Lewisham Local Care Partners Strategic Board
Date: 30 November 2023, 14.00-16.15 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Michael Kerin (apologies for absence Tom Brown)

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence, Action Log & Minutes of the previous LCP meeting held on 21 September 2023 (for approval)**	Verbal/ Encs 1 & 2	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**Cancer screening update**	Enc 3	Dr Esther Appleby/Dr Catherine Mbema	For Discussion	14.05-14.25 20 mins
3.	**Any questions from members of the public**				14.25-14.30 5 mins
4.	**PEL (Place Executive Lead) Report**	Enc 4	Ceri Jacob	To Note	14.30-14.35 5 mins
	Delivery				
5.	**Health Inequalities**	Enc 5	Dr Catherine Mbema	For Discussion	14.35-14.50 15 mins
6.	**Home Visiting Service**	Enc 6	Ashley O'Shaughnessy	For Approval	14.50-15.05 15 mins
7.	**Lewisham Winter Plan 2023/24**	Enc 7	Amanda Lloyd	For Approval	15.05-15.20 15 mins
8.	**Risk Register**	Enc 8	Ceri Jacob	For Discussion	15.20-15.30 10 mins
9.	**People's Partnership update**	Enc 9	Anne Hooper	To Note	15.30-15.40 10 mins
	Governance & Performance				
10.	**Corporate Objectives & Action Plans**	Enc 10	Ceri Jacob	For Discussion	15.40-16.00 20 mins
11.	**Finance update**	Enc 11	Michael Cunningham	For Discussion	16.00-16.10 10 mins

	Place Based Leadership				
12.	**Any Other Business**		All		16.10-16.15 5 mins
					CLOSE
	Date of next meeting (to be held in public): • **Thursday 25 January 2024 at 14.00 hrs via Teams**				
	Papers for information				
	• **Healthwatch Annual Report (Enc 12)** • **Primary Care Group Chairs Report (Enc 13)** • **Current DOI 2023/24 Register for LCP Board members (Declaration of Interests) (Enc 14)** • **Biography details of current LCP Board members (Enc 15)** **Minutes of:** • **People's Partnership meeting (27/09/2023) (Enc 16)**				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 21 September 2023 at 14.00 hrs

via MS Teams

Present:

Michael Kerin (MK)	Healthwatch Lewisham representative
Anne Hooper (AH)	Community Representative Lewisham
Tom Brown (TB) (Chair)	Executive Director for Community Services (DASS), LBL
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Pinaki Ghoshal (PG)	Director of Children's Services, LBL
Neil Goulbourne (NG)	Chief Strategy, Partnerships & Transformation Officer, LGT (Lewisham & Greenwich NHS Trust)

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Sarah Wainer (SW)	Director of Transformation, SEL ICS (representing Ceri Jacob)
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Kenny Gregory (KG)	Director of Adult Integrated Commissioning
Chima Olugh (CO)	Primary Care Commissioning Manager Lewisham, SEL ICS
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Jessica Arnold (JA)	Director of Delivery, Lewisham, SEL ICS
Mark Pattison (MP)	Borough Director, South London & Maudsley NHS Foundation Trust

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Apologies:

Ceri Jacob
Dr Helen Tattersfield
Fiona Derbyshire
Dr Prad Velayuthan

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 27 July 2023** Tom Brown (Chair) welcomed everyone to the meeting. LH advised the chair on quoracy and apologies for absence received. The meeting was agreed as quorate. Neil Goulbourne (Chief Strategy, Partnerships & Transformation Officer, LGT) was welcomed to his first LCP Board meeting held in public. Apologies for absence were noted as recorded above. Declaration of Interests – There were no new or amended declarations of interest. Minutes of the Lewisham LCP Strategic Board meeting held on 27 July 2023 – these were agreed as a correct record. Action log – actions were updated accordingly. VA action – Mark Pattison advised a number of conversations and leadership forums were taking place in SLaM. Currently undertaking a community stock take. JA had provided a document for circulation, sent with the meeting papers. MK suggested issuing Annex A detailing the membership of each group. JA advised it had been felt not appropriate for names to be added but can add job titles. All partners are represented. Will update and send document round. MK noted Healthwatch are not on	

	all groups, not always due to capacity. Would be useful to have the details for reflection. JA noted this. **The LCP Board approved the Minutes of the meeting held on 27 July 2023.**	
2.	**Questions from members of the public** There were no questions raised from the members of the public or received in advance of today's meeting.	
3.	**PEL (Place Executive Lead) update** Sarah Wainer presented the agenda item. The PEL update was taken as read. SW noted the MCR process was on-going. Last seminar session with the LCP Board had included PoDs (pharmacy & dental attended). NHSE had passed these to ICB's. For pharmacy and dentistry there had been interesting conversations to see how alignment could take place. **The Lewisham LCP Board noted the PEL report.**	
4.	**Highlights from the Lewisham Place Executive Group (PEG) & Integrated Programme Management Function** Jessica Arnold presented the agenda item. <u>Governance</u> JA advised the PEG workshop had been with most partners and talked through the role of the PEG etc. There is a lot of delivery taking place. Relaunch process and feedback from partners detailed in the paper. Two key items of feedback. These are providing accountability and assurance and the role of how partners work together to resolve problems and collaborate. There is reporting into the LCP Board.	

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	Topics already covered detailed in the paper. Dedicated sessions will be taking place on Mental Health, CYP etc. <u>Integrated programme management update</u> Four key points noted in the paper. A programme progress pack will represent all of Lewisham. It will detail metrics, risks and finance to show a high level of detail. No duplication with other reports though. Culture of programme delivery will be focussed on. Robustness and consistency will be highlighted. This will provide support to the place executive group. This is the first of regular reports to the LCP Board. NG queried how effective JA considered the PEG. Second question related to the portfolio list. Are the timescales for reporting and ensuring accuracy to a timetable? Perhaps manage expectations and building out maybe. JA advised it is a work in progress, members are giving a lot and being active and giving value. Looking at impact of all the Boards not just in isolation. Happy how the meetings are going. Ranges from high to lower level. Challenges of reporting noted. It is an ambitious task. System commitments are important. TB noted the distraction of newer priorities, could use the reporting regimes to keep traction. SW spoke about the danger of PMO's becoming an industry themselves historically, need to be careful to ensure we have a balance. We are not awash with capacity. Important to keep a balance. JA spoke about how the PMO team are set up. AH queried details of who sits on PEG please. JA agreed to provide. Voluntary sector input would be welcome. PG noted on the list of programmes, observations were the list is adult heavy, with two which relate to CYP (children & young people). For the scoping stage SPA CAHMS front door there have been some good conversations but stuck at the moment due to a lack of capacity.	**JA**

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	The LA do project management as well. JA advised work is underway to ensure the list details the right projects. PG said families and CYP would be nice for inclusion. **The LCP Board noted the update.**	
5.	**Additional VCSE representative** Charles Malcolm-Smith presented the agenda item. There is recognition we need to strengthen our representation. The ask is for the LCP Board to approve the recruitment process. MK said he supported the proposal. Voluntary sector need to feel comfortable and own this. Embedded in the local system and good two-way communication. Able to identify the issues they want to. Owned, supported and encouraged. Incentives, perhaps financial for example in previous times. It is more than just a place at the top table. CMb welcomed the proposal as well and queried current VCSE reps/groups? Any barriers? A range of groups would be interested but need to be clear on support for them. KG agreed with MK's point about it being a two-way process. Social care provider representation is lacking at the moment, think about how we can facilitate that for adults and children's. AH agreed with the proposal, but noted the number of voluntary sector organisations in Lewisham, needs work on the structure underneath it. CMS agreed with the points raised. Current representation is split between Fiona Derbyshire and Lewisham Local and Age UK for seminar sessions. Have met with them to discuss any difficulties with attending. This is part of the development plan. Also been in contact with SEL colleagues who are in contact with the voluntary sector. Noted KG point on social care representation. TB commented on LA engagement this being around adults and the need to include CYP as PG mentioned. It is not solely about 18 plus. MK suggested CMS add in a rider adding the comments the LCP Board have made. Happy to be involved with the process. CMS	

	advised the next agenda item does pick up MK feedback points as well. **The LCP Board approved the proposal.**	
6.	**Development Plan for LCP** Charles Malcolm-Smith presented the agenda item. Looking at an OD plan as a partnership. Timeline in the pack noted and the 5 P's framework. Action plan was here for agreement. This would take matters up to April with a progress check halfway. The action plan covers four areas. SW noted shared records and information will have a huge challenge and complexity. Integrated quality group is not the right place for this at the moment. Delivery of the vision will be a huge undertaking. TB agreed with SW points. Ways of working comments and over sight. Modelling the ways of working, say this as a Board. Behaviours from the rest of the system. NG queried if the list was manageable. CMS mentioned the halfway review point again. Discussions on refining and developing has been taking place over the last year. MK spoke about elements fitting into the system, how do priorities fit in to each area. Cohesion needs to be maintained. Who maintains the priorities and has the leverage at various groups. Need to understand the dynamic. CMS said the oversight group will have a key part to play in that. **The LCP Board approved the Development Plan.**	
7.	**Primary Care Group Chairs Report** Anne Hooper presented the agenda item. Report taken as read. Primary care NHSE funding noted. Both in general practice and PCN's as well. Final funding is to be agreed.	

	Comms campaign, recruitment and retention, noted changes do need to be effectively communicated to patients. Main aim of the campaign is to inform and engage on developments in primary care. Key messages noted. The campaign will take place in stages. Need to ensure residents are included if they do not use digital means to access services. The latest Primary Care PMS dashboard noted. T&F (task & finish) group have been looking at the structure of practice-based MDT (multi-disciplinary) team meetings and their effectiveness. Feedback will be reviewed. TB access point noted, need to ensure the real message is being shared about appointments. Work on a charter around Health & Well Being is underway. Immunisation uptake does need to be improved, there is a legacy of covid and vaccination anxiety. Do need to tackle this. MDT's do need to be multi-disciplinary and as inclusive as possible. NG queried if there were LGT connections (if any) to the group? A great opportunity to connect with residents. AH advised there was no membership from the Trust, but could talk to Ashley O'Shaughnessy about this. AH agreed with TB's points, these were live issues. Mismatch of expectations, need to explain resourcing issues etc. MK reminded the group Healthwatch do have experience with engaging with the population. There are other existing comms channels, e.g. community champions. AH noted this. SW noted FK neighbourhood work on multi-disciplinary meetings and feedback. Chima Olugh advised he was working with Fiona K. CMb mentioned comms campaign, there are health equity teams in each PCN and Fellows. For the PMS contract, noted breast cancer screening rates are low, rates for bowel cancer are slightly lower than the national target. Something to consider for inclusion. AH noted do need to dovetail with existing groups and their work. **The LCP Board noted the report.**	

8.	**LCP Logo/Branding** Sarah Wainer presented the agenda item on behalf of Helen Eldridge, Communications Lead for Lewisham. Background given by SW. Majority view was to keep the logo simple. This is an opportunity to have a brand for the group. Start using it internally initially and alongside own logos. TB felt it was simple and effective. AH agreed. SW acknowledged Helen's work on the logo as did other Board members. **The LCP Board approved the proposed LCP logo.**	
9.	**Risk Register** Sarah Wainer led the agenda item. Risk Register taken as read. Noted links with previous JA agenda item detailing risks etc. and how matters are addressed. Noted some risks are outside of our control so we focus on mitigation. KG updated on risk where score which had increased for mental health. There are pressures within the mental health system. Levels of investment for 2023/24 have been targeted towards managing that pressure. Noted operational pressures. SW said there are a lot of financial pressures across the system as well. KG said the risk acknowledged the knock-on implications. TB stated there is so much investment in the treatment rather than the prevention, need a system shift towards the prevention end. SW said this was an important point, invest to save mentioned. NG queried finance, workforce, availability, industrial action, discussion on risk escalation and mitigation. Would these be for the Lewisham risk register? LH advised via the Chat function these were detailed on the overall SEL risk register. There was further discussion regarding separate local risk registers following NG's comments.	

	KG mentioned learning from the process, review and see how we collectively ensure we meet expectations. SW mentioned looking at what have we looked at and what have we done about it. The importance of one risk register was noted by LH due to accountability, reporting and transparency. SW agreed. **The LCP Board noted the update.**	
10.	**People's Partnership update** Anne Hooper led the agenda item. AH gave an update from the 25 July meeting for the Health & Well Being Charter and also discussion on priorities to be addressed. Responsibility of everyone in Lewisham to support those in the borough and ourselves. There had been talk about equity, easier access to services for everyone, digital exclusion issues and the use of digital forms, access to be equal whether digital or not. Comms campaign to detail services available. SPA, involvement in increased health promoting. Voluntary sector reps were there. People want sustainable strategy and support for their communities. Own responsibility noted. Peer to peer services have been reduced and access to advice and services around health have also been reduced. Support NHS/people working both ways. Keeping appointments, support for those needing to access support for example. Priorities were mainly in four areas: • Information & access • Integration • Improving wellbeing • Having influence Need to have clear messaging. This will be revisited. The next meeting is scheduled for next week. Community space discussion will be on the agenda as well as adult social care and co-	

	production. Will be updating the charter. It is now two meetings in, do need more representation. **The LCP Board noted the update.**	
11.	**Finance update** Michael Cunningham presented the agenda item. Slides shared on screen. Key points were highlighted. Month 4 detailed in the pack along with ICB and Local Authority (LA) information. Key points noted. ICB has a £5.2m overspend at month 4, which is the first time the ICB has reported an overspend. Prescribing and CHC are the key drivers and these pressures were noted. The ICB is forecasting a break even position for the year end. Short supply drugs and cost pressures relating to prescribing costs for LTC were noted. CHC price pressures noted. These pressures apply to all boroughs. All boroughs have held financial focus meetings with the ICB aimed at agreeing how boroughs will achieve a breakeven position. Expenditure controls are in place at the ICB. Lewisham position YTD (year to date) shows an underspend of £27k and a forecast outturn underspend of £81k. ICS across the system has a deficit £58m reported at Month 4. Noted 4 out of 5 providers are in a deficit position. The system has identified 82% of its annual efficiency plan. MC commented on efficiencies under delivery, industrial action, prescribing costs and utilising independent sector to clear backlogs, as the main drivers of the system deficit. For the LA adult services there is a forecast £1m overspend and for children's a forecast overspend of £6.9m by the year end. TB stated there were no surprises in the report. Pressures of demand and spend are there.	

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	NG queried the Lewisham position underspends. MC advised it does not include the LGT or SLaM contract. MC spoke about acute services and urgent care activity, and utilisation of non-recurrent budgets to offset pressure from LTC (long term conditions) prescribing costs. **The LCP Board noted the finance update.**	
12.	**Any Other Business** TB noted the papers for information. MK queried if other boroughs had a higher uptake o questions from the public or meeting attendance. LH advised Lewisham was pretty much consistent with other boroughs, give or take. Some of the other boroughs had moved to a hybrid option for their Board meetings. AH said Covid had played a part in changing engagement as well. AH agreed with LH comments. LH suggested the LCP Board could consider a move to hybrid, maybe from the start of the financial year 2024. Meeting closed 16.02 hrs.	
13.	**Date of next meeting.** Thursday 30 November 2023, 14.00-16.00 hrs via Teams	

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Lewisham LCP Strategic Board Action Log 2023

Date of meeting & agenda item:	Action:	For:	Update:
21/09/2023 (4). Highlights from the Lewisham Place Executive Group (PEG) & Integrated Programme Management Function	*AH queried details of who sits on PEG (Place Executive Group) please. JA agreed to provide. Voluntary sector input would be welcome.*	**JA**	Document circulated to LCP Board members.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 2
Enclosure 3

Title:	**Cancer Screening Update**
Meeting Date:	**30 November 2023**
Author:	Dr Esther Appleby / Dr Catherine Mbema
Executive Lead:	Ceri Jacob

Purpose of paper:	- To update the Board about cancer screening in Lewisham and the work of the Lewisham Cancer Alliance. - To discuss how we can work with stakeholder organisations represented by the Board to improve cancer screening coverage and reduce inequalities in cancer screening in the borough.	Update / Information	x
		Discussion	x
		Decision	

Summary of main points:

- Of the three main cancer screening programmes in Lewisham the latest national screening data for 2022, shows that:

1. Cervical cancer screening coverage for those aged between 25-49 years In Lewisham is **64.3%** and for those aged between 50-64 years in Lewisham is **72.7%.** This coverage is above coverage in London (59.3% and 70.9% respectively) but lower than coverage in England (67.6% and 74.6%).
2. Breast cancer screening coverage is **54.5 %** in Lewisham, which is lower than both the London (55.5%) and England (64.9%) coverage. This has also seen a declining trend since the last reporting period in 2021 (61.1%).
3. Bowel cancer screening coverage is **59.6%** in Lewisham, which is lower than the coverage in London (62.1%) and England (70.3%). This has however seen an increasing trend since the last reporting period in 2021 (56.8%).

- The Lewisham Cancer Awareness Network (LCAN) has been set up to increase awareness of signs and symptoms of cancer and to improve cancer screening coverage in Lewisham.
- There has also been a focus on addressing inequalities in cancer screening coverage by the network. Though the national screening data does not provide a breakdown of screening coverage by demographic characteristics, the South East London (SEL) Cancer Population Insights Dashboard is able to provide estimates of screening coverage by broad ethnic group, diagnosis of severe mental illness,

	diagnosis of learning disability and deprivation. This uses data from primary care so is reliant on data being accurately recorded. From this data, there are clear inequalities across cancer screening programmes for those with **learning disabilities**, those with **severe mental illness**, those registered with **North Lewisham PCN** and those from **non-White ethnic groups (i.e., Black, Asian, Mixed or Other)**. - LCAN is made of representatives from Lewisham Public Health, primary care, SEL ICS, Macmillan, and Prostate Cancer UK. The network has been focused on progressing work in three areas: stakeholder training, communications, and community engagement since March 2023. This work has largely focused on improving **breast cancer screening** as this screening programme has the lowest coverage of all three programmes in Lewisham. Breast cancer screening is also of significant concern nationally. - Future areas of work for LCAN involve further community engagement efforts via the Lewisham Health Equity Team work, potential Cancer Champions and community group funding to support hyperlocal engagement. Discussions to support the inclusion of breast cancer screening in the PMS contract are also being planned.
Potential Conflicts of Interest	**Nil of note**
Any impact on BLACHIR recommendations	<u>BLACHIR Opportunity for action number 35:</u> Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy.

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

	Equality Impact	The content of the report demonstrates the inequalities in cancer screening present in the borough and work underway to address them.
	Financial Impact	N/A
Other Engagement	Public Engagement	
	Other Committee Discussion/ Engagement	Shared with the Lewisham Cancer Awareness Network (LCAN) on 21st November 2023.
Recommendation:	For members of the Board to: - Note the contents of the report - Make comment about how organisations represented by the Board can support improvements in screening coverage locally.	

South East London Integrated Care System

Cancer Screening Update

Dr Esther Appleby and Dr Catherine Mbema

30th November 2023

Overview

- Cancer Screening Data for Lewisham
- Lewisham Cancer Awareness Network
- Future areas of work

South East London Integrated Care System

Cancer Screening Data

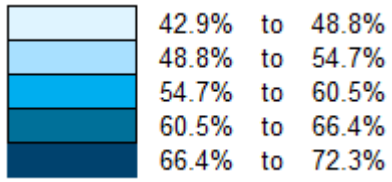
Cervical Cancer Screening

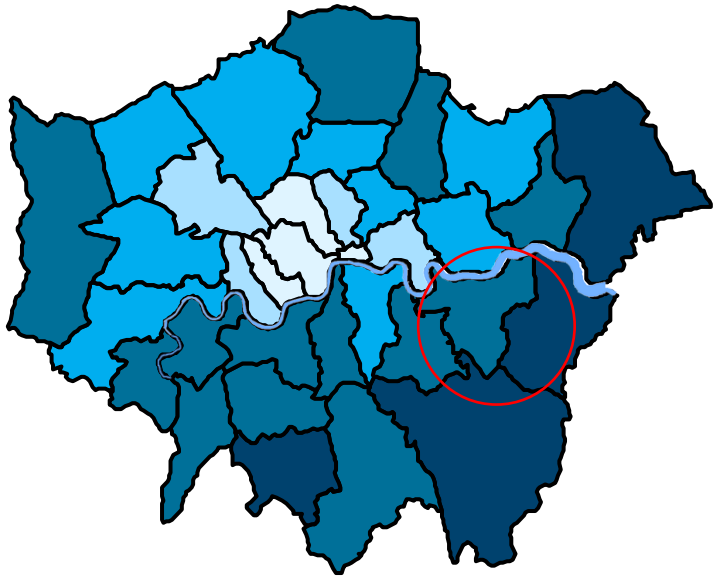
- **Who?** Available to women aged **25 - 64**
- **When?**
  - Under 25 – up to 6 months before you turn 25
  - 24 – 49 every 3 years
  - 50 – 64 every 5 years
  - 65 or older – Only if 1 of your last 3 tests was abnormal
- **How?**
  - Patients invited to make appointment (most in GP surgeries)
  - Sample of cells taken from cervix for testing

- Target: **80%** coverage

What is happening in Lewisham?

25 – 49, 3.5 year: 64.3%





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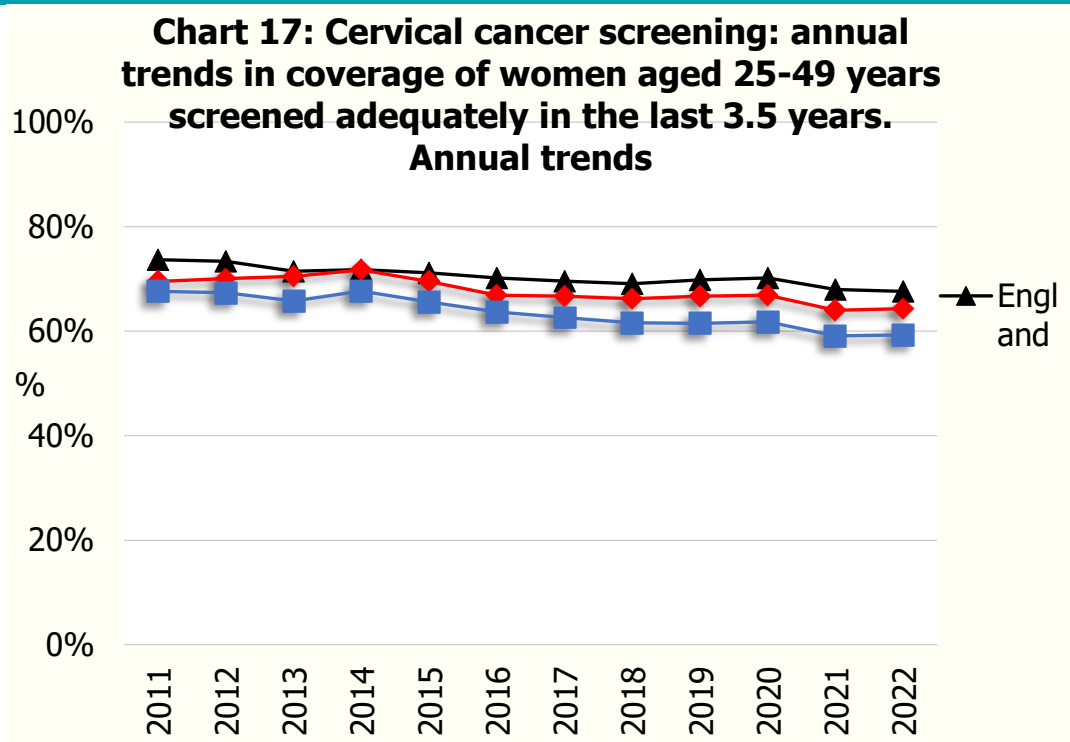
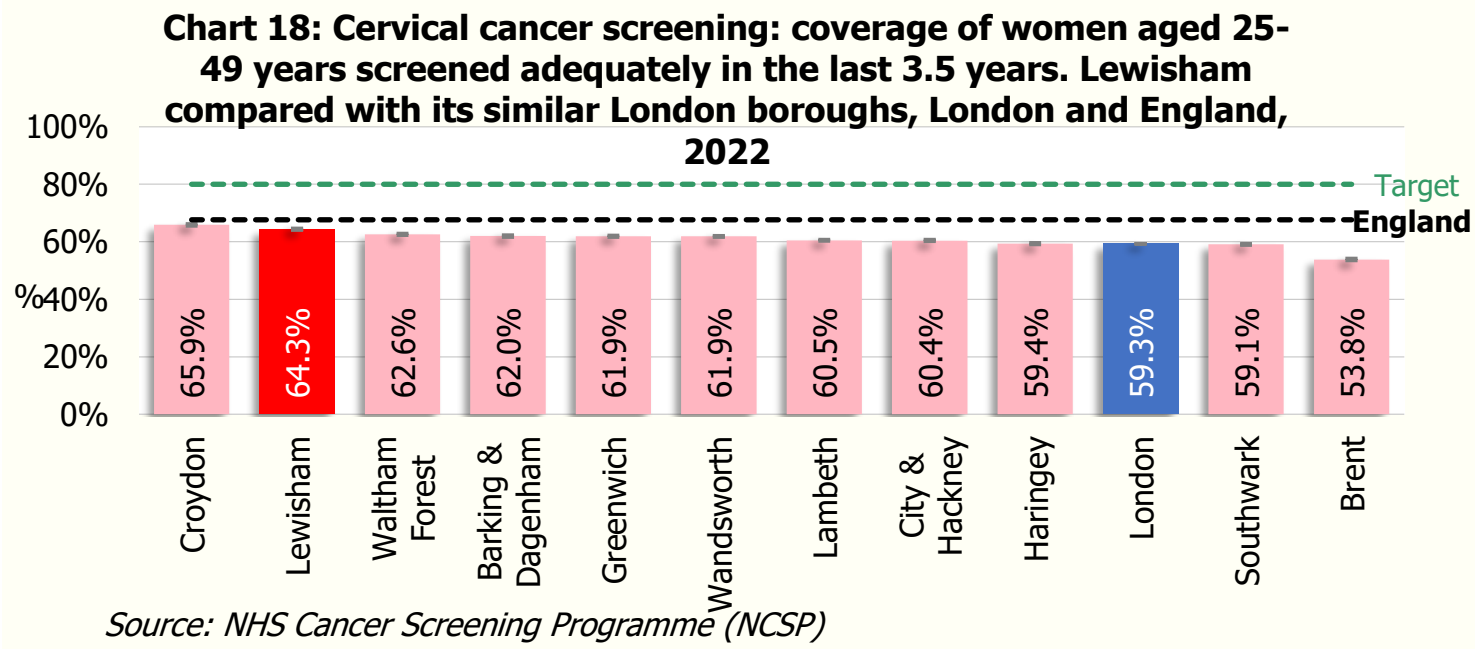
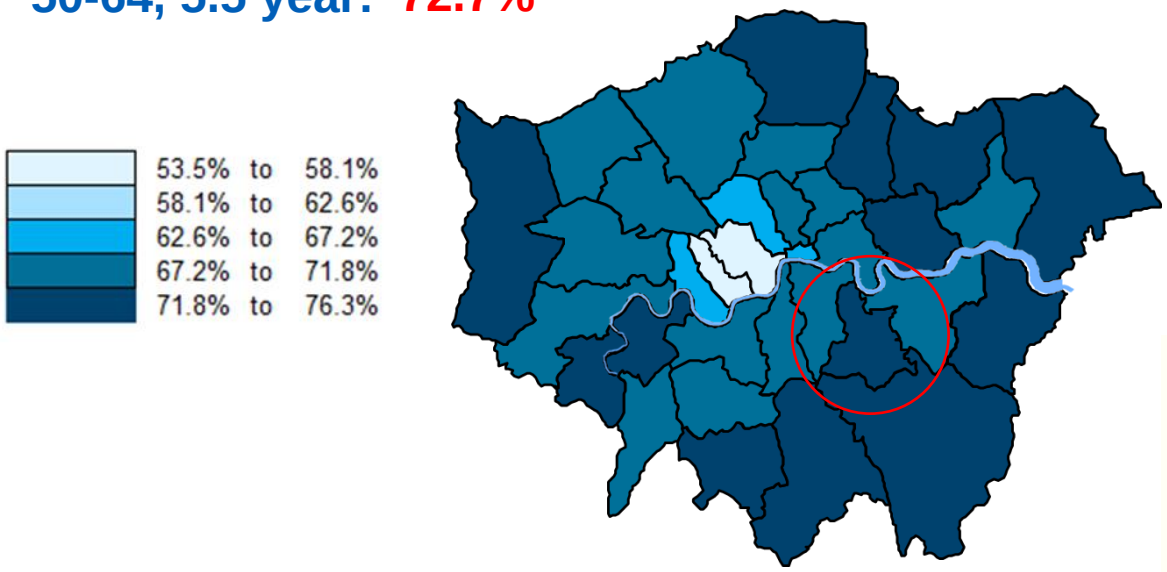




Source: NHS Cancer Screening Programme (NCSP)

What is happening in Lewisham?

