general practice, pharmacy, dental and ophthalmic services working together collaboratively to improve outcomes for the local population



# Priority action – detail

## Name of priority action

### Inequalities

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

## How we will secure delivery

Actions for 23/24

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

Actions for 24/25

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

## Intended outcomes in 5 years time

A reduction in inequalities in key areas led by primary care including screening, immunisations and LTC identification and management

Levelling up outcomes and lived experience for those at highest risk of health inequalities / our most vulnerable population cohorts

Minimise patient digital exclusion in accessing and using services and ensure equitable alternatives for those who are not able/prefer not to utilise these tools and systems



# Enabler requirements

## Workforce

- Data-led workforce planning; understanding workforce profile (including ageing workforce) and developing practice, PCN and system plans in response
- Additional Roles Reimbursement Scheme (ARRS) – fully utilise PCN budgets, integrate staff within the system, ensure high quality and review the impact of these new roles
- Ensure continued links to the local Training Hub so available funding and opportunities are clearly promoted and maximised
- Support primary care to effectively manage violence and aggression towards staff from the public
- Working with system partners, support the recruitment and retention of staff, making Lewisham an attractive place to work and striving to keep those who train locally to stay in Lewisham
- Continue the work of our local practice nurse adviser team to support our local practice nurses to effectively undertake their roles including Continuing Professional Development (CPD)
- Launch a Lewisham primary care staff awards programme to recognise and celebrate excellence

## Estates

- Ensure a clear and prioritised plan for local primary care estates developments particularly in regard to our large multi-occupancy health centres
- Ensure primary care estates plans are fully integrated with wider system estates plans and strategies
- Ensure sufficient space is available to accommodate the growing number of PCN ARRS staff and that clear financial agreements are in place to underpin this
- Support practices and PCNs to centralise back office functions where beneficial to do so
- Ensuring a pipeline of prioritised schemes for the London Improvement Grant (LIG) and other capital funding opportunities
- Continue to support practices to digitise their patient records and reconfigure freed up space for clinical / service use as able

## Digital

- Facilitating improved patient access/experience by supporting practices to fully embed online/video consultation systems
- Supporting practices to optimise telephony systems to provide a high quality experience to patients
- Further improving on the utilisation of the NHS App across primary care
- Improving the quality and consistency of practice websites
- Supporting practices and PCNs to optimise access to patient records in a safe and robust way and so empowering patients to take control of managing their own health
- Working with system partners to integrate digital systems where possible and as a minimum ensure interoperability
- Efficient scaling and adoption of digitally sustainable solutions across the system
- Development and launch of local primary care intranet to support effective and timely access to up to date information and communications

## Data/business intelligence

- Accurate reporting of primary care activity - working with practices and PCNs to analyse, diagnose and facilitate how appointments should be mapped and coded to ensure accurate reporting in-line with the National Slot Categorisation
- Use of demand and capacity tools to improve insight at practice and PCN levels to ensure workforce and systems are optimised
- Use of local population health tool to help risk stratify and identify population cohorts for targeted support and intervention
- Robust data sharing arrangements in place to facilitate integrated care – including clear communication to patients to explain the benefits of data sharing

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

## Background and context

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

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

## Group objectives – from April 2023

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

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

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

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



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

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

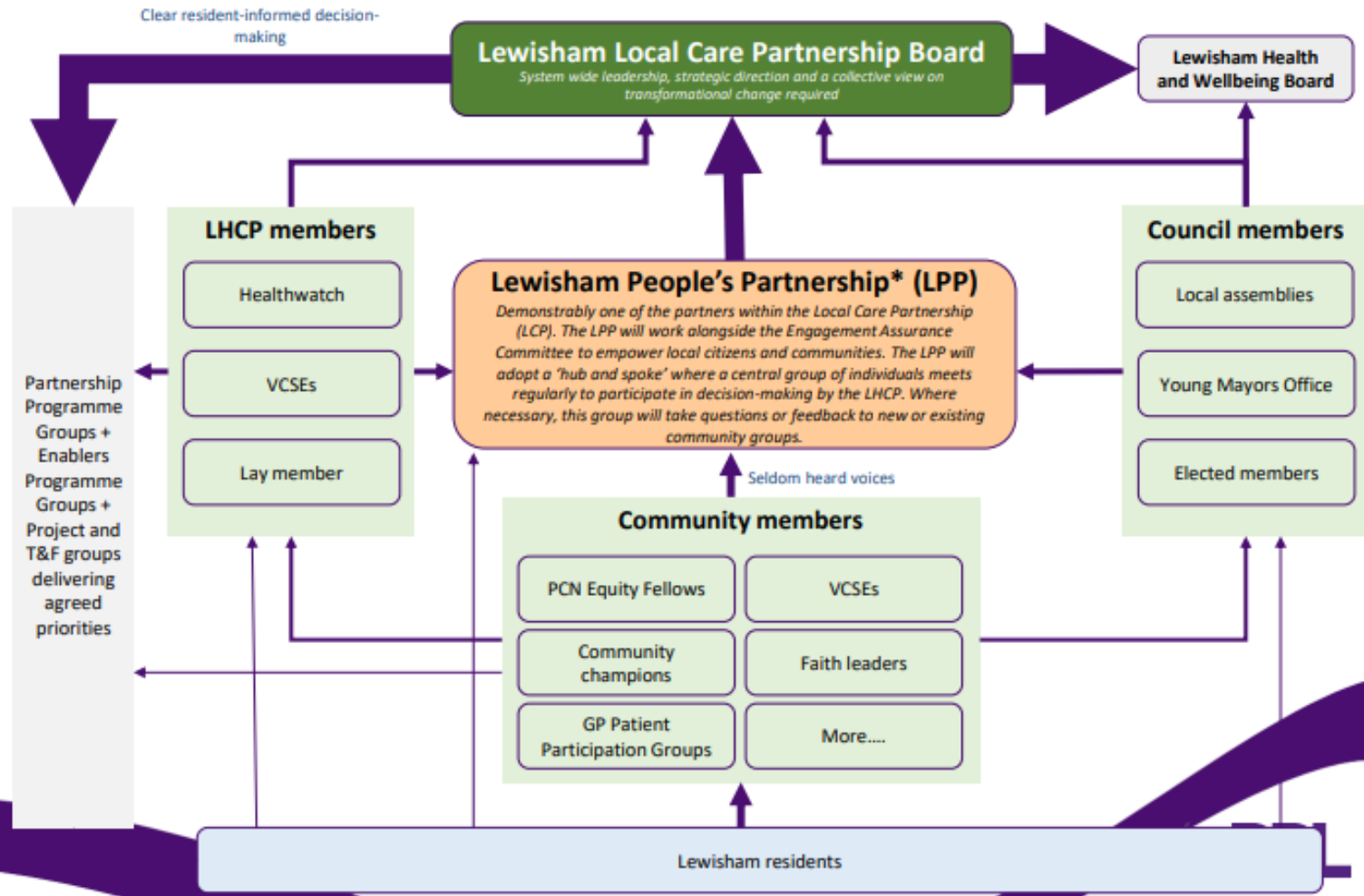
## How the LPP will amplify resident voices



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

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

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



# Metrics to track delivery

## Metrics to track delivery

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

Quantitative	Qualitative
<ul style="list-style-type: none"> <li>• CQC ratings</li> <li>• QOF outcomes</li> <li>• PCN Investment and Impact Fund (IIF) outcomes</li> <li>• Annual GP Patient Service results</li> <li>• Friends and Family Test</li> <li>• Immunisation rates</li> <li>• Cancer screening rates</li> <li>• LTC prevalence rates</li> <li>• Health check uptake rates (SMI/LD)</li> <li>• Workforce numbers in general practice</li> <li>• Appointment numbers in general practice</li> <li>• Referrals to the Community Pharmacy Consultation Service</li> <li>• End of life care plans in place</li> <li>• NHS App download numbers and utilisation statistics</li> </ul>	<ul style="list-style-type: none"> <li>• CQC reports</li> <li>• Healthwatch reports and feedback</li> <li>• Feedback from the Lewisham People’s Partnership</li> <li>• Feedback directly from the public</li> <li>• Formal complaints</li> <li>• Stakeholder surveys (within primary care and with wider system partners)</li> <li>• Quality Alerts</li> <li>• QOF Quality Improvement (QI) domain reports</li> </ul>



# Plan on a page

## Lewisham Primary Care Development Plan (SUMMARY)

Context	SEL ICS Strategy / Lewisham place-based priorities / Next steps for integrating primary care: Fuller Stocktake report / PCN DES			
Vision	The provision of high quality, integrated primary care services to support our local communities to equally live and remain well throughout their lives			
Delivering High Quality Care	<h3>How the model of primary care needs to change to improve our population's health and wellbeing</h3>			<h3>Sustainable Primary Care</h3>
	<p>The publication of 'next steps for integrating primary care: Fuller Stocktake report' creates a new vision and case for change for integrating primary care. The report recommends Integrated Care System (ICS) leadership at every level to support and enable local care partnerships (LCPs) to deliver three key changes to the way in which primary and community care services are delivered at neighbourhood / Primary Care Network (PCN) levels of the system. At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around three essential offers:</p> <ol style="list-style-type: none"> <li><b>streamlining access to care and advice</b> for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it;</li> <li><b>providing more proactive, personalised care with support from a multidisciplinary team of professionals</b> to people with more complex needs, including, but not limited to, those with multiple long-term conditions;</li> <li><b>helping people to stay well for longer</b> as part of a more ambitious and joined-up approach to prevention.</li> </ol> <p>This structure broadly aligns with the previous Lewisham Primary Care Development strategy 2016-21 which described the three pillars of proactive, accessible and coordinated care. It is suggested that we keep with this categorisation to maintain consistency and it is also felt that this is a easily understandable language that will help when engaging with wider stakeholders.</p> <p>Key elements on these three pillars are as below:</p>			<p>To include:</p> <ul style="list-style-type: none"> <li>GP Practices</li> <li>Super-partnerships and "multi-practice" partnerships</li> <li>Primary Care Networks (PCNs)</li> <li>GP Federation</li> <li>Need to also consider increasing direct engagement and collaboration with local pharmacy, dental and ophthalmic services</li> </ul> <p>Need to focus on unwarranted variation and support leadership development and protected time for team development</p>
	<h4>Proactive Care</h4> <p>Including:</p> <ul style="list-style-type: none"> <li>Co-ordination of vaccinations, screening and health checks</li> <li>Early identification (eg LTCs)</li> <li>Supporting healthy lifestyles and self-management</li> </ul>	<h4>Accessible Care</h4> <p>Including:</p> <ul style="list-style-type: none"> <li>Choice of access options (face to face, telephone, virtual)</li> <li>PCN Enhanced Access</li> <li>Integrated primary and urgent care including same-day access</li> </ul>	<h4>Co-ordinated Care</h4> <p>Including:</p> <ul style="list-style-type: none"> <li>Integrated neighbourhood working &amp; MDTs</li> <li>Risk stratification</li> <li>Care planning &amp; review</li> </ul>	<h3>Partnership/collaborative working</h3> <ul style="list-style-type: none"> <li>Within and between all primary care partners</li> <li>With the wider Lewisham system (e.g. council, LGT, SLAM)</li> <li>With the local population</li> <li>Existing PCN Forum has a key role to support a credible and coordinated united primary care voice</li> </ul>
Enablers	<h3>IT &amp; data</h3> <ul style="list-style-type: none"> <li>Online consultations / remote monitoring</li> <li>Population Health Management (Cerner)</li> <li>Data sharing across partners</li> </ul>	<h3>Estates</h3> <ul style="list-style-type: none"> <li>Plans at both individual practice and PCN level</li> <li>Support consolidation of back office functions</li> <li>Maximise opportunities through one public estate (OPE) programme</li> </ul>	<h3>Workforce</h3> <ul style="list-style-type: none"> <li>Maximise opportunities through the ARRS scheme</li> <li>Continue close working with the Lewisham Training Hub</li> <li>Focus on recruitment and retention</li> </ul>	<h3>Monitoring and evaluation</h3> <ul style="list-style-type: none"> <li>Patient feedback including GPPS and Healthwatch</li> <li>Quality dashboards (practice/PCN)</li> <li>QoF and other outcome measures</li> </ul>

## Lewisham Local Care Partners Strategic Board Cover Sheet

**Item**                    **6**  
**Enclosure**           **5**

<b>Title:</b>	<b>Family Hubs and Start for Life Programme</b>
<b>Meeting Date:</b>	<b>27 July 2023</b>
<b>Author:</b>	Lorraine Harker
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	To update the LCP Strategic Board on progress made on introducing Family Hubs to Lewisham	Update / Information	<b>X</b>
		Discussion	
		Decision	
<b>Summary of main points:</b>	Good progress has been made with the Family Hub in Clyde currently being piloted supported by partners from health visiting and midwifery and across the voluntary sector		
<b>Potential Conflicts of Interest</b>	<b>It was hoped that the Area 2 Family Hub could be based in Kaleidoscope, but we do not believe there is sufficient space available for all the Hub activities so are seeking an alternative location.</b>		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
	Equality Impact	Services are being tailored to local population.	
	Financial Impact	None at present as project is funded by DfE until March 2025, however in the future we would welcome discussion on how we can ensure Family Hubs is sustainable.	
<b>Other Engagement</b>	Public Engagement	None	
	Other Committee Discussion/ Engagement	Part of Integrated Neighbourhood Network	
<b>Recommendation:</b>			

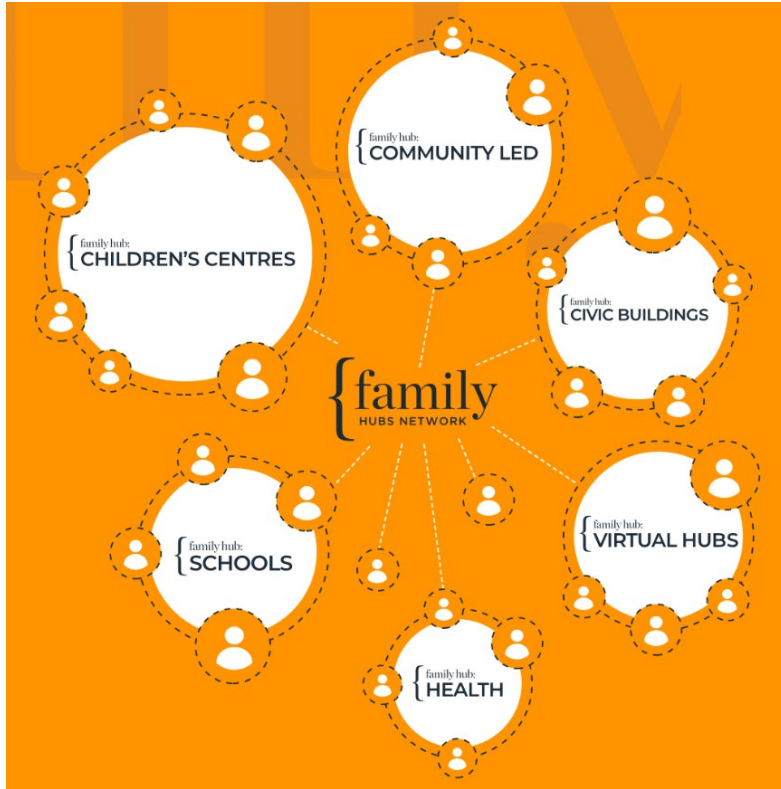
# **Family Hubs and Start for Life Programme**

**Local Care Partners  
Strategic Board**

**27th July 2023**



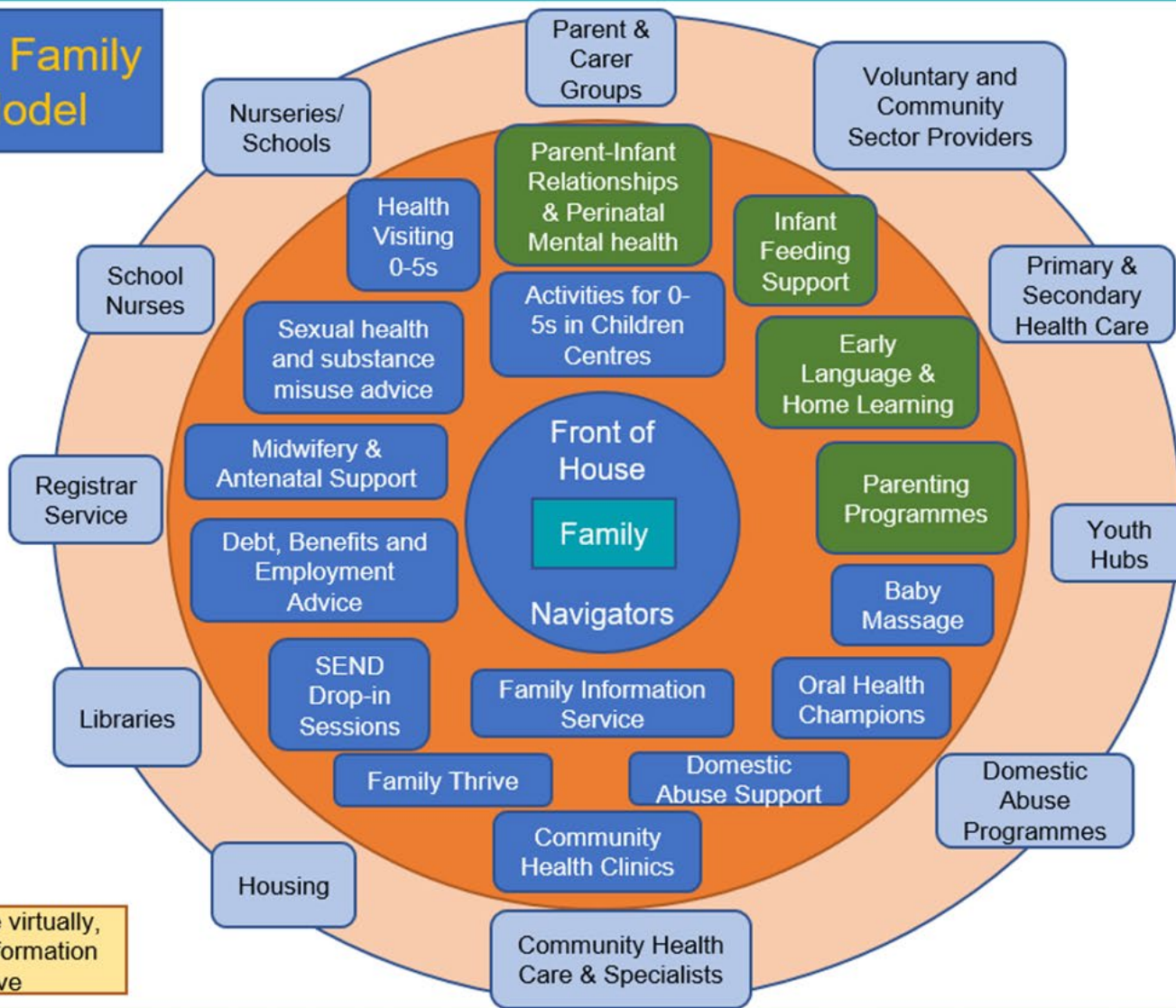
# What family hubs are?



- Lewisham is one of 75 LAs receiving funding from the DfE to March 2025 to introduce family hubs and the Start for Life Programme.
- Family hubs are **a place-based way of joining up locally in the planning and delivery of family services**. They bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. **(DfE)**
- Family Hubs offer support to families with children of all ages, which is **0-19 or up to 25 for those with special educational needs and disabilities**. **(DfE)**

[Family Hubs Video](#)

# Lewisham Family Hubs Model



## Key

Start for Life Programmes based in Family Hubs

Core services based in Family Hubs

Services in the Family Hubs Network

Services available virtually, including static information or interactive

- Birth Registration
- Debt & Welfare Advice
- Domestic Abuse Support
- Early Language and Home Learning Environment
- Education & Care Support
- Health Visiting
- Housing
- Infant Feeding
- Information on Early Home Offer
- LA 0-19 Public Health services
- Mental Health Services
- Midwifery/maternity
- Nutrition/Weight Management
- Oral Health
- Parent-Infant Relationships & Perinatal Mental Health
- Parenting Support
- Reducing Parental Conflict
- SEND Support & Services
- Stop Smoking Support
- Substance misuse support
- Youth Services

# Priority action from South East London Integrated Care System

## Name of priority action

- 1.1. To establish five Family Hubs in Lewisham which provide accessible, physical and virtual points of contact for families, children and young people aged 0-19 (or aged up to 25 for young people with special needs).
- 1.2 To deliver integrated pathways through family hubs

## How we will secure delivery

Actions  
for  
23/24

- June 2023 – Evaluate pilot of family hub (FH) in area 1 (Clyde Nursery) to test co-location of services. Intention to include midwifery, health visiting, perinatal mental health and speech and language therapy.
- Summer 2023 – Integrate further services into area 1 FH, and consider implementation of the integrated child health models linking hospital paediatrics and primary care. Open area 3 FH in Downs Children and Family Centre, based on findings from area 1 pilot.
- Autumn 2023 – Open FH in area 4 (Bellingham Children and Family Centre)
- Spring 2024 – Open FH in area 2 (location tbc). Likely to include a hub model for SEND and autism. Open 2<sup>nd</sup> FH in area 1 (Honor Oak Youth Centre)

Actions  
for  
24/25

- Evaluate impact of year 1 of family hubs on outcomes for families, children and young people, including on key health indicators evidencing access to and outcomes from services.
- Review provision across family hubs to ensure equal access to services, and make changes as needed
- Expand integrated child health models to cover all family hub areas
- Ensure plans are in place to make family hubs sustainable following end of grant funding in March 2025.

## Intended outcomes in 5 years time

By joining up and enhancing services through our family hubs, parents and carers in Lewisham will be able to access the support they need when they need it. The family hubs will be supported by a network of other services and families will be able to access information on services virtually or via outreach work.

Parents and carers will feel supported and empowered to care for and nurture their babies and children, ensuring they receive the best start in life.

This in turn will improve health and education outcomes for babies, children and young people and enable them to thrive, including:

- An X% increase in uptake and completion of vaccinations
- An X% increase in healthy weight
- An X% reduction in waits for CAMHS referrals

# Our pilot in Clyde Hub

- Soft opening 17<sup>th</sup> April 2023
- Formal launch 23<sup>rd</sup> May 2023
- Family Hub Manager recruited
- Regular pilot progress meeting held
- Temporary BSO and Navigator on site
- Will be evaluated in July 2023
- Consideration on use of Clyde as a paediatric outreach clinic



## Activities on site so far

- Advice and Guidance from Navigator
- Midwifery Antenatal Education Sessions, Clinics and Coffee Mornings
- Child Development Checks and Baby Weigh in clinic with Health Visitors
- Family Thrive (Early Help Services)
- DWP Job Clubs and Parent Employment Sessions
- Lewisham Works Employment Support
- Triple P Baby Parenting Programme
- Lewisham Refuge and Migrant Network
- Stay and Play including Drumbeat
- Baby Massage

## Activities to be come

- Athena Domestic Abuse Support
- SEND Drop ins



# Family Hub Sites

Clyde Hub

Honor Oak Hub

Bellingham Hub



Area 2 TBC

Downderry Hub

# Family Hubs and Spokes

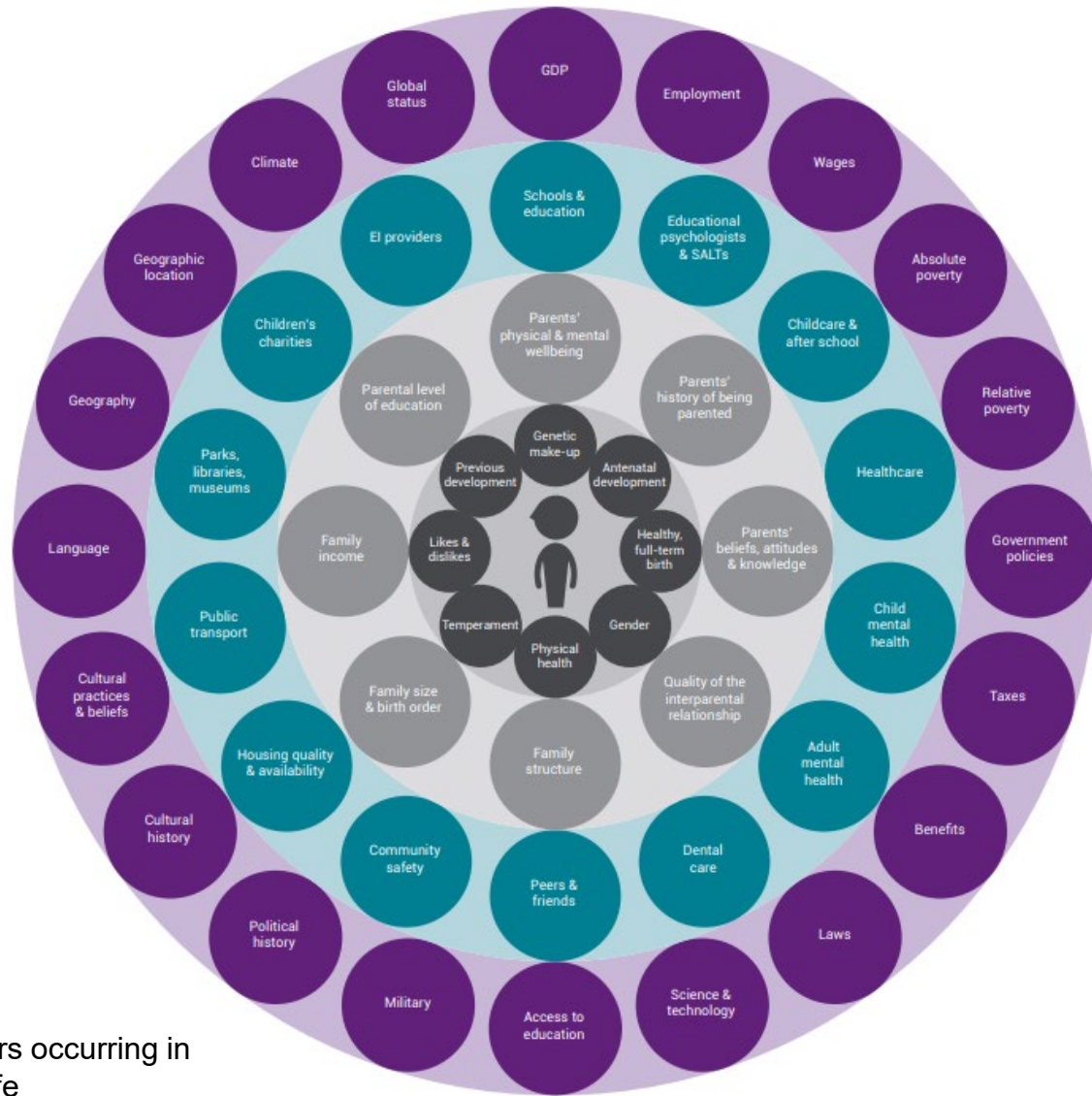
	Proposed Hub	Spokes
Area 1	Clyde Hub	Evelyn Children and Family Centre Richard MacVicar Adventure Playground Waldron Health Centre Woodpecker Youth Centre
Area 1	<u>Honor Oak Hub</u>	<u>Honor Oak Children and Family Centre</u> Honor Oak Health Centre Honor Oak Adventure Playground
Area 2	TBC	Catford Library Ladywell Fields Adventure Playground Ladywell Children and Family Centre Lee Health Centre Lewisham Shopping Centre (information) Lewisham Library Manor House Library Kaleidoscope (SEND)
Area 3	Downderry Hub	Bromley and Downham Youth Centre Downham Health and Leisure Centre Goldsmith Community Centre Grove Park Youth Centre Marvel Lane Primary Phoenix (Green Man) Torridon/Corbett Community Library
Area 4	Bellingham Hub	Bellingham Gateway Youth Centre Dumps Adventure Playground Forest Hill Library Home Park Adventure Playground Kelvin Grove and Eliot Bank Children and Family Centre TNG Youth Centre

# Next Family Hubs

- Area 3 Donderry Children's Centre – plans drawn up and being costed for use of existing creche space that provide room for Navigator, touchdown room for staff and partners and small meeting room. Other activities can take place in existing rooms
- Area 4 Bellingham Children's Centre – plans drawn up and being costed for Age UK space – will house Area 4 Health Visitors along with other staff and partners to facilitate integrated working and provide midwifery and health visitor medical rooms
- Area 2 TBC – Kaleidoscope visited, but available space too small for all Hub activities and for Autism Hub. Considering other locations in Area 2
- Area 1 Honor Oak Youth Club – plans draw up and being costed. Will include more secure, but welcoming reception area with reinforced glass security doors, meeting room and touchdown room for staff and partners

# Working with Health, Public Health and Council Business Intelligence Teams on Local Population Needs Assessment

- Posed questions to help us understand the needs in Lewisham based on risk factors for children
- Collected data to help answer questions
- Analysed data
- Tailor our Family Hub offer by location



Risk factors occurring in a child's life





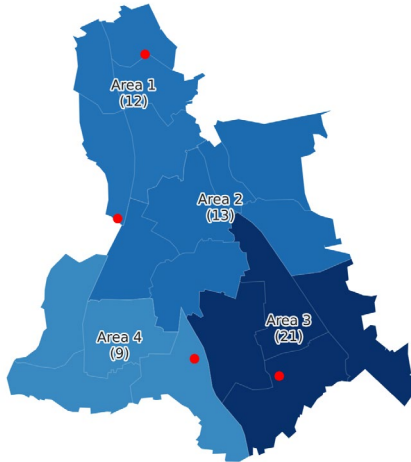
Infant feeding

Physical development  
Nutrition, growth, sensory and motor capabilities, physical fitness and illness

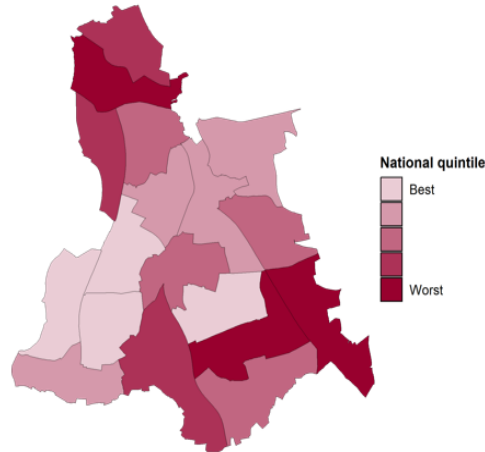
# What data is telling us - Infant Feeding

## Prevalence of obesity in Lewisham wards National Child Measurement Programme

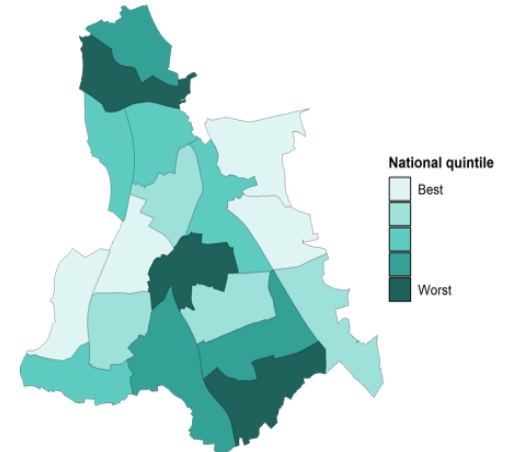
Newborns with low birth weight  
NHS 2022



Children in Reception (aged 4-5 years)



Children in Year 6 (aged 10-11 years)

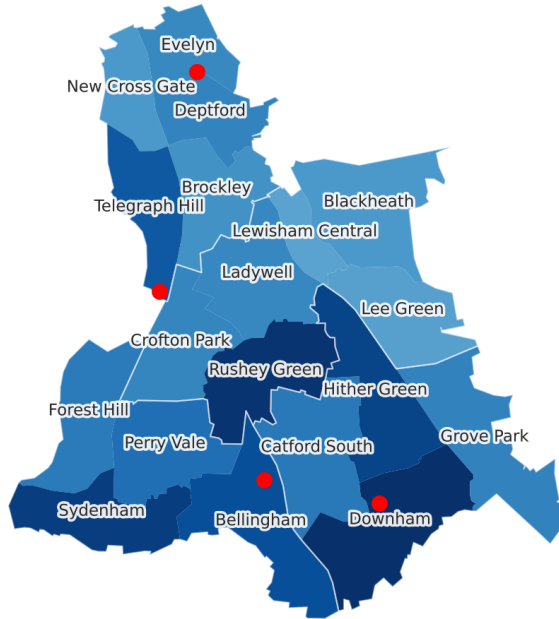




# What data is telling us – Perinatal mental health

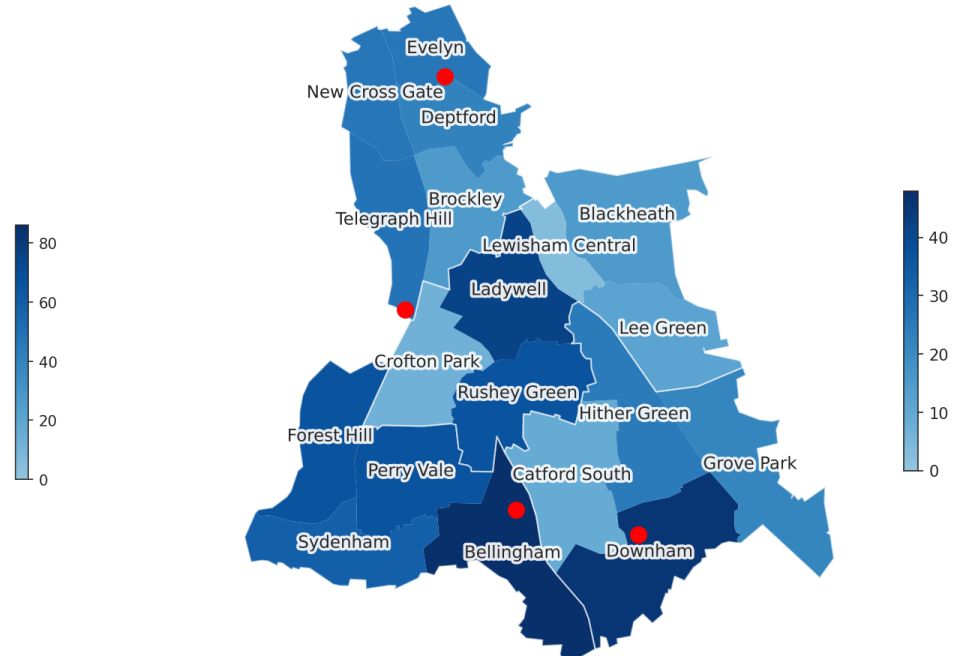
Parent/carer with mental health problems (cases)

MPR Assessments 1 Jan - 31 Dec 2022

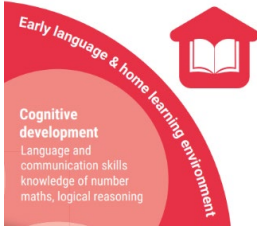


Child with mental health problems (cases)

MPR Assessments 1 Jan - 31 Dec 2022



# What data is telling us - Early language and home learning environment

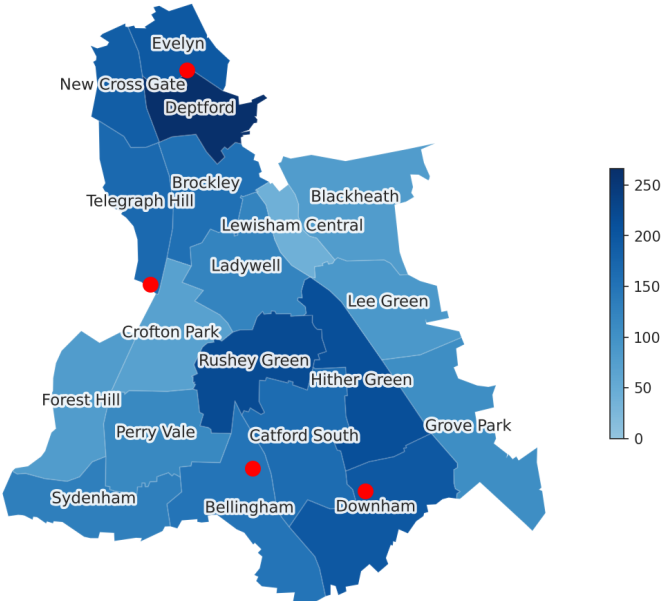


Overcrowding: households with fewer bedrooms than inhabitants

Pupils with education, health, and care plan

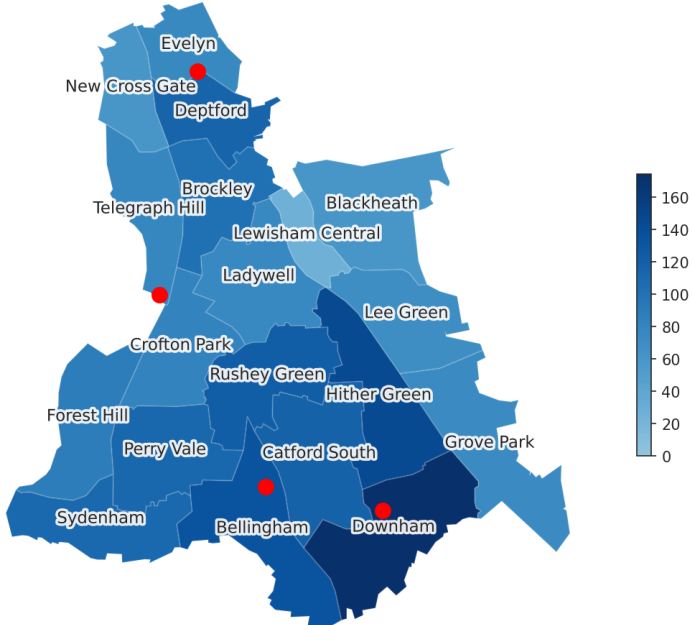
Occupancy rating: households with -2 bedrooms or less

ONS 2021 Census



Pupils with EHC Plan

Lewisham School Census Spring 2023, by ward of residence

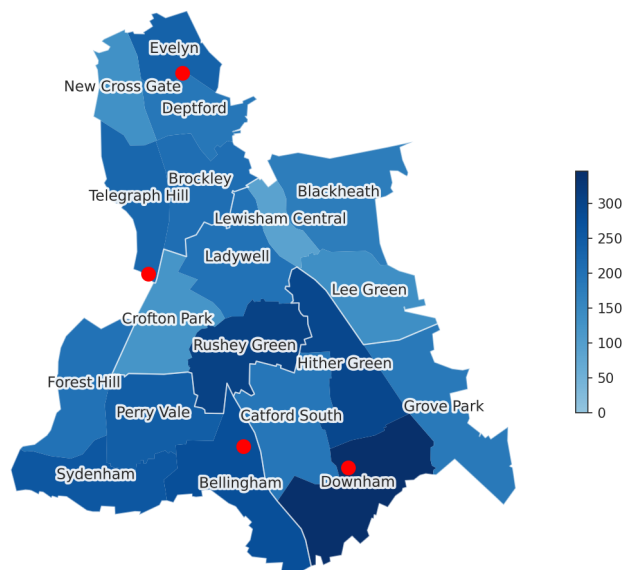


# What data is telling us – Parenting support



## Children's Social Care Assessments

January - December 2022

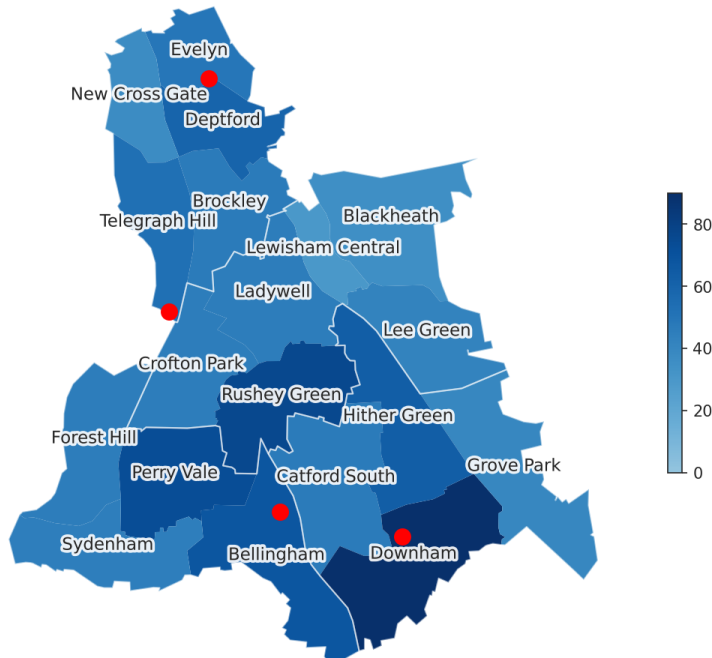


Ward	Hub	No. of Assessments	1B - Alcohol misuse: parent/ carer	2B - Drug misuse: parent/ carer	3B - Domestic abuse parent/ carer subject	4B - Mental health: parent/ carer
<b>Downham</b>	Area 3 - Downderry Hub	346	27	25	90	86
<b>Rushey Green</b>	Area 2 - TBC	306	21	26	76	83
<b>Hither Green</b>	Area 3 - Downderry Hub	295	31	23	63	75
<b>Bellingham</b>	Area 4 - Bellingham Hub	276	42	29	68	69
<b>Sydenham</b>	Area 4 - Bellingham Hub	259	26	23	45	78
<b>Perry Vale</b>	Area 4 - Bellingham Hub	243	24	21	73	51
<b>Evelyn</b>	Area 1 - Clyde/Honor Oak Hub	235	15	19	49	37
<b>Telegraph Hill</b>	Area 1 - Clyde/Honor Oak Hub	223	22	13	53	63
<b>Brockley</b>	Area 1 - Clyde/Honor Oak Hub	207	11	12	47	32
<b>Forest Hill</b>	Area 4 - Bellingham Hub	200	6	9	46	45
<b>Ladywell</b>	Area 2 - TBC	200	18	10	46	38
<b>Catford South</b>	Area 3 - Downderry Hub	189	9	8	47	46
<b>Deptford</b>	Area 1 - Clyde/Honor Oak Hub	187	8	14	60	40
<b>Grove Park</b>	Area 3 - Downderry Hub	184	24	17	40	41
<b>Blackheath</b>	Area 2 - TBC	176	8	9	35	28
<b>Lee Green</b>	Area 2 - TBC	134	12	7	42	23
<b>New Cross Gate</b>	Area 1 - Clyde/Honor Oak Hub	131	18	7	37	28
<b>Crofton Park</b>	Area 2 - TBC	121	22	11	46	39
<b>Lewisham Central</b>	Area 2 - TBC	89	11	9	30	22

# Domestic abuse

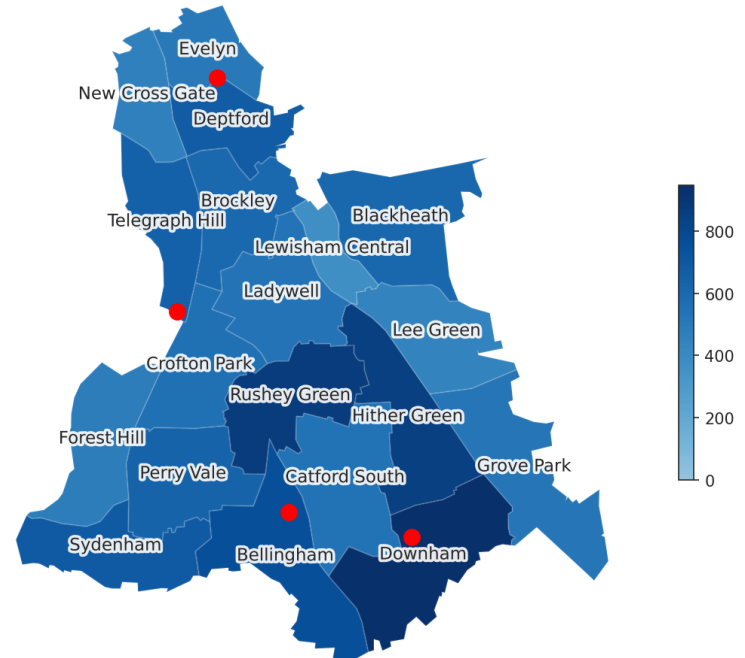
## Domestic violence by parent/carer (cases)