50-64, 5.5 year: 72.7%



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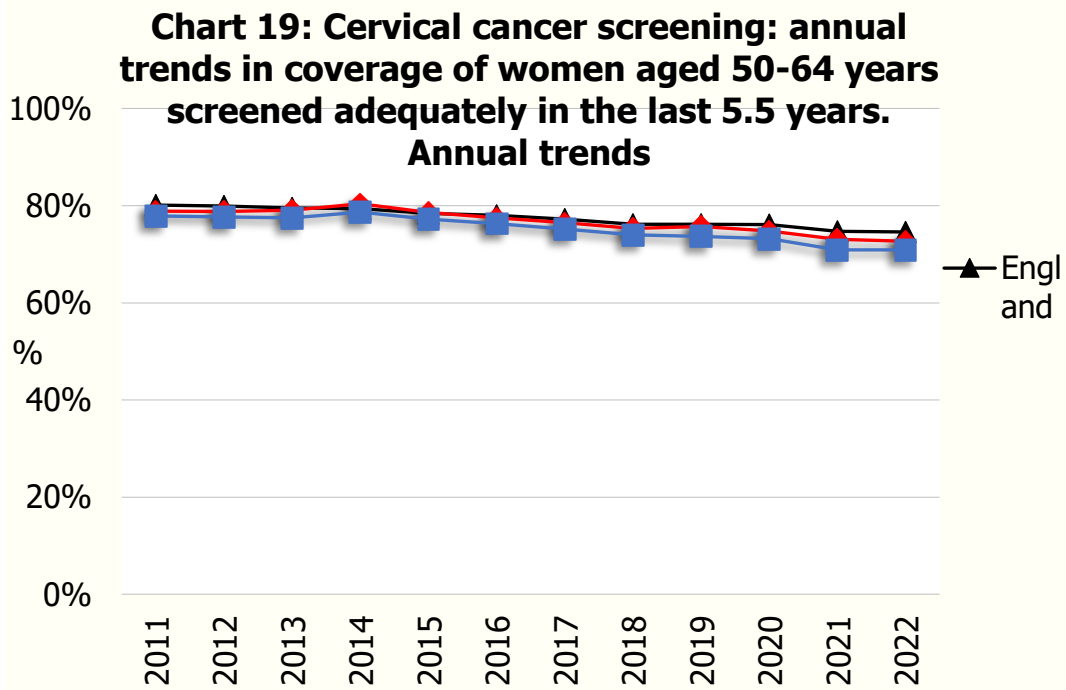
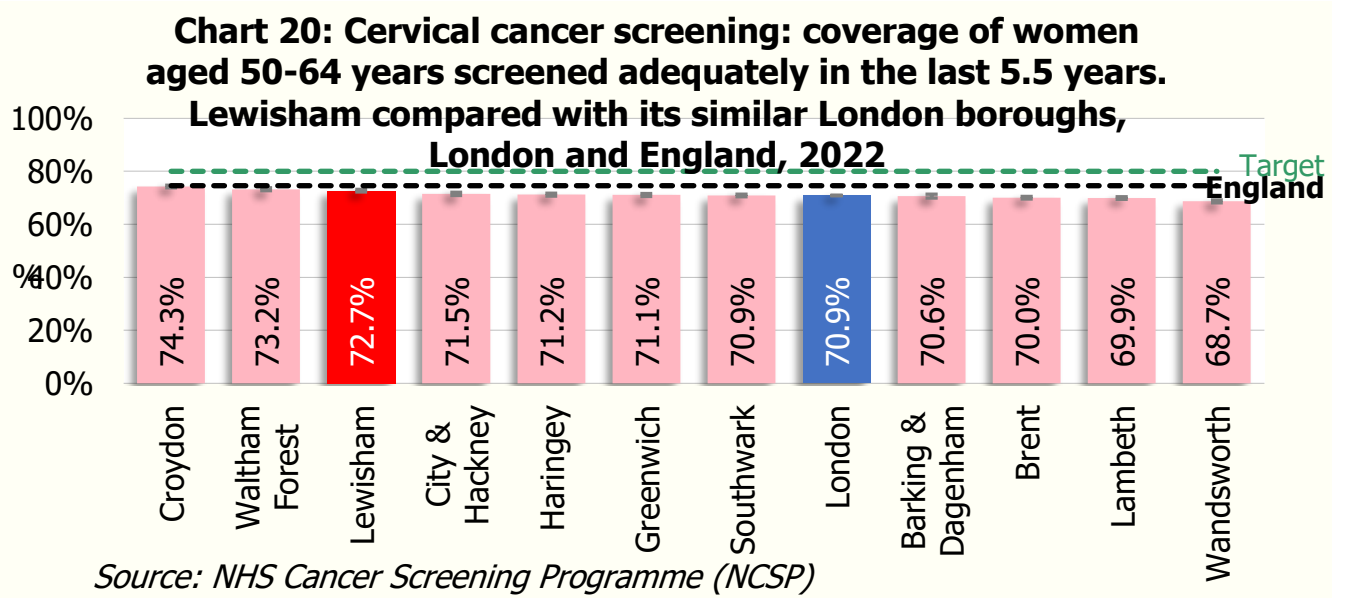
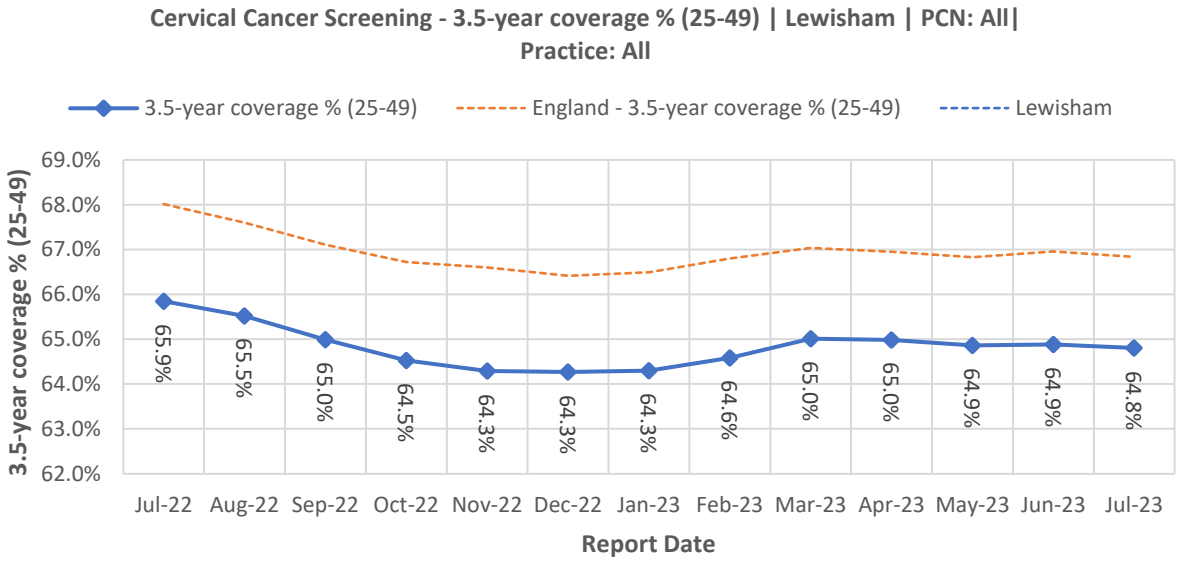


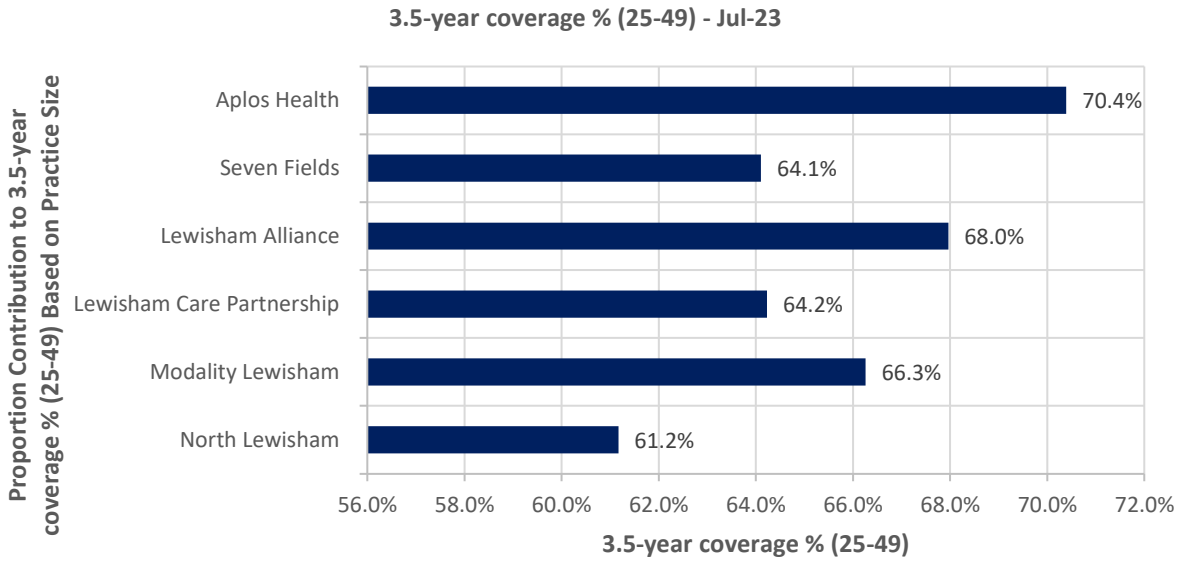
Source: NHS Cancer Screening Programme (NCSP)



Source: NHS Cancer Screening Programme (NCSP)

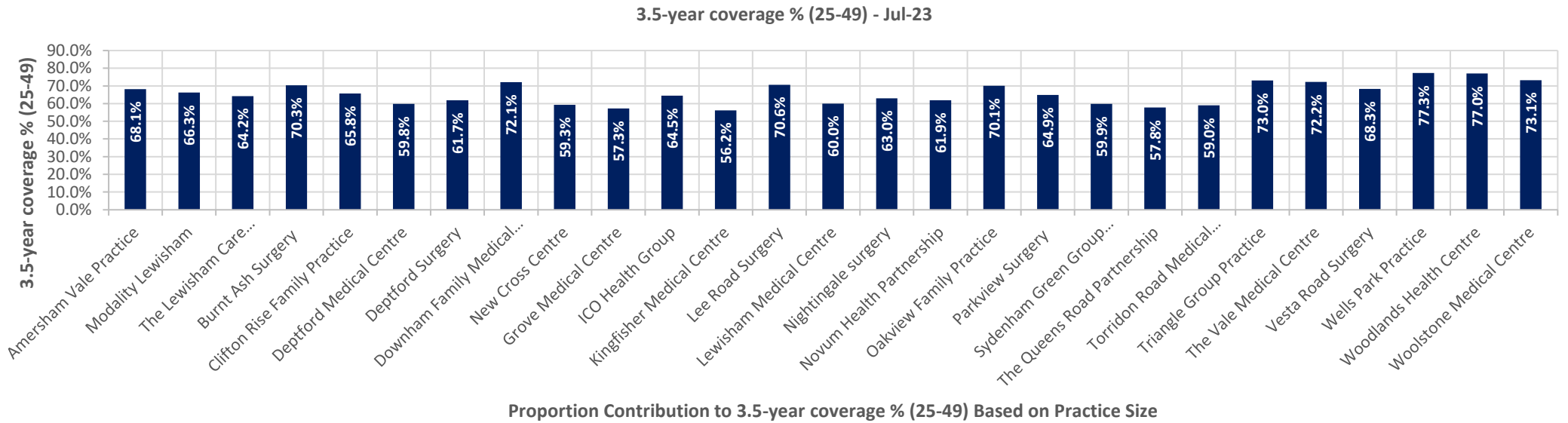
Cervical Screening coverage 25-49



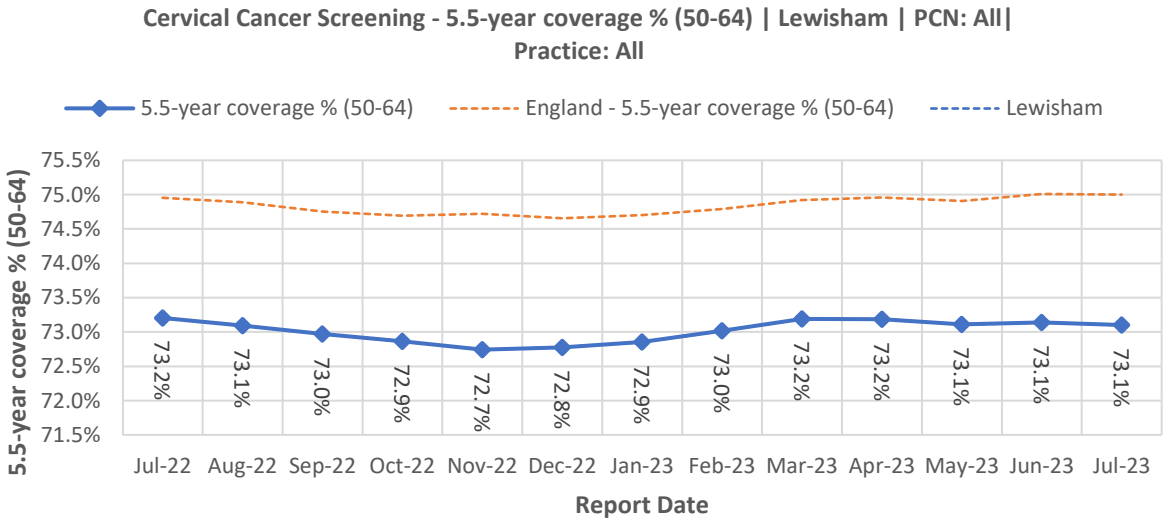


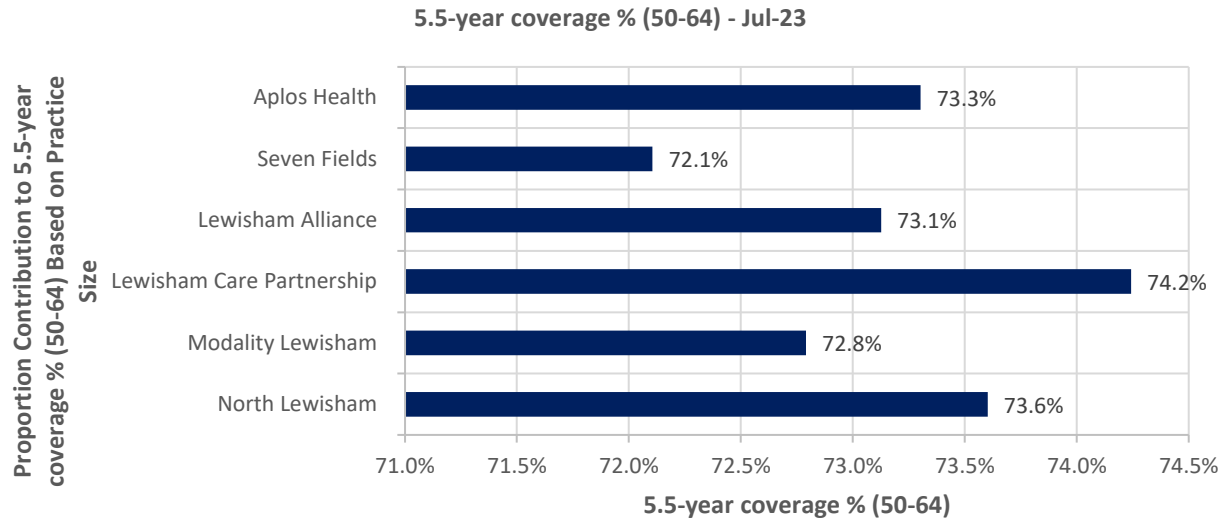
As of July '23 out of **80,373** (25-49) residents eligible for Cervical screening, **52,0085 (64.8%)** have been screened.

The operational standard for cervical screening is **80%;** the screening coverage rate for Lewisham PCNs (25-49 age bracket) ranges from **61.2-70.4%**



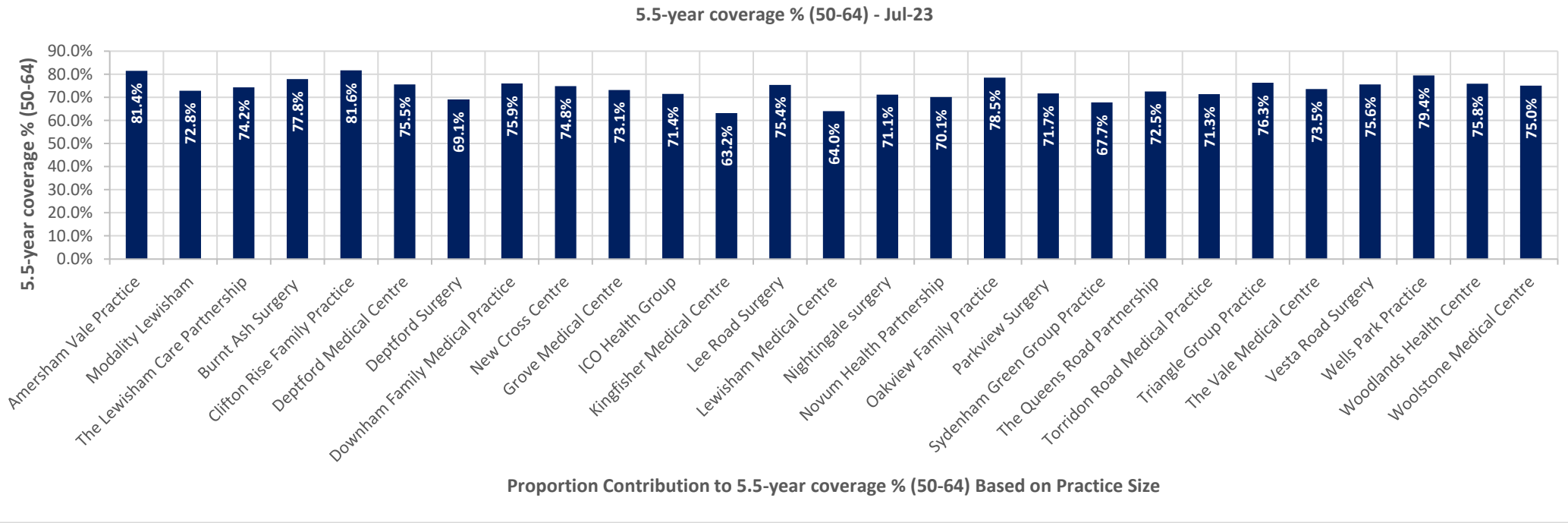
Cervical Screening coverage 50-64



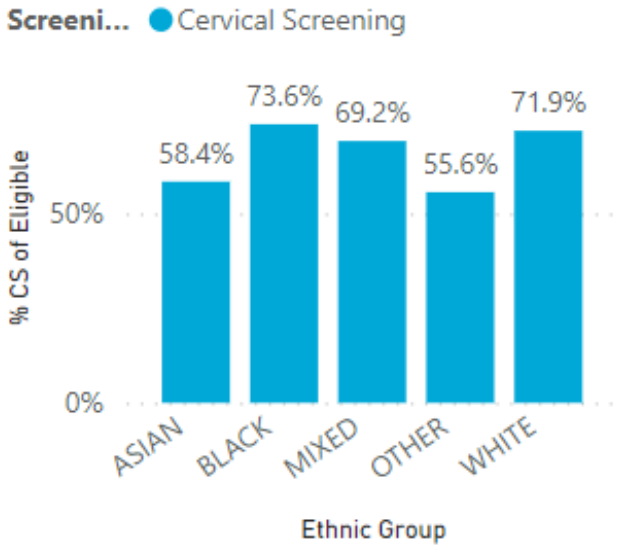


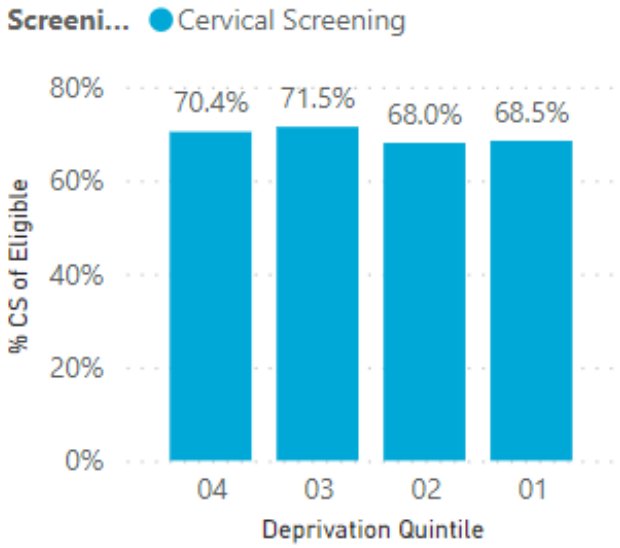
As of July '23 out of **29,178** (50-64) residents eligible for Cervical screening, **21,329 (73.1%)** have been screened

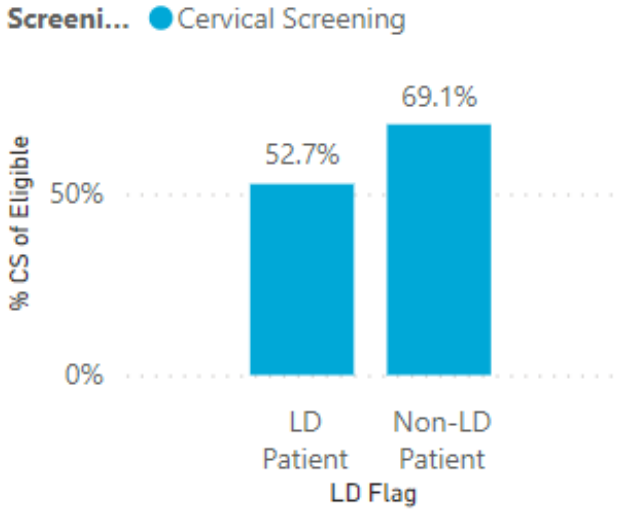
The operational standard for cervical screening is **80%;** the screening coverage rate for Lewisham PCNs (50-64 age bracket) ranges between **72.1-74.2%**