MPR Assessments 1 Jan - 31 Dec 2022



## Domestic abuse crime incidents

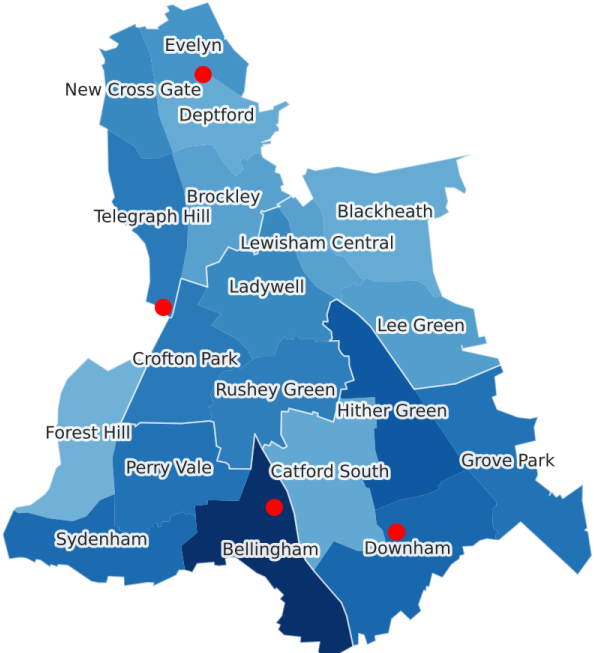
Metropolitan Police Service, 2021 and 2022



# Alcohol and drug misuse

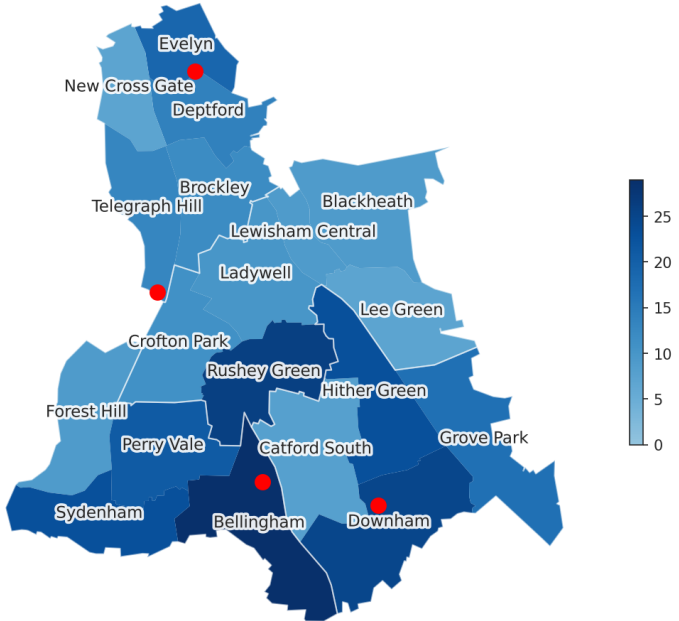
## Alcohol misuse by parent/carer (cases)

MPR Assessments 1 Jan - 31 Dec 2022



## Drug misuse by parent/carer (cases)

MPR Assessments 1 Jan - 31 Dec 2022



# What data is telling us about other areas - Under 18 conceptions higher than London and England (2020)

C02a - Under 18s conception rate / 1,000 2020 Crude rate - per 1,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	11,878	13.0	12.8	13.2
London region	↓	1,409	9.8	9.3	10.3
Lewisham	↔	74	16.5	13.0	20.7
Barking and Dagenham	↓	66	16.1	12.4	20.5
Havering	↓	69	15.5	12.1	19.7
Enfield	↔	91	14.7	11.9	18.1
Greenwich	↓	61	13.5	10.3	17.3
Bexley	↔	57	13.4	10.2	17.4
Hillingdon	↔	63	12.4	9.5	15.8
Waltham Forest	↔	52	12.1	9.0	15.9
Wandsworth	↔	45	12.0	8.7	16.0
Croydon	↓	80	11.3	8.9	14.0
Lambeth	↓	49	10.9	8.1	14.4
Brent	↔	55	10.4	7.8	13.5
Newham	↓	63	10.3	8.0	13.2
Hackney	↓	44	10.1*	7.4	13.6
Haringey	↓	44	10.1	7.3	13.5
Bromley	↔	55	9.8	7.4	12.8
Islington	↔	30	9.8	6.6	14.0
Hounslow	↔	41	9.3	6.7	12.6
Ealing	↔	45	7.8	5.7	10.5
Redbridge	↓	42	7.6	5.5	10.3
Southwark	↓	33	7.5	5.1	10.5
Camden	↔	30	7.3	5.0	10.5
Sutton	↓	26	7.1	4.7	10.5
Merton	↓	22	7.1	4.4	10.7
Tower Hamlets	↓	36	7.0	4.9	9.7
Barnet	↔	44	6.3	4.6	8.4
Harrow	↔	26	6.1	4.0	8.9
Kingston upon Thames	↔	17	5.7	3.3	9.2
Richmond upon Thames	↔	19	5.7	3.4	8.9
Kensington and Chelsea	↔	11	5.3	2.6	9.4
Hammersmith and Fulham	↓	9	3.6	1.6	6.8
Westminster	↔	10	2.7	1.3	5.0

## Individual risk factors associated with young women experiencing pregnancy before 18

- Free school meals eligibility:** a poverty indicator.
- Persistent school absence by year 9 (aged 14).**
- Slower than expected academic progress:** between ages 11-14 <sup>1</sup>.
- First sex before 16:** associated with higher levels of regret and no contraceptive use <sup>2</sup>.
- Looked after children and care leavers:** approximately 3 times rate of motherhood < 18 <sup>3</sup>.
- Experience of sexual abuse and exploitation** <sup>4</sup>.
- Lesbian or bisexual experience:** young lesbian or bisexual women are at increased risk of unplanned pregnancy <sup>5</sup>.
- Alcohol:** associated with under 18 conception and STIs, independent of deprivation <sup>6</sup>. One in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother <sup>7</sup>.
- Experience of a previous pregnancy:** 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions <sup>8</sup>.
- As with Adverse Childhood Experience analysis,** young people who have experienced a number of these factors will be at significantly greater risk <sup>9</sup>.

## Individual risk factors associated with young men experiencing fatherhood

- Young fathers are more likely than older fathers and than other young men to <sup>1</sup>:
- have been subjected to violent forms of punishment at home and are twice as likely to have been sexually abused
  - have pre-existing serious anxiety, depression and conduct disorder
  - have poor health and nutrition
  - drink, smoke and misuse other substances <sup>2</sup> : 1:6 young men under 25 accessing drug and alcohol services are young fathers <sup>3</sup>

# What conclusions can we draw from this?

- **Spatial inequalities** -- different needs in different parts of the Borough. Bellingham ward and other wards in Area 3 and 4 face an accumulation of pressures.
- **Infant feeding** – the risk factors tell us that children that are not breast-fed can become more obese. For Family Hub services this means that in areas with high levels of obesity we need to raise awareness of the positive affect of breast-feeding, and support parents with healthy eating for their children to reduce levels of obesity
- **Perinatal mental health** – Increased mental health pressures in the South (Areas 2, 3, 4). This coincides with increased alcohol and drug use, as well as high deprivation.
- **Early language and home learning environment** – Most overcrowding is in the urban North (Area 1), while pupils attending Lewisham settings with Special Educational Needs are more prevalent in the suburban South (Area 3.)
- **Parenting support** -- Social Care Assessments are more common in the South (Areas 2, 3, 4). We need to target parenting support in areas with high assessments such as Downham, Rushey Green, Hither Green and Bellingham.



# Key Milestones

Activity	Milestone
Soft launch of Family Hub pilot – Clyde Nursery in Area 1	17th April 2023
Family Hub webpages available	April 2023
Launch Party for Clyde Family Hub	23rd May 2023
1st Meeting of Parent-Carer Panel	18th July 2023
Evaluation of pilot	July 2023
Opening of Dowederry Family Hub (Area 3)	September 2023
Opening of Bellingham Family Hub (Area 4)	Autumn 2023
Opening of Family Hub in Area 2 (site TBC)	TBC
Opening of Honor Oak Family Hub (Area 1) 2nd Family Hub in Area 1 (Honor Oak Youth Centre)	Spring 2024

**Any Questions?**



## Lewisham Local Care Partners Strategic Board Cover Sheet

**Item** 7  
**Enclosure** 6

<b>Title:</b>	<b>Lewisham People’s Partnership - Update</b>
<b>Meeting Date:</b>	<b>27 July 2023</b>
<b>Author:</b>	Anne Hooper
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	To update the Lewisham Health and Care Partnership on the discussions and actions from the first Lewisham People’s Partnership meeting held on 11 <sup>th</sup> May 2023.	Update / Information	x
		Discussion	x
		Decision	

<b>Summary of main points:</b>	<p>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.</p> <p>The objectives of the Lewisham People’s Partnership are to:</p> <ul style="list-style-type: none"> <li>• Be an equal partner within Lewisham Health and Care Partnership and a key part of the leadership structure</li> <li>• Empower local people and remove the power imbalances that exists between statutory bodies and people and communities in Lewisham</li> <li>• Make sure that Lewisham Health and Care Partners is engaging people and communities in line with our shared model of engagement</li> <li>• 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</li> <li>• Make sure that the lived experiences and needs of people and communities in Lewisham drive local partnership decision making</li> </ul> <p>The first meeting of the Lewisham People’s Partnership was held on 11<sup>th</sup> May 2023 and discussed two main agenda items:</p> <ul style="list-style-type: none"> <li>• The co-development of a health and wellbeing charter – to focus on the first draft and start the process of developing a meaningful charter that identifies what is important to people, what to expect from services and collective responsibilities</li> <li>• The Lewisham Health and Care Partnership Forward Plan with a focus on the key issues and priorities that people and communities need to have addressed in future versions of the Forward View</li> </ul>
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	<p>Discussions regarding the co-development of a Health and Wellbeing Charter highlighted the consensus that it needed to acknowledge and take into account the diversity of Lewisham, how inequalities and inclusion are addressed, that it is meaningful and able to be held to account, it relates to what is important to people and communities in Lewisham, and that it has specifics and metrics not generalities.</p> <p>Discussions regarding the Lewisham Health and Care Partnership Forward Plan centred on what integration means for people, communities and the voluntary and community sectors as well as what it means for services, that the language in the plan made it difficult to understand what it meant and the difference it will make, more clarity on capacity, equality and evidence that the plan is succeeding in improving health and reducing inequalities, and how to sustain and continue to grow Lewisham’s vibrant voluntary and community sector.</p> <p>The discussions at the May meeting were fed back to the Healthier Communities Select Committee in July. 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 general public, with the acknowledgement that the charter is a companion to the revised Health and Wellbeing Strategy and will be focusing on the wider determinants of health.</p> <p>The next meeting of the Lewisham People’s Partnership will be on 25<sup>th</sup> July and will focus on:</p> <ul style="list-style-type: none"> <li>• Continuing discussions on co-development of the Health and Wellbeing Charter</li> <li>• To start discussions on the priorities of the Lewisham People’s Partnership, how we can work together to share items and how we can gather views more widely from our connections, communities and networks.</li> </ul> <p>The full discussions and actions from the May meeting of the Lewisham People’s Partnership are attached for further information.</p>			
<b>Potential Conflicts of Interest</b>				
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>	
	<b>Greenwich</b>		<b>Lambeth</b>	
	<b>Lewisham</b>	✓	<b>Southwark</b>	
	Equality Impact			
	Financial Impact			
<b>Other Engagement</b>	Public Engagement			
	Other Committee Discussion/ Engagement			

**Recommendation:**



*working together*

**LEWISHAM PEOPLE'S PARTNERSHIP**  
**Discussions and actions from the meeting held**  
**on 11<sup>th</sup> May 2023**

# Lewisham People's Partnership – Agenda for the meeting held on 11<sup>th</sup> May

1. Lewisham People's Partnership overview and objectives

2. What voices do we have at this meeting?

3. A proposal for a Lewisham Health and Wellbeing Charter:

This first draft starts the process of developing a meaningful charter that identifies what is important for people and communities in Lewisham to see included in a charter, what can we expect from services and what are our collective responsibilities?

4. Lewisham Health and Care Partnership Joint Forward Plan:

This is work that has been in development for some time and is near completion but is critical to a. achieving both substantial improvements in health and care outcomes and b. demonstrating how health and care inequalities will be reduced for people and communities in Lewisham. This is an opportunity for the People's Partnership to capture key issues and priorities that people and communities need to have addressed in future strategic decisions.

5. Actions and date of next meeting



## Agenda Item 1– Lewisham People’s Partnership Overview and Objectives

<p><b>The background and context to Lewisham People’s Partnership:</b>  Lewisham Health and Care Partnership consists of the organisations and people who are working together to change health and care in Lewisham for the better – Lewisham Council, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Hospital Trust, One Health Lewisham, General Practice, Lewisham Healthwatch, SEL ICS, commissioners and support teams.</p> <p>Our pandemic response highlighted the importance of local relationships in improving outcomes and showed the strengths of Lewisham’s people and communities, including significant levels of civic energy, a willingness to get involved in supporting better health and wellbeing for all, and the potential to engage in new ways. However, it also highlighted the ongoing inequalities across Lewisham and the complexity of or local systems which can challenge our ability to engage effectively with our many and diverse people and communities.</p>	<p><b>How it was formed:</b>  In December 2021, Lewisham Health and Care Partnership started work on co-developing a new model of engaging with people and communities in Lewisham.</p> <p>It involved individuals, communities, voluntary organisations, patient representatives, community champions, Lewisham Healthwatch, young mayors, health fellows along with members of Lewisham Health and Care Partnership.</p> <p>In May 2022 recommendations were approved by the Lewisham Health and Care Partnership Board agreeing to a new, shared model of engagement and to the establishment of a formal and public subcommittee of the Lewisham Health and Care Partnership Board – Lewisham People’s Partnership – to enable local people and communities to be supported in exercising power as equal partners in future change.</p>
<p><b>Lewisham Health and Care Partnership shared engagement approach:</b>  “We have worked together with residents, patients and community representatives, carers, service users, adults and young people, statutory services, voluntary and community sector partners to model the way in which we want to work in the future and to address previous inequalities in how we deliver health and care services in Lewisham.</p> <p>You have shown us that our approach to engaging with people and communities in Lewisham needs to move to shared, inclusive and longer-term approaches which reflect the priorities of our people and communities, the complexities of our lives and to ensure that local people are at the heart of our plans to improve health and wellbeing in Lewisham.”</p>	<p><b>Our engagement objectives:</b>  Lewisham Health and Care Partnership is committed to delivering the overall purpose of our shared engagement approach which is to:</p> <ul style="list-style-type: none"> <li>• Support people and communities to exercise power by creating the conditions where all individuals can contribute equally</li> <li>• Build trust through purposeful and consistent efforts to foster relationships and act on the feedback received</li> <li>• Enable participation by focusing on reducing current barriers (including around language, resources and culture, to engagement</li> <li>• Work together to achieve more with what we have recognising the limits on the funding, time and capacity available.</li> </ul>
<p><b>Lewisham’s People’s Partnership objectives:</b></p>	
<ul style="list-style-type: none"> <li>• Be an equal partner within Lewisham Health and Care Partnership and a key part of the leadership structure</li> <li>• Empower local people and remove the power imbalances that exist between statutory bodies and citizens and communities</li> <li>• Make sure Lewisham Health and Care Partnership is engaging with people and communities in line with our shared model of engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that local people are involved in Lewisham Health and Care Partnership’s work from services design to delivery and have the evidence to show this</li> <li>• And that lived experiences and the needs of Lewisham residents drive local partnership decision making</li> </ul>

## Agenda Item 2 – Voices at the meeting

Anne Hooper, Chair  
Alexandra Camies, South Lewisham Patient Participation Group  
Alex Tate, Community Connections  
Mark Browne, Wheels for Wellbeing  
Marsh Stitchnan, Lewisham Spealing LP  
Sheena Wedderman, BLG Mind  
Anthony Atherton, St Laurence  
Barbara Moore, Stanstead Lodge  
Michael Kerin, Healthwatch Lewisham  
Aaminah Verity, Health Equality Fellows  
Steve James, ICS  
Lauren Woolhead, ICS  
Charles Malcolm-Smith, ICS  
Leonie Down, Lived experience, SLaM  
Jack Emsden, St. Christopher's Hospice  
Faith Smith, Parents/Carers BME Patients  
Fiona Derbyshire, All People  
Sophie Gregory, Migrants & Refugees  
Molly Pritchard, Mental Health

### Agenda Item 3 – Draft Lewisham Health and Wellbeing Charter

This agenda item was introduced by Charles Malcolm-Smith, People and Provider Development Lead, South East London Integrated Care System (Lewisham).

The focus on this first draft of the Lewisham Health and Wellbeing Charter – *see copy on the next page* – was to use it to start the process of developing a meaningful charter that identifies what is important for people in Lewisham to see included in a charter, what can we expect from services and what are our collective responsibilities?

**Following discussion, the meeting gave the following responses to this first draft of the charter:**

#### Overarching views:

For the proposed charter to serve its purpose there must be clarity on:

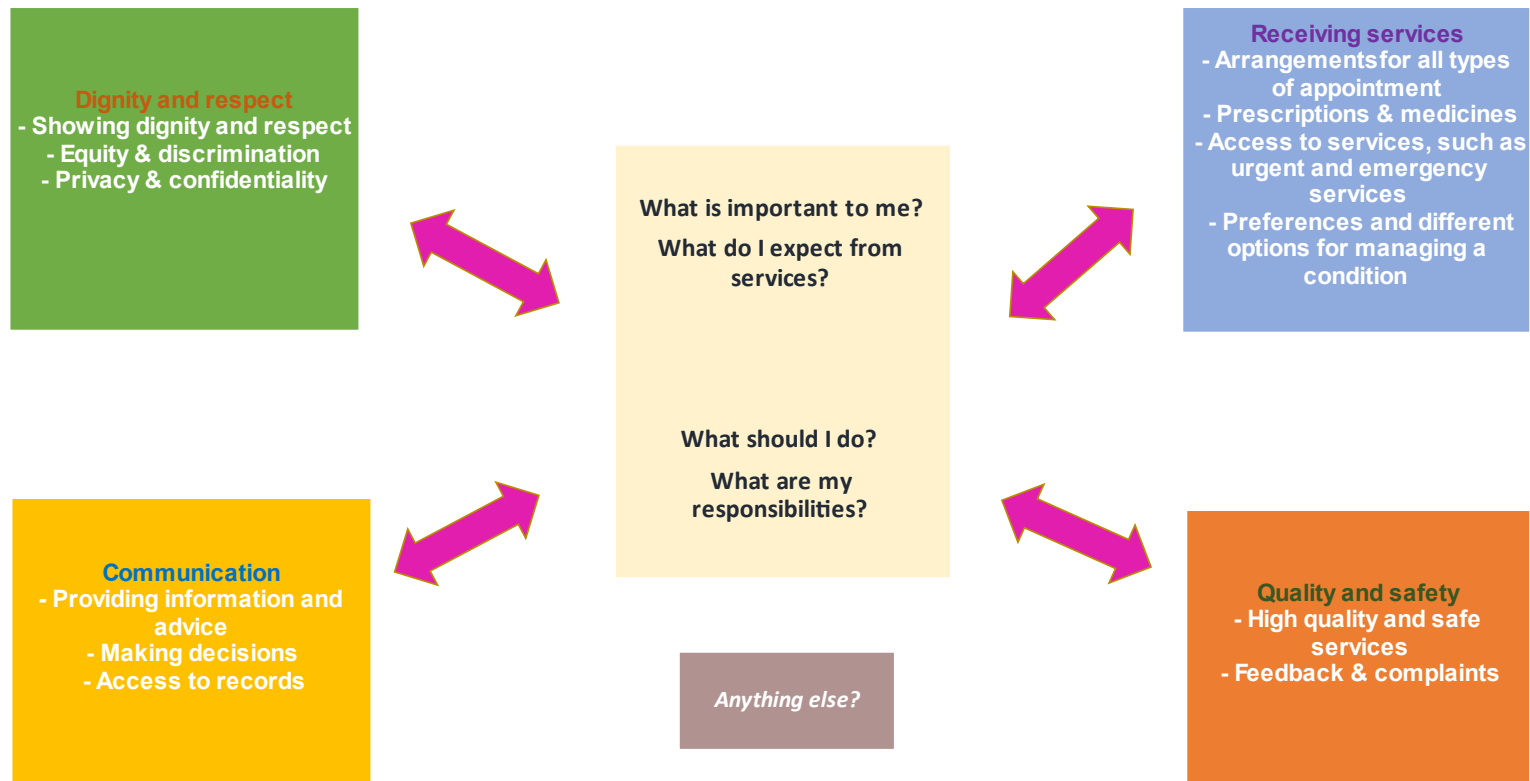
- What is important to people and communities' matters – what are the main priorities that we need in a health and wellbeing charter?
- How services acknowledge and take into account the diversity of Lewisham
- How inequalities and inclusion are addressed (BLACHIR, homeless, refugees, deprivation)
- The accountability and the power that members of the population would have if its terms are not being upheld
- Specifics and metrics – we don't need more generalities
- Open conversations on what can be provided – what capacity is in the system

#### Other elements needed in the charter:

- There is dignity and respect, and interactions are culturally and faith appropriate
- Partnership working that links health and social care and the wider system such as housing and safeguarding
- Information is accessible to all
- Services are individualised and co-produced
- Use of digital technology does not exclude people
- Privacy and confidentiality mean information is not shared inappropriately with other agencies
- Development of community assets to optimise welfare and benefit
- Increased scope for self-referral to services
- Recognition for carers (paid and unpaid)

## First Draft of Lewisham Health and Wellbeing Charter

# Lewisham Health & Wellbeing Charter



## Agenda Item 4 – Lewisham Health and Care Partnership Forward Plan

This agenda item was introduced by Charles Malcolm-Smith, People and Provider Development Lead, South East London Integrated Care System (Lewisham).

Charles acknowledged that this plan - in development for some time and nearing completion - is critical to achieving both substantial improvements in health and care outcomes and for demonstrating how health and care inequalities will be reduced for people and communities in Lewisham.

The focus of discussion at this meeting of the People’s Partnership is to capture the key issues and priorities that people and communities need to have addressed in future versions of the forward view.

**Following discussion, the meeting gave the following responses to what their key issues and priorities are:**

Key issues for future versions of the joint forward view:	Priorities for future versions of the joint forward view:
<ul style="list-style-type: none"> <li>• The language makes it difficult for people and communities to understand what it all means and the difference it will make</li> <li>• Feels like it has all been said before</li> <li>• Needs to be health and care – feels more health than care</li> <li>• What does integration mean for people, communities and the community and voluntary sectors?</li> <li>• What does integration mean for services?</li> <li>• The new Lewisham Health and Care Partnership needs to get up and running</li> <li>• It’s important to concentrate more on the HOW (engaging people and communities, co-production, lived experiences) than the WHAT</li> <li>• The reduction in support groups available to people and communities</li> <li>• Entry level roles sounds like</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity on what services people are entitled to</li> <li>• Building capacity and dignity with communities</li> <li>• What capacity is there to work with in the future and how do we prioritise together?</li> <li>• Holistic models of care with community diagnostic centres</li> <li>• How will we know that the plan is succeeding in improving the health and care of people and communities and reducing inequalities</li> <li>• Funding equality in all areas of Lewisham</li> <li>• How to sustain and grow the vibrant voluntary and community sector in Lewisham</li> <li>• How do people and communities have a say in enabling budgets to be stretched in ways that support effective service delivery</li> </ul>

## **Agenda Item 5 – Actions and date/location/suggested agenda for the July 2023 meeting of the Lewisham People’s Partnership**

A note of the discussions at the meeting and actions arising will be sent to all those at the meeting and to the Lewisham People’s Partnership mailing list as well as being posted on the Lewisham People’s Partnership web page.

The meeting agreed to share the note of the discussions and actions with their networks and connections.

The discussions at the meeting and the actions arising will be shared with the Lewisham Health and Care Partnership for consideration and to influence ongoing discussions.

The next meeting of Lewisham People’s Partnership will be on 25 July 2023 at time. 2pm at location Lewisham Local. Unit C, Place/Ladywell, 261 Lewisham High St, SE13 6NJ

### **Suggested agenda items to be included in the July meeting:**

- **further development of the Lewisham Health and Wellbeing Charter – building on the responses from the 11<sup>th</sup> of May meeting**
- **to start discussions on the priorities of the Lewisham People’s Partnership, how we can work together to share items and how can we gather views more widely from our connections and networks.**

## Lewisham Local Care Partners Strategic Board Cover Sheet

**Item**                    **8**  
**Enclosure**           **7**

<b>Title:</b>	<b>Lewisham Primary Care Group – Chairs’ Report</b>
<b>Meeting Date:</b>	27 July 2023
<b>Author:</b>	Chima Olugh, Primary Care Commissioning Manager (Lewisham).
<b>Primary Care Group Chair</b>	Anne Hooper.
<b>Executive Lead:</b>	Ceri Jacob, Lewisham Place Executive Lead.

<b>Purpose of paper:</b>	<p>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 providers.</p> <p>The Group also provides guidance to the Lewisham Local Care Partnership on key primary care priorities.</p>	Update / Information	<b>X</b>
		Discussion	
		Decision	

<b>Summary of main points:</b>	<p>This report contains key topic areas from the Group’s meetings held in May and June 2023.</p> <p><b>1. Capacity and Access Payment.</b></p> <p>The aim of the Capacity and Access Payment is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access.</p> <p><b>2. Delivery Plan for Recovering Access to Primary Care.</b></p> <p>NHS England has published its “delivery plan for recovering access to primary care”. The plan aims to tackle some of the pressures facing GPs and other services as they work to get back to normal after the pandemic.</p> <p><b>3. Lewisham Staff Awards.</b></p> <p>The Lewisham Primary Care team plan to host a Lewisham wide GP practice staff awards event.</p> <p>The event will celebrate staff excellence and endeavour and is an opportunity for people to get together during what has been and continues to be a difficult time.</p> <p>Agreed date set for the event is Friday 8th December 2023.</p>
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	The Rivoli Ballroom in Crofton Park has been secured for the event.		
<b>Potential Conflicts of Interest</b>	<b>Not Applicable</b>		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	<b>X</b>	<b>Southwark</b>
	Equality Impact	<b>Capacity and Access Payment and the Delivery Plan for Recovering Access to Primary Care:</b> Both plans will help ensure everyone can access general practice when necessary and improve patient experience.	
	Financial Impact	None	
<b>Other Engagement</b>	Public Engagement	None	
	Other Committee Discussion/ Engagement	NA	
<b>Recommendation:</b>	<b>The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.</b>		

## **Lewisham Primary Care Group Chairs' Report**

### **1. Capacity and Access Payment**

The aim of the Capacity and Access Payment (CAP) is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

The CAP consists of two parts:

- a. **National Capacity and Access Support Payment:** 70% of funding will be unconditionally paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24.
- b. **Local Capacity and Access Improvement Payment:** Part or all of 30% of the funding will be paid to PCNs based on commissioner assessment of a PCN's improvement in three areas over the course of 2023/24. The maximum a PCN could earn is £1.185 multiplied by the PCN's Adjusted Population as of 1 January 2023.

ICBs, PCNs and member practices need to co-develop a local improvement plan which sets out the current position across the PCN and changes they intend to make.

The three key areas for improvement are:

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

The ICB has provided the six PCNs with baseline data to support their planning.

Improvement plans will need to address any identified barriers to improvement and/or wider support required and link to local support offers for integrated primary care and need to be submitted to the ICB by the 30<sup>th</sup> June 2023. PCNs and the ICB will then review the plans through July before final sign off.

Once plans have been signed off the ICB will monitor PCN improvement against their current position during 2023/24 (providing support where necessary).

Based on the PCN's improvement in the three key areas, ICBs will assess the appropriate value of funds to be released, after 31 March 2024.

The Group monitor improvement throughout the year against PCN plans.

### **2. Delivery Plan for Recovering Access to Primary Care**

NHS England has recently published its "Delivery plan for recovering access to primary care".

The plan acknowledges that access is not just a general practice issue and includes detail on how wider stakeholders can support with improvement.

The [plan](#) cuts across the CAP and also builds on the Fuller report, [Next steps for integrating primary care](#) and forms part of a commitment to improve access to general practice.

The plan aims to tackle some of the pressures facing GPs and other services as they work to get back to normal after the pandemic.

### 2.1 The plan sets out two ambitions:

- a. To tackle the 8:00 am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment.
- b. For patients to know on the day they contact their practice how their request will be managed setting three categories;
  - i. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
  - ii. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
  - iii. Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

### 2.2 The plan also seeks to support recovery by focusing on four areas:

2.21 **Empower patients** to manage their own health as follows:

- Improving information and NHS App functionality
- Increasing self-directed care (self-referral pathways), and
- Expanding services offered from community pharmacy i.e. to introduce a “Pharmacy First” service for patients where pharmacists will have the ability to supply prescription only medicines under a Patient Group Directions to treat specific ailments. There will also be an expanded role in blood pressure checks and oral contraceptives.

### 2.22 **Implement Modern General Practice Access**

This will help tackle the 8am rush, provide rapid assessment and response, and avoid directing patients to ring back another day to book an appointment. There are three components to achieving Modern General Practice Access, mainly;

- The transition to digital telephony (which will include queuing, call-back and call routing and integrates with current systems).
- High quality online consultation, messaging and booking tools for general practice (simpler online requests)
- Higher quality digital tools to support the rapid assessment required at the first point of contact.

### 2.23 **Build capacity**

This will help deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed. The aim is to have;

- larger multidisciplinary teams
- more new doctors
- retention and return of experienced GPs
- higher priority for primary care in housing developments.

## 2.24 **Cut bureaucracy**

This will help reduce the workload across the interface between primary and secondary care so practices have more time to meet the clinical needs of their patients.












Full details of the plan can be found here; [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk)

## 3. **Lewisham Staff Awards**

- The Group was informed of plans to by the Lewisham Primary Care team to host a Lewisham wide GP practice staff awards event.
- The event will be in the form of a staff excellence event for general practice and is an opportunity for people to get together during what has been and continues to be a difficult time.
- The event will also be an opportunity to show a small token of appreciation for staff who work in general practice and a good way to celebrate achievement.
- The Rivoli Ballroom in Crofton Park has been secured at no cost.
- Agreed date for the event is Friday 8<sup>th</sup> December 2023.
- A panel will be established to go assess nominations.
- The Group agreed the event is a good idea and will help maintain the good relationships with general practice.

## Lewisham Local Care Partners Strategic Board Cover Sheet

Item **9**  
Enclosure **8**

<b>Title:</b>	<b>Risk Register</b>			
<b>Meeting Date:</b>	Thursday 27 July 2023			
<b>Author:</b>	Cordelia Hughes			
<b>Executive Lead:</b>	Ceri Jacob			
<b>Purpose of paper:</b>	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		
<b>Summary of main points:</b>	<b>1.Current Status, Direction of Risk and current Risk Appetite Levels</b>			
	<b>Risk Type</b>	<b>Risk Description</b>	<b>Direction of Risk</b>	<b>*Risk Appetite Levels</b>
	<b>Financial</b>	<b>448.</b> Savings Target - Identification & delivery of savings		Open (10-12)
	<b>Financial</b>	<b>449.</b> Absorption of cost pressures		Open (10-12)
	<b>Strategic</b>	<b>334.</b> Inability to deliver revised Mental Health Long Term Plan trajectories.		Open (10-12)
	<b>Financial</b>	<b>335.</b> Financial and staff resource risk in 2023/24 of high-cost packages through transition. This is a recurring annual risk.		Open (10-12)
	<b>Governance</b>	<b>347.</b> Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.		Open (10-12)
	<b>Clinical, Quality and Safety</b>	<b>377.</b> All Initial accommodation centres including Lewisham Pentland House and Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.		Cautious (7-9)
	<b>Governance</b>	<b>359.</b> Failure to deliver on statutory timescales for completion of EHCP health assessments.		Open (10-12)
	<b>Clinical, Quality and Safety</b>	<b>360.</b> Failure to deliver on statutory timescales for completion of ASD health assessments.		Cautious (7-9)
<b>Key - Direction of Risk</b> *refer to risk appetite statement 23/34 for level descriptions.				
 Risk has become worse.				
 Risk has stayed the same.				
 Risk is improving.				

	<p><b>2.Process</b> All risks have all been re-worded as part of the ask from the SEL ICB Assurance Team. Risks are discussed on a monthly basis via the Risk Forum chaired by the Chief of Staff. Key areas for discussion at the next risk forum relates to key themes around current workforce risks and what, if any, mitigations can be implemented in the interim.</p> <p><b>3. Risk Appetite Statement and Levels</b> At its July board the ICB approved a risk appetite position. 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.</p> <p>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.</p> <p><b>4.New Risks</b> None</p> <p><b>5.Key Themes:</b> The key themes from the risk register relate to finance/budgetary impact, workforce limitations and quality of care around successful delivery of services.</p>		
Potential Conflicts of Interest	N/a		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	Yes	
	Financial Impact	Yes	
	Public Engagement	Yes	
Other Engagement	Other Committee Discussion/ Engagement	<p>Risks are allocated for a deep dive and discussed at the Lewisham weekly Senior Management Team meetings and monthly Extended SMT.</p> <p>The risk forum will operate with representatives from all ICB directorates and LCPs, and the ICB's risk specialists such as the Assurance Team. It will be 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 will also support the smooth escalation</p>	

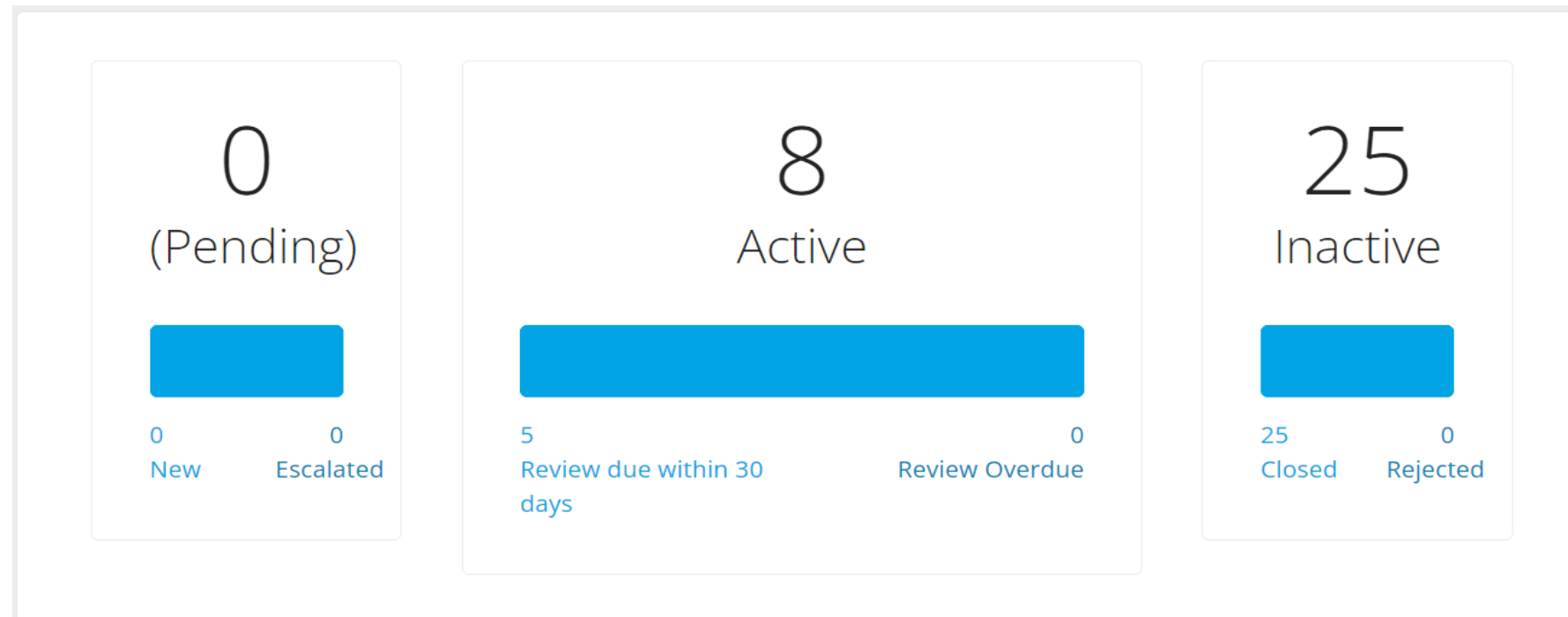
	<p>of risks from LCP to SEL levels and vice-versa. In addition, changes have been implemented to the risk management framework which summarises the key changes proposed to the ICB's risk management framework for 2023/24.</p> <p>The risk register is a standardised agenda item at the Lewisham Health &amp; Care Partners Strategic Board.</p>
<p><b>Recommendation:</b></p>	<p>The Lewisham Health &amp; Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL.</p> <p>The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF.</p>



Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of Risk	Risk Owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
<b>Finance</b>													
448	Financial	Savings Target - Identification & delivery of savings	The ICB, Lewisham has a minimum efficiency target of 4.0% for 2023/24 currently estimated at c. 14.2%. Efficiency schemes to deliver this target have not yet been fully identified. There is a risk that the delegated borough budget will be exceeded if sufficient efficiency savings cannot be identified and delivered in the financial year 2023/24.	3x2=6	3x2=6	2x2=4	Open (10-12)	↔	Car 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 close-down process. Monthly financial reports for ICB 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.	There are no currently identified control gaps.
449	Financial	Absorption of cost pressures	The ICB Lewisham is facing material cost pressures in 2023/24 associated with the potentially continuing impact of CAMNCBSO drug pricing on prescribing budgets, and the impact of significant increases in Any Qualified Provider (AQP) rates on continuing healthcare budgets. There is a risk that the delegated borough budget will be exceeded if these cost pressures cannot be fully mitigated.	3x2=6	3x2=6	2x2=4	Open (10-12)	↔	Car 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 close-down process. Monthly financial reports for ICB and external reporting Implement efficiency plans to maximise part year effect on expenditure run rates in 2023/24. 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.	There are no currently identified control gaps.
<b>Commissioning</b>													
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. This is caused by limited access, increased demand, 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 health inequalities.	3x3=9	2x3=6	2x2=4	Open (10-12)	↔	Karen Gregory Heath Burdett	1. Outcomes framework measure for Community Mental Health Transformation (CMHTS) 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. 4. Continue to implement the CMHTS transformation plan and local priorities for year 3 (2023/24).	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 provide alliance ambition)	1. Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMI. 2. Increased scrutiny on recruitment process for CMHTS workforce expansion at both place and SEL. 3. Re-establish alliance sub-groups for improved oversight and ownership i.e. CHC 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 waiting care or with behaviour which is significant challenging in children's services. Also, the impact of 2023 eligible patients leaving day schools in 2024 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.	3x3=9	4x3=12	4x2=8	Open (10-12)	↔	Karen Gregory Heath Burdett	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 started 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 ICB/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.
<b>Primary Care</b>													
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	3x2=6	Open (10-12)	↔	Car Jacob Christine Mulholland	1. KPIs and data set in place. 2. The Designated Doctor and medical colleagues undertake all the IHAs. 3. No named nurse for CLA sites is being covered once a week on rota by Specialist Nurse for Care Leavers. Recruitment ongoing. 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 DfAs). 9. The Steering Group set up by local authority and health will also look at initial health assessments and out of Borough placed children	Statutory guidance in place. IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently D Dr and adoption medical officer as well as other medical 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 D Dr and adoption medical officer as well as other medical 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 including Lewisham Pentland House and Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.	Initial Accommodation Centres- Pentland House and Stay City apartments Deptford Bridge have 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 implies that referral pathways are not being followed and not concordance with Lewisham local safeguarding referral pathway for adults. Risk is, large volume of adults, children young people deemed to be at risk.	3x3=9	3x3=9	3x2=6	Cautious (7-9)	↔	Car Jacob Fiona Mitchell	1. Established to Helen Edwards (Head Safeguarding). 2. Susie Barker (Director of Quality). 3. Fergus Downie (Housing and Refugee Resettlement Manager) and LSAB. 4. Meetings arranged with Fergus Downie and Susie Barker (Clear Springs Ready Homes Ltd) monthly to discuss embedding referral pathways into organisations. 5. The Home Office commissions Clear Springs Ready Homes Ltd to support this provision who commission Stay Belvedere Hotels Ltd to support initial accommodation centres in Lewisham. 6. All pathway information and safeguarding resources for training has been forwarded to Clear Springs Ready Homes Ltd however no engagement. 7. UPGATE- 1304 - Pentland House has engaged with some safeguarding training provision. Meetings held with Director of Asylum Home Office and others in an attempt to reach a solution. Joint letter forwarded to Home Office from Lewisham, Safeguarding Adults Board (LSAB) and Lewisham, Safeguarding Children's Partnership (LSCP), outlining concerns. Another meeting is scheduled in April 2023 with Home Office, Clear Springs Ready Homes Ltd, Lewisham ICB and Adults and Child MASH. 8. June 2023 - Borough of Sanctuary - there are two initial accommodation sites: Pentland House, Lewisham and Stay City apartments Deptford. With the new Immigration Bill from the Home Office, will see an increase in capacity and overcrowding at the above initial accommodation sites. Pentland House is not fit for purpose and risks include infection, prevention and control, overcrowding issues, experiencing trauma, far right activity, unattended children. Safeguarding myriad of risks including sexual, trafficking etc. A multiagency meeting is to be held with the Home Office in July 2023 and they have also been written to regarding our cause for concern, also linking in primary care needs for the asylum seekers and increase mental health support.	As outlined in controls.	Embedding safeguarding into Pentland House (capability, knowledge and referral).	#Initial accommodation centres not commissioned by ICB but Home Office. ICH has no contractual service agreement. However, primary care resources to centre supported by Lewisham ICB.
<b>Children and Young People</b>													
339	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.	3x3=9	3x4=12	2x3=6	Open (10-12)	↔	Sara Bennett Phil Croxall	1. GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. There has been limited uptake from GPs so no further scope to expand. 2. Paediatric Nurse in place to support medical work which does not require a Paediatrician. 3. Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are reviewing the applications. 4. Therapists continue to work weekends to clear the backlog of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHONA 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. EHONA requests are triaged to reduce the number of new assessments necessary. 7. Trust are reviewing the requirement for all children to be seen by paed and other professional to assist with carrying out health assessments.	Monitoring ongoing to gauge impacts of controls. New Head of Integrated SEND is now in place and attending monitoring meetings.	Increase in EHCP's health assessments being completed on time.	1. Families not attending appointments. 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Brent has led to loss of staffing (therapists). 5. COVID has also had an impact on staffing levels. 6. Increase in EHCP requests
340	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.	3x3=9	3x3=9	2x3=6	Cautious (7-9)	↔	Sara Bennett Phil Croxall	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. National recruitment ongoing (4 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants.	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
<b>Frequency</b> 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
<b>Frequency</b> 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
<b>Frequency</b> 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
<b>Impact on the safety of patients, staff or public (physical / psychological harm)</b>	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
<b>Adverse publicity/ reputation</b>	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
<b>Business objectives/ projects</b>	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

# NHS 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.*

# ICB risk appetite level descriptions by type of risk



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)
<b>Financial</b>	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).
<b>Clinical, Quality and Safety</b>	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.
<b>Operations</b>	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

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)
<b>Governance</b>	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.
<b>Strategic</b>	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

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)
<b>Data and Information Management</b>	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.
<b>Workforce</b>	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.
<b>Reputational</b>	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** 9