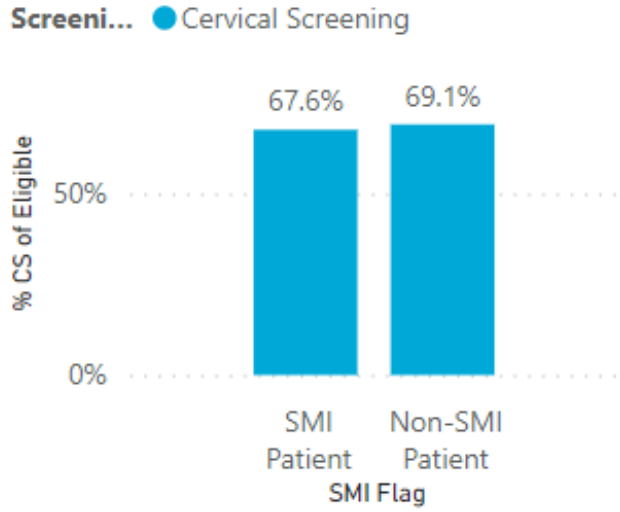


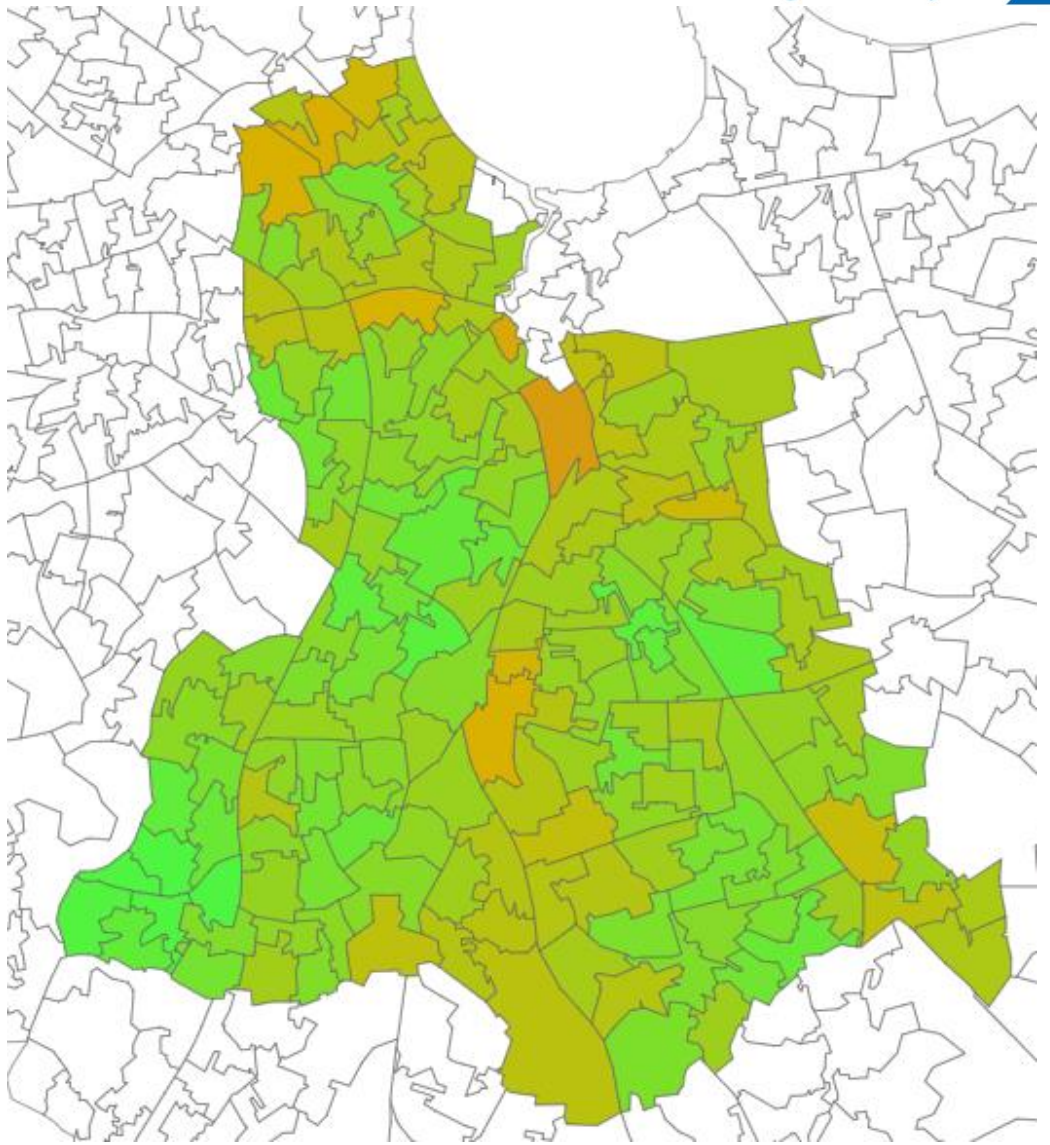
Cervical Screening Coverage – Inequalities









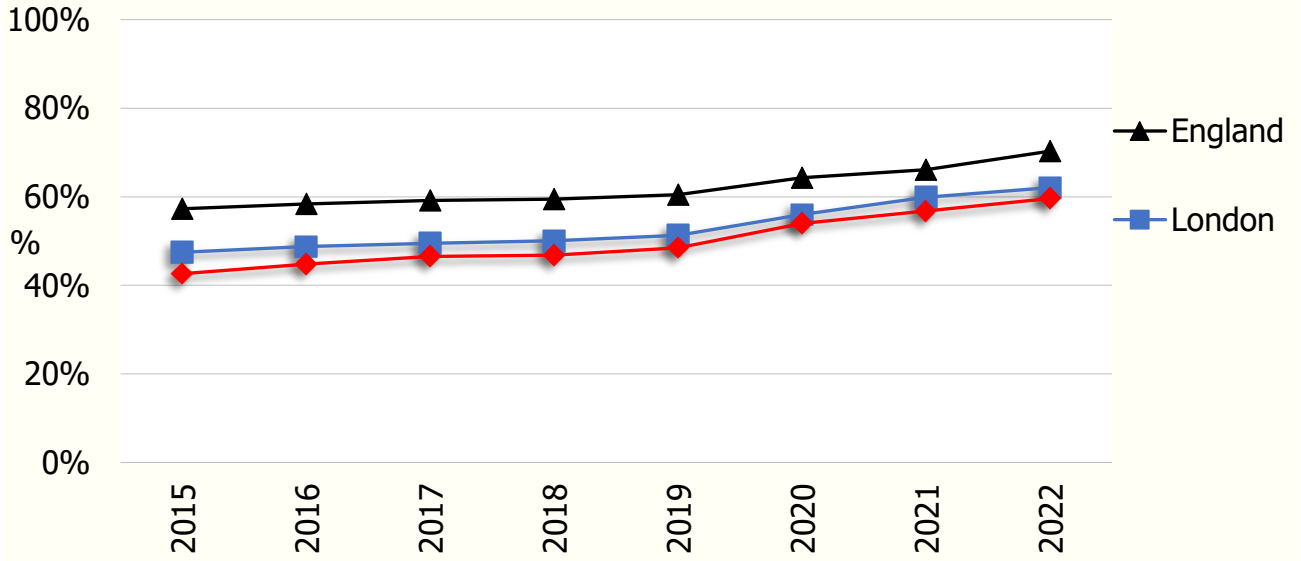


Bowel Cancer Screening

- **Who?** Available to everyone aged **60-74** (expanding to make it available to everyone aged 50 to 59 years since 2021).
- **When?** Every 2 years
- **How?**
  - Faecal Immunohistochemical Test (FIT) to identify blood in stool
  - Home testing kit sent out
  - Patient to collect small stool sample, label & return kit
- Target: **60%** coverage

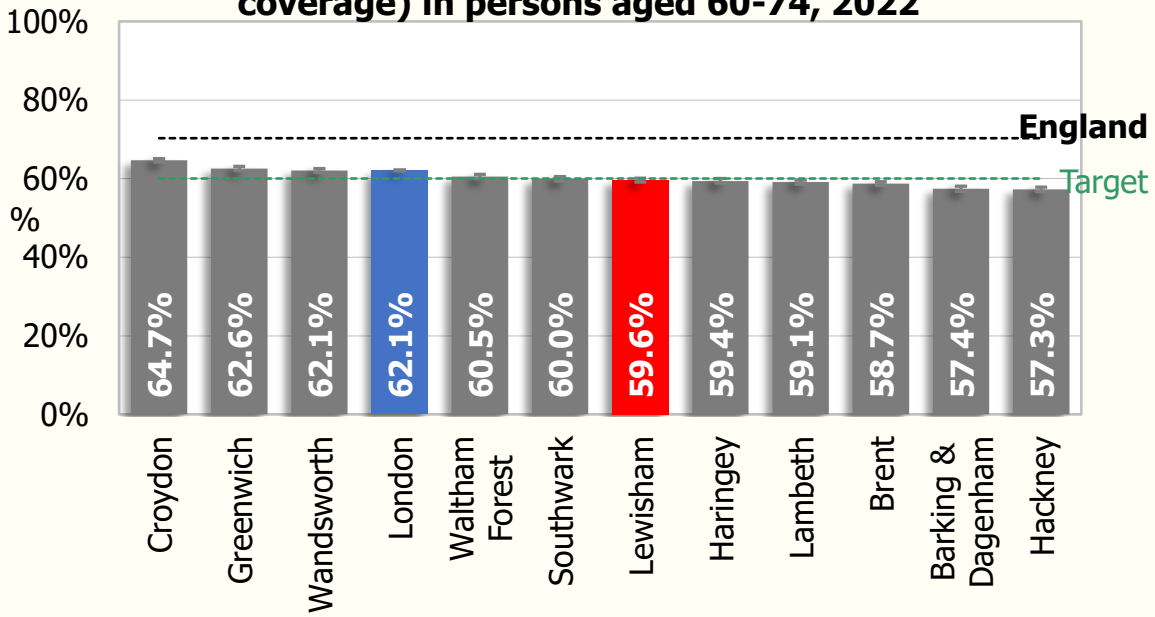
What is happening in Lewisham?

Chart 21: Bowel cancer screening uptake (2.5 year coverage) in persons aged 60-74. Annual trends



Source: NHS Cancer Screening Programme (NCSP)

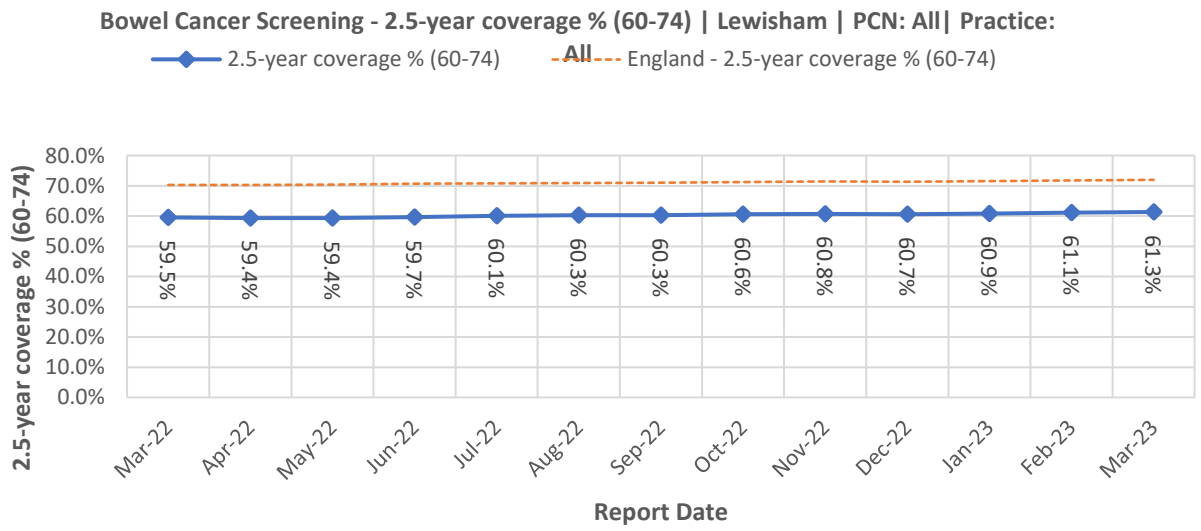
Chart 22: Bowel cancer screening uptake (2.5 year coverage) in persons aged 60-74, 2022

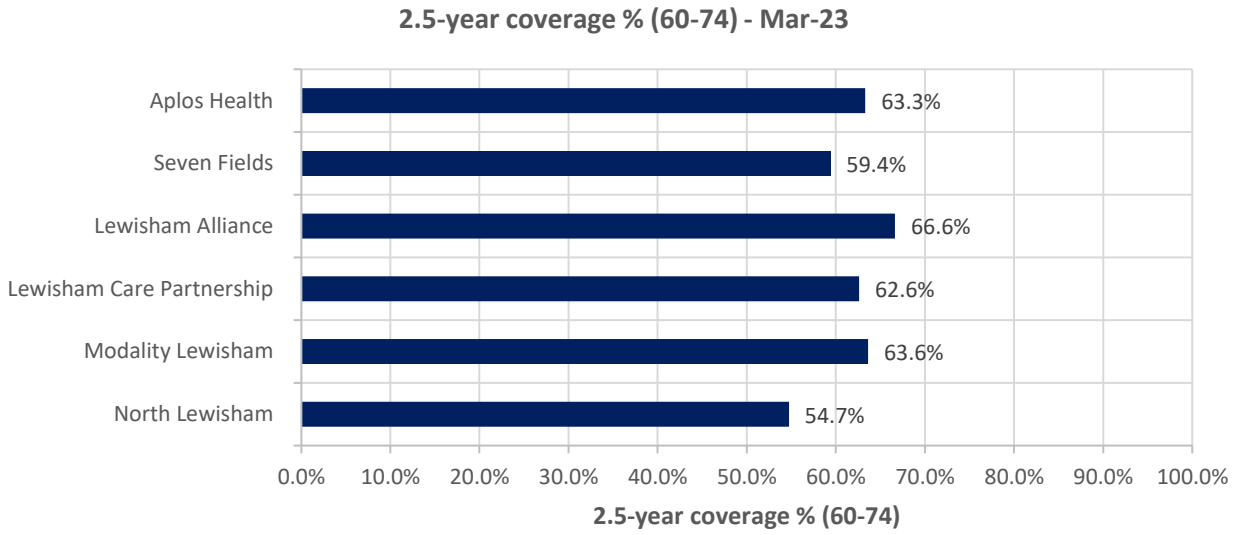


Source: NHS Cancer Screening Programme (NCSP)

- 59.6% - close to reaching target & in line with rest of SE London
- General trajectory is upwards, timeline shows good recovery post-pandemic

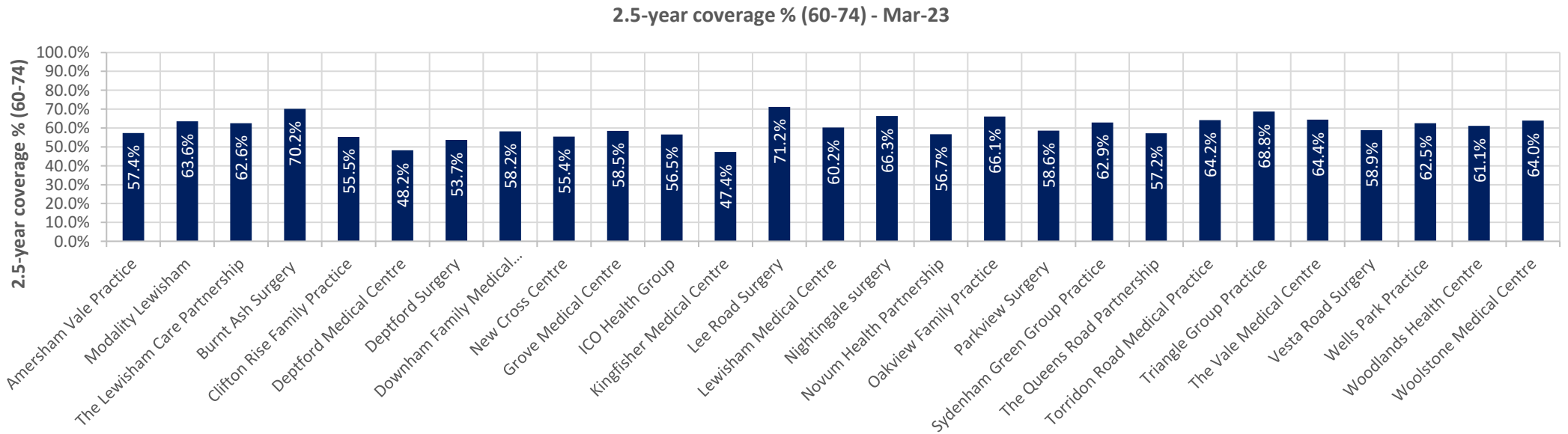
Bowel Screening Coverage 60-74



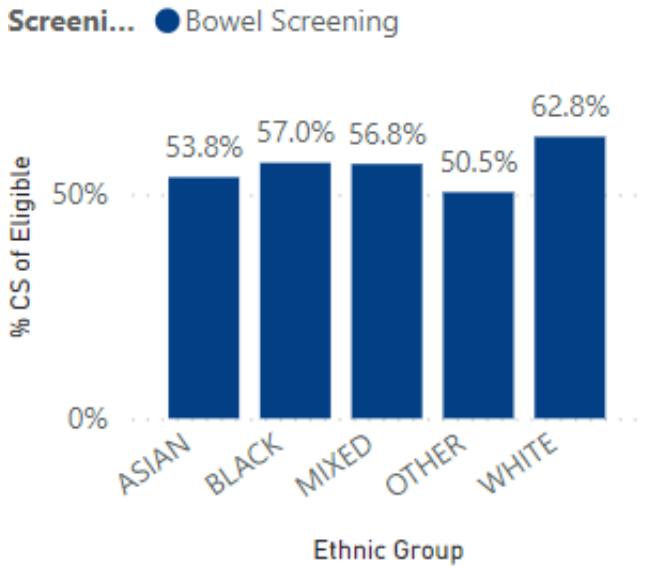


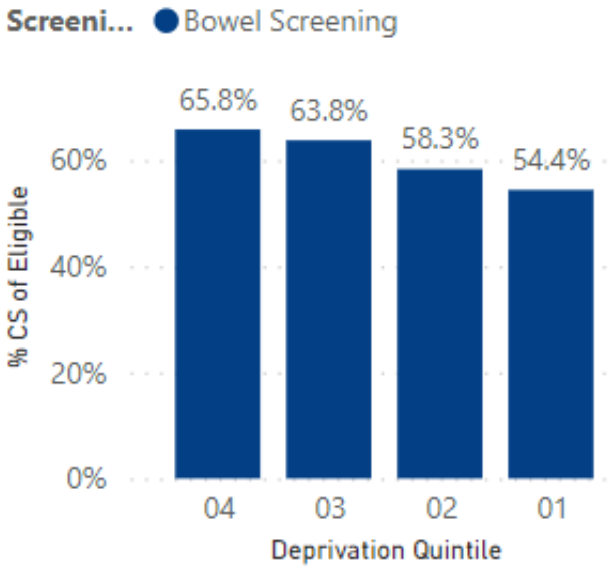
As of March'23 out of **36,351** (60-74-year-olds) residents eligible for Bowel screening **22,286 (61.3%)** have been screened within 6m of their invitation.

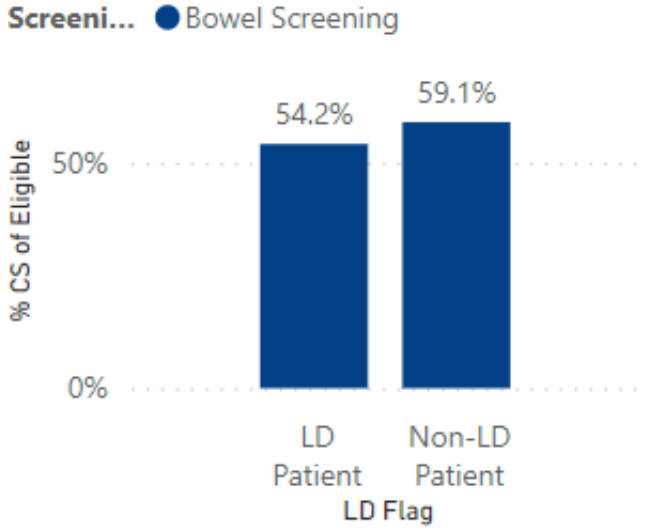
The operational standard for bowel screening is **60%,** the screening coverage for Lewisham PCNs (60-74 age bracket) ranges between **54.7-66.6%**

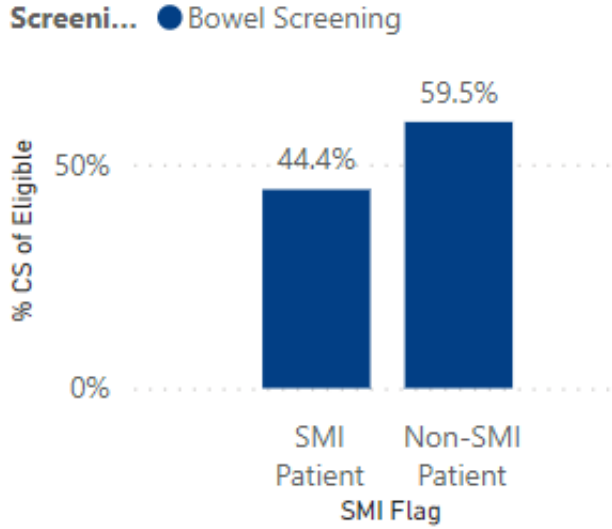


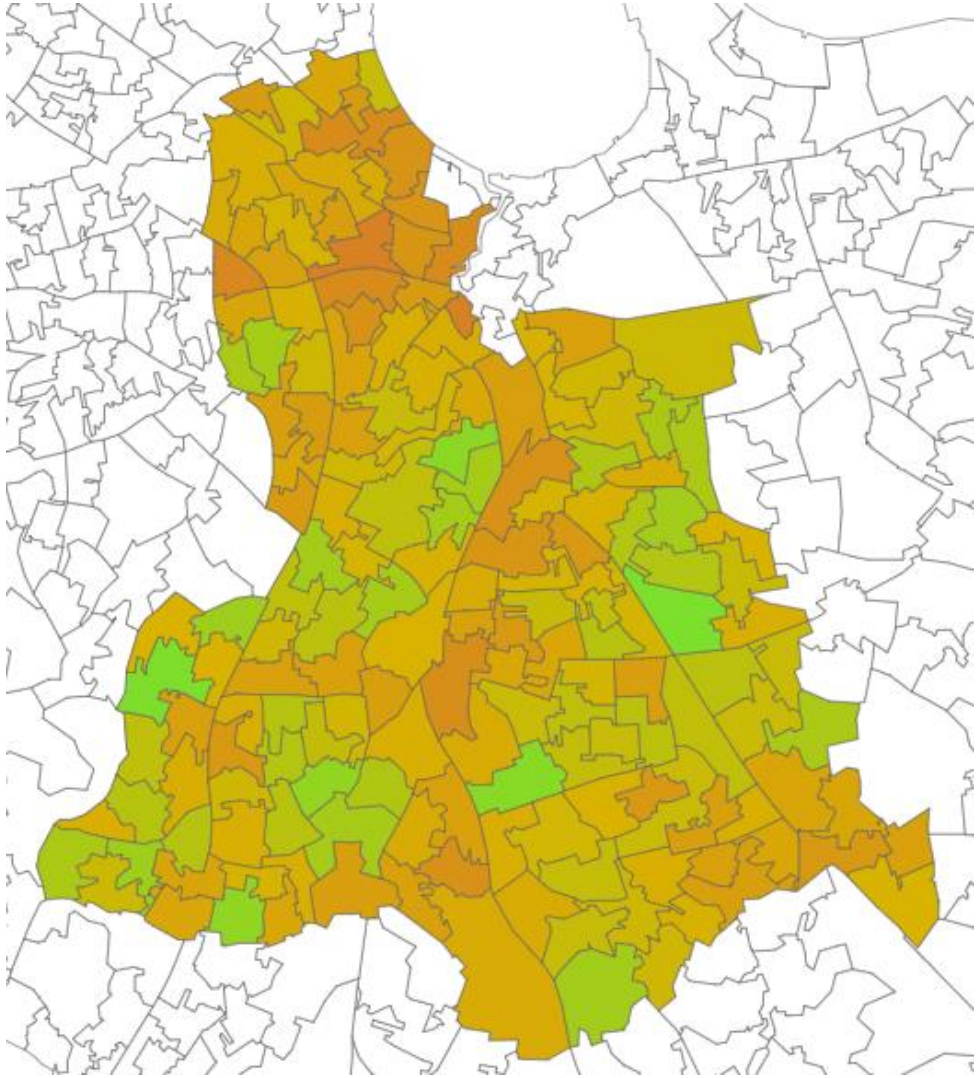
Bowel Screening Coverage – Inequalities









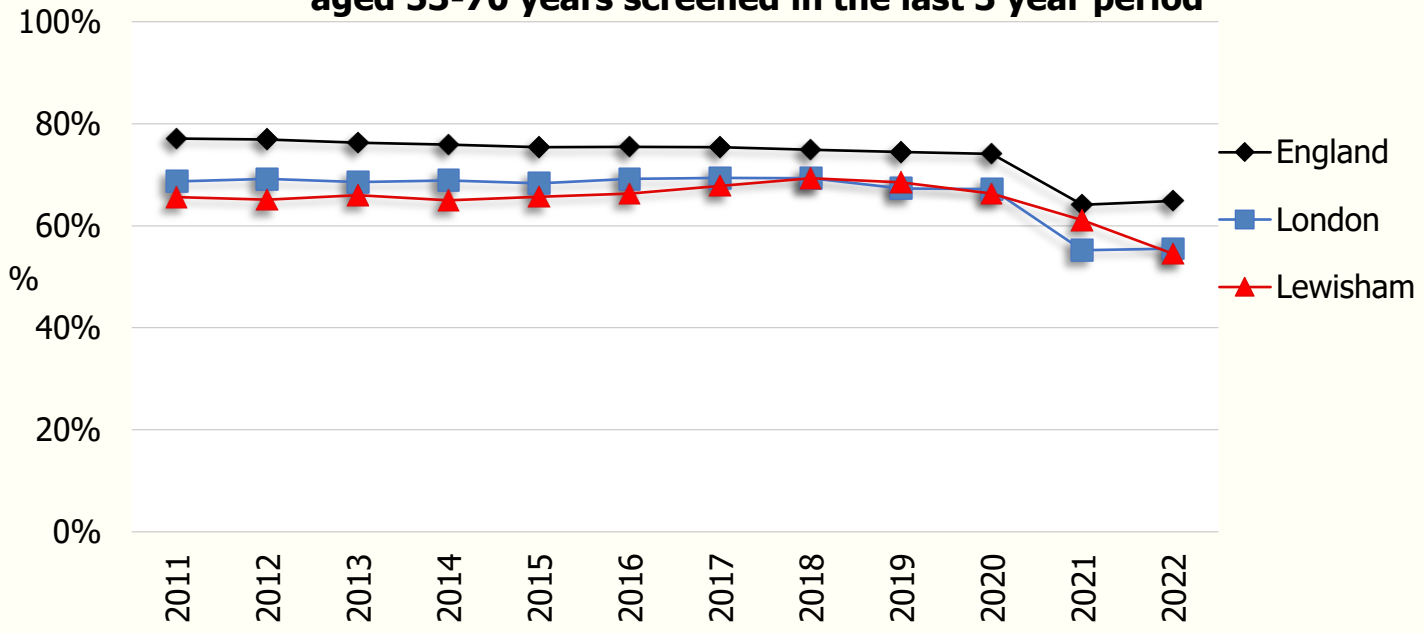


Breast Cancer Screening

- **Who?** Available to women aged **60-71 (expanding to those aged 50+ since 2021)**
- **When?** Every 3 years
- **How?**
  - Patients invited to make appointment with breast screening service
  - Undergo mammography
- **Target**: **70%** coverage

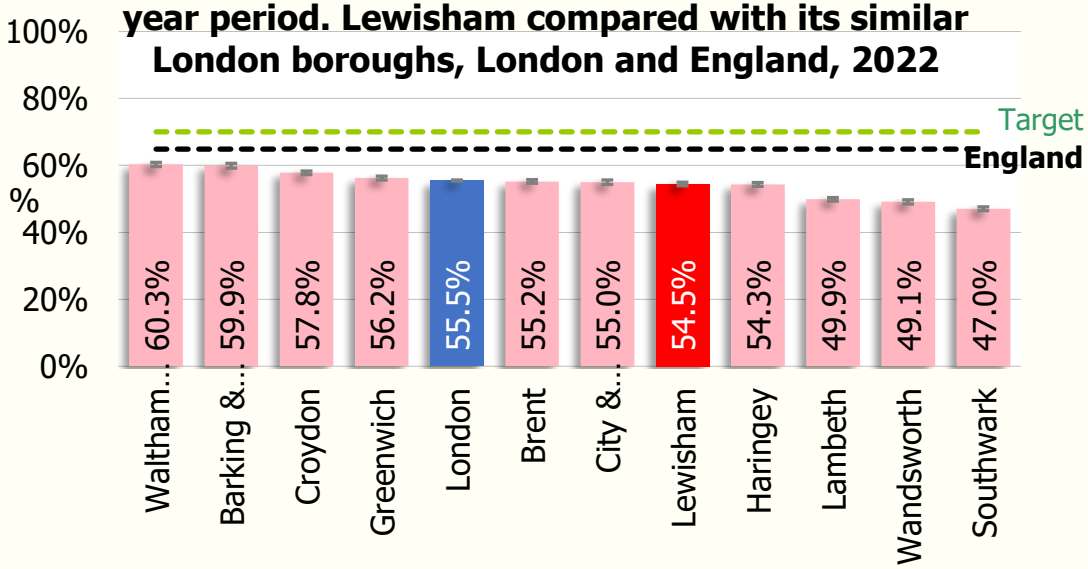
What is happening in Lewisham?

Chart 15: Breast cancer screening: trends in coverage of women aged 53-70 years screened in the last 3 year period



Source: NHS Cancer Screening Programme (NCSP)

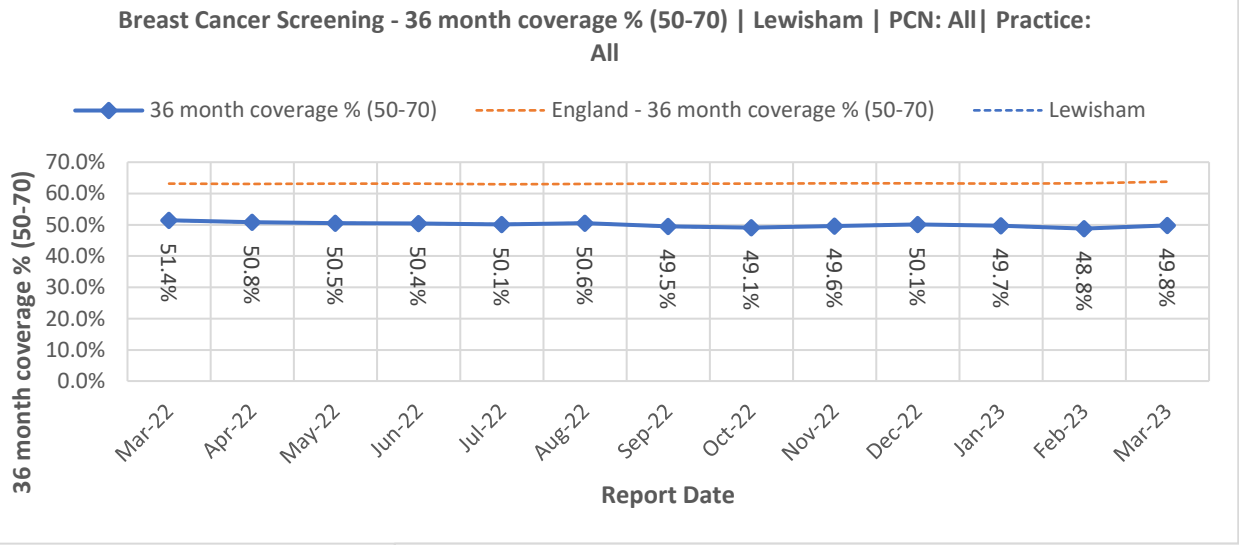
Chart 16: Breast cancer screening: coverage of women aged 53-70 years screened in the last 3 year period. Lewisham compared with its similar London boroughs, London and England, 2022

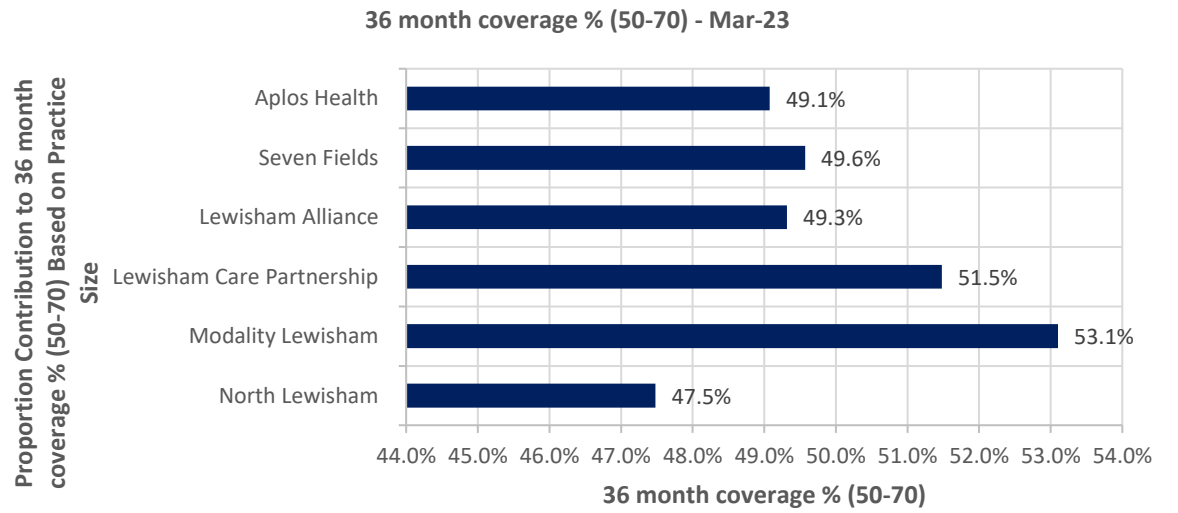


Source: NHS Cancer Screening Programme (NCSP)

- 54.5% - below the target percentage
- General trajectory is downwards, current rate is lower than pre-pandemic levels

Breast Screening Coverage 50-70

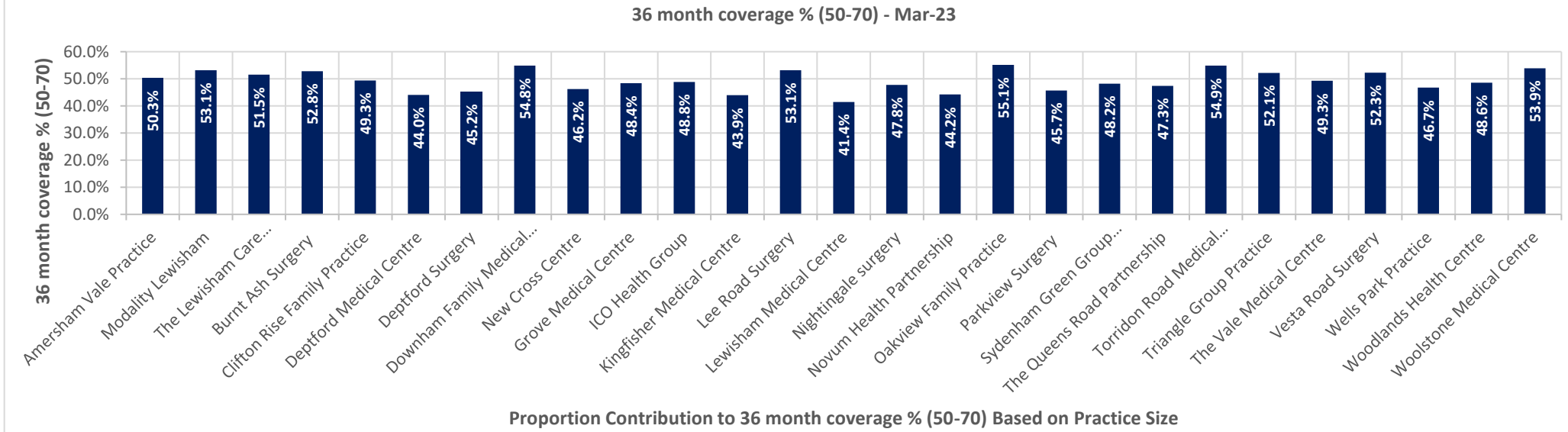




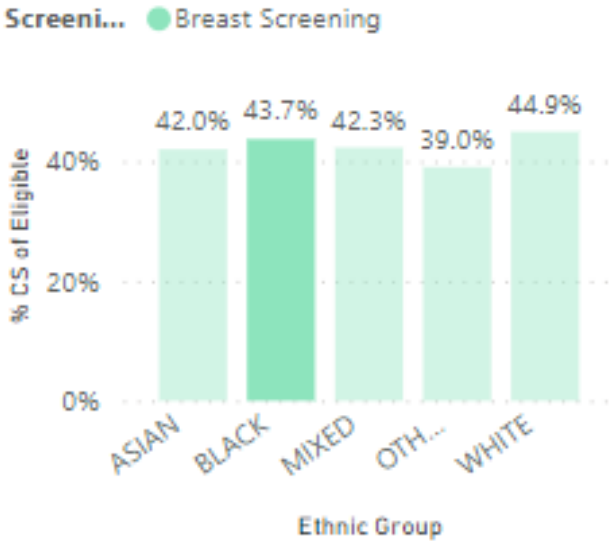
As of March '23 out of **37,021** residents eligible for Breast screening, **18,444 (49.8%)** have been screened.

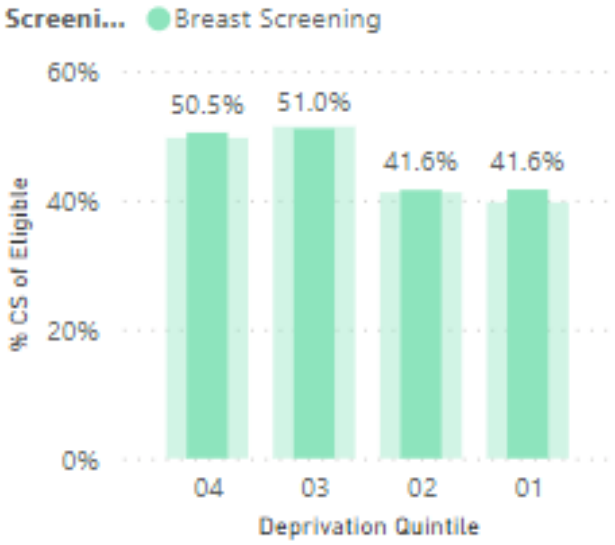
The operational standard for breast screening is **80%;** the screening coverage rate for Lewisham PCNs ranges between **47.5-53.1%**

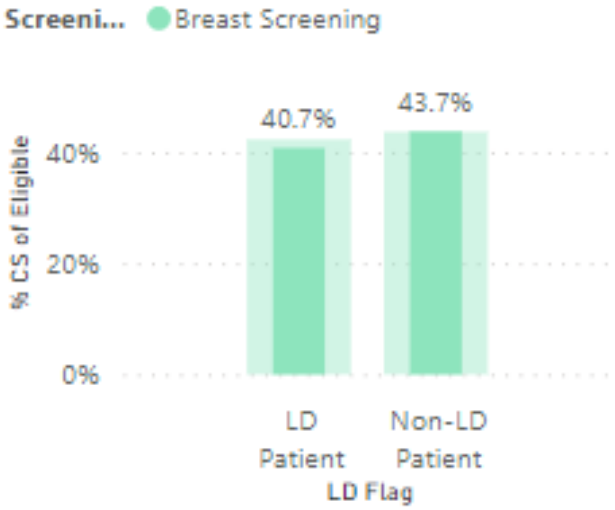
Breast cancer screening is of significant concern nationally, with the % of the population screened **down by 15% since 2019**

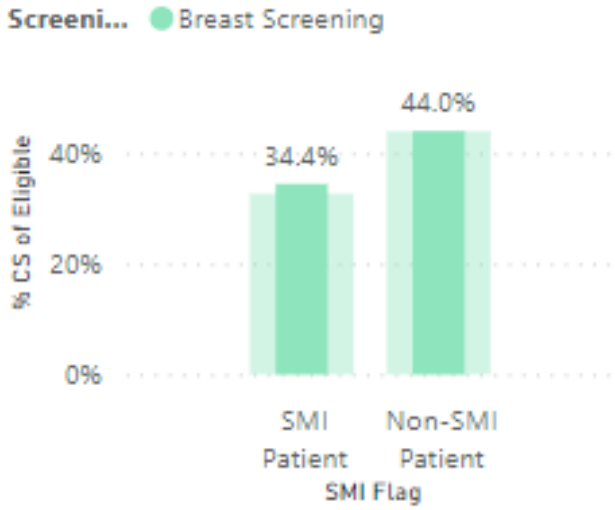


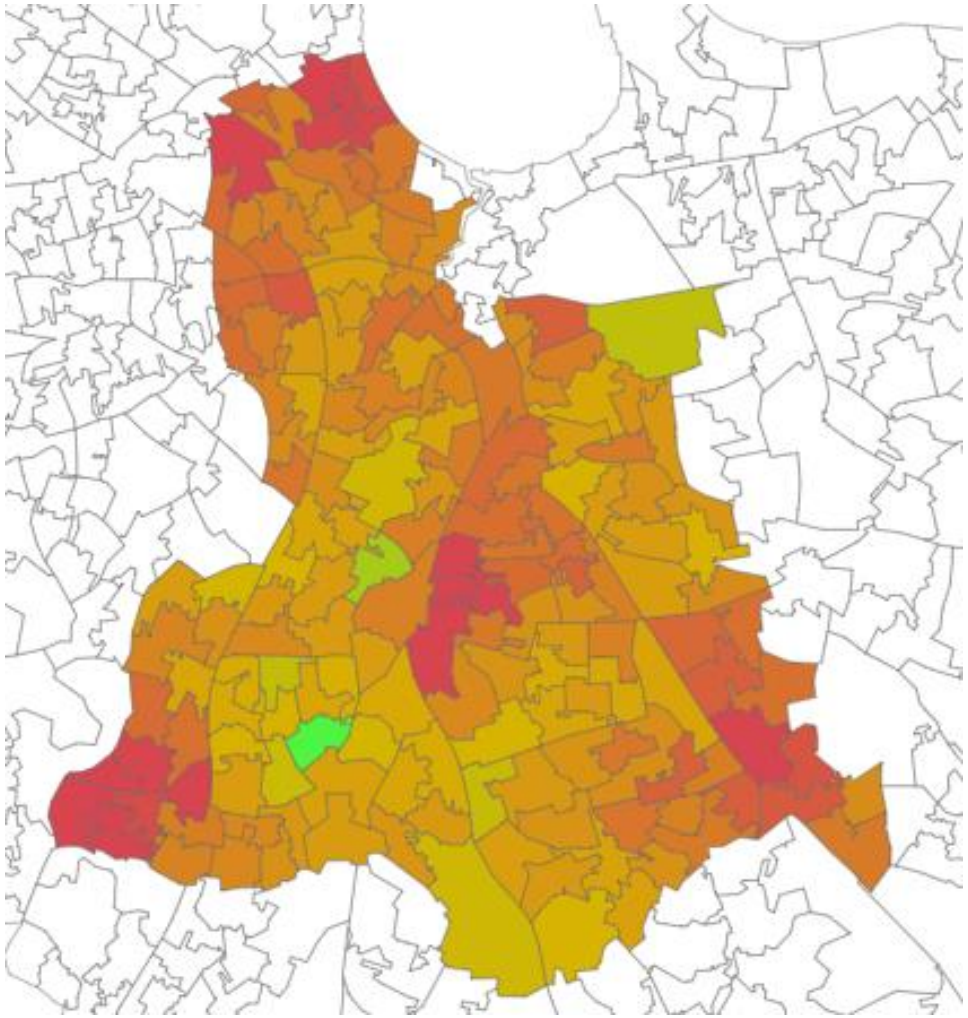
Breast Screening Coverage – Inequalities











Key messages

- **Breast cancer screening coverage is lowest** of all three cancer screening programmes in Lewisham.
- Inequalities in coverage for **Cervical Cancer screening** for:
    - Those registered in practices within **Sevenfields** (50-64 years) and **North Lewisham** (25-49 years) PCNs
    - Those of **Asian, Mixed or other** ethnicity
    - Those with **learning disability (LD)**
- Inequalities in coverage for **Bowel and Breast Cancer screening** for:
    - Those registered in practices within **North Lewisham** PCNs
    - Those of **Asian, Black, Mixed** or **other** ethnicity
    - Those living in most **deprived areas** in Lewisham
    - Those with **learning disability (LD)** and those with a **severe mental illness (SMI)**

South East London Integrated Care System

Lewisham Cancer Awareness Network (LCAN)

Overview of the Lewisham Cancer Awareness Network

- The Lewisham Cancer Awareness Network (LCAN) is a local initiative working to improve cancer awareness in the local community.
- The LCAN was initially established in 2019 and was re-launched in November 2021 with a particular focus on enhancing community engagement during the COVID-19 pandemic.
- The network aims to explore and develop opportunities to improve community cancer awareness with immediate focus on:
  - Cancer screening
  - Early diagnosis and awareness
- Membership includes representation from Primary Care, Public Health, ICS Cancer Alliance, PCN Link workers, King's Breast Cancer Health Promotion team, Macmillan and Prostate Cancer UK.

LCAN Plan of activity – three main workstreams

- Communications
- Community Engagement
- Stakeholder training

Communications – Breast Cancer

- Lewisham Life article (August 2023) with associated communications during Breast Cancer awareness month (October 2023)
- Distributed to every home in the borough, as well as libraries, leisure centres and other public buildings, with a circulation of 150,000.
- Advice provided by Dr Esther Appleby.

Be Clear on Cancer

Get them **checked**

Breast cancer screening saves thousands of lives every year. Despite this, not enough women in Lewisham are attending their screening appointments. We spoke to local health professionals to find out more.

Breast cancer screening is one of the main types of cancer screening for adults in England. A mammogram (breast x-ray) can detect cancer at an early stage before there are symptoms, when treatment is more likely to be successful.

Every three years, women aged between 50 and 70 will receive an invitation through the post to book an appointment. The NHS has made it easier for people to attend screening by offering early appointments for people who work during the day as well as weekend slots.

Unfortunately, not enough women in Lewisham are attending their screening appointments and screening rates in the borough are among some of the lowest in London. This means that women in Lewisham are less likely to be diagnosed and treated at an early stage.

"We know that people are busy, but it's important for women to prioritise screening" says Tracey Blancke, Programme Manager at South East London Breast Screening Service.

Cllr Juliet Campbell, Lewisham's cabinet member for Communities, Refugees & Wellbeing, agrees: "One in seven women will develop breast cancer in their lifetime. The vast majority of women who attend screening will get a clean bill of health, however in the small minority of cases where cancer is found, early detection means that treatment is much more likely to be successful."

Some women are understandably nervous or uncomfortable about attending a screening appointment. Screening services have worked hard to make the experience as comfortable as possible. "All staff at the screening appointment will be female-only and will carefully explain step-by-step what they're doing and what to expect", says Tracey Blancke, "and the screening itself only takes a few moments".

Lewisham GP Esther Appleby recently attended her screening appointment and described the experience as "far easier than I expected". "It was less uncomfortable than a tight blood pressure cuff", she says, "and far less painful than eyebrow threading!".

While life can be busy and demanding, it's important that all women aged 50–70 put screening at the top of their to-do lists. "Breast screening saves lives", Tracey reminds us, "and the next life it saves might just be yours."

Anyone registered with a GP as female will be invited for NHS breast screening every 3 years between the ages of 50 and 70. You'll get a letter in the post inviting you.

For more information visit the London Breast Screening website: london-breastscreening.org.uk

lewisham.gov.uk

Lewisham Life autumn 2023 29

Community Engagement

- **LCAN** attendance at a range of **community events**:
  - **Downham Celebrates event (June 2023)** – target group (those registered within Sevenfields PCN)
  - **People's Parliament (July 2023)** – target group (those with Learning Disabilities)
  - **North Lewisham Health Equity Launch (September 2023) -** target group (those registered within North Lewisham PCN)
  - **Lewisham Black VCS Expo (October 2023)** – target group (those of Black ethnicity)
- **Lewisham Health and Wellbeing Community Champions**

Cancer Research UK Talk Cancer training programme

Helping to raise public awareness of cancer prevention, early diagnosis and screening.

The Talk Cancer training programme is aimed at anyone who can raise cancer and health awareness in their community. The training gives them the knowledge, skills and confidence to:

- ✓ Understand general cancer awareness information and separate cancer myths from facts
- ✓ Guide people on how they could reduce their risk of developing cancer
- ✓ Help people understand the importance of spotting cancer early and the screening programmes available
- ✓ Encourage people to be aware of what's normal for their body and talk to their doctor if they notice anything unusual
- ✓ Have effective, supportive conversations about health in general

South East London Integrated Care System

Future areas of work

Future areas of work

- **Data**
  - Cancer Screening and Immunisations Inequalities Joint Strategic Needs Assessment (JSNA) underway for completion by July 2024
- **Communications**
  - SEL Multimedia Campaign '**Improving early diagnosis in breast and prostate cancer'** – use of data and community insights to target campaign in Lewisham for Black residents (Jan 2024)
- **Engagement**
  - Macmillan Cancer Champions bid – 3 years of funding to support cohort of local Champions
  - SEL Ca Alliance Funding secured – funding for community organisations (due to be progressed in January 2024)
- **Training**
  - Breast Cancer stakeholder training to be delivered by King's Breast Cancer Screening Unit by March 2024

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 4
Enclosure 4

Title:	**PEL (Place Executive Lead) Report**
Meeting Date:	**30 November 2023**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

Management Cost Reduction Programme
SEL ICB is required to reduce its running costs by 30% by April 2025 with at least 20% delivered by April 2024. SEL ICB has chosen to plan for the 30% reduction in a single process, noting that some reductions may not be delivered until the April 2025 deadline.

The ICB has endeavoured to reduce the impact on staff by reviewing non-pay budgets and functions that are provided by other organisations on behalf of the ICB.

The staff consultation was launched on the 16 October and concludes on the 29 November. A management response and a final structure will be published by mid-December.

During this time, all staff at risk of redundancy are able to access Out Placement support which provides a range of support including, but not limited to, CV writing, interview practice and reviewing options.