<b>Title:</b>	<b>Month 2 Finance Report</b>
<b>Meeting Date:</b>	<b>27 July 2023</b>
<b>Author:</b>	Michael Cunningham
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS at Month 2 and Month 3.	Update / Information	✓
		Discussion	✓
		Decision	
<b>Summary of main points:</b>	<p>This paper provides a financial position update for months 2 and 3 of the current financial year. The paper is across two periods. This reflects the fact that not all information is yet available for month 3 across the ICS. However, a summary financial position for the ICB is available and therefore is included to ensure the paper is as timely as possible.</p> <p>Members of the Board will recall from the meeting in May that the outturn financial position for 2022/23 of all strategic partners was not available at the time of the meeting, and it was requested that an update be provided at the next meeting. Slides 2-6 provide this update.</p> <p><b>Financial Outturn 2022/23</b></p> <p>The main headlines for 2022/23 are as follows:</p> <ul style="list-style-type: none"> <li>• ICB - £16k underspent and all key financial duties delivered.</li> <li>• ICS - £0.25m surplus reported and efficiencies of £176.9m delivered against a plan of £207.2m, a significant percentage of these 44% or 78.5m delivered non recurrently.</li> <li>• Lewisham Council Adult &amp; Childrens services – combined overspend of £7.1m and delivered efficiencies of £9.4m compared to plan of £15.9m</li> </ul> <p><b>Month 3 2023/24 – Summary ICB Position</b></p> <p>The ICB is showing an overspend at month 3 of £2.4m. This is mainly driven by the prescribing position continuing the pressures seen in 2022/23. All boroughs are showing an overspend, of which Lewisham has the smallest at £124k. This includes uncontrollable prescribing pressures of £320k without which a surplus of £196k would have been reported. Further details are shown in the report. The ICB</p>		

	<p>as a whole and Lewisham borough are reporting a forecast outturn of breakeven for 2023/24.</p> <p>Lewisham borough has a £4.2m efficiencies target of which £3.8m (90%) has been identified. Efficiencies delivered to month 3 are on plan at £567k. Details of these efficiencies are included in the report.</p> <p>Appendix A shows the full ICB report as at month 2.</p> <p><b>Month 2 2023/24 – Summary ICS Position</b></p> <ul style="list-style-type: none"> <li>• At month 2 the ICS is reporting a YTD deficit of (£45.2m); £34.1m adverse to a planned £11.1m deficit.</li> <li>• 4 out of 5 providers and the ICB are reporting an adverse variance against plan.</li> <li>• The system is reporting a break-even forecast out-turn position.</li> <li>• The current assessment of unmitigated risk against delivery of the plan is c. £58m.</li> <li>• The system has identified £241.4m (83%) of its £290.3m annual efficiency plan. At month 2, only 44% is rated as low risk of being delivered.</li> <li>• At month 2 the system has delivered £24.1m of efficiencies, £10.6m behind the YTD plan.</li> </ul> <p><b>Month 2 2023/24 – Lewisham Council</b></p> <p>At month 2 Adult Social Care Services is forecasting an overspend of £1.0m and Children Social Care Services an overspend of £5.5m. The drivers of these forecast overspends are detailed in this report.</p>		
<b>Potential Conflicts of Interest</b>	Not applicable		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
	Equality Impact	Not applicable	
	Financial Impact	The paper sets out the ICS and borough financial positions as at Month 2 and 3	
<b>Other Engagement</b>	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.	
<b>Recommendation:</b>	The Lewisham Health & Care Partners Strategic Board is asked to <b>note</b> the ICS and borough financial positions as at Month 2 and 3.		

# Appendix A

## SEL ICB Finance Report

Month 02 2023/24

# Contents

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

## Appendices

1. Bexley Place Position
2. Bromley Place Position
3. Greenwich Place Position
4. Lambeth Place Position
5. Lewisham Place Position
6. Southwark Place Position



- This report sets out the Month 02 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12 month financial period which makes planning and reporting much simpler.
- The ICB's financial allocation for the year as at month 2 is **£4,195,188k**. In month, the ICB received additional allocations in respect of pay awards and inflation. As at Month 02, the ICB is reporting a year to date overspend against plan of **£962k** which is driven by an **adverse movement in prescribing expenditure (£838k) for the last 2 months of 22/23**. The ICB is reporting **breakeven** against plan for the FOT as it is planned that the position will be recovered in year. At present there is no prescribing data available for 23/24 as it is produced 2 months in arrears.
- There are 2 key risks within the ICB financial position which relate to the **prescribing** budget and the **CHC** budget. Both have been recorded as significant risks in the month 2 reporting to NHS England. Prescribing data is received two months in arrears, so the latest information we have relates to March 2023. The overspend in 22/23 was driven by both activity and price pressures. The ICB is being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set; this is expected to continue into 23/24. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. The second area of risk relates to Continuing Healthcare where 23/24 prices 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. 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.
- In reporting this Month 02 position, the ICB has delivered the following financial duties:
  - Underspending (**£263k**) 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 02, and noting the risks outlined in this report, the ICB is forecasting a **breakeven** 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
<b>ICB Start Budget</b>	135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
<i>M2 Internal Adjustments</i>								
Mental Health CYP	175	576	280	402	349	336	(2,118)	-
Mental Health Adult community	805	1,426	1,701	18			(3,950)	-
Mental Health Schools team		1,191		154		798	(2,143)	-
Long Covid	328	425	328		178		(1,259)	-
<i>M2 Allocations</i>								
Pay Award							54,663	54,663
Inflation							11,204	11,204
<b>M2 Budget</b>	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188

- The table sets out the Revenue Resource Limit at Month 02. The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 02, internal adjustments were actioned to put the allocations in the correct agreed budgets – this had no overall impact on the allocation.
- In month, the ICB has received an additional £65,867k of allocations, giving the ICB a total allocation of **£4,195,188k** at Month 02. The additional allocations were in respect of the staff pay award and additional inflation.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year.

### 3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overspent position (**£962k**) as at Month 02 due to the prescribing pressure carried forward from the previous year.
- All other financial duties have been delivered for the year to Month 02 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	699,279	700,241	4,195,188	4,195,188	
Operating Under Resource Revenue Limit	688,595	689,556	4,131,088	4,131,088	
Not to exceed Running Cost Allowance	5,882	5,619	35,293	35,283	
Month End Cash Position (expected to be below target)	3,875	3,423	3,875	3,423	
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%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	96.4%	95.0%	96.4%	
Mental Health Investment Standard (Annual)	433,938	434,212	433,938	434,212	

# 4. Budget Overview

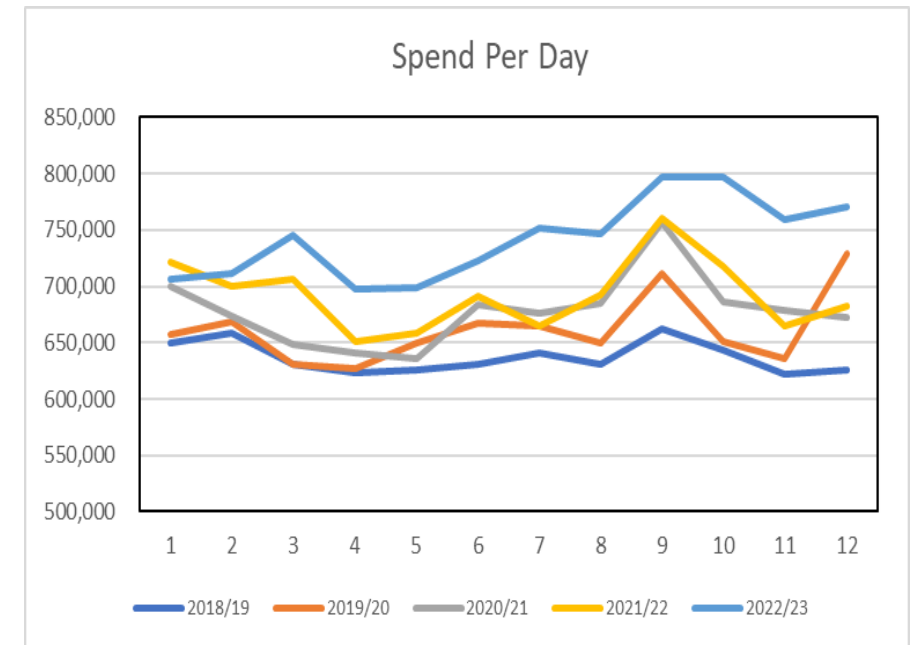
	M02 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>								
Acute Services	792	1,119	1,156	198	291	92	350,236	353,886
Community Health Services	2,945	13,445	5,665	4,038	4,381	5,171	38,452	74,096
Mental Health Services	1,680	2,352	1,511	3,483	1,162	1,233	78,938	90,358
Continuing Care Services	4,145	4,132	4,528	5,275	3,466	3,248	-	24,794
Prescribing	5,584	7,649	5,485	6,381	6,472	5,286	107	36,964
Other Primary Care Services	462	487	438	496	248	73	3,314	5,519
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,230	1,285
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	557	737	817	936	685	746	5,214	9,692
<b>Total Year to Date Budget</b>	<b>22,828</b>	<b>39,529</b>	<b>28,114</b>	<b>33,929</b>	<b>26,560</b>	<b>26,397</b>	<b>511,237</b>	<b>688,596</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Actual</b>								
Acute Services	792	1,125	1,111	92	281	92	350,236	353,731
Community Health Services	2,944	13,458	5,682	4,013	4,381	5,171	38,452	74,102
Mental Health Services	1,655	2,469	1,493	3,369	1,162	1,505	78,938	90,591
Continuing Care Services	4,122	4,093	4,753	5,577	3,481	3,258	-	25,284
Prescribing	5,876	7,902	5,714	6,384	6,413	5,405	107	37,802
Other Primary Care Services	462	487	438	496	248	73	3,299	5,503
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,159	1,214
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	503	662	820	878	687	663	5,114	9,328
<b>Total Year to Date Actual</b>	<b>23,019</b>	<b>39,805</b>	<b>28,525</b>	<b>33,930</b>	<b>26,510</b>	<b>26,716</b>	<b>511,051</b>	<b>689,556</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Variance</b>								
Acute Services	0	(6)	45	106	10	0	0	155
Community Health Services	1	(13)	(17)	26	(1)	(1)	(0)	(6)
Mental Health Services	25	(117)	18	114	0	(272)	0	(233)
Continuing Care Services	23	39	(225)	(302)	(15)	(10)	-	(490)
Prescribing	(292)	(254)	(229)	(3)	58	(119)	-	(838)
Other Primary Care Services	-	-	0	-	-	-	15	15
Other Programme Services	-	0	0	-	(0)	-	0	0
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	71	71
Delegated Primary Care Services	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets	53	75	(3)	59	(3)	83	100	365
<b>Total Year to Date Variance</b>	<b>(191)</b>	<b>(276)</b>	<b>(411)</b>	<b>(0)</b>	<b>50</b>	<b>(318)</b>	<b>186</b>	<b>(961)</b>

- At Month 02, the ICB is reporting a YTD overspend of **£962k** due to the impact of the final 22/23 prescribing position. The ICB is reporting a breakeven FOT position against its 23/24 budgets as this is the best information available at this point in the year. Main financial risks for the delegated borough budgets relate to prescribing and continuing care and these have been flagged as significant risks in our financial return to NHS England.
- The ICB is reporting a **£838k overspend** against its **prescribing year to date position**. As highlighted above, this reflects the impact of the final prescribing position for 22/23, given the ICB had to estimate expenditure for Months 11 and 12 in its year-end accounts. The actual spend for these periods was higher than could have been anticipated. No prescribing information is available yet for 23/24.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £233k 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 **£490k 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. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The underspend of **£365k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

## 5. Prescribing

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 02 prescribing position is based upon M01-12 22/23 data as the information is provided two months in arrears. The ICB is showing a **£838k overspend** year to date (YTD), relating to the final prescribing position for 22/23. The overspend is in Bexley (**£292k**), Bromley (**£254k**), Greenwich (**£229k**) and Southwark (**£119k**). No information is yet available for 23/24. When a comparison is made using 22/23 activity to the same period for 21/22, there has been an **increase in items of around 4.7%**. On a borough basis, the increase ranges from Lewisham (4.0%) to Bexley (6.4%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	81,568	12,703	13,561	13,883	14,403	11,880	12,568	15,659	16,526	10,799	11,467	12,647	13,037
November	79,855	81,572	12,873	13,588	14,021	14,297	12,078	12,449	16,371	16,824	11,556	11,508	12,954	12,896
December	86,720	85,116	14,383	13,823	15,281	14,746	13,320	13,299	17,350	16,840	12,483	12,063	13,901	14,336
January	84,291	85,274	13,212	13,955	14,616	14,641	13,411	13,131	17,282	17,436	11,912	11,883	13,857	14,213
February	77,645	81,015	12,554	13,157	13,099	13,855	12,187	12,752	15,778	16,410	11,196	11,375	12,829	13,454
March	78,664	81,401	12,442	13,206	13,660	13,873	12,163	12,771	16,019	16,744	11,399	11,643	12,981	13,157
<b>Average</b>	<b>79,298</b>	<b>81,722</b>	<b>12,704</b>	<b>13,283</b>	<b>13,719</b>	<b>14,131</b>	<b>12,303</b>	<b>12,685</b>	<b>16,187</b>	<b>16,636</b>	<b>11,324</b>	<b>11,554</b>	<b>13,059</b>	<b>13,427</b>
<b>YTD Average Comparison</b>	<b>78,032</b>	<b>81,722</b>	<b>12,482</b>	<b>13,283</b>	<b>13,497</b>	<b>14,131</b>	<b>12,070</b>	<b>12,685</b>	<b>15,977</b>	<b>16,636</b>	<b>11,112</b>	<b>11,554</b>	<b>12,892</b>	<b>13,427</b>



- Within our reporting to NHS England, we are flagging prescribing as a significant risk of potentially circa £20m full year. This is in the mainly due to the national cost pressures around Cat M & NCSO and reflects the run-rate seen at the end of 22/23.
- The position is differential per borough and is largely determined by local demographics including care homes and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions were agreed.

## 6. NHS Continuing Healthcare - Overview

### Overview:

- 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 02 is an **overspend of £489k**. Lewisham, Southwark, Lambeth and Greenwich are reporting overspends of £15k, £10k, £302k and £225k, respectively. The overspend on Greenwich is driven by fully funded LD clients and Lambeth is due to fully funded PD clients. Both borough teams are actively looking at this area and identifying potential savings where appropriate and other ways of containing costs.
- This month boroughs are experiencing a reduction in activity; this is however being offset by higher than anticipated package price pressures. The 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. 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 boroughs are forecasting breakeven positions at the year-end, albeit with significant levels of efficiencies required to deliver this position.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slide.

## 6. NHS Continuing Healthcare – Benchmarking

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 £
<b>Budget</b>	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	278	8,263	319	7,659	230	6,778	212	6,982
Month 3												
Month 4												
Month 5												
Month 6												
Month 7												
Month 8												
Month 9												
Month 10												
Month 11												
Month 12												

	<b>Active Number of clients cost &gt; £1,500/WK @ the end of this period</b>					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
<b>March 2023 (M12)</b>	<b>72</b>	<b>62</b>	<b>92</b>	<b>147</b>	<b>75</b>	<b>71</b>
Month 2	71	62	87	126	68	70
Month 5						
Month 6						
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for 2 months ending 31 May 2023; this also includes high-cost numbers for March 2023.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The table shows that whilst Bexley has the highest number of clients (but lower ratio of high-cost clients), the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions. The reduction in high-cost packages compared to March 2023 shows that the savings programme implemented by boroughs are beginning to deliver.
- Lambeth has identified a list of priority cases for review; however, the reviews have been delayed by one or two weeks due to resource issues.
- All boroughs have produced savings plan and are implementing and monitoring them actively.



## 7. Provider Position

### Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£2,815,419k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 

• Guys and St Thomas	<b>£651,496k</b>
• Kings College Hospital	<b>£698,836k</b>
• Lewisham and Greenwich	<b>£590,714k</b>
• South London and the Maudsley	<b>£294,932k</b>
• Oxleas	<b>£226,661k</b>
- 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.

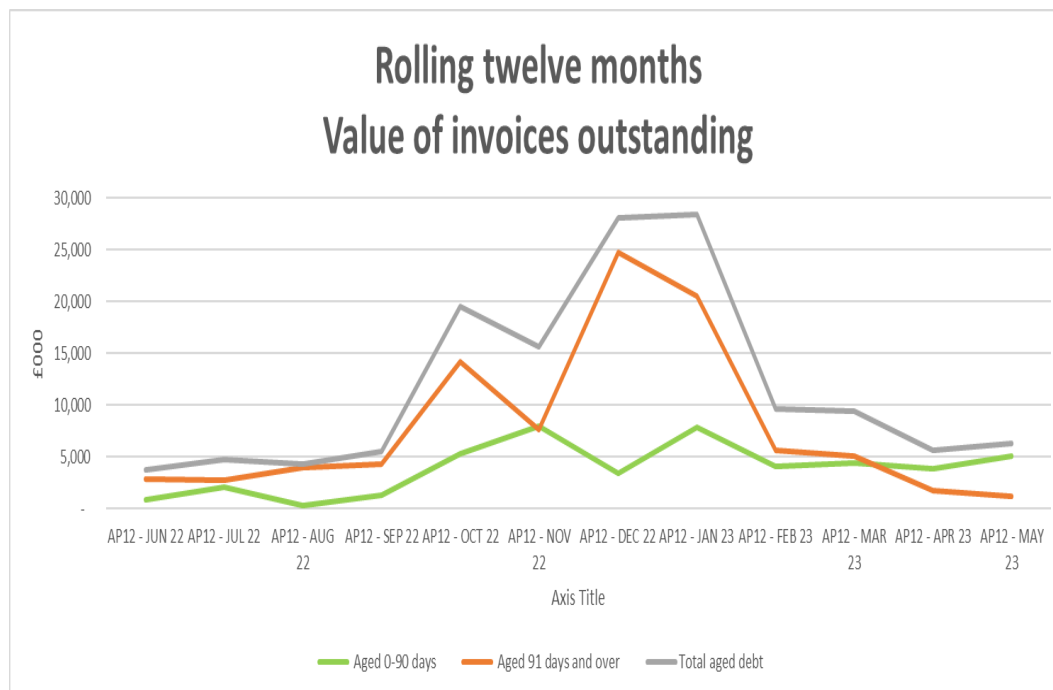
## 8. ICB Efficiency Schemes

South East London ICB Place - Efficiency Savings						
	Full Year 2023/24			Month 2		
	Requirement	Identified	Unidentified	Plan YTD	Actual YTD	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	2,504	1,395	2,545	2,195	(350)
Bromley	7,429	4,164	3,265	1,757	941	(816)
Greenwich	4,857	3,882	975	1,101	857	(244)
Lambeth	5,159	5,159	-	1,103	820	(283)
Lewisham	4,208	2,512	1,696	957	532	(425)
Southwark	3,967	2,881	1,086	610	339	(271)
<b>Total</b>	<b>29,519</b>	<b>21,102</b>	<b>8,417</b>	<b>8,073</b>	<b>5,684</b>	<b>(2,389)</b>

### Commentary

- The above table sets out the position of the ICB efficiency schemes for both Month 2 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 2, saving schemes with a full year value of £21.1m had been identified, leaving a current gap still to be identified of £8.4m (28%). Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 3 report.
- At Month 2, delivery (£5.7m) is £2.4m behind plan. Places are identifying and implementing recovery actions to improve savings run-rate and eliminate this variance. At this 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. Debtors Position



### Overview:

- The ICB has an overall debt position of **£6.3m** at Month 2 that is **£0.7m** higher compared to last month due to a catch up in raising invoices for month 1 due to the production of the annual accounts. Of the current debt, a large proportion relates to debt over 3 months old which is mainly with NHS England – **however this has now been settled.** 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, with the main balances with NHS England and NHS NC London ICB. These are being actively chased on a regular basis by ICB finance colleagues. **Note: NHS England balance now paid.**

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	141	1,398	802	515	2,171	79	5,106
Non-NHS	94	387	602	46	6	60	1,195
Unallocated	0	(1)	0	0	0	0	(1)
<b>Total</b>	<b>235</b>	<b>1,784</b>	<b>1,404</b>	<b>561</b>	<b>2,177</b>	<b>139</b>	<b>6,300</b>

Number	Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	NHS ENGLAND	3,411	10	1,308	2,103	6	4
2	NHS NORTH CENTRAL LONDON ICB	1,196	10	1,127	69	5	5
3	ROYAL BOROUGH OF GREENWICH	301	11	292	9	8	3
4	LONDON BOROUGH OF BROMLEY	265	4	257	8	2	2
5	NHS SOUTH WEST LONDON ICB	202	9	189	13	5	4
6	THE MAYOR'S OFFICE FOR POLICING AND CRIME	160	1	160	-	1	-
7	SOUTHWARK LONDON BOROUGH COUNCIL	125	3	125	-	3	-
8	LEWISHAM AND GREENWICH NHS TRUST	75	4	54	21	3	1
9	LAMBETH LONDON BOROUGH COUNCIL	60	9	60	-	9	-
10	NHS KENT AND MEDWAY ICB	47	10	17	30	4	6

## 10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 02, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,481k**.
- As at month 02, the ICB had drawn down 16.4% of the available cash compared to the budget cash figure of 16.7%. In May, there was 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 02 was **£3,423k**, well within the target set by NHSE.
- 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 at the end of the year.