Waldron Centre
SEL ICB has been awarded capital funding of £1.4m by NHSE to support refurbishment of the ground floor of the Waldron Centre. To support implementation of this refurbishment and to ensure the local population benefit fully from the opportunities presented by the Waldron Centre, the LCP

	has relaunched the Waldron Centre Programme Board. The Board will oversee implementation of the refurbishment, development of the health and care model for the centre and work with the local community to help shape services in the building. The Board is jointly chaired by the Lewisham LCP Place Executive Lead and the Lewisham and Greenwich Trust Director of Strategy and reports to the Lewisham LCP Strategic Board. **Hypertension** Lewisham LCP has lower than expected prevalence of hypertension and does not achieve control of blood pressure targets. A hypertension project group has been established that includes clinicians from across the local system. The Lewisham Population Health Team and CESEL (Clinical Effectiveness South East London) are working together to develop and implement a programme to improve hypertension care in Lewisham. This will include a significant focus on people that are: • Diagnosed but not optimised as per guidelines • Diagnosed and optimised but out of target results This work aligns with SEL ICB initiatives including a renal cardio-metabolic project which is being delivered by North Lewisham PCN and a nationally funded project to support remote monitoring and improvement in hypertension management. Better identification and control of hypertension will result in fewer heart attacks and strokes. The work is being overseen by the Lewisham Long Term Conditions Forum. An update on the work of the LTC Forum will be presented at a future LCP Strategic Board meeting.				
Potential Conflicts of Interest	**n/a**				
Any impact on BLACHIR recommendations	**n/a**				
Relevant to the following Boroughs	**Bexley**		**Bromley**		
	Greenwich		**Lambeth**		
	Lewisham	✓	**Southwark**		
	Equality Impact	n/a			
	Financial Impact	n/a			
Other Engagement	Public Engagement	n/a			
	Other Committee Discussion/ Engagement	n/a			

Recommendation:	To note the update.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 5
Enclosure 5

Title:	**Lewisham Health Inequalities and Health Equity Programme 2022-24**
Meeting Date:	**30 November 2023**
Author:	Dr Catherine Mbema
Executive Lead:	Ceri Jacob

Purpose of paper:	- **To update members of the Board on the progress of the Lewisham Health Inequalities and Health Equity Programme.**	Update / Information	**x**
		Discussion	**x**
		Decision	
Summary of main points:	- Significant progress has been made to implement various projects within the workstreams of the programme. - Separate workstream groups will be combined to one health inequalities working group from January 2024 with extended membership. - Indicator dashboard in development to capture 2-3 metrics per project. Draft dashboard to be completed by February 2024.		
Potential Conflicts of Interest	**Nil of note**		
Any impact on BLACHIR recommendations	**These have been included in the content of the report.**		

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

	Equality Impact	Outlined in the content of the report.
	Financial Impact	Outlined in the content of the report.
Other Engagement	Public Engagement	

	Other Committee Discussion/ Engagement	
Recommendation:	- For Board members to note the contents of the report and support an LHCP seminar session in Jan/Feb 2024 to plan for use of any further SEL ICS health inequalities funding.	

Lewisham Health Inequalities and Health Equity Programme 2022-24 *November 2023 Update*

Dr Catherine Mbema

Overview

- Summary of workstreams
- Summary of SEL ICS health inequalities funded projects
- Quarter 2 Highlight workstream 1-3 reports
- Next steps

Lewisham Health Inequalities & Health Equity Programme 2022-24

Aim:

Local health & wellbeing partnerships across health system and communities focused on equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities

Objectives:

1. System leadership, understanding, action and accountability for health equity
2. Empowered communities at the heart of decision making and delivery
3. Identifying and scaling-up what works
4. Establish foundation for new Lewisham Health and Wellbeing Strategy
5. Prioritisation and implementation of specific *opportunities for action* from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

There are **eight concurrent and intersecting workstreams**:

Workstream	Aim
1) Equitable preventative, community and acute physical and mental health services	Designing, testing and scaling up new models of service provision that achieve equitable access, experience and outcomes for all
2) Health Equity Teams	Place-based teams to provide leadership for system change and community-led action supported by the Health Equity Fellows Programme
3) Community Development	Infrastructure development to empower communities and deliver community-led service design and delivery
4) Community of Practice	Sharing synergies across PCN Health Equity Teams, workforces and communities
5) Workforce Toolbox	Increase awareness and capacity for health equity within practice
6) Maximising Data	Maximising the use of data, including Population Health platform, to understand and take action on health inequalities
7) Evaluation	Evaluation within and across programme to identify what does and doesn't work
8) Programme Enablement & Oversight	Programme management, support and coordination

SEL ICS Health Inequalities funded projects

Project category	Project name	Programme Workstream	Funding allocation	Project aim
Community Assets	**Community based preventative health outreach programme**	1	£83,730.71	To make the community-based outreach more sustainable and will work to establish a programme of preventative outreach that will focus on libraries and faith settings in the first year of implementation.
	Implementation of opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)	1	£125,596.06	To co-produce the implementation of opportunities for action from the BLACHIR report.
	Community Connections Lewisham (CCL) Prostate Cancer Support Role	1	£63,635.34	To bring the experience and benefits of a social prescribing service to a secondary care setting. Providing more holistic support to patients, empowering them to take control of their health and wellbeing to tackle health inequalities that will ultimately affect their medical treatment.
Health Services	**Lewisham Health Equity Fellowship Programme - develop clinical leadership to address health inequalities**	2	£197,604.47	To develop local system leaders to address health inequalities – a local network of clinicians to lead neighbourhood-level community engagement (co-design, community development, prevention, and health promotion).
	HEE Population Health Fellows - addressing inequalities in clinical outcomes	1	£75,357.64	To use the integrated data set to work with clinical teams across Lewisham to prioritise clinical services for review to identify differential clinical outcomes.
	Addressing inequalities in elective surgery waiting lists	1	£125,596.06	To reduce waiting lists for surgery, whilst embedding an approach to reduce inequalities in access, experience, and outcomes from surgery.
	Improving recording of special category data	1	£70,846.23	To improve access to accurate and up to date data, the recording of special category data (including ethnicity and sexual orientation) across the health system.
	Specialist Smoke Free Pregnancy Midwife	1	£21,633.50	To commission a tri-borough Specialist Smoke Free Pregnancy Midwife to be responsible for the delivery of 'Smoke Free Pregnancies'. To facilitate training, provide support for non-specialist staff and performance management, and engage with external stop smoking services.

Workstream 1-3 Highlight reports

Q2 July-September 2023

Workstream 1: Community based preventative health outreach programme (CommUNITY SPACE)

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Jason Browne

Aim: To develop a community based outreach programme through use of CommUNITYY space at Lewisham Shopping Centre.

Milestones	Start	Finish	Progress (On track /on going/delayed
Extended the current provision until 30th Sept 2023	July 23	Sept 23	
Established Task & Finish Group	Aug 23	Mar 24	
Governance process	Aug 23	Sept 23	
Estimated refit – delayed due to late extension award	Sept 23	Nov 23	
Launch	TBC	TBC	

Total funding allocation	Projected spend
£85,000 p/a	£85,000
£40,000 one off	£40,000 one off

BLACHIR OFA (opportunities for action)

27.Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
	Refit	Refit becomes delayed or overbudget	PH/PH Commissioning Team/Provider	Medium (low likelihood/moderate impact)	Moderate	PHC working with providers around timelines	Exploring options with stakeholders

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Established Task & Finish Group	Aug 23	Mar 24	
Governance process	Aug 23	Sept 23	
Estimated refit – delayed due to late extension award	Sept 23	Nov 23	
Launch	TBC	TBC	

Updates

- Co-design planned with residents around services to be houses that meet LA and local need via a steering group
- Exploring refit options with Sports & Leisure Colleagues
- Enable have officially been commissioned from 1st October. Officers have started official mobilisation. Enable and Steering group hope to have plans for refit started in Jan 24 and completed within 8-12 weeks in s staggered process that will minimise impact to service delivery.

Workstream 1: Tailored Tier 2 Adult Weight Management

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Piers Johnson

Aim: Targeted weight management services aimed at Black African and Black Caribbean populations

Milestones	Start	Finish	Progress (On track /on going/delayed
Extension of the current provision	October 22	March 24	
Established KPIs for the extended period	March 23	April 23	
Pilot evaluation received	Aug 23	Aug 23	
EOI to evaluate a bespoke tier 2 adult weight management service	Aug 23	Nov 23	
EOI has been awarded	Oct 23	Jan 24	

Total funding allocation	Projected spend
£171,267 (one-off CCG funding)	£171,267

BLACHIR OFA (opportunities for action)

27.Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
	Recommissioning the service	Recommissioning the service becomes delayed	PH/PH Commissioning Team/Provider	Medium (low likelihood/moderate impact)	Moderate	Not applicable	Not applicable

Workstream 1: Tailored Tier 2 Adult Weight Management

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Piers Johnson

Aim: Targeted weight management services aimed at Black African and Black Caribbean populations

Milestones	Start	Finish	Progress (On track /on going/delayed
Extension of the current provision	October 22	March 24	
Established KPIs for the extended period	March 23	April 23	
Pilot evaluation received	Aug 23	Aug 23	
EOI to evaluate a bespoke tier 2 adult weight management service	Aug 23	Nov 23	
EOI has been awarded	Oct 23	Jan 24	

Updates:

- The targeted service 'Up, Up!' was extended in Oct '22 to allow suitable time for an evaluation to be conducted.
- Presently, there is potential for future funding of the programme being picked up by the ICS once current funding ends.
- Q1-2 April-September 2023 - 8 groups were delivered during this period (179 participants enrolled)
- The evaluation sets out to evaluate the effectiveness of the Up!Up! service – addressing performance and quality of the service, and comparing it with mainstream services.
- Evaluation project objectives:

1. Qualitative evaluation – using a theoretical model for measuring quality in healthcare programmes.
2. Quantitative evaluation of current & previous datasets across all cohorts and comparison with existing tier two weight management programmes.

- Focus groups will be held for participants(completers, non-completers and active members , the service delivery team (GSST and Queens walking group) and the Lewisham Council Public Health team.

Workstream 1: Pride in Practice Training

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Piers Johnson

Aim: To improve Lewisham's voluntary and community sectors to work towards greater inclusion of LGBTQ+ people and their needs.

Milestones	Start	Finish	Progress (On track /on going/delayed
Primary Care/GP provision ended	April 21	March 23	
Award and Mobilisation of VCSO/community pilot	April 23	July 23	
Pilot delivery within two LBL commissioned services (AAF and CGL)	Aug 23	Sept 23	
Wider roll out across 30 LBL VCSO/Community Groups	Sept 23	May 24	

Total funding allocation	Projected spend
£47,754 (one-off CCG funding)	£47,754

BLACHIR OFA (opportunities for action)
3. Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience. 25. Promote cultural competency training within healthcare services, the criminal justice system, and the police force.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
	Recommissioning the service	Only a one year contract.	PH/PH Commissioning Team/Provider	Medium (low likelihood/moderate impact)	Low	Not applicable	Not applicable

Workstream 1: Pride in Practice Training

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Piers Johnson

Aim: To improve Lewisham's voluntary and community sectors to work towards greater inclusion of LGBTQ+ people and their needs.

Milestones	Start	Finish	Progress (On track /on going/delayed
Primary Care/GP provision ended	April 21	March 23	
Award and Mobilisation of VCSO/community pilot	April 23	July 23	
Pilot delivery within two LBL commissioned services (AAF and CGL)	Aug 23	Sept 23	
Wider roll out across 30 LBL VCSO/Community Groups	Sept 23	May 24	

Updates

- Completed the pilot with Change, Grow, Live (CGL) and African Advocacy Foundation (AAF).
- Have made links with public health, substance misuse and supported housing organisations to deliver training across the borough
- Currently, in the process of training the following organisations (19 of 30 target):

➢ Equinox (Social Interest Group)
➢ Phoenix Futures
➢ Marsha Phoenix
➢ One Support - Lewisham Mental Health Services
➢ One Support YP Service
➢ Peabody
➢ Single Homelessness Project Young People Services
➢ Single Homelessness Project Vulnerable Adults Service
➢ St Mungos - Area Manager
➢ Apax
➢ Dinardos
➢ Quo Vadis Trust
➢ Sanctuary
➢ Thames Reach
➢ Lewisham Irish Community Centre (LICC)
➢ Bench Outreach (Housing First)
➢ Enable
➢ One Health Lewisham
➢ Insight Humankind

Workstream 1: Community Connections Lewisham (CCL)
Prostate Cancer Support Role

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Fiona Kirkman

Aim: Designing, testing and scaling up new models of service provision that achieve equitable access, experience and outcomes for all

Milestones	Start	Finish	Progress (On track /on going/delayed
Set up a DPIA and a feedback loop with the clinic	June 2023	August 2023	Delayed
Recruit staff member to project	June 2023	August 2023	Completed
Set up Honorary NHS Contract for staff member	August 2023	September 2023	Completed
Recruit and begin supporting up to 15 clients on a 121 basis	August 2023	Ongoing	Ongoing
Set up and facilitate a Peer Support Group	September 2023	Ongoing	Ongoing
Monitoring and evidencing impact of project	August 2023	Ongoing	Ongoing

Total funding allocation	Projected spend
£63,635	£63,635

BLACHIR OFA (opportunities for action)	Project
18.Campaign to raise awareness and increase uptake of community-based NHS health checks in Black African and Black Caribbean older adults. 27.Work with Black African and Black Caribbean communities and organisations to cocreate and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.	Provide Social Prescribing interventions to Lewisham residents on prostate cancer treatment pathway to improve wellbeing, happiness and ultimately health outcomes

Workstream 1: Community Connections Lewisham (CCL) Prostate Cancer Support Role

Updates

- The Prostate Cancer Project Worker now in post and holds an Honorary Contract at LGT. This has enabled greater cohesion between Age UK and LGT.
- The Project Worker has spent 2x days with Urology teams at Guy's, This provided a good opportunity for learning, relationship building and increasing awareness of the service.
- Received seven referrals into the service and begun working with people to offer Social Prescribing support. Found a variety of situations and support needs. Some people are mainly interested in groups, others have more complex situations.
- Started working with Cancer Don't Let It Win founder, Jeff, on the Peer Support Group, Jeff is keen to launch a group in Lewisham, and CCL have been able to support with logistics. The plan is for Jeff to facilitate the group and the Project Worker to 'bring Lewisham' to the group, by providing information on local services, support, opportunities, organise speakers etc.
    - Working with Better Leisure Centres who are supporting by offering free venue space, helping ensure sustainability

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	DPIA with LGT	DPIA to allow direct referrals and data feedback	Caroline Hughes	High	Unable to accept direct staff referrals and unable to collect health outcome data	Working with IG team, delay has been escalated. Meeting now arranged to resolve situation on 4th December.	Working with partners to identify data/metrics that can demonstrate impact. People can also self-refer to project.
2	Securing longer term funding/sustainability	Ensure Peer Support group remains financially sustainable should funding end	Caroline Hughes	Medium	Unable to continue operating Peer Support Group and scheme ends. Cancer Don't Let It Win suffer financial hardship to try to keep it running	Working with our Community Fundraiser and Community Development Workers to help the group be more resilient and financially sustainable. Arranging free venue and support with initial set up costs e.g. printing.	Continue to monitor as group evolves. Connect group with community and funding opportunities that arise. Monitoring and evaluation to provide evidence for future funding

Workstream 1: Improving collection of special category data

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Dan Rattigan

Aim: To improve % competition of special category data and to identify and test sustainable ongoing models of data collection

Milestones	Start	Finish	Progress (On track /on going/delayed
Develop workplan for temporary staff member to work on data triangulation	01/04/23	30/06/23	Complete
Recruit temporary staff member via bank to undertake database work	~~02/05/23~~ 15/09/23	~~31/05/23~~ 31/03/24	Ongoing
Establish Task and Finish Group on data collection	23/05/23	31/07/23	Complete
Produce materials for staff on improved data collection	01/08/23	30/09/23	Complete
Patient engagement on materials/approach	01/10/23	01/12/23	Not started
Identify services for a pilot	01/08/23	01/12/23	Ongoing

Updates Q2 23/24

- Work has begun on reviewing databases – we have reviewed and updated records for 2477 patients to date
- We expect this will identify future areas for improvement activity, likely beyond 2023/24
- LGT Strategy have produced core content on improved data collection (importance of and resources to) – we have provisionally agreed this will inform future iCare training
- **We would like to reallocate £25k of the total £52k projected spend to purchase a 12-month license for CardMedic** – an app tailored to provide communication support for patients with differing abilities, capacities, languages and educational backgrounds to bolster our traditional interpreting services. There would be no limit on usage – so all our acute and community services could utilise.
- Identified around 38,000 'duplicate' ethnicity codes
- This gives a baseline for future years – to understand fluctuation and whether anything we do (e.g. iCare training on data quality/how and why to ask re ethnicity data) has an impact
- There are associated secondary benefits – e.g. we get better updated address details for e.g – wider impact to our population health data

Total funding allocation	Projected spend
£70,846	£52,411 by year end

BLACHIR OFA (opportunities for action)	Project
33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.	

Workstream 1: Improving collection of special category data

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Dan Rattigan

Aim: To improve % competition of special category data and to identify and test sustainable ongoing models of data collection

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Unable to recruit via bank	Initial attempt to recruit unsuccessful. No capacity in pop health team to undertake work without additional resource	LGT	Medium (unlikely / severe impact)	High	Workplan already developed, so new starter can be onboarded quickly. Start date now confirmed for 15 September.	Start date agreed – review status of risk in next quarter. **RISK CLOSED**
2	Unable to identify pilot service	Due to operational pressures, we are unable to identify a service to pilot a new approach to special category data collection	LGT	High (possible / moderate severity)	Moderate	Learning from successes at other providers, LGT to produce materials to support services and staff to 'opt-in' and communicate Trust-wide	Identify further opportunities (iCare training/wider staff training)

Workstream 1: Addressing inequalities in elective surgery waiting lists

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Matt Hopkins/Liz Aitken

Aim: Implement proactive approach to identifying patients at risk of inequalities to provide health optimisation support so they are fit for surgery without further delays.

Milestones	Start	Finish	Progress (On track /on going/delayed
Development of clinical panel approach and members	Jan 2023	April 2023	Completed
Establish health optimization pathways (eg Anaemia, Diabetes etc)	Jan 2023	May 2023	Completed
Add additional data fields into pop health elective dashboard	April 2023	November 2023	Ongoing
First clinical panel meeting	April 2023	April 2023	Completed
Recruitment of Pathway Coordinator	March 2023	September 2023	Completed
Appointment of co-production partner	August 2023	November 2023	Ongoing
Co-production workshops and outputs finalized	September 2023	April 2024	Yet to start
6 month review	December 2024	December 2024	Yet to start

Total funding allocation	Projected spend
£103,428 (+94K from APC)	£75,863 (Lewisham proportion)

Updates

- Pathway coordinator recruited and started on 13/11/23
- Agreement with APC to fund expansion of project to ENT and General surgery. Funding will cover expansion of POPS team, anaemia and social prescribing.
- Co-production scope has been shared with potential partners and proposal due 24/11/23
- Updated elective dashboard due to go live on 17/11/23

BLACHIR OFA (opportunities for action)

21. Use life course approach and consider relevant findings from this Review to develop interventions that help to mitigate health inequalities experienced by Black African and Black Caribbean older people.

34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken

Workstream 1: Smokefree Pregnancy Midwives

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Leads: Emily Newell

Aim: To recruit a Specialist Midwifery post within the LGT Maternity Service to lead on the ambition to reduce rates of smoking in pregnancy

Milestones	Start	Finish	Progress (On track /on going/delayed
Recruit a Specialist Smokefree Pregnancy Midwife	October 2022	November 2022	Completed
Establish incentive scheme to support quit rate in pregnancy and promote uptake	November 2022	July 2023	Completed
Continue brief intervention (VBA) training for all midwifery staff groups	November 2022	Ongoing	Ongoing
Train Midwives to be able to facilitate VBA training to other staff	November 2022	July 2023	On track
Recruit Specialist Midwifery Support Worker to support smokefree pregnancy pathway	November 2022	July 2023	Completed
Continue to promote and encourage carbon monoxide monitoring	November 2022	Ongoing	Ongoing
Improve collection and auditing of smoking in pregnancy data to track progress and identify gaps	November 2022	Ongoing	On track
Improve data collection on equalities linked to smoking at time of delivery	January 2024	April 2024	Not started

Total funding allocation	Projected spend
£21,633	£21,633 in 2023/24

Workstream 1: Smokefree Pregnancy Midwives

Updates for Q2 2023/24:

- Smoking at Time of Delivery (SATOD) rates continue to fall at UHL, despite a spike in August. Rate for October 2023 is low at 3.6%.
- Incentive scheme was established in June providing Love2Shop vouchers to encourage engagement with Stop Smoking Services. It is too early to assess the impact of this.
- Quit rate for Lewisham women referred to Smoking Cessation Service is fluctuating but appears to be an upwards trend. Rate was is 58% in July, 100% in August and 100% in September.
- Staff are attending community hubs for the launch, posters and leaflets have been produced and are displayed across all clinical areas both onsite and community locations. Maternity social media sites have shared about the incentive scheme.
- Specialist Maternity Support Worker has started work in the team to support the Smokefree Pathway with Midwives.
- Continuing to promote and encourage carbon monoxide monitoring. Rate of CO monitoring at 36 weeks as increased significantly since January 2023 from 42% to 78%. Meeting with teams and individuals to discuss further.
- Training continuing - predicting 90% of maternity staff trained in VBA by Dec 23. So far across LGT, 67% midwives trained, 56% doctors trained, 20% Maternity Support Workers trained in VBA.
- Continuing to manually audit booking, 36/40 week check, and SATOD data for all women booked or delivered monthly.
- Business case has been agreed to provide additional CO monitors for community midwives and further training in Very Brief Advice for all multidisciplinary teams.
- A pilot of CO monitoring/validation is being undertaken virtually by QEH SF midwife for Greenwich women, as they have been issued disposable CO monitors. Results will be compared across sites if impacts the percentage of CO monitoring undertaken

BLACHIR OFA (opportunities for action)

7. Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Lack of take-up of Stop Smoking Services once smoking in pregnancy is identified	Following identification of smoking, women are currently unlikely to engage with Stop Smoking Services.	Emily Newell	High	Women and birthing people continue to smoke, leading to potential negative health outcomes for them and for their baby	Incentive scheme implemented in June 2023 to encourage uptake of services	Promote incentive scheme and monitor uptake of Stop Smoking Services

Workstream 1: Population Health Fellows

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Rachael Smith/Matt Hopkins

Aim: Provide clinical capacity to the pop health team to support the delivery of projects aimed at reducing health inequalities, including specific work related to Core20plus5.

Milestones	Start	Finish	Progress (On track /on going/delayed
Recruitment of population health fellow	January 2023	August 2023	Completed
Fellows start date	September 2023	October 2023	Completed
Induction to population health team and wider system partners	September 2023	November 2023	Completed
Agreement of workplan for fellows	September 2023	December 2023	On track

Total funding allocation	Projected spend
£75,357.64	£42,330 in 23/24

Updates

- Two fellows in post from start of October 2023.
- Induction plan to be finalised ahead of fellows start date
- Work plans are in development. Fellows will take lead on the five clinical areas as set out in Core20plus5 framework. Projects also being developed around CKD.

BLACHIR OFA (opportunities for action)

33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Pop health team capacity	Staff turnover in team and reduced team capacity in short term	Rachael Smith	2	Reduced capacity within team impacts on timeline of fellows projects	Exploring potential for analysts in other parts of system to provide support	Fellows workplan to be developed in line with wider system priorities linked to inequalities

Workstream 1: Implementation of Recommendations and Opportunities For Action (OFA) from BLACHIR

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Lisa Fannon

Aim: Designing, testing and scaling up new models of service provision that achieve equitable access, experience and outcomes for all

Total funding allocation	Projected spend
£125,596.06	£125,596.06 by April 2024

Milestones	Start	Finish	Progress (On track /on going/delayed
BLACHIR opportunities for action have been mapped to projects, initiatives and responsible organisations/teams.	April 2023	May 2023	Completed
BLACHIR community partner appointed for 12 months – Social Inclusion Recovery Group (SIRG)	April 2023	April 2024	Completed
An advisory group of six Voluntary Community Sector organisations established that SIRG has coordinated, with opportunities for action identified as areas to focus activity	Sept 2023	October 2023	Completed
Continue work on progressing BALCHIR OFAs that focus on building on lessons from COVID-19	Sept 2023	April 2024	Ongoing
Collaborate with SIRG established VCS advisory group to establish local areas of focus for the next 6 months	October 2023	April 2024	Ongoing

Updates for Q2 2023/24:

As part of the mobilisation activity, SIRG has actively attended community events to engage with residents and community members about the BLACHIR report.

- SIRG have designed and circulated flyers to local businesses and schools about the report. A social media page and additional social media content has been shared via various online platforms and in person, including community groups, schools and black establishments.
- SIRG are also working on a podcast with a studio based within Lewisham and a pilot for the podcast took place on 20th October 2023.
- SIRG has held five community group meetings, to discuss the BLACHIR report and hear local views, which over 100 participants have accessed.
- An advisory group of six Voluntary Community Sector organisations has also been established that SIRG has coordinated; this has included activity to identify which opportunities for action that are yet to be progressed should be a focus for the coming year.
- The Black VCS Expo event took place on 13th October 2023. This event was led by Mabadaliko CIC and the theme of this event was to showcase black voluntary community sector stakeholders and their role in delivering health and well-being services within Lewisham.
- SIRG held an event at Phoenix Housing. The Walking Men Expo engaged men and the wider community on Prostate cancer, Men's Health, Relationships, Community and BLACHIR.
- SIRG, alongside CAMHS, Lewisham Independent Advisory Group and PCREF, supported an event on Black Mental Health and Well-being for Black Children and Parents
- SIRG has supported in identifying locations of the MMC Prostate and Breast Awareness Campaign within Lewisham.

Workstream 1: Implementation of Opportunities For Action (OFA) from BLACHIR

BLACHIR OFA (opportunities for action)	Progress
Number of OFAs being fully actioned – 2 • OFA 4. Work with education partners for all ages and local communities to explore how ethnic diversity can be further integrated into education to reflect the diverse cultures and various perspectives of history and experience. • OFA 5. Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.	
Number of OFAs with action started – 13 (OFAs 3,7, 12, 20, 22, 23, 24, 26, 27, 29, 30, 34, 35)	
Number of OFAs with no action at present - 24 The OFAs to be prioritised for focused action in the next quarter have been identified by the BLACHIR VCS Advisory Board coordinated by the Social Inclusion Recovery Group (SIRG): • OFA 10. Provide guidance and support for Black African and Black Caribbean parents and young people on applications and transition to secondary school and further education. • OFA 25. Promote cultural competency training within healthcare services, the criminal justice system, and the police force. • OFA 30. Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making. • OFA 33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.	

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Progress against BLACHIR Opportunities for Action	Challenges with engagement of all stakeholders across the system in progression of action with OFA's	PH and PH Commissioning Team	Medium (low likelihood/moderate impact)	Moderate	- Active engagement - Maintaining the positive relationships with communities that were built through the process of creating BLACHIR	N/A

Workstream 2: Health Equity Teams Programme

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Leads: Catherine Mbema/Aaminah Verity

Aim: To recruit a Heath Equity Fellow in each Lewisham PCN and form Health Equity Teams with a local community organisation. Teams to co-produce health equity projects in their respective PCNs for 1 year.

Milestones	Start	Finish	Progress (On track /on going/delayed
Recruit a Health Equity Fellow for each Lewisham PCN	October 2022	June 2023	On track/completed
Commence Semester 1 of KCL teaching for Fellows	January 2022	June 2023	On track/completed
Commence Semester 2 of KCL teaching for Fellows	September 2023	January 2024	Ongoing
Commission Community Organisation per PCN to form Health Equity Team	March 2023	August 2023	Completed
Health Equity Teams to co-produce health equity project with project proposal submitted by end of August 2023	July 2023	August 2023	Ongoing/Delayed
Health Equity Teams to implement projects and receive project seed funding	September 2023	April-July 2023-4	Ongoing
Health Equity Teams to evaluate projects	September 2023	April-July 2024	Yet to start

Total funding allocation	Projected spend
£197,604.47	£197,604.47 by April 2024

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Team projects	Delay in agreeing team projects	PH/PH Commissioning Team	Medium (moderate likelihood/moderate impact)	High	Support meetings in place for PCN Health Equity Teams	In-person meetings for teams
2	Evaluation	Delay in collating evaluation materials	PH Team	Medium (moderate likelihood/moderate impact)	High	Fellow diaries and team KPIs being collected	Nil of note

Workstream 2: Health Equity Teams Programme

Updates for Q2 2023/24:

Five of the six PCN Health Equity Teams have agreed co-produced projects that are in the process of being implemented:

- **North Lewisham PCN Health Equity Team (Red Ribbon Living Well/Dr Cami Hirons).** Project Name: Health Equity Partnership: a symbiotic approach to tackling health inequity. Project content: a) To recruit and train 20 Health Equity and Wellbeing Champions b) To establish 8 equitable outreach 'Community Health Hub' events in multiple locations across North Lewisham c) Deliver training on HIV care and de-stigmatisation for primary care staff.

- **The Lewisham Care Partnership (TLCP) PCN Health Equity Team (360 Lifestyle Support Network/Mabadaliko CIC/Dr Michelle Williams).** Project Name: Improving diabetes outcomes and awareness by addressing ethnic disparities for patients and residents within TLCP catchment area. Project content: a) Culturally tailored group consultations for people registered at TLCP who are living with severe diabetes. b) Recruitment of 10 Community Champions, which will include at least one of each African, Caribbean and Asian fast food supplier in Lewisham.

- **Aplos PCN Health Equity Team (Action for Community Development/Dr Tan Nair)** Project Name: Community Health and Wellbeing Awareness Programme. Project Content: Monthly community based health and wellbeing promotion talks within the Aplos footprint.

- **Sevenfields PCN Health Equity Team (Social Life/Downham Dividend Society/Dr Diane Biondini)** Project Name: Sevenfields Community Health Champions Programme. Project Content: Trauma informed practice event, community food events, health and wellbeing fairs and community champion events.

- **Modality PCN Health Equity Team (Therapy for Healing/Dr Ama Sogbodjor)** Project Name: TBC Project Content: PCN community organisation asset map, 24 listening and engagement events, data detailing community health needs, monthly engagement events, pilot therapy for healing clinic across 3 PCN sites.

BLACHIR OFA (opportunities for action)

27.Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Workstream 3: Community Champions

Overall RAG (Red, amber, green)	Delayed	Ongoing	Ontrack

Lead: Catherine Mbema/Lisa Fannon

Aim: Recruit a diverse group of Lewisham Health and Wellbeing Community Champions to support health promotion to achieve health equity in Lewisham.

Milestones	Start	Finish	Progress (On track /on going/delayed
VCS groups commissioned to support the recruitment of Community Health and Wellbeing Champions	July 23	Sept 23	Completed
VCS Organisations recruit Champions	Aug 23	Mar 24	Ongoing
Champions receive Training (including RSPH training)	Aug 23	March 24	Ongoing
Evaluation	Jan 24	Mar 24	Not yet started

Total funding allocation	Projected spend
£90,000 (£15,000 per VCS group) – one off Community Champions funding from MHCLG	£90,000

Updates

- Since March 2023, a total of 14 new Lewisham Health and Wellbeing Community Champion have been recruited to the main Council programme (further information on next slide) .
- Since April 2023, commissioned VCS groups within PCN Health Equity Teams have recruited a total of 26 Community Champions to date, some of whom have signed up to the main Council programme. Further demographic information about this group of Champions is due to be collated.

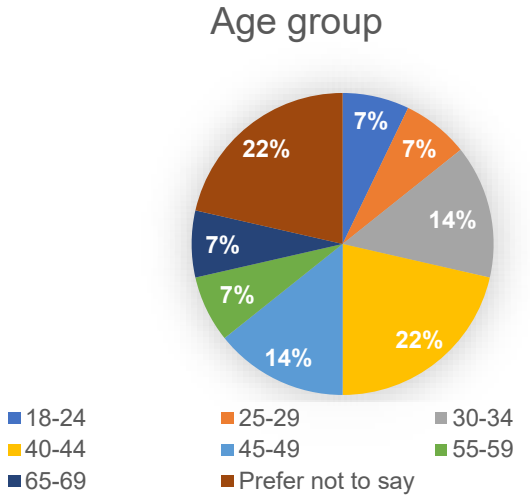
BLACHIR OFA (opportunities for action)

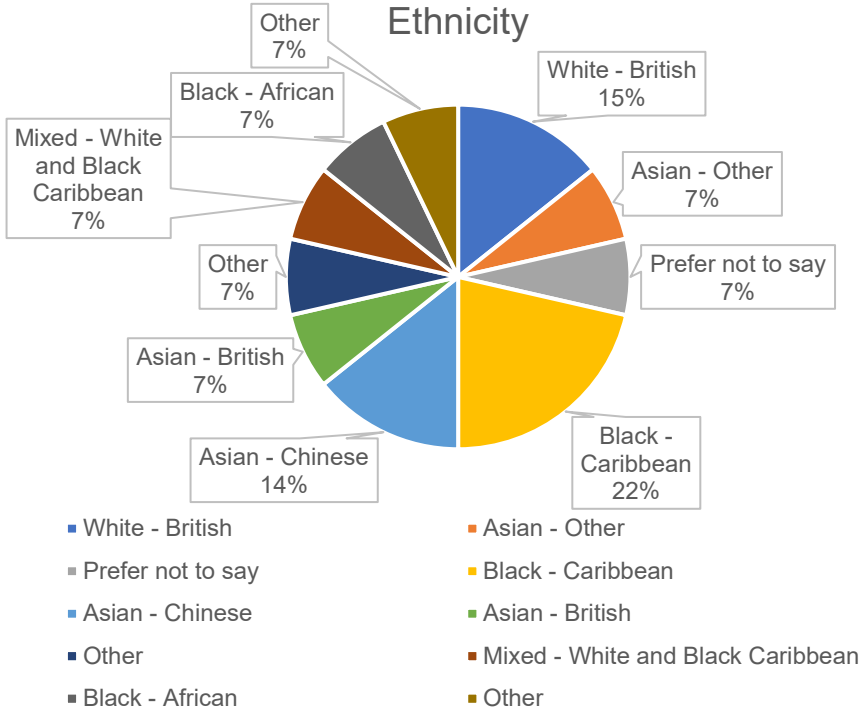
27.Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

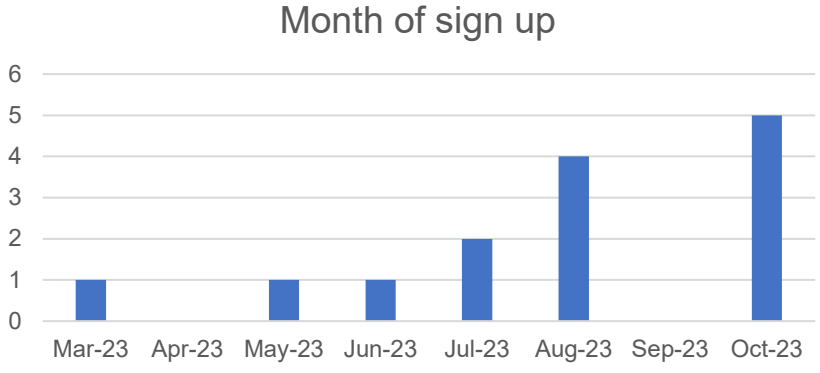
34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Risk ID	Title	Description	Risk owner	Risk Score (Residual)	Potential impact	Mitigating actions taken so far	Mitigating actions to be taken
1	Evaluation and monitoring	Challenges with monitoring recruitment of VCS champions and demonstration of impact	PH/PH Commissioning Team	Medium (low likelihood/moderate impact)	Moderate	KPIs being set with VCS groups for Champions contract	Not applicable for now

Lewisham Health and Wellbeing Community Champions – main Council programme







Next steps

- Separate workstream groups will be combined to one health inequalities working group from January 2024 with extended membership.
- Indicator dashboard in development to capture 2-3 metrics per project. Draft dashboard to be completed by February 2024.
- Ongoing monitoring of progress with workstream projects.
- Seminar session being planned for Jan/Feb 2024 to prioritise use of any further SEL ICS health inequalities funding.
- Evaluation of individual projects to be progressed.
- Quarterly updates to Lewisham Health and Wellbeing Board ongoing.
- Quarterly stakeholder newsletter with updates from the programme to commence in December 2023

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 6
Enclosure 6

Title:	**Lewisham pilot GP Home Visiting Service**
Meeting Date:	30 November 2023
Author:	Yvonne Davies, Primary Care Commissioning Manager (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of this paper is to seek approval from the Lewisham LCP on the recommendations regarding the long-term commissioning of the Lewisham pilot GP Home Visiting Service.	Update / Information	
		Discussion	
		Decision	***X***

Summary of main points:

Background

- The Home Visiting Service (HVS) was independently set up in 2019 by One Health Lewisham (OHL) following engagement with Lewisham GP practices.
- In 2020 Lewisham NHS commissioners commissioned OHL to deliver the service as a pilot at a cost of £395k per annum.
- A service review (Nov'22), identified that the service provides a valuable resource supporting general practices in Lewisham enabling them to work more efficiently and effectively whilst also improving access to primary care for housebound patients.
- The review recommended that the service was extended for an additional 12 months to allow commissioners to review and outline their long-term commissioning intentions. Following an internal governance process, recommendations were approved.
- The service has a current expiry date of 31st March 2024.

Recommendations

- Commissioners have further assessed the service and propose to:
  - Decommission the Lewisham Home Visiting service as of the 1st April 2024.
  - Support Primary Care Networks (PCNs)/practices to identify local opportunities for improving access for their registered population.

Commissioners will offer to provide support, facilitate discussions, and explore opportunities within Lewisham.

It is our intention that the first call on re-investment of these funds would be investment in primary care to support invest to save schemes.

- The drivers for decommissioning the HVS service include.

  - Contract expiry date scheduled 31/03/2024.
  - Commissioned as a pilot.
  - Independently set up to support general practice.
  - Home visiting is part of core general practice and contract requirements.
  - Value for money (duplication in funding)
  - Is not consistent with other SEL boroughs. (One other borough has a similar model but plans are also to decommission based on similar rationale).

Assumptions

- Practices will need to ensure appropriate arrangements are in place to deliver home visiting provision for their registered population as per their core GP contract requirements and current contract funding arrangements from 1st April 2024.

- Whilst home visiting falls under the core general practice contract, there are potential opportunities for practices and PCNs to consider exploring including.

  - options for best model of care i.e., Individual practice level, PCN level or borough level.
  - options to commission a provider to deliver it on their behalf.
  - local workforce opportunity via the ARRS.
  - Primary Care access funding opportunities available to support future delivery.

Governance Structure

Lewisham SMT	Lewisham Primary Care Group	Lewisham UEC Board	Lewisham Care Partnership Board *(public)*
(19 Sept'23)	(21 Sept'23)	(23 Nov'23)	(30 Nov'23)

Next steps

- Formal notification to the provider (following board approval).
- Exit strategy plan implementation with OHL - regular exit strategy meetings commenced.

Implementation of communication plan to ensure all relevant staff, service users and stakeholders are informed in the most appropriate and timely manner.

Potential Conflicts of Interest	• OHL have a direct conflict of interest as the current provider of the service and therefore should be excluded from any decision. • General practice members of the Board have an indirect conflict of interest as users of the service and are therefore excluded from any decision.
Any impact on BLACHIR recommendations	None identified.

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

IMPACT

The following impact assessments have been undertaken and submitted to the ICB Equality, diversity and inclusion teams, quality teams, commissioners, and the provider.

Equality Impact Assessment | Quality Impact Assessment | Decommissioning Impact Assessment | Provider Impact Assessment

Equality	The service is available for all patients that are deemed clinically housebound (including temporary housebound) and does not discriminate against any of the 9 protected characteristics. A full EIA or QIA were not required following review by relevant SEL ICB equality and quality leads.
Patients	Patients may experience increase in wait times and variation in consistency of service delivery.
General practice	There is a risk that practices do not have the capacity and / or workforce to deliver this provision. Discussions in Q3 2023/24 with practices looking at options will support and assist in mitigating any impact.
Provider	Staff: direct impact on the staff that deliver the HVS. OHL have internal processes in place to manage this effectively and sensitively with staff involved. Business continuity: OHL have reviewed the internal impact on their BAU activity and other services delivered e.g., virtual wards (workforce) and housebound review with internal mitigating actions being taken.
ICB	Financial: Approximately £400k per annum will be released. It is our intention that the first call on re-investment of these funds would be

		investment in primary care to support invest to save schemes.
	Other Services	Potential negative impact on Urgent and Emergency Care provision i.e., 999, ED, UCR as a result of increased demand impacting on subsequent response times (UCR) and increased waits (ED).
Other Engagement	Service User Engagement	Practice survey circulated as part of Nov'22 review to identify their experiences. This was shared with OHL as the provider and anticipated it will be used to assist in exploratory discussions with practices/PCNs.
	Public Engagement	No direct patient engagement has been undertaken.
	Other Committee Discussion/ Engagement	Discussions held with OHL as part of contract discussions regarding commissioners' intentions and as indicated above in the governance structure
Recommendation	The LCP Strategic Board is asked to approve the recommendations outlined in this document.	

South East London Integrated Care System

NHS South East London

Lewisham Home visiting service

Decommissioning paper

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

Sponsor:
Ashley O'Shaughnessy
Associate Director of Primary Care (Lewisham)
NHS South East London Integrated Care Board (SEL ICB)

Document Control:

Version	Date	Author / Amended by	Submitted to	Notes
1.0	03/08/23	**Yvonne Davies**	**Ashley O'Shaughnessy**	Original draft
1.1	15/09/23	**Yvonne Davies**	**Ashley O'Shaughnessy**	Amendments
2.0	18/09/23	**Yvonne Davies**	**Ashley O'Shaughnessy**	Amendments
2.1	21/11/23	**Yvonne Davies**	**Ashley O'Shaughnessy**	Final Version

Contents

1 Introduction

SEL ICB (Lewisham) is proposing to decommission the Lewisham Home Visiting Service (HVS) currently provided by One Health Lewisham.

The purpose of this document is to outline the steps and principles applied to decommission the service, the key drivers, and assumptions made to support the decision. The Lewisham Care Partnership Board is asked to approve the decision outlined in this paper.

2 Executive Summary

The current Home Visiting Service is currently provided by One Health Lewisham (OHL), with a scheduled contract expiry date of 31st March 2023.

The service has been operating well and delivered by a high quality and experienced workforce and is highly valued by both Lewisham GP practices and Lewisham patients.

Home visiting forms part of the core general practice requirements which practices are funded to support under the NHSE core contract. The HVS is therefore being funded in addition to the core contract.

Following a review of the contract, long-term commissioning intentions for the service and forth coming contract end date, commissioners propose to

1. Not continue/decommission the Lewisham pilot GP Home Visiting service from the current contract expiry date of 31st March 2024.

2. Support Primary Care Networks (PCNs)/practices to identify local opportunities to continue to support their housebound patients and to improve access across their registered populations.

It is our intention that the first call on re-investment of these funds would be investment in primary care to support invest to save schemes.

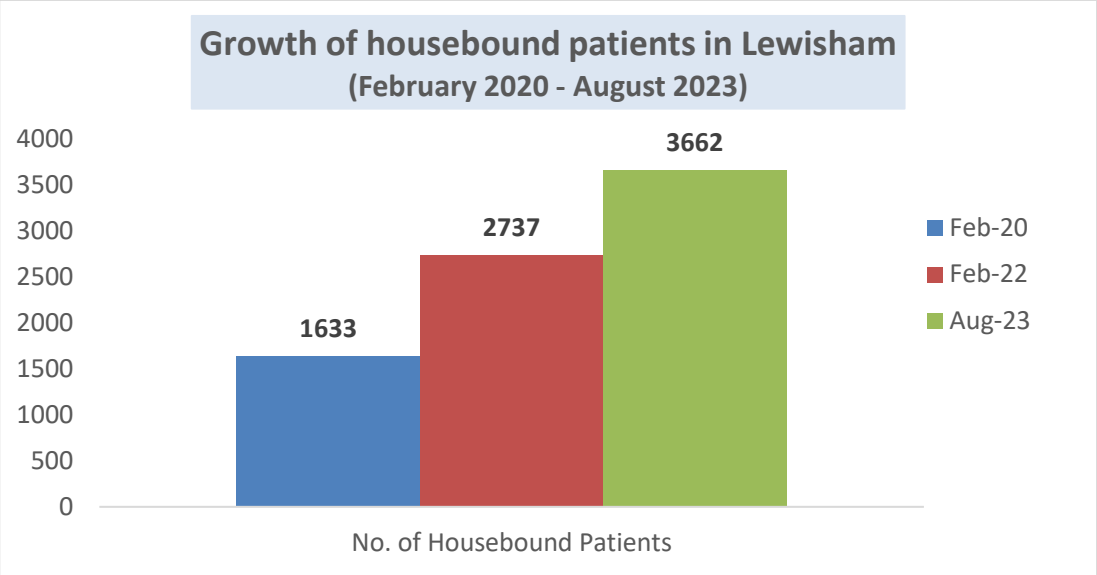
3 Background information

3.1 Housebound patients

Housebound patients (in residential care or their own homes), are at higher risk of deteriorating health and hospital admissions. As a patient group, housebound patients can be complex and present a high risk in terms of deterioration. The importance of early triage of requests for a GP home visit to enable prioritisation was highlighted in the NHS England Patient Safety Alert (2016).

However, home visits take time and GPs must fit them around other clinical commitments. This has meant that patients unable to attend their surgery could experience a delayed holistic assessment of their needs potentially leading to inequalities and unwarranted variation in the delivery of timely care.

The number of patients that are housebound, both long term and temporary, is increasing. As of August 2023, there are approximately 3662 housebound patients in Lewisham (including temporary housebound). Lewisham has seen a 34% increase from 2022 and a 124% increase since February 2020.



3.2 General Practice Contracts

As part of the core general practice contract, all practices receive payment for every registered patient at their practice. As part of this payment, practices are required to provide access to a range of appointments to their registered population e.g., Face to Face, telephone, video, home visits. Access to home visiting appointments is often determined by clinical need and can be either short or long term.

The current HVS contract is funded in addition to the core payment practices receive for their registered population.

3.3 Service development

Following engagement with Lewisham Primary Care Networks (PCNs) in 2019, One Health Lewisham (OHL), the Lewisham GP Federation, identified that home visiting was one of the biggest challenges general practice faces in primary care. In July 2019, OHL independently commenced a home visiting service as a pilot to support GP practices across Lewisham. The service provided support to practices to assist with more complex housebound patients. Practices, under their core contract, were able to continue to provide their own home visiting service to their registered population.

In 2020, Lewisham primary care commissioners formally commissioned the service for a 12-month initial duration on an NHS standard contract. The contract has since been delivered on a rolling year-by-year basis, particularly during the covid pandemic period to support practices. In December 2022, a review of the service was undertaken, and key recommendations made including to extend the contract for an additional 12 months until March 2024 whilst commissioners reviewed the longer-term commissioning intentions for the service.

4 Service Overview

4.1 Current Contract arrangements

A single tender waiver was authorised in March 2023 to issue a 12-month extended contract to OHL for service delivery between 1st April 2023 – 31st March 2024 at a contract value of approximately £395k.

The current service is delivered on an NHS standard contract with a notice period of 2 months. Commissioners are required to provide formal written notice to the provider by 30th January 2023, however the intention would be to provide formal written notice within Q3 2023/24.

The provider has already been verbally notified of the intention to decommission the service through the regular commissioner provider contract meetings held on Friday 11th August 2023 and Friday 15th September 2023.

4.2 Home Visiting Service Model

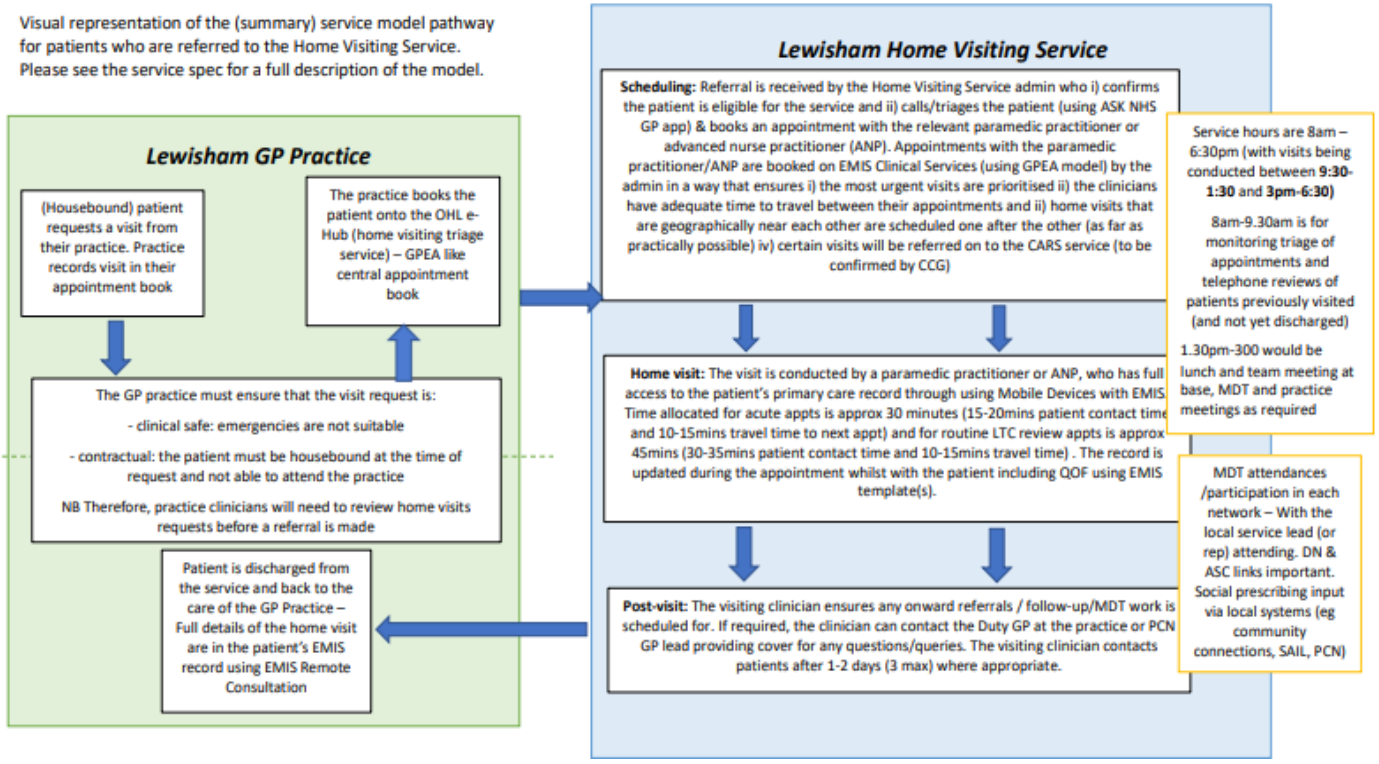
The service provides one off episodes of care to Lewisham GP registered patients that are Housebound or temporarily housebound. In addition, the service provides proactive appointments to support Lewisham GP practices with their QoF targets.

The service

- is delivered by a team of 3.5 WTE comprising of an Advanced Paramedic practitioner, Advanced Nurse practitioner, and Paramedic Practitioners. A dedicated
- Operates from 0800 until 1830 Monday to Friday with patients being seen between the hours of 0930-1330 and 1500-1830.
- Provides 24 appointment slots available per day (approximately 6-8 visits per paramedic).
- offers an online booking system via EMIS for practices to refer to the service.
- Has data sharing agreements in place with all Lewisham GP practices to enable visiting HV clinicians to write directly into the patients notes.

- Has the ability to make direct referrals to the Lewisham Hospital Urgent Community Response (UCR) team, offering continued support to patients and avoids unplanned admissions.

The following diagram provides a visual overview of the service model.