ICB	2023/24 AP2 - MAY 23	2023/24 AP1 - APR 23	2023/24 Month on month movement
Annual Cash Drawdown Requirement for 2022/23	£000s	£000s	£000s
ICB ACDR (M4-12)	4,163,890	4,101,207	62,683
Capital allocation	0	0	0
Less:			
Cash drawn down	(635,000)	(325,000)	(310,000)
Prescription Pricing Authority	(39,909)	(21,101)	(18,808)
HOT	(386)	(195)	(190)
POD	(7,675)		(7,675)
Pension uplift 6.3%			0
PCSE POD charges adjustments			0
Q1 Cash Drawdown c/fwd			
<b>Remaining Cash limit</b>	<b>3,480,921</b>	<b>3,754,911</b>	<b>(273,991)</b>

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-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		3,963		
Jul-22							
Aug-22							
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	<b>937,000</b>	<b>15,000</b>					

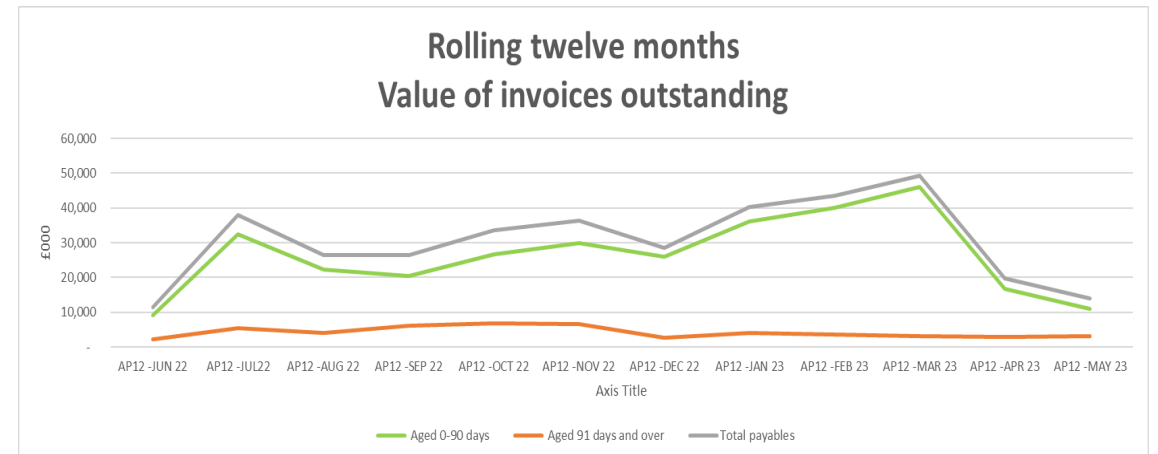
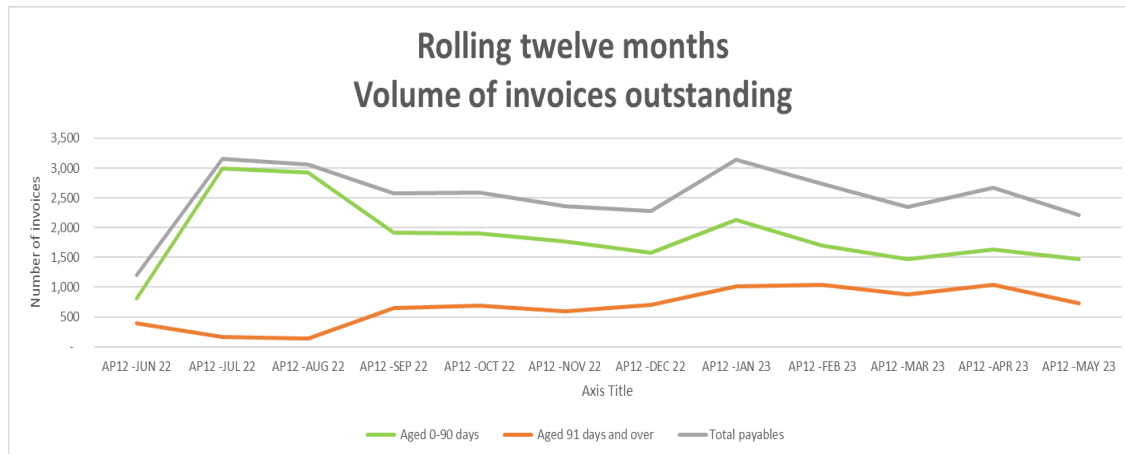
# 11. Aged Creditors

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

Both the volume and value of outstanding invoices decreased in month which is positive. The graphs below also show that the decreases were in all categories of volume and value. 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 is now less than 20 and it is expected these will be completely cleared shortly. The focus will then move to clearing all 22/23 invoices from the system.

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



# 12. MENTAL HEALTH INVESTMENT STANDARD (MHIS)

## 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 7.02%**. 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 3 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M02. The ICB is forecasting that it will deliver the target value of **£433,938k** with a forecast of **£434,212k** (£274k over delivery). Within this position, learning disabilities services are forecast to underspend by £1.5m against plan because of a change in the profile of spend from 22/23 outturn on which the plan was based. This will be kept under review. At this stage in the financial year we are showing a breakeven forecast outturn position on prescribing, consistent with the position on the overall prescribing budget and will be using BSA data for forecasts from M03 onwards.
- Please note that as an early year position this is likely to be subject to change.
- Slide 4 sets out the position by ICB budgetary area.

## 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 an increase 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 22/23 outturn position of £1.6m. A task and finish group has been set up to consider how best to manage demand, support the delivery of sustainable local services and ensure equity of access.
- 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.

# 12. SUMMARY MHIS POSITION M02

Mental Health Spend By Category		Total Mental Health (per recategorisation exercise) Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 31/05/2023 YTD £'000	Mental Health - Non-NHS Actual 31/05/2023 YTD £'000	Total Mental Health Actual 31/05/2023 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
Category Reference Number									
Children & Young People's Mental Health (excluding LD)	1	43,853	6,552	783	7,335	39,310	4,696	44,006	(153)
Children & Young People's Eating Disorders	2	3,062	510	0	510	3,062	0	3,062	0
Perinatal Mental Health (Community)	3	9,621	1,604	0	1,604	9,621	0	9,621	(0)
Improved access to psychological therapies (adult and older adult)	4	34,433	4,624	1,099	5,723	27,743	6,595	34,338	95
A and E and Ward Liaison mental health services (adult and older adult)	5	17,620	2,937	0	2,937	17,620	0	17,620	(0)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,320	2,053	0	2,053	12,320	0	12,320	0
Adult community-based mental health crisis care (adult and older adult)	7	32,673	5,390	56	5,446	32,340	333	32,673	0
Ambulance response services	8	1,564	261	0	261	1,564	0	1,564	(0)
Community A – community services that are not bed-based / not placements	9a	116,528	17,181	2,270	19,451	103,084	13,635	116,719	(191)
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,458	1,928	1,536	3,463	11,813	9,141	20,954	1,504
Mental Health Placements in Hospitals	20	6,216	906	419	1,325	5,437	2,353	7,790	(1,574)
Mental Health Act	10	6,091	0	1,059	1,059	0	5,964	5,964	127
SMI Physical health checks	11	756	89	37	126	537	219	756	0
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	109,792	18,299	0	18,299	109,792	0	109,792	(0)
Adult and older adult acute mental health out of area placements	14	7,135	1,075	87	1,162	6,452	490	6,942	193
<b>Sub-total MHIS (exc. CHC, prescribing, LD &amp; dementia)</b>		<b>424,122</b>	<b>63,408</b>	<b>7,346</b>	<b>70,754</b>	<b>380,696</b>	<b>43,426</b>	<b>424,121</b>	<b>1</b>
Mental health prescribing	16	9,606	0	1,729	1,729	0	9,606	9,606	0
Mental health in continuing care (CHC)	17	484	0	81	81	0	484	484	(0)
<b>Sub-total - MHIS (inc CHC, Prescribing)</b>		<b>434,212</b>	<b>63,408</b>	<b>9,155</b>	<b>72,563</b>	<b>380,696</b>	<b>53,516</b>	<b>434,212</b>	<b>0</b>
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	673	0	112	112	0	673	673	(0)
Learning Disability & Autism - not separately identified	18c	29,680	2,040	2,776	4,816	12,238	15,901	28,139	1,541
Dementia	19	14,333	2,062	327	2,389	12,373	1,960	14,332	1
<b>Sub-total - LD&amp;A &amp; Dementia (not included in MHIS)</b>		<b>44,686</b>	<b>4,102</b>	<b>3,215</b>	<b>7,317</b>	<b>24,610</b>	<b>18,534</b>	<b>43,144</b>	<b>1,542</b>
<b>Total - Mental Health Services</b>		<b>478,898</b>	<b>67,510</b>	<b>12,370</b>	<b>79,880</b>	<b>405,306</b>	<b>72,050</b>	<b>477,356</b>	<b>1,542</b>



# 12. SUMMARY MHIS POSITION M02 – position by budgetary area

## Mental Health Investment Standard (MHIS) position by budgetary area M02 2023/24

		Year to Date position for the two months ended 30 May 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
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Mental Health Investment Standard Categories:</b>		<b>Category number</b>											
Children & Young People's Mental Health (excluding LD)	1	£7,309	£6,552	£783	£0	£7,335	£-26	£43,853	£39,310	£4,696	£0	£44,006	£-153
Children & Young People's Eating Disorders	2	£510	£510	£0	£0	£510	£0	£3,062	£3,062	£0	£0	£3,062	£0
Perinatal Mental Health (Community)	3	£1,604	£1,604	£0	£0	£1,604	£0	£9,621	£9,621	£0	£0	£9,621	£0
Improved access to psychological therapies (adult and older adult)	4	£5,739	£4,624	£1,099	£0	£5,723	£16	£34,433	£27,743	£6,595	£0	£34,338	£95
A and E and Ward Liaison mental health services (adult and older adult)	5	£2,937	£2,937	£0	£0	£2,937	£0	£17,620	£17,620	£0	£0	£17,620	£0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	£2,053	£2,053	£0	£0	£2,053	£0	£12,320	£12,320	£0	£0	£12,320	£0
Adult community-based mental health crisis care (adult and older adult)	7	£5,446	£5,390	£56	£0	£5,446	£-0	£32,673	£32,340	£333	£0	£32,673	£0
Ambulance response services	8	£261	£261	£0	£0	£261	£0	£1,564	£1,564	£0	£0	£1,564	£0
Community A – community services that are not bed-based / not placements	9a	£19,421	£17,181	£2,270	£0	£19,451	£-29	£116,527	£103,084	£13,635	£0	£116,719	£-191
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	£3,743	£1,928	£1,501	£35	£3,463	£280	£22,459	£11,813	£8,932	£209	£20,954	£1,505
Mental Health Placements in Hospitals	20	£1,036	£906	£419	£0	£1,325	£-289	£6,216	£5,437	£2,353	£0	£7,790	£-1,574
Mental Health Act	10	£1,015	£0	£1,059	£0	£1,059	£-44	£6,092	£0	£5,964	£0	£5,964	£128
SMI Physical health checks	11	£126	£89	£37	£0	£126	£-0	£756	£537	£219	£0	£756	£0
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	£18,299	£18,299	£0	£0	£18,299	£0	£109,792	£109,792	£0	£0	£109,792	£0
Adult and older adult acute mental health out of area placements	14	£1,189	£1,075	£87	£0	£1,162	£27	£7,133	£6,452	£490	£0	£6,942	£192
<b>Sub-total MHIS (exc. CHC, prescribing, LD &amp; dementia)</b>		<b>£70,687</b>	<b>£63,408</b>	<b>£7,311</b>	<b>£35</b>	<b>£70,754</b>	<b>£-67</b>	<b>£424,122</b>	<b>£380,696</b>	<b>£43,217</b>	<b>£209</b>	<b>£424,121</b>	<b>£0</b>
Other Mental Health Services:		£0	£0	£0	£0								
Mental health prescribing	16	£1,601	£0	£0	£1,729	£1,729	£-128	£9,606	£0	£0	£9,606	£9,606	£-0
Mental health continuing health care (CHC)	17	£81	£0	£0	£81	£81	£0	£484	£0	£0	£484	£484	£0
<b>Sub-total - MHIS (inc. CHC and prescribing)</b>		<b>£72,369</b>	<b>£63,408</b>	<b>£7,311</b>	<b>£1,844</b>	<b>£72,563</b>	<b>£-195</b>	<b>£434,212</b>	<b>£380,696</b>	<b>£43,217</b>	<b>£10,299</b>	<b>£434,212</b>	<b>£0</b>
Learning Disability	18a	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Autism	18b	£112	£0	£0	£112	£112	£0	£673	£0	£0	£673	£673	£0
Learning Disability & Autism - not separately identified	18c	£4,947	£2,040	£2,220	£556	£4,816	£131	£29,680	£12,238	£12,565	£3,336	£28,139	£1,541
<b>Learning Disability &amp; Autism (LD&amp;A) (not included in MHIS) - total</b>	<b>i</b>	<b>£5,059</b>	<b>£2,040</b>	<b>£2,220</b>	<b>£668</b>	<b>£4,928</b>	<b>£131</b>	<b>£30,353</b>	<b>£12,238</b>	<b>£12,565</b>	<b>£4,009</b>	<b>£28,812</b>	<b>£1,541</b>
Dementia	19	£2,389	£2,062	£226	£101	£2,389	£-0	£14,333	£12,373	£1,355	£605	£14,332	£0
<b>Sub-total - LD&amp;A &amp; Dementia (not included in MHIS)</b>		<b>£7,448</b>	<b>£4,102</b>	<b>£2,446</b>	<b>£769</b>	<b>£7,317</b>	<b>£131</b>	<b>£44,686</b>	<b>£24,610</b>	<b>£13,920</b>	<b>£4,614</b>	<b>£43,144</b>	<b>£1,541</b>
<b>Total Mental Health Spend - excludes ADHD</b>		<b>£79,816</b>	<b>£67,510</b>	<b>£9,757</b>	<b>£2,613</b>	<b>£79,880</b>	<b>£-64</b>	<b>£478,897</b>	<b>£405,306</b>	<b>£57,137</b>	<b>£14,913</b>	<b>£477,356</b>	<b>£1,541</b>

- 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

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# **SEL ICB Finance Report**

## **Updates from Boroughs**

### **Month 2**

# 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	792	792	0	4,755	4,755	-
Community Health Services	2,945	2,944	1	17,668	17,668	-
Mental Health Services	1,680	1,655	25	10,079	10,079	-
Continuing Care Services	4,145	4,122	23	24,869	24,869	-
Prescribing	5,584	5,876	(292)	33,504	33,504	-
Other Primary Care Services	462	462	-	2,772	2,772	-
Other Programme Services	10	10	-	57	57	-
Delegated Primary Care Services	6,654	6,654	-	39,925	39,925	-
Corporate Budgets	557	503	53	3,340	3,340	-
<b>Total</b>	<b>22,828</b>	<b>23,019</b>	<b>(191)</b>	<b>136,969</b>	<b>136,969</b>	<b>-</b>

- At month 2, Bexley borough is reporting a £191k overspend year to date against budget. This is driven by Prescribing but slightly offset by underspends within the Corporate budgets, Mental Health and Continuing Care Services.
- The forecast outturn reports a breakeven position with the expectation that the efficiency plans will be fully delivered to achieve a balanced position.
- The year to date overspend in Prescribing continues to be Cat M increases in costs and NCSO (No Cheaper Stock available) which are subject to national pricing policies. The same position is seen across SEL Places. However, to mitigate the cost pressures within Bexley borough, efficiency opportunities will continue to be explored within the Prescribing services locally.
- The Corporate Budgets year to date underspend of £53k is due to existing vacancies without backfill. Included within the underspend is an increase in the vacancy factors to 5.5% compared to overall pay budget. This is required to fund the expected 23/24 pay awards.
- Mental Health Services is underspent by £25k driven by reduction in MH cost per case/NCAs activities year to date.
- CHC reports a year-to-date underspend of £23k driven by reduced activity levels on the adult fully funded places.
- Efficiency savings – The 23/24 savings target has been revised to 4.5% across SEL. This comes to £3.899m for Bexley borough. £2.696m has been identified recurrently and work is still ongoing to identify recurrent schemes to bridge the £1.203m gap.

### 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	1,119	1,125	(6)	6,715	6,715	0
Community Health Services	13,445	13,458	(13)	80,671	80,671	0
Mental Health Services	2,352	2,469	(117)	14,112	14,112	0
Continuing Care Services	4,132	4,093	39	24,795	24,795	0
Prescribing	7,649	7,902	(254)	45,891	45,891	0
Other Primary Care Services	487	487	0	2,922	2,922	0
Other Programme Services	15	15	0	87	87	0
Delegated Primary Care Services	9,593	9,593	0	57,559	57,559	0
Corporate Budgets	737	662	75	4,424	4,424	0
<b>Total</b>	<b>39,529</b>	<b>39,805</b>	<b>(276)</b>	<b>237,177</b>	<b>237,177</b>	<b>0</b>

- The borough is reporting an overspend of £276k at Month 2 and is forecasting a breakeven position at year end.
- The Mental Health position is £117k overspent. The number of section 117 cost per case placements increased during 22/23 and this pressure is impacting upon the 23/24 position.
- The Continuing Healthcare position is £39k underspent. An accrual is included in the position in relation to 23/24 inflation as not all CHC uplifts have been agreed at this time. This represents a risk to the overall CHC position. The 1% borough CHC reserve which is held centrally has not been applied to the M2 position.
- The Prescribing position is £254k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The position is being tightly monitored and additional savings schemes are being developed to mitigate the position. The 1% borough prescribing reserve which is held centrally has not been applied to the position at M2.
- The Corporate budgets are £75k underspent due to vacancies. The SEL ICB running costs budget was not increased to fund the 23/24 pay award so the vacancy factor has been increased and is now £-450k. The position includes an accrual for the 23/24 pay award.
- 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 2 annual savings of £4,164k have been identified and are on track to deliver in full. Within this figure prescribing savings total £458k and the savings position for this area has been reported as breakeven though actual figures for April and May have not been received as prescribing information is received 2 months in arrears.
- The year end forecast position is breakeven as it is too early in the year to accurately assess the year end position. The risks relating to prescribing category M/NCSO pressures and CHC inflation have been raised with NHSE though it is unlikely that ICBs will receive additional funding and will be expected to manage the risk within their overall position.

## Appendix 3 - Greenwich

### 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	1,156	1,111	45	6,936	6,936	0
Community Health Services	5,665	5,682	(17)	33,991	33,991	0
Mental Health Services	1,511	1,493	18	9,065	9,065	0
Continuing Care Services	4,528	4,753	(225)	27,165	27,165	0
Prescribing	5,485	5,714	(229)	32,909	32,909	0
Other Primary Care Services	438	438	0	2,143	2,143	0
Other Programme Services	36	36	0	213	213	0
Delegated Primary Care Services	8,479	8,479	0	50,873	50,873	0
Corporate Budgets	817	820	(3)	4,903	4,903	0
<b>Total</b>	<b>28,114</b>	<b>28,525</b>	<b>(411)</b>	<b>168,199</b>	<b>168,199</b>	<b>0</b>

- The overall Greenwich borough position is £411k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as breakeven with an underpinning assumption that the savings programme will be fully delivered to ensure a balanced position.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures are focussed on Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions. 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 £225k 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 (defined as over £5k per week) within the database to that as planned. The other area of pressure is within fast track (palliative) patients with over 25% of clients on the pathway for a minimum period of 15months. There is ongoing work with the CHC team to assure on the robustness of the database information that informs the report. The personal health budget (PHB) cohort of clients are aligned to plan, but to note the planned assumption of a recovery of £750k for the accumulation of excess client funds would constitute a non-recurrent benefit and hence present as an underlying cost pressure in 2024/25 in lieu of further mitigations to compensate for this.
- The £17k overspend within Community is for increased activity within neuro-rehabilitation treatment. This is offset with underspends in the cost per case section of the Mental Health budgets.
- The £45k benefit pressure 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 site (Bexley).
- The 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.



### 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	198	91	107	1,188	1,188	0
Community Health Services	4,038	4,013	26	24,229	24,229	0
Mental Health Services	3,483	3,369	114	20,895	20,895	0
Continuing Care Services	5,275	5,577	(302)	31,652	31,652	0
Prescribing	6,381	6,384	(3)	38,288	38,288	0
Other Primary Care Services	496	496	0	2,977	2,977	0
Other Programme Services	44	44	0	264	264	0
Delegated Primary Care Services	13,077	13,077	0	78,464	78,464	0
Corporate Budgets	936	878	59	5,619	5,619	0
<b>Total</b>	<b>33,929</b>	<b>33,929</b>	<b>0</b>	<b>203,577</b>	<b>203,577</b>	<b>0</b>

- The borough is reporting an overall year to date breakeven position and forecast breakeven position at Month 2 (May 2023). The reported position include £302k year to date overspend on Continuing Healthcare offset by underspends in other budget lines, and a prior year under-accrual against the prescribing budget.
- Similar to last financial year (2022/23), the key risks within the reported position relate to the Continuing Healthcare and Prescribing budgets. The prescribing risk is mainly driven by expected price pressures. The ICB expects an impact of increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs will experience similar impact.
- The CHC team are reinforcing mechanisms to ensure all CHC and FNC cases are accurately reflected on the database and prioritising the review of all care packages.
- Prescribing actual data is provided two months in arrears and the borough is reporting a breakeven position against the in-year budget at month 2. 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 £4,690k. In addition to the embedded efficiency (£2,325k) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1,834k) and Prescribing (£1,000k) budgets. All existing and future expenditure/ investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

## Appendix 5 - Lewisham

### 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	291	281	10	1,749	1,749	0
Community Health Services	4,381	4,381	(1)	26,105	26,105	0
Mental Health Services	1,162	1,162	0	6,620	6,620	0
Continuing Care Services	3,466	3,481	(15)	20,794	20,794	0
Prescribing	6,472	6,413	58	38,831	38,831	0
Other Primary Care Services	248	248	0	1,489	1,489	0
Other Programme Services	73	73	0	438	438	0
Delegated Primary Care Services	9,783	9,783	0	58,702	58,702	0
Corporate Budgets	685	687	(3)	4,108	4,108	0
<b>Total</b>	<b>26,560</b>	<b>26,510</b>	<b>50</b>	<b>158,836</b>	<b>158,836</b>	<b>0</b>

- At month 2, the borough is overall reporting an underspend of £50k and forecasting breakeven for the full year.
- The underspend is mainly accounted for against the prescribing budget. This reflects actual costs for 2022/23 not being quite as high as accrued for, and therefore there is a resulting credit of £58k reported at month 2 of the current year.
- However, it should be noted that there are considerable risks to the prescribing budget going into 2023/24 as CAT M and NCSO pressures are thought still to remain in the system, and there is also a material efficiency target of 4.5% against this budget. These factors are likely to negatively impact in future months reporting as prescribing PPA data for the current year becomes available. The borough is working to ensure the efficiency target is fully identified and de-risked as much as possible.
- All other budget lines are at breakeven or showing relatively small under or overspends. Continuing Care Services whilst currently close to budget is another risk area in 2023/24 as AQP rate increases of c.17% are likely to impact and will need to be managed within a budgeted uplift of c.3.5%.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 2, 59% or c.£2.5m of this is identified and the borough is focussed on trying to close the £1.7m gap with agreed actions being taken by directors to close the gap as quickly as possible.