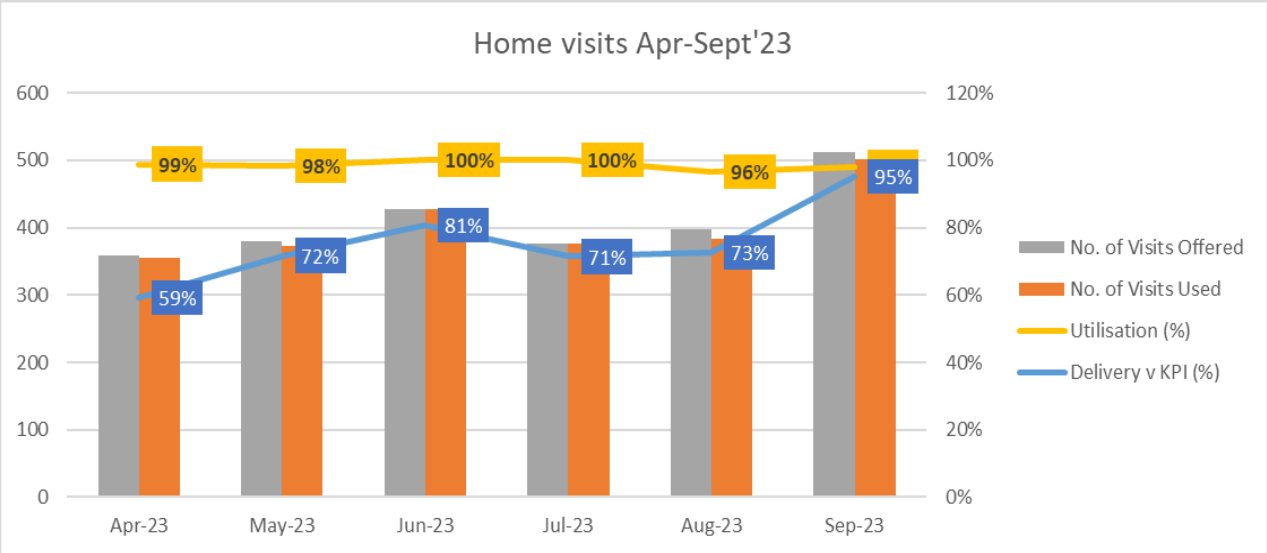


4.3 Performance and activity

OHL have continually been able to provide home visiting support to Lewisham practices and adapt service provision to varying demand including response to covid and post covid activity as well as seasonal variations. The following provides a high-level summary of service delivery year to date for 2023/24.

- Service utilisation has remained steady throughout the year (average 99% utilisation rate), with a small increase in demand in August 2023.
- Service delivery against KPI targets has an average of 75%, however September 2023 saw a sharp increase to 95%.

	Apr-23	May-23	Jun-23	Jul-23	Aug'23	Sept'23
KPI Target	600	520	528	528	528	528
No. of Visits Offered	359	379	427	376	398	512
No. of Visits Used	355	373	427	377	384	502
Utilisation (%)	99%	98%	100%	100%	96%	98%
Delivery v KPI (%)	59%	72%	81%	71%	73%	95%



4.4 Home Visiting Service Review 2022

Appendix 1 provides a high-level summary of the key findings from the HV review undertaken in November 2022. In summary, it was identified that the service provides a valuable resource supporting general practices in Lewisham enabling them to work more efficiently and effectively whilst also improving access to primary care for housebound patients.

The paper was taken to the following groups for approval and endorsement. The key recommendations that would allow commissioners to review and outline their long-term commissioning intentions were approved and a single tender waiver issued for an additional 12 months for 2023/24.

- Lewisham SMT (Senior Management Team) (23/12/22)
- Lewisham Primary care group (19/01/2023)
- Lewisham Place Executive Group (09/02/2023)

5 Decommissioning

This section summarises the steps to be taken to decommission the Lewisham Home Visiting Service and should be read in conjunction with Appendix 2: Home visiting decommissioning process which outlines the principles and requirements for decommissioning of a service.

5.1 Drivers for Decommissioning

The following highlight the key drivers for decommissioning the Lewisham Home Visiting Service.

- Contract expiry date scheduled 31/03/2024.
- Commissioned as a pilot.
- Independently set up to support general practice.
- Home visiting is part of core general practice and contract requirements.
- Value for money (duplication in funding)
- Is not consistent with other SEL boroughs. (One other borough has a similar model but plans are also to decommission based on similar rationale).

5.2 Assumptions

Practices will deliver home visiting provision for their registered population as per their core GP contract requirements and current contract funding arrangements from 1st April 2024.

Whilst home visiting falls under the core general practice contract, there are potential opportunities for practices and PCNs to consider exploring including.

- options for best model of care i.e., Individual practice level, PCN level or borough level.
- options to commission a provider to deliver it on their behalf.
- local workforce opportunity via the ARRS.

5.3 Communications and Engagement

A communication plan has been developed with the service provider OHL to ensure the smooth transition from the current arrangements.

This document captures and outlines the relevant stakeholders that need to be engaged with and / or informed of the decision to decommission the HVS, agreed clear messages for service users as well as informing of the agreed next steps.

A communication log is already in place capturing all communication and engagement undertaken as part of the decommissioning process.

It should be noted that due to the sensitive nature of this decision and direct impact on OHL and its workforce, the communication and engagement plan has prioritised communication to staff of the home visiting service (OHL) before wider communications was circulated.

Practices and PCNs have been informed of the proposals to allow sufficient time for them to explore opportunities and have been provided with a data pack on their home visiting activity to support their planning (Appendix 3).

5.4 Impact Assessments

An **equality Impact assessment (EIA)** and **quality impact assessment (QIA**), were completed, submitted, and approved by the SEL ICB Equality, diversity and inclusion team and quality teams. The aim of the assessments was to outline the potential impact of the decision on service users, service provider, commissioners, and wider health economy. Both the EIA and QIA were approved, and commissioners were informed that full impact assessments for equality or quality were not required.

A decommissioning impact assessment was also undertaken to summarise the potential impact of the decision and can be found in Appendix 4.

Impact assessments will be reviewed throughout the exit strategy implementation phase to ensure that no negative impacts emerge. Commissioners feel assured that the actions outlined will mitigate and minimise the level of any potential impact.

5.5 Exit Strategy and Decommissioning checklist.

Commissioners and the provider will work together during the 'exit strategy implementation phase', (the period of formal contract notification and contract end date and service transfer), to ensure a smooth transition.

An agreed exit strategy will be implemented and managed by regular exit strategy meetings between the provider and commissioner to ensure that the service closure requirements are being delivered and within the agreed timescales.

A decommissioning checklist will provide a stock check of the key requirements that need completing before the contract end date.

6 Risks and Issues

The discontinuation of this service could potentially have an initial negative impact on patient's wellbeing, general practice, and the wider health care system. These are highlighted in the decommissioning impact assessment (appendix 5).

Key risks identified include.

Risks / Issue Description	*Score*	*Mitigating actions*
There is a risk that commissioners assume that practices will be in a position to deliver home visiting resulting in potential gaps in provision if not in place.	***L***	- *Effective joint communications plan (co-developed with OHL)* - *Opportunity & time for practices to review models of delivery.* - *Local access funding opportunities.*

There is a risk that practices do not have the workforce and/or capacity to deliver a service for their housebound patients in response to the growth of the housebound cohort.	***H***	- *Service opportunity discussions to commence with practices/PCN and Federation in Q3.* - *Local access funding opportunities.* - *Commissioner support will be available*
There is a risk that housebound patients may experience variance in future service delivery e.g., increased waiting times, shorter visit times, reduction in social needs assessments, increased delays for referrals to UCR team and variability in access and quality because of differing models of care implemented by practices / PCNs	***M***	- *Service opportunity discussions to commence with practices/PCN and Federation in Q3.* - *Shared models of care and best practice to be shared.* - *Continued communication with other service providers.* - *Commissioner support will be available*
Increased use of A&E / Urgent Care services e.g., LAS/111 as patients are unable to access care within a timely manner causing a deterioration in patient health.	***M***	- *Effective joint communications plan (co-developed with OHL)* - *Service opportunity discussions to commence with practices/PCN and Federation in Q3.* - *Continued communication with other service providers to manage and minimise impact.*
There is a risk that the decision will directly impact on the delivery of the virtual ward 'NHS at home' contract	***M***	- *Home visiting requirements/costs of the virtual ward service to be explicitly identified and supported as part of the virtual ward programme.* - *Virtual ward commissioners already sighted on proposals.* - *Providers provided assurance on continued service delivery*
There is a risk that the decommissioning of this service will directly impact on the recently commissioned pilot housebound annual review service (Approx. £80k per annum)	***L***	- *Longer term commissioning intentions for the housebound annual review service to be confirmed.* - *OHL to advise on the viability of providing this service independently of the wider HV service.* - *Providers provided assurance on continued service delivery*

7 Governance Framework

This document has been taken to the following groups as part of the governance structure applicable to the decommissioning of the service.

Lewisham Senior Management Meeting	• 19th September 2023 *(internal)* • To endorse the decision
Lewisham Primary Care Group	• 21st September 2023 *(internal)* • To endorse the decision
Lewisham Urgent and Emergency Care Board	• 23rd November 2023 *(internal)* • To inform
Lewisham Care Partnership Strategic Board	• 30th November 2023 *(Public meeting)* • To approve the decision

It is proposed that updates will be provided to all of the above groups to advise of progress of service transition.

8 Next Steps

The following key next steps are required.

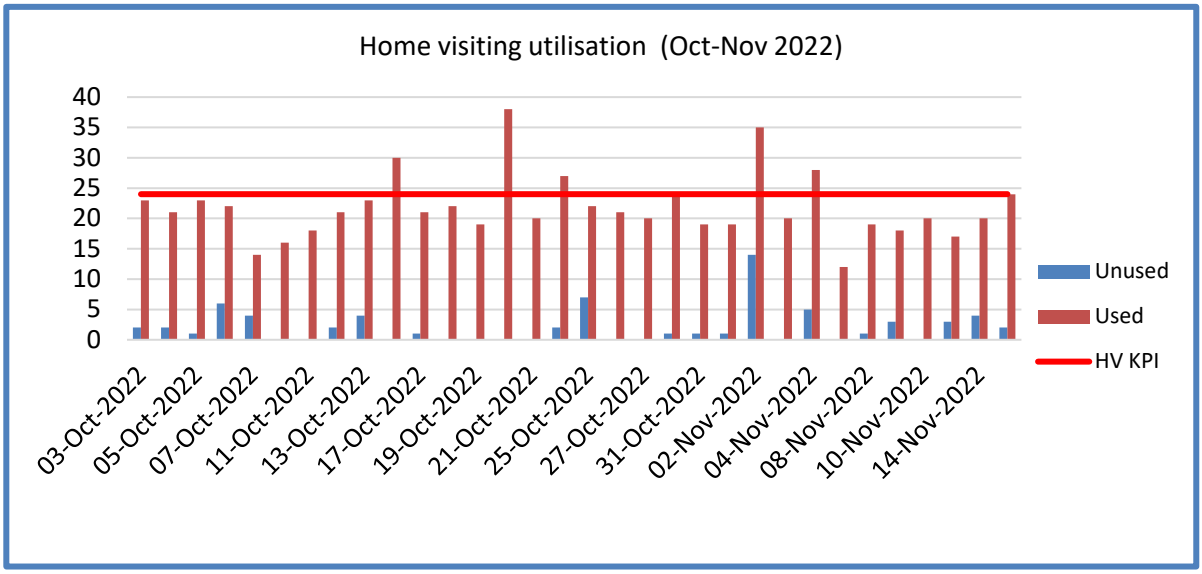
- Formal notification to the provider (following board approval).
- Exit strategy plan implementation with OHL (regular exit strategy meetings commenced).
- Implementation of communication plan to ensure all relevant staff, service users and stakeholders are informed in the most appropriate and timely manner.

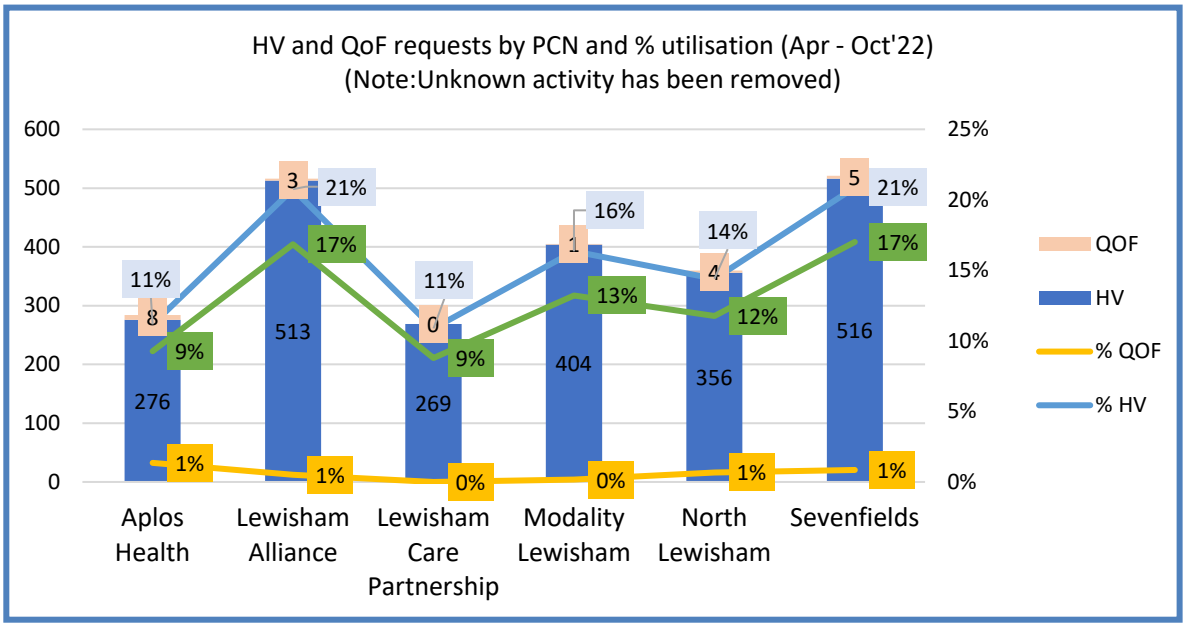
9 Appendices

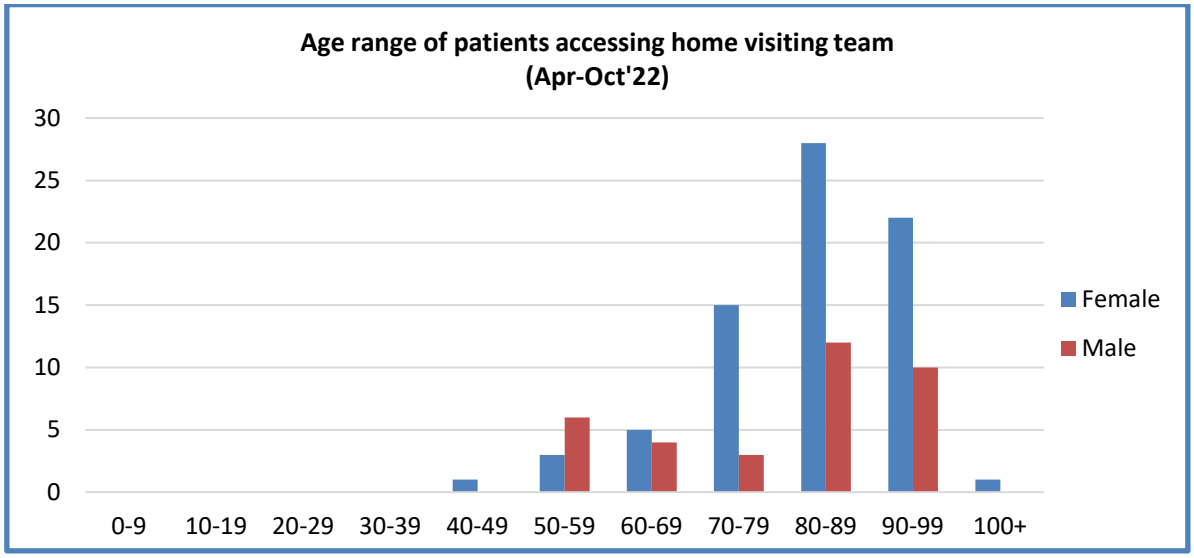
9.1 Appendix 1: Home visiting service review – Summary November 2022

Key Findings	
Performance & Activity	• In 2022/23 YTD, OHL have delivered 3062 home visits, average of 437 visits per month of which 81% deliver home visits and 19% utilised for QoF visits. • Overall delivery rate of 91% utilisation • There was a 31% increase in visits between Q1 to Q2. • M7 (599) activity is already exceeding the total activity seen for Q2 (487). A Q3 forecast based on average monthly requests could see a potential increase of 97%. • On average 4 patients a month require an ambulance or a hospital admission. • All practices use the service however it is not possible to identify those practices that use the service for QoF visits due to data extraction capabilities. • Triage based on clinical need and urgency supports managing requests ensuring patients with the highest needs are prioritised and assist in reducing hospital admissions and improved clinical outcomes for patients
User & Staff feedback	• The service is highly valued by general practice and supports them by enabling practices to utilise resources to support general practice activity. • Key themes identified from GP practice survey (43 responses) included; What works well? • Service comprised of highly skilled team of clinicians. • Positive impact on • Multiple benefits for patients including improved access, F2F clinician intervention, additional support if required. • What could be improved? • Increased capacity/ availability of slots/ more pre-bookable slots for next day • Extend the remit of the team to deliver additional services i.e., dermatology, phlebotomy, IV drugs, more chronic disease management. • Availability for more QoF appointments
Issues and Risks	• Current funding / contract arrangements end 31st March 2023 • Work force implications if service discontinued. • Insufficient capacity to manage demand over winter period.
Next Steps	• Introduce HV HCAs to support LTC patients • Develop an integrated approach with UCC at the front door as well as virtual wards to ensure services work more collaboratively. • Look at service efficiencies to make service improvements including (but not exhaustive) review of remote IT software
Recommendations	• Extend the contract for an additional 12 months to allow commissioners to outline long term commissioning intentions.

	Requests			% Requests			
	HV	QOF	Total	% HV	% QOF	% Total	Nb practices
Aplos Health	276	8	284	11%	1%	9%	4
Lewisham Alliance	513	3	516	21%	1%	17%	6
Lewisham Care Partnership	269	0	269	11%	0%	9%	5
Modality Lewisham	404	1	405	16%	0%	13%	3
North Lewisham	356	4	360	14%	1%	12%	9
Sevenfields	516	5	521	21%	1%	17%	6
Unknown	137	570	707	6%	96%	23%	N/A
TOTAL	2471	591	3062	**100%**	**100%**	**100%**	33







9.2 Appendix 2: Home visiting Decommissioning Process

HV%20Decommissioning%20Process.pp

9.3 Appendix 3: Lewisham Home Visiting data pack

Lewisham PCN Home Visiting data_2(

9.4 Appendix 4: Decommissioning Impact Assessments

HV Decommissioning Impact Assessment_2

South East London Integrated Care System

Lewisham Home visiting service

Decommissioning Process

August 2023

Content

South East London Integrated Care System

CONTENT	
1	Introduction
2	Principles for decommissioning
3	Decommissioning Process
4	Drivers for decommissioning
5	Impact Assessments
6	Risks and mitigating actions
7	Clinical governance framework
8	Decommissioning checklist
9	Appendix A: Definitions

1. Introduction

SEL ICB (Lewisham) has made the informed decision not to extend the contract with One Health Lewisham for the delivery of the Lewisham Home Visiting Service

The purpose of this document is to describe the process followed to operationally manage significant changes to the commissioning of services, in a safe, fair, and transparent manner.

The paper outlines the requirement for a robust process to appropriately make significant changes to any contracted services. Such changes impact on patients and providers, and therefore requires a formal process, which provides an evidence trail and ratification by a decision-making authority in the face of potential appeals and legal challenge by an affected provider.

APPENDIX A provides a summary of key definitions

2. Principles for decommissioning

South East London Integrated Care System

Ensure Transparency and Fairness

Good Governance

Value for Money

Impact assessments *(patients/ providers/ Users)*

Clear Rationale

Service User Needs

Where the service is valued, alternative provision must be available or commissioned before withdrawal.

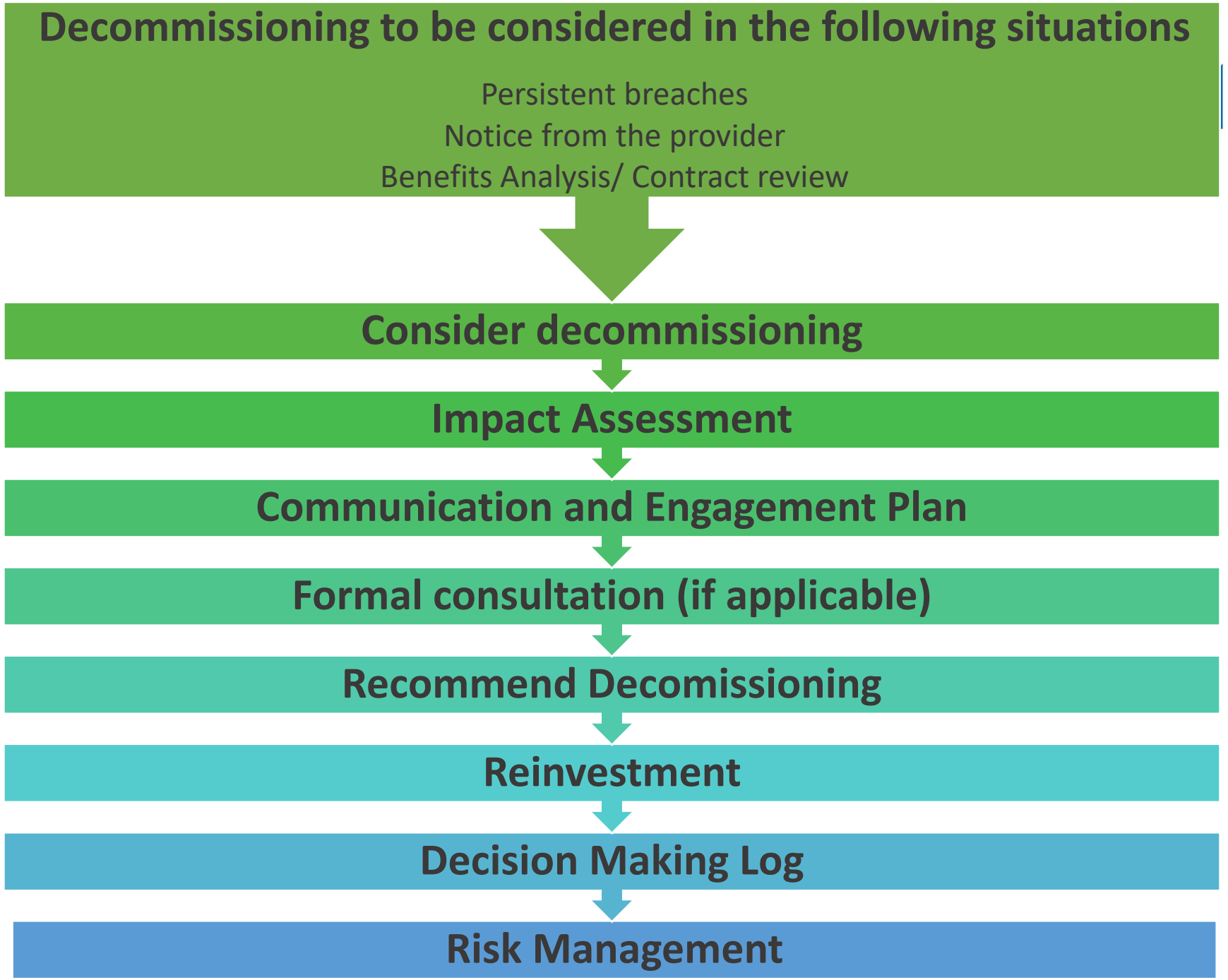
Maintain effective / ongoing communication

Risk management & mitigating action plan

Opportunities

Consider partnerships/ ensure smooth transition required between current and future providers (if applicable).

3. Process


Decommissioning to be considered in the following situations
Persistent breaches
Notice from the provider
Benefits Analysis/ Contract review
Consider decommissioning
Impact Assessment
Communication and Engagement Plan
Formal consultation (if applicable)
Recommend Decomissioning
Reinvestment
Decision Making Log
Risk Management

4. Drivers for decommissioning

Decommissioning is usually undertaken if any one of the following circumstances.
For this service, the contract end date and commissioning priorities and value for money are the key drivers.

Contract/ funding end date

i.e., the contract has expired, and commissioners do not wish to continue with the service;

Non-Compliance to contract terms and conditions

i.e., failure to meet the requirements in a service specification/unable deliver the contracted service which may result in commissioners seeking early termination of the contract.

VFM/ commissioner priorities

When a service is no longer value for money or is no longer a priority for the commissioner through service reviews; changes in national policy/recommendations; changes of service innovation across primary, community and secondary care provision.

5. Impact Assessments

Impact assessments are undertaken to determine the impact of any potential decommissioning on both the service users and providers and assist in identifying any required mitigating actions.

For this service, the following impact assessments have been undertaken

- Equality Impact assessment
- Quality Impact assessment
- Decommissioning impact assessment
- Risk assessment

5. Decommissioning Checklist

A decommissioning checklist will be used to ensure relevant actions are undertaken before contract end date.