# Appendix 6 - Southwark

## Overall Position

Southwark	Year to date	Year to date	Year to date
	Budget	Actual	Variance
	£'000	£'000	£'000
Acute Services	92	92	0
Community Health Services	5,171	5,171	(1)
Mental Health Services	1,233	1,505	(272)
Continuing Care Services	3,248	3,258	(10)
Prescribing	5,286	5,405	(119)
Other Primary Care Services	73	73	-
Other Programme Services	27	27	-
PROGRAMME WIDE PROJECTS	50	50	-
Delegated Primary Care Services	10,471	10,471	-
Corporate Budgets	746	663	83
<b>Total</b>	<b>26,397</b>	<b>26,716</b>	<b>(318)</b>

- The borough is reporting an overspend of £318k as at the end of May 23. Key areas of risk continue to be mental health and prescribing with underspends in corporate budgets absorbing some of the overspends.
- Increase in costs and unfunded cost pressures in mental health placements is the key reason for the overspend in Mental Health. Mental Health providers are also seeking significantly higher uplifts than the 1.8% included in our budgets. The borough will be undertaking a review of all placements as part of its QIPP plans for 2023/24.
- Prescribing overspends reflects the final month 12 position which was significantly more than the accrual that was included. We are expecting the position on prescribing and mental health to deteriorate as a result of NCSO and CAT M pressures and also increase in Learning disability and Mental h placements. The medicine optimisation team across SEL are exploring and identifying other savings opportunities. Southwark medicine optimisation team continues to work to mitigate the overspend and monitor the savings plan identified.
- Continuing care whilst a small overspend in month 2 is expected to deteriorate when the impact of the significant increase in AQP rate is reflected.
- Within community services, the borough is currently reporting an almost breakeven position. Although audiology spend is currently in line with plan, we are expecting an increase in activity over the coming months due to the changes in service.. The borough is in the process of identifying uncommitted budgets and has restricted investment and growth in order to mitigate overspends in Mental Health and Prescribing.
- The borough is required to deliver minimum efficiency savings of 4.5%. This amounts to £4m. £2.9m of efficiency schemes have been identified with a remaining gap of £1.1m yet to be identified. A number of the schemes identified are currently high risk. The borough is working with budget holders to identify further savings and also to de risk existing schemes. The borough will need to underspend in other areas in order to mitigate the shortfall in savings.



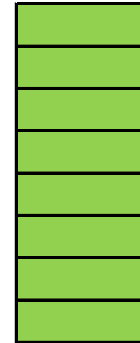
# Financial Outturn 2022/23

# 1. ICB - Key Financial Performance Indicators 2022/23

Month 12		
Target	Actual	Under/(Over)
		Spend
£'000s	£'000s	£'000

Rating

Expenditure not to exceed income	3,157,551	3,157,535	16
Operating Under Resource Revenue Limit	3,121,225	3,121,209	16
Not to exceed Running Cost Allowance	30,569	29,821	748
Month End Cash Position	4,338	281	
Operating under Capital Resource Limit	0	0	
95% of NHS creditor payments within 30 days	95.00%	99.97%	
95% of non-NHS creditor payments within 30 days	95.00%	98.10%	
Mental Health Investment Standard (Annual)	404,710	405,460	



- The above table sets out the ICB’s performance against its key financial duties as at Month 12. We are pleased to confirm that all financial duties have been delivered for the 9 month period to 31 March 2023.
- The ICB delivered a **£16k** surplus against its total Revenue Resource Limit (£3,121.2m) and a **£748k** surplus against its Running Cost Allowance (£30.5m).
- As reported in previous finance reports, the key area of financial pressure related to the prescribing budget. Year-end prescribing expenditure was £179.2m, generating an overspend of £12.7m. This overspend was mitigated by underspends in other ICB service areas – including acute, community, mental health and corporate budgets.
- The ICB has delivered its financial duties with respect to its cash limit (final cash balance was **£281k**, well within the target), paying invoices in a timely manner (both for NHS and Non-NHS creditors, the actual performance exceeded the **95%** target) and expenditure against the Mental Health Investment Standard (MHIS) exceeded the target by **£750k** – as set out in Appendix 1.

## 2. Overall Lewisham Position 2022/23

	Outturn Budget 2022/23	Outturn Actual 2022/23	Outturn Variance 2022/23	Forecast Outturn Variance 2022/23 - As At Month 11	Normalised Outturn 2022/23	Normalised Outturn Variance 2022/23
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,469	1,593	(124)	(16)	1,477	(8)
Community Health Services	21,756	21,338	418	968	21,222	535
Mental Health Services	4,751	4,642	109	-	4,642	109
Continuing Care Services	15,373	15,590	(217)	(647)	15,590	(217)
Prescribing	28,812	29,930	(1,118)	(835)	29,654	(841)
Other Primary Care Services	1,357	1,372	(16)	76	1,372	(16)
Other Programme Services	248	143	105	134	143	105
Programme wide projects	-	-	-	-	-	-
Delegated Primary Care Services	42,640	42,640	-	-	42,640	-
Corporate Budgets	3,268	2,900	368	393	2,900	368
<b>Total FOT</b>	<b>119,675</b>	<b>120,149</b>	<b>(474)</b>	<b>74</b>	<b>119,640</b>	<b>35</b>

- At month 12, the borough is overall reporting an overspend of £474k (0.4% of budget) for the full year 2022/23. This reflects an adverse movement of £548k from the month 11 forecast outturn.
- This adverse movement includes three main elements; 1) further worsening of the prescribing over spend compared to month 11 forecast £277k, 2) increased activity through urgent care centres £116k and 3) non recurrent community health service charges associated with the prior year £116k presenting in month 12.
- The presentation of these costs late in month 12 meant it was not possible to mitigate in year without risk of reporting a significant underspend, although in circumstances where these costs had been identified earlier, these would have been mitigated from other budgets within the delegated budget.
- The normalised position had these three cost elements not presented at month 12 is a £35k underspend.
- The borough achieved its savings target for the year of £2.6m, with the exception of prescribing showing a small under achievement of £29k.

#### Revenue Expenditure (I&E)

- South East London ICS is reporting a £0.25m surplus for the financial year 2022/23.
- 4 out of 5 providers reported a surplus, offsetting the £20m deficit reported at King's.
- The system has delivered £176.9m of efficiencies for the year against a plan of £207.2m. £78.5m (44%) of the efficiencies were delivered non-recurrently.

	M12 YTD & Outturn		
	Plan	Actual	Variance
	£m	£m	£m
GSTT	0.0	13.1	13.1
KCH	(0.0)	(20.0)	(20.0)
LGT	0.1	3.5	3.5
Oxleas	(0.0)	3.5	3.5
SLaM	0.0	0.1	0.1
<b>SEL Providers</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>
<b>SEL ICB</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>SEL ICS total</b>	<b>0.1</b>	<b>0.3</b>	<b>0.2</b>

#### Capital expenditure

- At year end the system has spent its system capital allocation in full.
- At time of the system IFR submission the recorded charge against system allocation exceeded the allocation by £33k, however work is underway to ensure the allocations is not overspent.

	Charge against System Capital Allocation		
	Plan	Actual	Variance
	£m	£m	£m
GSTT	111.0	121.7	(10.7)
KCH	50.0	50.5	(0.5)
LGT	38.5	21.5	17.1
Oxleas	16.0	14.3	1.7
SLaM	24.6	23.4	1.2
<b>SEL Providers</b>	<b>240.1</b>	<b>231.3</b>	<b>8.8</b>
<i>System Allocation</i>	<i>231.3</i>	<i>231.3</i>	<i>(0.0)</i>

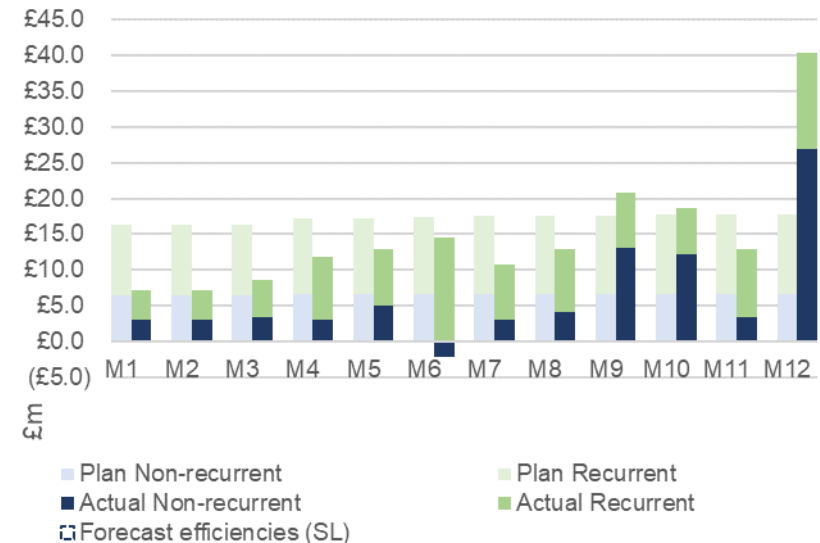
# 4. ICS - Efficiencies 2022/23

- The SEL ICS breakeven plan included an efficiency savings plan of £207.2m.
- At year end the system **delivered £176.9 of efficiencies**, 14.6% (£30.3m) behind plan. At month 11 system efficiencies were £53.7m behind plan (28.3%).
- In month 12 the system delivered £40.4m of efficiencies. The average delivery per month between M1 and M11 was £12.4m.
- **£78.5m (44%) of the efficiencies were delivered non-recurrently**, which has consequences for the exit run-rate and the challenge for 2023/24. Work is underway to develop the efficiency programme across SEL for 2023/24.

## Efficiencies by organisation

	Full-year			Of which is		
	Plan	Actual	Variance	Recurrent	Non-recurrent	NR %
	£m	£m	£m	£m	£m	%
GSTT	80.1	71.1	(9.1)	23.3	47.8	67%
KCH	55.0	38.5	(16.5)	29.1	9.4	24%
LGT	21.6	21.6	0.0	12.5	9.1	42%
Oxleas	13.5	13.5	0.0	5.9	7.6	56%
SLaM	15.0	11.8	(3.2)	9.8	2.0	17%
<b>SEL Providers</b>	<b>185.2</b>	<b>156.5</b>	<b>(28.7)</b>	<b>80.6</b>	<b>75.9</b>	<b>48%</b>
<b>SEL ICB</b>	<b>22.0</b>	<b>20.4</b>	<b>(1.6)</b>	<b>17.8</b>	<b>2.6</b>	<b>13%</b>
<b>SEL ICS</b>	<b>207.2</b>	<b>176.9</b>	<b>(30.3)</b>	<b>98.4</b>	<b>78.5</b>	<b>44%</b>

## Phasing of efficiency delivery



## 5. Financial Outturn 2022/23 – Lewisham Council

### Overall Position

2022/23 Efficiencies	Full-Year Outturn 2022/23		
	Plan	Outturn	Variance
	£m	£m	£m
Adult Care Services	10.4	6.3	(4.1)
Childrens Care Services	5.3	2.9	(2.4)
Public Health Services	0.2	0.2	0.0
<b>Total</b>	<b>15.9</b>	<b>9.4</b>	<b>(6.5)</b>
LBL Managed Budgets	Full-Year Outturn 2022/23		
	Budget	Outturn	Variance
	£m	£m	£m
Adult Care Services	63.2	64.8	(1.6)
Childrens Care Services	52.0	57.5	(5.5)
Public Health Services	(0.8)	(0.8)	0.0
<b>Total</b>	<b>114.4</b>	<b>121.5</b>	<b>(7.1)</b>

**Adult Social Care:** The efficiencies programme for 2022/23 finished the year behind plan by £4.1m. However due to non-recurrent measures the position against budget showed an overspend of £1.6m. The efficiencies programme was behind plan by 4.1m in relation to care packages. The outturn for the year reflects the level of commissioned care during the year and specifically Discharge clients who then go on to receive long term care with more complex and expensive packages. Additionally, there are pressures with young adults that have transitioned from Children services and who have complex care needs and expensive packages. Demand for Mental Health care has also shown increases post pandemic.

**Children’s Social Care:**

The efficiencies programme for 2022/23 finished the year behind plan by £2.4m. The position against budget showed an overspend of £5.5m.

# South-East London ICB 2023/24

## Month 3 Summary 2023/24

## 6. 2023/24 Month 03 Financial Position YTD

- The ICB is showing an adverse variance of £2,411k as at month 3 which is driven by the prescribing position which is based on the month 1 prescribing data which has now been received. There are also cost pressures emerging in CHC and MH CPC across the various boroughs.
- The Lewisham Place position is £124k overspent as at month 3, which comprises of the prescribing overspend plus a cost pressure arising in CHC being offset by savings identified in other budgets. The position does include 3 months of the 1% prescribing reserve at a borough level.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Variance</b>								
Acute Services	12	0	48	159	138	50	(0)	407
Community Health Services	110	(1)	(23)	37	411	35	0	570
Mental Health Services	17	(207)	0	162	72	(493)	277	(172)
Continuing Care Services	(9)	98	(480)	(581)	(171)	1	-	(1,142)
Prescribing	(654)	(519)	(757)	(455)	(746)	(461)	(0)	(3,593)
Other Primary Care Services	(0)	(0)	-	34	25	(0)	(105)	(46)
Other Programme Services	-	0	(0)	-	75	-	740	814
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	122	122
Delegated Primary Care Services	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets	80	102	18	166	73	100	91	629
<b>Total Year to Date Variance</b>	<b>(444)</b>	<b>(527)</b>	<b>(1,193)</b>	<b>(479)</b>	<b>(124)</b>	<b>(769)</b>	<b>1,125</b>	<b>(2,411)</b>



## 7. 2023/24 Month 03 Financial Position FOT

- The ICB is showing a breakeven position against plan for the FOT at this stage of the year and is including the prescribing cost pressure as a risk rather than actual at this point in time.
- Lewisham Place at this stage in the year, are predicting a FOT position of break-even, although CHC is a cost pressure against which there are mitigations in other budgets.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Forecast Variance</b>								
Acute Services	50	-	53	619	-	200	-	922
Community Health Services	442	(3)	-	149	-	140	-	728
Mental Health Services	70	(729)	-	568	-	(1,631)	277	(1,445)
Continuing Care Services	(35)	573	(1,919)	(1,953)	(342)	3	-	(3,673)
Prescribing	-	-	-	-	-	-	-	-
Other Primary Care Services	-	-	-	135	100	50	(576)	(291)
Other Programme Services	-	-	-	-	-	-	2,393	2,393
PROGRAMME WIDE PROJECTS	-	-	-	-	117	-	-	117
Delegated Primary Care Services	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	-	-
Corporate Budgets	165	159	72	481	126	114	132	1,249
<b>Total FOT Variance</b>	<b>692</b>	<b>(1)</b>	<b>(1,794)</b>	<b>()</b>	<b>1</b>	<b>(1,124)</b>	<b>2,226</b>	

## 8. Signed Lewisham Delegated Budget 2023/24

The table below shows the final signed off budget for 2023/24 £158.836m and increases to budgets actioned in year £0.527m at month 2, and £1.789m at month. These mainly reflect non recurrent allocations in year.

Lewisham	Opening Baseline	Pre-growth baseline adjustments	23/24 Baseline pre-growth	Tariff	Growth	Convergence/Savings requirement	Cost pressures & Investments	Other	23/24 Core budgets	Non-recurrent budgets	Total 23/24 budget	Total 23/24 budget at Month 2	Movement from Start Budget to Month 2	Movement from Month 2 to Month 3	Total 23/24 budget at Month 3
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Other Acute Services	1,692	0	1,692	30	38	(12)	0	0	1,749	0	1,749	1749	0		1,749
Other Community Health Services	23,335	255	23,590	425	681	(167)	0	1,576	26,105	0	26,105	26283	178	1,330	27,613
Mental Health Services	5,850	0	5,850	105	715	0	0	(50)	6,620	0	6,620	6969	349		6,969
Continuing Care Services	20,098	0	20,098	374	469	(147)	208	0	21,002	(208)	20,794	20794	0		20,794
Prescribing	38,270	0	38,270	77	850	(272)	290	0	39,214	(383)	38,831	38831	(0)		38,831
Other Primary Care Services	1,178	0	1,178	39	50	(15)	237	0	1,489	0	1,489	1489	(0)		1,489
Other Programme Services	367	0	367	27	0	0	0	44	438	0	438	438	(0)		438
Delegated Primary Care Services	54,108	1,183	55,291	0	3,179	(227)	0	458	58,702	0	58,702	58702	0	459	59,161
Corporate Budgets	4,117	0	4,117	1	1	(0)	0	(44)	4,074	34	4,108	4108	0		4,108
<b>Total</b>	<b>149,015</b>	<b>1,438</b>	<b>150,453</b>	<b>1,078</b>	<b>5,984</b>	<b>(841)</b>	<b>735</b>	<b>1,984</b>	<b>159,393</b>	<b>(557)</b>	<b>158,836</b>	<b>159,363</b>	<b>527</b>	<b>1,789</b>	<b>161,152</b>

### 9. Lewisham Overall Position Month 3 2022/23

	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	437	300	138	1,749	1,749	0
Community Health Services	6,903	6,492	411	27,613	27,613	0
Mental Health Services	1,742	1,670	72	6,969	6,969	0
Continuing Care Services	5,198	5,369	(171)	20,794	21,136	(342)
Prescribing	9,804	10,550	(746)	38,831	38,831	0
Other Primary Care Services	372	347	25	1,489	1,390	100
Other Programme Services	109	35	75	413	296	116
Delegated Primary Care Services	14,790	14,790	0	59,161	59,161	0
Corporate Budgets	1,027	954	73	4,108	3,982	126
<b>Total</b>	<b>40,383</b>	<b>40,507</b>	<b>(124)</b>	<b>161,126</b>	<b>161,127</b>	<b>(0)</b>

- At month 3, the borough is overall reporting an overspend of £124k and forecasting breakeven for the full year.
- The overspend is mainly driven by prescribing costs. Based on April's data (as data is available 2 months in arrears), quarter 1 is showing a prescribing overspend of £881k including CAT M/NCSO drug pressures of £320k. This is a known about pressure initially presenting in 2022/23 and now continuing into the current year. The difference of £561k reflects other prescribing pressures which have been flagged with the local medicines management team. The team have been asked to identify the nature of these pressures before month 4 reporting and explore options to rectify the pressure.
- Whilst the gross overspend on prescribing is £881k, mitigations have been applied to reduce the reported position to an overspend of £746k shown in the table opposite. These are, uncommitted expenditure on other prescribing budgets not directly drug related £98k, application of a 1% risk reserve earmarked to cover CAT M/NCSO drugs £95k, both offset by a prior year balance sheet movement of £58k.
- Except for continuing care services which is showing an overspend of £171k, all other budget lines are at breakeven or showing underspends. The underspends reflect deferral of investment and reduction of expenditure commitments in order to mitigate the prescribing overspend.
- The continuing care budget was showing an underlying run rate at the start of the year of c. £1m and so whilst overspending in quarter 1, the position at this stage in the year against 'run rate' appears to have improved. The local team is focussed on reviewing cost of care packages to mitigate the overspend, but there remains risk to the position reflecting AQP rate increases of c.17% which are required to be managed within a budget uplift of c. 3.5%
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 3, 90% or c.£3.8m (month 2 59% or c.£2.5m) of this has been identified showing significant progression from month 2 and the borough is focussed on closing the remaining gap of £0.4m gap. Delivery and de-risking of identified efficiencies is now a key priority for the local team. Delivery at month 3 is on plan, however it should be noted prescribing efficiencies of £1.3m are profiled from July to March in line with the optimisation plan for medicines.

## 10. Month 3 – Lewisham Efficiencies

- This table summarises the Lewisham position at month 3.
- The borough has identified efficiencies of £3.805m (90%) compared to a target of £4.208m This represents an improvement from the total identified at month 2 which was £2.512m
- There remains a residual balance to identify of £0.403m to meet the £4.208m target. However, it should be noted this is a start budget target and may increase during the year in order to breakeven and dependent on the overall financial position.
- Efficiencies delivered to month 3 are on plan at £567k noting profiling of prescribing savings £1.3m are profiled from July onwards and there remains £0.4m to identify..

Lewisham	Opening Baseline	Pre-growth baseline adjustments	23/24 Baseline pre-growth	Tariff	Growth	Convergence / Savings requirement	Cost pressures & Investments	Other	23/24 Core budgets	Non-recurrent budgets	Total 23/24 budget	Target Savings 23/24 @4.5%	Savings Identified 23/24	Residual Balance 23/24 Yet To Identify
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Other Acute Services	1,692	0	1,692	30	38	(12)	0	0	1,749	0	1,749	79	489	410
Other Community Health Services	23,335	255	23,590	425	681	(167)	0	1,576	26,105	0	26,105	1,175	715	(460)
Mental Health Services	5,850	0	5,850	105	715	0	0	(50)	6,620	0	6,620	0	114	114
Continuing Care Services	20,098	0	20,098	374	469	(147)	208	0	21,002	(208)	20,794	936	450	(486)
Prescribing	38,270	0	38,270	77	850	(272)	290	0	39,214	(383)	38,831	1,747	1,723	(24)
Other Primary Care Services	1,178	0	1,178	39	50	(15)	237	0	1,489	0	1,489	67	100	33
Other Programme Services	367	0	367	27	0	0	0	44	438	0	438	20	0	(20)
Delegated Primary Care Services	54,108	1,183	55,291	0	3,179	(227)	0	458	58,702	0	58,702	0	0	0
Corporate Budgets	4,117	0	4,117	1	1	(0)	0	(44)	4,074	34	4,108	185	214	29
<b>Total</b>	<b>149,015</b>	<b>1,438</b>	<b>150,453</b>	<b>1,078</b>	<b>5,984</b>	<b>(841)</b>	<b>735</b>	<b>1,984</b>	<b>159,393</b>	<b>(557)</b>	<b>158,836</b>	<b>4,208</b>	<b>3,805</b>	<b>(403)</b>
													Percentage Identified	90.42%
													Percentage Unidentified	-9.58%

# South-East London ICS 2023/24

## Month 2 Summary 2023/24

## 11. Executive summary

### Revenue

- At month 2 **SEL ICS reported a system deficit of £45.2m, £34.1m adverse to a planned £11.1m deficit.** This compares to a £25.7m adverse variance at month 1.
- 4 out of 5 providers and the ICB are reporting an adverse variance against plan.
- Following review of the month 2 position, potential improvements to the position have been identified to **restate the month 2 position as a (£30.5m) deficit.** The remaining drivers to the deficit include the impact of industrial action (£9.4m), CIP slippage, and unplanned costs of using the independent sector driven by significant operational demand in NEL and MH pathways.
- The system is **reporting a break-even forecast out-turn position:** In line with the final plan the ICB is forecasting a £64.1m surplus, offsetting a (£64.1m) deficit in the provider sector in line with our final plan.
- The current assessment of **un-mitigated risk against delivery of the plan is c. £58m** although the future impact of these known issues mean this risk assessment has significant uncertainty.
- The system has **identified £241.4m (83%) of its £290.3m annual plan.** At month 2 £106.3m (44%) of the identified efficiencies is rated as a low risk of being delivered.
- At month 2 the system has **delivered £24.1m of efficiencies, £10.6m behind the YTD plan of £34.8m**
- Despite the forecast system agency spend being £4m lower than plan, the **system is forecasting to spend £117.4m on agency staff, exceeding the £108.8m system agency spending limit by £8.6m**

### Capital

- At month 2 **YTD the system capital expenditure is £35.2m against a planned £57.2m.**
- The system is currently **forecasting to spend the planned capital of £233.2m against the total system allocation of £225.2m**

# Lewisham Council 2023/24

## Month 2 Summary 2023/24

## 12. Month 2 2023/24 – Lewisham Council

### Overall Position

2023/24 Efficiencies	Year-to-date Month 2			Full-Year Forecast 2023/24		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	1.1	1.1	0.0	7.0	7.0	0.0
Childrens Care Services	0.4	0.0	(0.4)	2.6	0.1	(2.5)
Public Health Services	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>1.5</b>	<b>1.1</b>	<b>(0.4)</b>	<b>9.6</b>	<b>7.1</b>	<b>(2.5)</b>
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	11.9	12.1	(0.2)	71.4	72.4	(1.0)
Childrens Care Services	8.9	9.8	(0.9)	53.6	59.1	(5.5)
Public Health Services	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>20.8</b>	<b>21.9</b>	<b>(1.1)</b>	<b>125.0</b>	<b>131.5</b>	<b>(6.5)</b>

**Adult Social Care and Commissioning:** £1m forecast overspend at Period 2. This position assumes full delivery of savings including those carried forward from prior years. 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.

**Children’s Social Care:** The Projected outturn for 2023/24 is currently forecast at £5.5m, based on expenditure being incurred in line with the 2022/23 outturn. The directorate have been working towards more intervention and support strategies, this involves improved commissioning work with the PAN London Commissioning Alliance to secure more favourable rates and work undertaken to create alternative capacity such as the Amersham and Northover in house provision as well as further support offered to parents and young people.

This work is aimed at further reducing the number of Children Looked After (CLA’s), for context in May 2022 there were 479 CLA’s compared to 435 CLA’s in April 2023. This reduction is a positive and reflects the work being undertaken by the service, however children who need new placement arrangements have a high level of need meaning a higher cost, reflecting the change of focus. For context, a pupil costing £0.010m a week, will cost £0.5m per annum. Whilst the focus moves towards early intervention and support, this service remains high risk statutory and regulated.



**Lewisham Quality and Assurance Group**

**Minutes of the meeting held on 12 May 2023**

**11.00-13.00 hrs, via Teams**

**Present:**

Louise Crosby – LGT  
 Mathew Agbolebe - SLAM  
 Jessica Arnold – LLCP  
 Carol Bloomfield - SLAM  
 Paul Creech - LBL  
 Kenny Gregory – LLCP  
 Nisreen Hilmi – SEL ICB  
 Ceri Jacob – LLCP  
 Michael Kerin – Lewisham Healthwatch  
 Erfan Kidia – LLCP  
 Paul Larrisey – SEL ICB  
 Kerry Lonergan – LBL  
 Iain McDiarmid - LBL  
 Ashley O’Shaughnessy - LLCP  
 Caroline Walker - LLCP  
 Helen Woolford - LGT

Chair

**Apologies:** Sarah Wainer and Lizzie Howe

		Actioned by
<b>1.</b>	<p><b>Welcome, apologies for absence &amp; Minutes of the previous meeting and action log</b></p> <p>Minutes were approved of the previous meeting held on 10 March 2023.</p>	
<b>2.</b>	<p><b>Lewisham Performance Dataset</b></p> <p>The dataset was reviewed by the group and it was noted that Lewisham LCP was below target for:</p> <ul style="list-style-type: none"> <li>• Physical health checks for people with an SMI</li> <li>• Health checks for people with a learning disability</li> <li>• CHC reviews</li> </ul> <p>It was noted that these areas were being addressed through other groups.</p> <p>The group agreed that it should not duplicate work carried out elsewhere but ask for a spot light / review for a target area where progress is not being</p>	

	<p>made. The data set will be reviewed at each meeting and can be added to if required by the group.</p>	
<p><b>3.</b></p>	<p><b>Feedback from ICB Groups</b></p> <p>CW updated the group on key information from ICB wide quality groups and shared a number of background papers.</p> <p>No incidents following Junior Doctors Strike in April have been identified.</p> <p>A task and finish group has been set up to look at quality improvement around medicines management at the Blackheath Brain Injury unit following CQC inspection.</p> <p>A SEL wide discharge plan is in place following the March Discharge Summit and this is being shared with Place UEC Groups.</p> <p>The SHMI position has been maintained, with a slight increase for GTSS and LTG noted. No suspected or unexpected deaths have been recorded for March 2023.</p> <p><u>SQC:</u></p> <p>Review of HSIB paper on Care Delivery within community mental health was reviewed. A link to the report was shared.</p> <p>NWL ICB had carried out a review of ambulance delays and had demonstrated relatively low harms arising from the delays. It was noted that the number of cases reviewed was low. The report was shared.</p> <p>There was an update on the Medical Examiner scrutiny of all non-coronial non-acute deaths. The ICB will convene a system wide learning from Deaths Group.</p> <p>All Never Events between 2020 and 2022 have been reviewed and a number of themes were highlighted. SEL has set up a T&amp;F group to look at these themes. The slides were shared.</p> <p>A review of adult safeguarding from across SEL between 2019 – 2022 and recommendations to be further explored in a SEL wide safeguarding workshop.</p>	

	<p><b>Feedback from the CCPL Group</b></p> <p>MJ provided an update from the CCPL Group. There had been a recent focus on the needs of people with a Learning Disability and/or Autism and whether local services were meeting their needs effectively. Work is taking place both locally and across SEL to address some of the concerns. In particular, this cohort of people is finding it difficult to navigate the health and care system.</p>	
4.	<p><b>Quality Alerts/SI's</b></p> <p>The paper was noted.</p>	
5.	<p><b>Digital Inclusion</b></p> <p>The summaries of work on digital exclusion from each partner were reviewed.</p> <p>SLAM's digital inclusion team was noted as good practice. It was agreed that IMcD and MA to meet outside the meeting to strengthen the links to LBL Supported Housing.</p> <p>There may be a greater role for Libraries. They already provide access to hardware but it may be helpful to train Library staff on how to navigate the health systems and build on the digital coach concept.</p> <p>A link to CATBYTES, a local VCS group that aims to address digital exclusion was shared.</p> <p>It was agreed that there should be 3 elements to the digital inclusion work:</p> <ul style="list-style-type: none"> <li>• Access to hardware</li> <li>• Support to navigate systems</li> <li>• Ensuring appropriate non-digital access.</li> </ul> <p>It was agreed that a small working group should take forward a task and finish piece of work to understand what is already underway to address digital exclusion in Lewisham and identify any gaps that LCP partners should work together to address. CJ to speak to Fiona Kirkman.</p> <p>CJ to also speak to Tom Brown re the role of libraries.</p>	<p><b>IMcD &amp; MA</b></p> <p><b>CJ</b></p> <p><b>CJ</b></p>
6.	<p><b>Overview of Suggestions for Opportunities for Joint Working</b></p> <p>The original work to identify quality priorities for each partner organisation was reviewed, including a verbal update on primary care from AOS.</p>	

	<p>It was noted that often it is non-health issues that exacerbate ill health. The Manchester Model was noted as a good approach. The Manchester Model focus's quality improvement effort in areas of greatest deprivation where most benefit can be achieved. A number of areas were identified as potential areas of focus for the group. These included:</p> <ul style="list-style-type: none"> <li>• Medication errors and their impact on hospital admissions</li> <li>• "1 stop" home visits</li> <li>• Sickle Cell</li> <li>• Sharing CYP data on immunisations</li> </ul> <p>It was agreed that LC, CJ and CW should meet to hone the ideas down and present a proposal to the next meeting.</p>	<p><b>LC, CJ &amp; CW</b></p>
<p><b>7.</b></p>	<p><b>Patient Safety &amp; Patient Safety Incident Response Framework (PSIRF)</b></p> <p>Slides were presented to the group. PSIRF replaces the existing SI Framework and the focus will move from one of reporting and signing plans off to system learning and improvement. It was noted that the local authority also commissions health services and there is an opportunity to join up the outputs of these reviews across the system to identify common themes across organisational boundaries. This would help to identify areas where, as a system, we could have most impact on improving safety and quality.</p>	
<p><b>8.</b></p>	<p><b>Forward Plan</b></p> <p>It was agreed that Primary Care should be added to the forward plan for September.</p>	
<p><b>9.</b></p>	<p><b>Escalations to the LCP Board</b></p> <p>None noted.</p>	
<p><b>10.</b></p>	<p><b>AOB</b></p> <p>No items raised.</p>	

## Mental Health All-Age Alliance Leadership Board (MHALB) meeting

Date: 17<sup>th</sup> May 2023

Time: 12.30 – 2pm

Location: via Teams

Chair: Mark Pattison

### Attendees:

Mark Pattison (Chair)	MP	Service Director, Lewisham and Addictions Operations Directorates
Zain Sadiq	ZS	Lewisham Associate Medical Director
Simon Whitlock	SW	Head of CYP Commissioning, NHS SEL ICB/Lewisham Council
Evelyn Semple	ES	Adults MH Social Care Lead
Kerry Lonergan	KL	Consultant in Public Health
Joan Hutton	JH	Director of Operations - Adult Social Care
Ben Taylor	BT	CEO BLG Mind
Kenny Gregory	KG	Director Integrated Commissioning, NHS SEL ICB/Lewisham Council
Nicola Gower	NG	General Manager – Older Adult Services
Bobby Pratap	BP	Director of Implementation (Lewisham)
Hillna Fontaine	HF	Lewisham BAME Network (Associate member)
Abi Agboke-Power	Abi	PA to Service Director (minutes)

No	Agenda items
1.	<p><b>Welcome and Apologies:</b> MP welcomed all.</p> <p><b>Apologies</b> Natalie Sutherland, Assistant Director, Adult Integrated Commissioning (Mental Health)</p>
2.	<p><b>Declarations/Conflicts of Interest</b> None</p>
3.	<p><b>Minutes and actions of last meeting</b> The minutes of the previous meeting were agreed.</p> <p><u>Actions update.</u> <b>Supported Housing Provision for 2024/25</b> KG is still consulting with Better Care Fund Lead to develop a proposal for the better care fund, to cover shortfall in funding supported housing beds. <b>Action: KG will bring update back to this meeting.</b></p>
4.	<p><b>Health Inequalities Session feedback</b></p> <p>BP presented, shared presentation on this item. He talked about the agreement in principle to use the inequalities funding, £150k-£200k which is recurrent. BP gave details about the discussion held on what the money will be used for including details of types of organisations to work with, expanding on the key points below</p> <ul style="list-style-type: none"> <li>Use of Lewisham Adult Mental Health inequalities funding</li> <li>• Further prep work</li> <li>• Monitoring &amp; Assurance</li> <li>• Academics to conduct formal evaluation</li> </ul>

	<ul style="list-style-type: none"> <li>• Training</li> <li>• Premises</li> </ul> <p>There followed comments and clarifications. Addressing systemic issues was raised, it was agreed to discuss further outside this meeting.</p> <p>Next steps</p> <p><b>Action: Bobby to meet with Ben, Hillna and Sabrina outside this meeting to discuss the addressing systemic issues.</b></p> <p>Other issues raised in this discussion were about paying Associate members for their time spent in this meeting and about their voting right on important issues in this meeting. HF mentioned that these have been raised before and have not been addressed.</p> <p>MP agreed that these issues will be looked into as it is probably time to review the terms of reference.</p>
5.	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>• System assurance</li> <li>• Work Plan</li> </ul> <p>KG gave an outline of what the CCG role was, and now known as the Integrated Care System (ICS). He explained the work of the ICS at borough level. KG gave further details of Alliance Leadership Board role feeding into Local Care Partnership and the Mental Health Transformation Board.</p> <p><b>Action: KG to share the slides for this presentation after this meeting.</b></p> <p>KG mentioned two key metrics held by Mental Health Alliance</p> <ul style="list-style-type: none"> <li>• SMI health check</li> <li>• Personal Health budget</li> </ul> <p>He stated that Lewisham borough is underperforming on these two metrics.</p> <p>KG stated that Natalie will get in touch to see if she could set up a task and finish working group to look into the SMI health metric.</p> <p>There was also a request to invite Stacey Denger to attend this meeting and present on the status of SMI physical health check.</p> <p><b>Action: KG to invite Stacey.</b></p>
6.	<p><b>Community Transformation Update</b></p> <p>MP gave a background to the community transformation work, an update on what has been done so far, the challenges and next steps. MP showed presentation slides which will be shared after this meeting.</p> <p><b>Action: MP to share presentation.</b></p> <p>MP updated on EMIS benefits and the challenges. He stated that the pilot has been a success, and GPs felt listened to, however the structure of EMIS meant some data cannot be extracted and this is causing some challenges. Further discussion on this to be on agenda for future meetings. <b>Action: MP to add EMIS to agenda for future meetings.</b> MP also gave a case study of a service user which confirms focus on what mattered to patient than what matters to system and it provided the best outcome for the patient.</p> <p>Supporting comments were made on the case study. HF requested for a breakdown of data into gender, age, ethnicity.</p>

	<p><b>Action: MP agreed to follow up on breakdown of data</b></p> <p>MP informed that the ICS have been asked as a cost improvement exercise to save £10m from the Mental Health Budget between Oxley's and SLaM. MHIS and SDF funds will be held for the time being.</p>
7.	<p><b>Update on Lewisham Clinical Model</b></p> <p>BP gave update on the ongoing work in Ladywell Unit. The aim is to bring quite significant amount of capital to Lewisham. There is a need to replace the Ladywell Unit. To determine the building, Clinical &amp; Care model types need to be decided on. BP has been researching different Care models nationally and internationally. He is also looking to get some funding from NHS England for the pilots.</p>
8.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• JH requested that AMHP data and analysis of trends be added to next month's meeting agenda. Evelyn will present this item. <b>Action: Zain, Natalie to note for next agenda.</b></li> <li>• HF wanted update about the Counselling that came out of the Insight work. ZS will update HF outside this meeting.</li> </ul> <p><b>Date of Next Meeting:</b> Wednesday 21<sup>st</sup> June 2023</p>



## Mental Health All-Age Alliance Leadership Board (MHALB) meeting

Date: 21<sup>st</sup> June 2023

Time: 12.30 – 2pm

Location: via Teams

Chair: Zain Sadiq

### Attendees:

Zain Sadiq	ZS	Lewisham Associate Medical Director (Chair)
Natalie Sutherland	NS	Assistant Director, Adult Integrated Commissioning (Mental Health)
Kenny Gregory	KG	Director Integrated Commissioning, NHS SEL ICB/Lewisham Council
Simon Whitlock	SW	Head of CYP Commissioning, NHS SEL ICB/Lewisham Council
Evelyn Semple	ES	Adults MH Social Care Lead
Kerry Lonergan	KL	Consultant in Public Health
Maryland Ocansey	MO	Interim Service Manager Lewisham CAMHS Generic Team
Sue Field	SF	SLP Complex Care
Jonathan Scarth	JS	Commissioning Manager
Jonathan Goodall	JG	Senior Contracts and Commissioning Manager, Complex Care Programme
Rabia Alexander	RA	Head of Commissioning
Hillna Fontaine	HF	Lewisham BAME Network (Associate member)
Nicola Gower	NG	General Manager – Older Adult Services
Bobby Pratap	BP	Director of Implementation (Lewisham)
Claude Joussein	CJ	Deputy Service Director Children and Adolescent Mental Health services
Iain McDiarmid	IM	Assistant Director - Adult Integrated Commissioning
Abi Agboke-Power	Abi	PA to Service Director (minutes)

No	Agenda items
1.	<p><b>Welcome and Apologies:</b> ZS welcomed all.</p> <p><b>Apologies</b> Mark Pattison, Service Director, Lewisham and Addictions Operations Directorates Ben Taylor, CEO BLG Mind Joan Hutton, Director of Operations - Adult Social Care Dominic Parkinson, BLG Mind</p>
2.	<p><b>Declarations/Conflicts of Interest</b> None</p>
3.	<p><b>Minutes and actions of last meeting</b> The minutes of the previous meeting were agreed.</p> <p><u>Actions update.</u> <b>Supported Housing Provision for 2024/25</b> Consulting with Better Care Fund lead to develop a proposal for the Better Care fund to cover shortfall in funding supported housing beds. IM confirmed that the 150k will be available to fund the contingencies but will come back to this meeting with further update. <b>Action: IM agreed to bring further update back to this meeting.</b></p>

	<p>There was a request to invite Stacey Denger to attend this meeting from May meeting and present on the status of SMI physical health check.</p> <p><b>Action: NS agreed to invite Stacey.</b></p> <p>In the May meeting MP shared a case study of a service user which confirmed focus on what mattered to patient than what mattered to system and provided the best outcome for the patient.</p> <p>HF requested for a breakdown of data into gender, age, ethnicity.</p> <p><b>Action: MP agreed to follow up on breakdown of data for HF</b></p>
<p><b>4</b></p>	<p><b>South London Partnership (SLP) Community Rehabilitation Procurement Update</b></p> <p>Jonathan G presented brief update on the procurement for the integrated Community mental health, rehabilitation, and service. What the SLP complex care programme in intends to commission. A business case was approved back in 2022 for the development of integrated community rehabilitation service.</p> <p>Business case proposed the procurement of three services, one in each trust in South London and procuring 14 units per service, a total 42 units, but with the aim of supporting 50. JG gave further details including timeline for procurement and the pilot launched by St Georges.</p> <p>Sue F added that it would be one service that Lewisham, Southwark and Croydon would share, Lambeth is outside the scope of the programme.</p> <p>Rabia added that this will be going out in one procurement process, 3 lots, one within each Trust. There will be a memorandum of understanding about working across the local authorities across and the board also.</p> <p>Jonathan G posed these 4 key questions to the Alliance:</p> <ul style="list-style-type: none"> <li>• How do you want to be involved?</li> <li>• How do you want to be kept updated?</li> <li>• What information/issues we need to be mindful of and how do you think these should be tackled?</li> <li>• Do you have any other comments?</li> </ul> <p>There followed questions and clarifications.</p> <p><b>Action: Jonathan G to share the presentation slides shown in this meeting.</b></p> <p>Action: NS</p>
<p><b>5</b></p>	<p><b>MET Announcement Implications</b></p> <p>NS presented. She stated that the Met wrote to Health and Social Care partners to inform that they'll be implementing the Right Care Right Person n model, which will result in withdrawing the police officers from responding to most mental health related calls from the 1st of September this year. And that the Right Care Right Person model is based on a Humberside pilot which significantly reduced the amount of frontline. It is worth noting that the Humberside pilot took about three to four years to implement, and it was a strong focus on partnership working and they are proposing that we do it in London in three months' time</p> <p>A meeting was held on the 16th of June to try and understand the potential impact. As a result of the meeting, it was recognised that there is a lot of anxiety of the unknowns and the impact it would have on the system.</p>

	<p>It was agreed to do a bit of a breakdown to understand those implications based on the phased approach that Humberside took to think through, not only just the implications, but the actual mitigations that might be possible. This is for children and young people, adults, and older adults, therefore there needs to be a whole system response. A discussion followed about the challenges faced in London also in care homes.</p> <p>NS stated that this item will be the main agenda item at the crisis collaborative at the beginning of July for the feedback. Alliance will need to wait for what comes back from providers on those potential impacts and that will give an overall position and it would be for the crisis collaborative to think through some of the action plan or next steps around that.</p>
<p><b>6</b></p>	<p><b>MHIS / SDF funding 2023/24 update</b></p> <ul style="list-style-type: none"> <li>- <b>CYP</b></li> <li>- <b>AMH / MHOA</b></li> <li>- <b>Inequalities</b></li> </ul> <p>BP gave explained requirements of the MHIS. He stated that the ASK has been for all directorate including CYP and older adults to submit the top three priorities. There followed a discussion on the funding priorities.</p> <p><b>Action: BP will draft top three priorities and will share for comments.</b></p>
<p><b>7.</b></p>	<p><b>AOB</b></p> <p>ZS Informed of bed pressures and Trust being in OPEL 4</p> <p>Date of next meeting: <b>Wednesday 19<sup>th</sup> July</b></p>