1) Compliance with contracted service requirements

2) Internal SEL ICB Processes/ governance structures undertaken

3) Exit plan requirements (Exit plan and exit strategy meetings will be in place to manage the process)

• Staff • Equipment/ stock • ICT • Agreed end date	• Agreed final documentation for submission • Final payments • Patient transfers	• Communication and engagement

APPENDIX A: DEFINITIONS

South East London Integrated Care System

- SEL ICB – Soth East London Integrated Care Board – Lewisham
- Decommissioning - planned process of removing, reducing, or replacing a service – the proposed withdrawal of the service may occur if the service no longer meets commissioning needs or if the provider wishes to withdraw.
- Termination - is cessation of a service by the ICB or the provider under the terms of the contract and the date the notice period runs from.
- Non-essential services – services deemed to be no longer serving a clinical need or not fitting with commissioning strategy.
- Service Providers – the commissioner's decision to decommission a service will impact upon the service provider and their employees who may face uncertain prospects. ICBs should ensure that the service provider is given sufficient notice and time to get advice on any human resources or legal advice.
- Service Users - the commissioner's decision to decommission a service will impact upon the service users. ICBs should ensure that service users are informed of any decisions to decommission a service.
- Stakeholders – stakeholders of services should be informed as soon as possible of a decision to decommission a service. Where deemed necessary commissioners are advised to take legal advice regarding information that can be shared with stakeholders at different stages of a decommissioning process to help ensure effective planning and co-ordination.

Sources

- National Audit Office has a toolkit for decommissioning public services. https://www.nao.org.uk/decommissioning-toolkit-contents/

South East London
Integrated Care System

South East London
Integrated Care System

South East London Integrated Care System

Lewisham Home Visiting activity pack

(October 2022-September 2023)

November 2023

Yvonne Davies, Primary Care Commissioning Manager, SEL ICB (Lewisham)

Yvonne.davies@selondonics.nhs.net

Contents

South East London Integrated Care System

Summary

South East London Integrated Care System

- From the **1st April 2024**, GP practices/PCNs will need to ensure they have appropriate arrangements in place to provide access to home visiting appointments for their registered population as per core NHSE GP contract requirements.

- This pack provides a summary of Home Visiting activity across Lewisham and PCN / Practices between October 2022 – September 2023.

- The aim of this pack is to assist practices/PCNs with their planning for provision of home visiting appointments and explore local opportunities available.

- Should you have any questions, queries or wish to discuss this direct with commissioners please email Yvonne.davies@selondonics.nhs.uk

Background information

South East London Integrated Care System

- Following engagement with Lewisham Primary Care Networks (PCNs) in 2019, One Health Lewisham (OHL), the Lewisham GP Federation, identified that home visiting was one of the biggest challenges general practice face in primary care. In July 2019, OHL independently commenced a home visiting service as a pilot to support GP practices across Lewisham

- In 2020, commissioners commissioned the service as a pilot and was temporarily extended during covid to support practices.

- The service was funded by SEL ICB at an additional cost on top of the payments currently received by practices as part of the global sum.

- SEL ICB have outlined their intent to no longer fund the home visiting service after 31st March 2024. It is proposed that the released funding will be reinvested back into primary care.

SEL ICB Decommissioning Decision

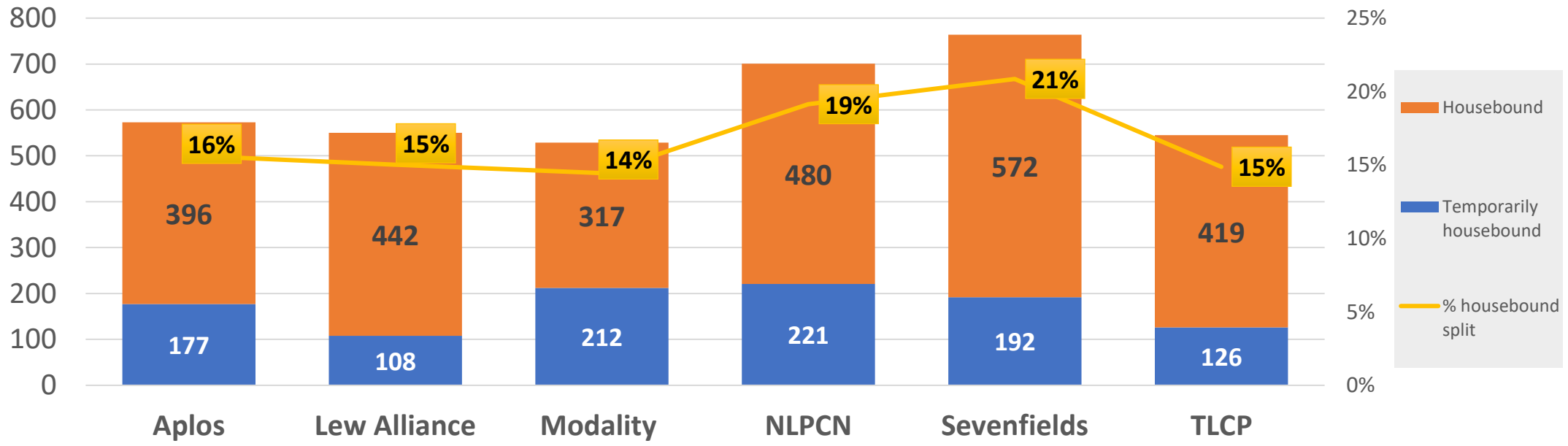
The following highlight the key drivers for decommissioning the Lewisham HVS.

- Contract expiry date of 31/03/2024.
- Commissioned as a pilot.
- The requirement to openly procure the service if it were to continue
- Originally independently setup by OHL to support general practice.
- Home visiting is part of the core general practice contractual requirements.
- Value for money (duplication in funding)
- Is not consistent with other SEL boroughs.
- Opportunities now available to practices/PCNs to support paramedic staff costs through the Additional Roles Reimbursement Scheme (ARRS)

It is proposed by SEL ICB, that the released funding will be reinvested back into primary care.

Lewisham Housebound patients by PCN

3662* housebound patients in Lewisham *(includes temporary housebound)*.



PCN	Aplos	Lew Alliance	Modality	NLPCN	Sevenfields	TLCP	TOTAL
Temporary HB	177	108	212	221	192	126	1036
Housebound	396	442	317	480	572	419	2626
Total	573	550	529	701	764	545	3662
% housebound split	16%	15%	14%	19%	21%	15%	100%
Weighted list size (Jan'23)	50777	52991	38826	90833	65705	52869	352001
% split of weighted list size	14%	15%	11%	26%	19%	15%	100%

**Data as of September 2023*

Lewisham Activity (Oct'22-Sept'23)

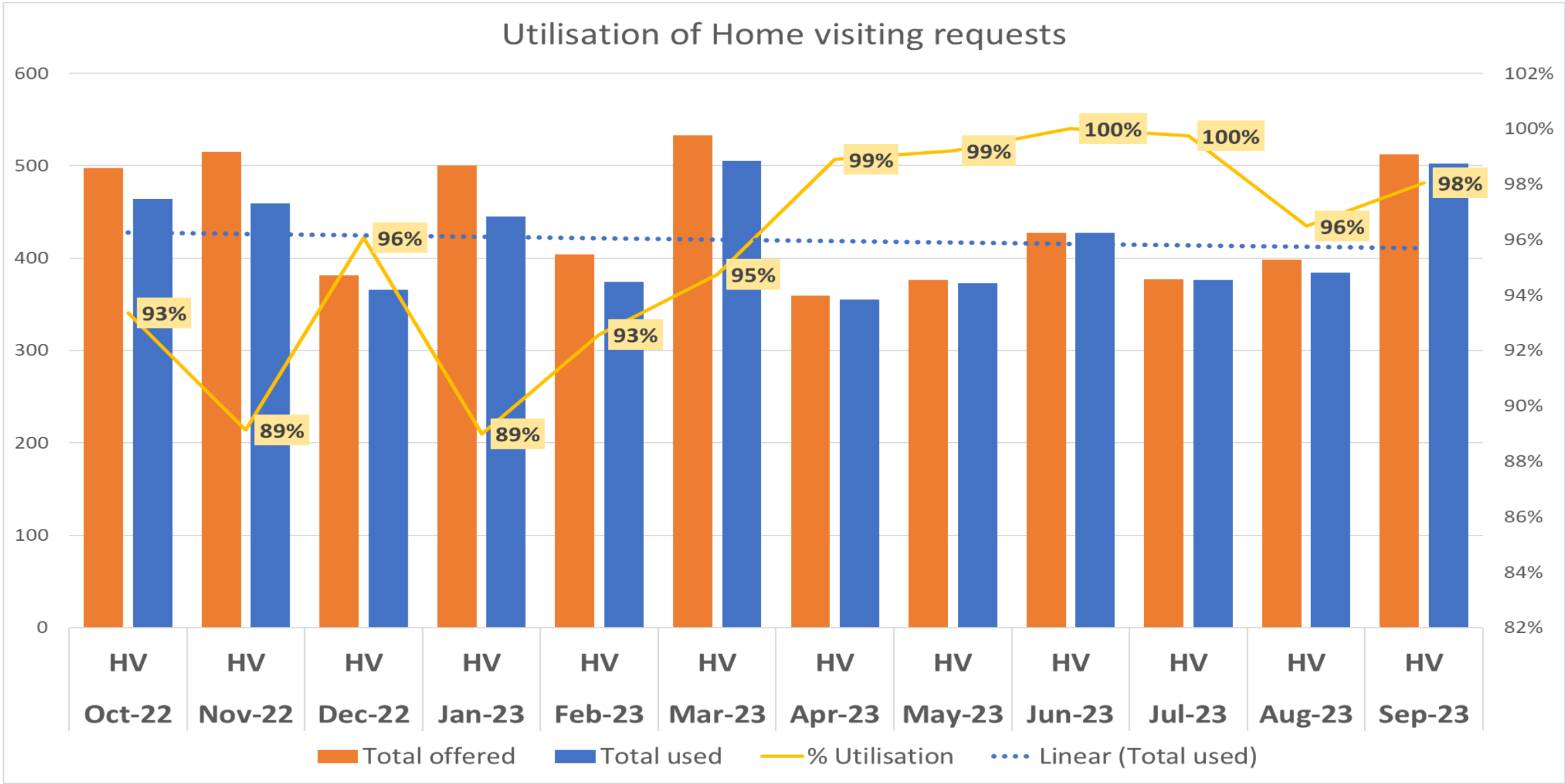
South East London Integrated Care System

- The OHL service undertook Home visits on behalf of practices as well as some QoF visits
- Since September 2022, 187 QoF visits have been undertaken by OHL on behalf of practices.
- Please note that this data set contains activity for home visits only and does NOT include QoF visits undertaken on behalf of practices.

HOME VISITING ACTIVITY

- **5030** Total HV requests *(99% booking rate)*
- **419** Average requests per month (Q3 & Q4 saw highest average requests *(441 and 429*)
- **1.9%** of visits resulted in a hospital admission *(96/5030)*
- **7%** of activity *(370/5030)* is from an unknown source. 'unknown activity' may arise where a patient is temporary, has moved out of area, or the referral booking has come via another route.

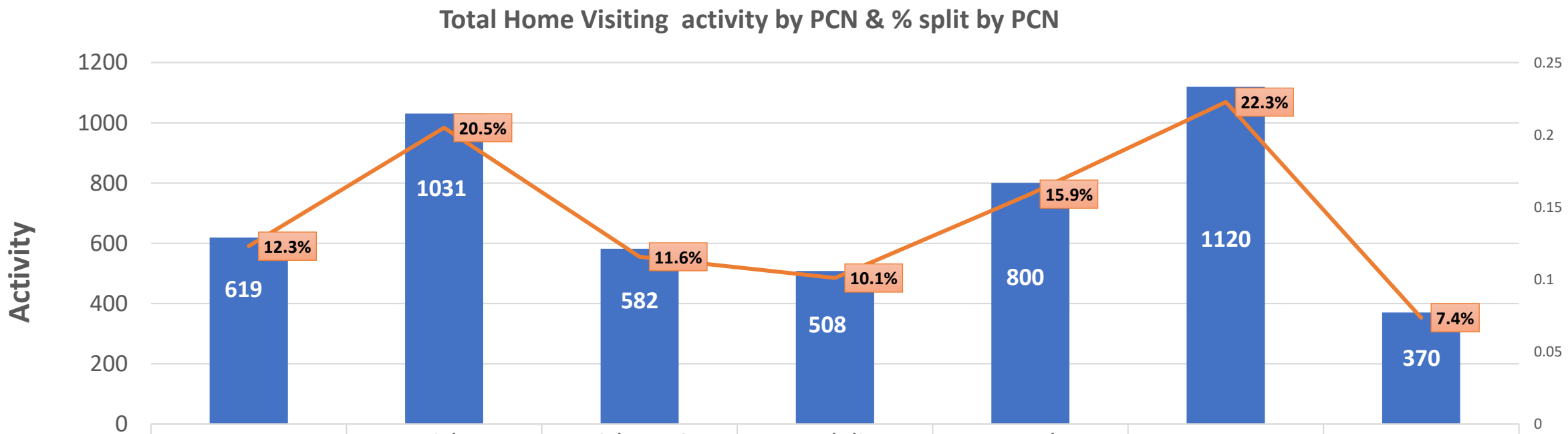
Lewisham Activity (Oct'22-Sept'23)



Lewisham PCN Activity (Apr'22-Sept'23)

South East London Integrated Care System

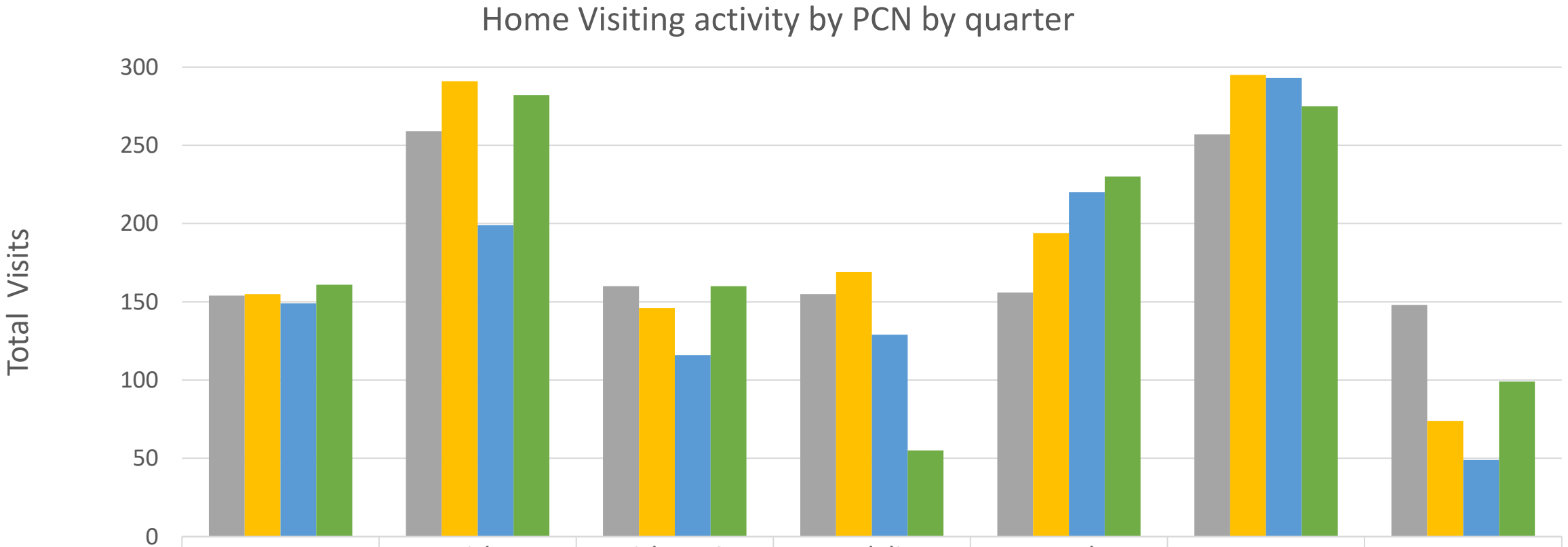
Lewisham Home visiting activity = Total 5030 from all practices (including unknown practice activity (exc QoF)



	Aplos Health	Lewisham Alliance	Lewisham Care Partnership	Modality Lewisham	North Lewisham	Sevenfields	Unknown*
TOTAL Total	619	1031	582	508	800	1120	370
% HV	12.3%	20.5%	11.6%	10.1%	15.9%	22.3%	7.4%

'unknown activity' may arise where a patient is temporary, has moved out of area, or the referral booking has come via another route.

Lewisham PCN Activity (Oct'22-Sept'23)



	Aplos Health	Lewisham Alliance	Lewisham Care Partnership	Modality Lewisham	North Lewisham	Sevenfields	Unknown
2022/23 Q3	154	259	160	155	156	257	148
2022/23 Q4	155	291	146	169	194	295	74
2023/24 Q1	149	199	116	129	220	293	49
2023/24 Q2	161	282	160	55	230	275	99

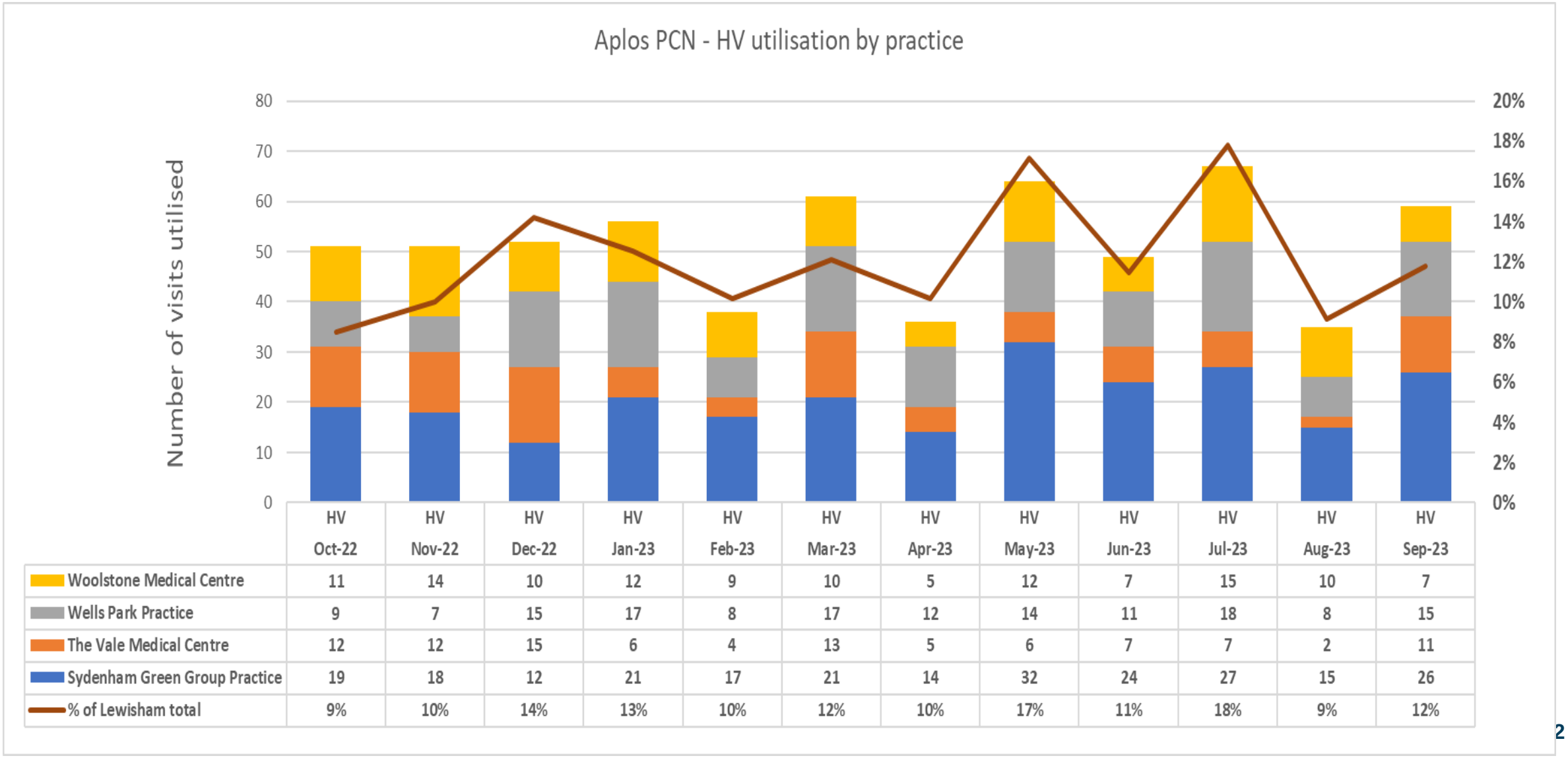
APLOS PCN *(Oct 2022-Sept 2023)*

South East London Integrated Care System

APLOS	• 619 Home visits • Equated to 12% of total Lewisham activity (619/5030) • Increase of 4% when comparing Q3 2022/23 to Q2 2023/24

Practice	Total HB patients	HV activity	% PCN activity	% TOTAL Lewisham activity	SUMMARY
Sydenham Green Group Practice	259	246	40%	5%	246 visits = 40% of Aplos activity and 5% of total Lewisham activity
The Vale MC	92	100	16%	2%	100 visits = 16% aplos activity and 2% of total Lewisham activity
Wells Park Practice	138	151	24%	3%	151 visits = 24% Aplos activity and 3% of total Lewisham activity
Woolstone MC	84	122	20%	2%	122 visits = 24% Aplos activity and 2% total Lewisham activity
PCN TOTAL	**573**	**619**	**100%**	**12%**	**619 = 12.3% of total Lewisham HB activity**

APLOS PCN *(Oct 2022-Sept 2023)*



	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
Woolstone Medical Centre	11	14	10	12	9	10	5	12	7	15	10	7
Wells Park Practice	9	7	15	17	8	17	12	14	11	18	8	15
The Vale Medical Centre	12	12	15	6	4	13	5	6	7	7	2	11
Sydenham Green Group Practice	19	18	12	21	17	21	14	32	24	27	15	26
% of Lewisham total	9%	10%	14%	13%	10%	12%	10%	17%	11%	18%	9%	12%

LEWISHAM ALLIANCE PCN *(Oct 2022-Sept 2023)*

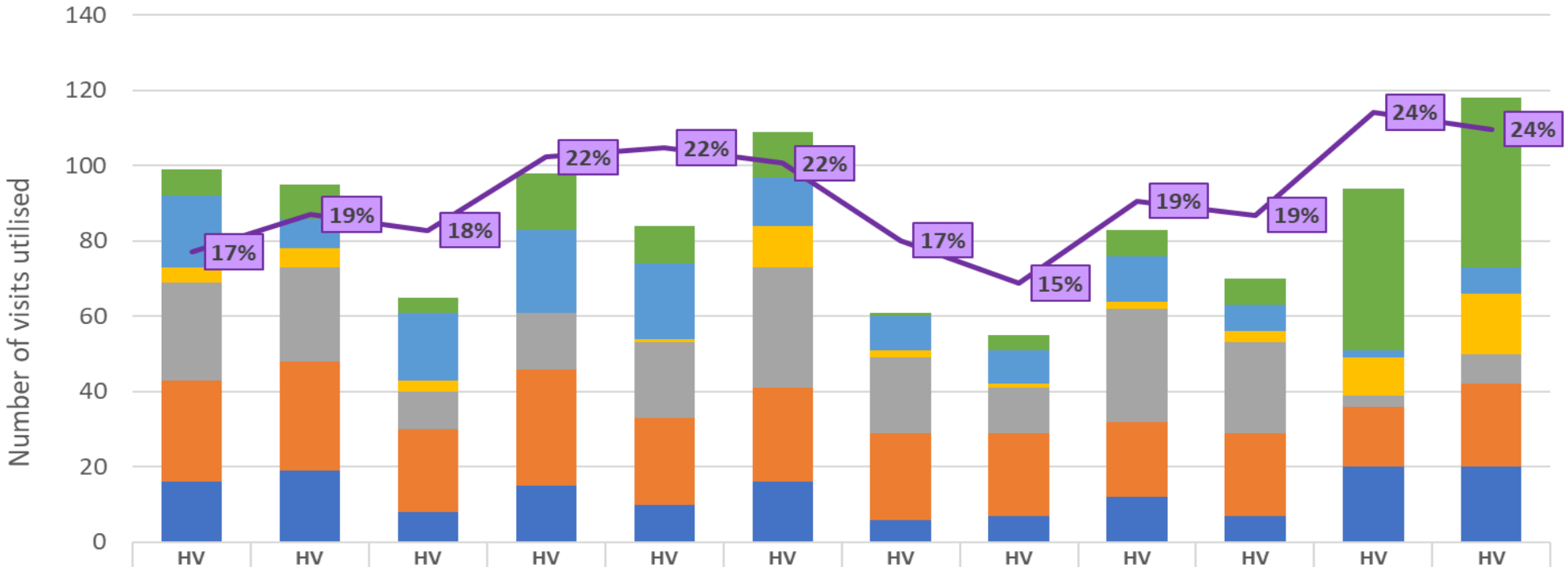
South East London Integrated Care System

LEWISHAM ALLIANCE	• 1031 Home visits • Equated to 20% of total Lewisham activity (1031/5030) • Increase of 8% when comparing Q3 2022/23 and Q2 2023/24

Practice	Total HB patients	HV activity	% PCN activity	% TOTAL Lewisham activity	SUMMARY
Burnt Ash Surgery	91	156	15%	3%	156 visits = 15% of Total PCN activity and 3% of total Lewisham activity
Lee Road Surgery	142	282	27%	6%	282 visits = 27% of Total PCN activity and 6% of total Lewisham activity
Lewisham MC	107	225	22%	4%	225 visits = 22% of Total PCN activity and 4% of total Lewisham activity
Nightingale Surgery	31	58	6%	1%	58 visits = 6% of Total PCN activity and 1% of total Lewisham activity
Triangle Group Practice	109	146	14%	3%	146 visits =14% of Total PCN activity and 3% of total Lewisham activity
Woodlands HC	70	164	16%	3%	164 visits = 16% of Total PCN activity and 3% of total Lewisham activity
PCN TOTAL	**550**	**1031**	**100%**	**20%**	**1031 requests equated to 20% of Lewisham requests**

LEWISHAM ALLIANCE PCN *(Oct 2022-Sept 2023)*

South East London

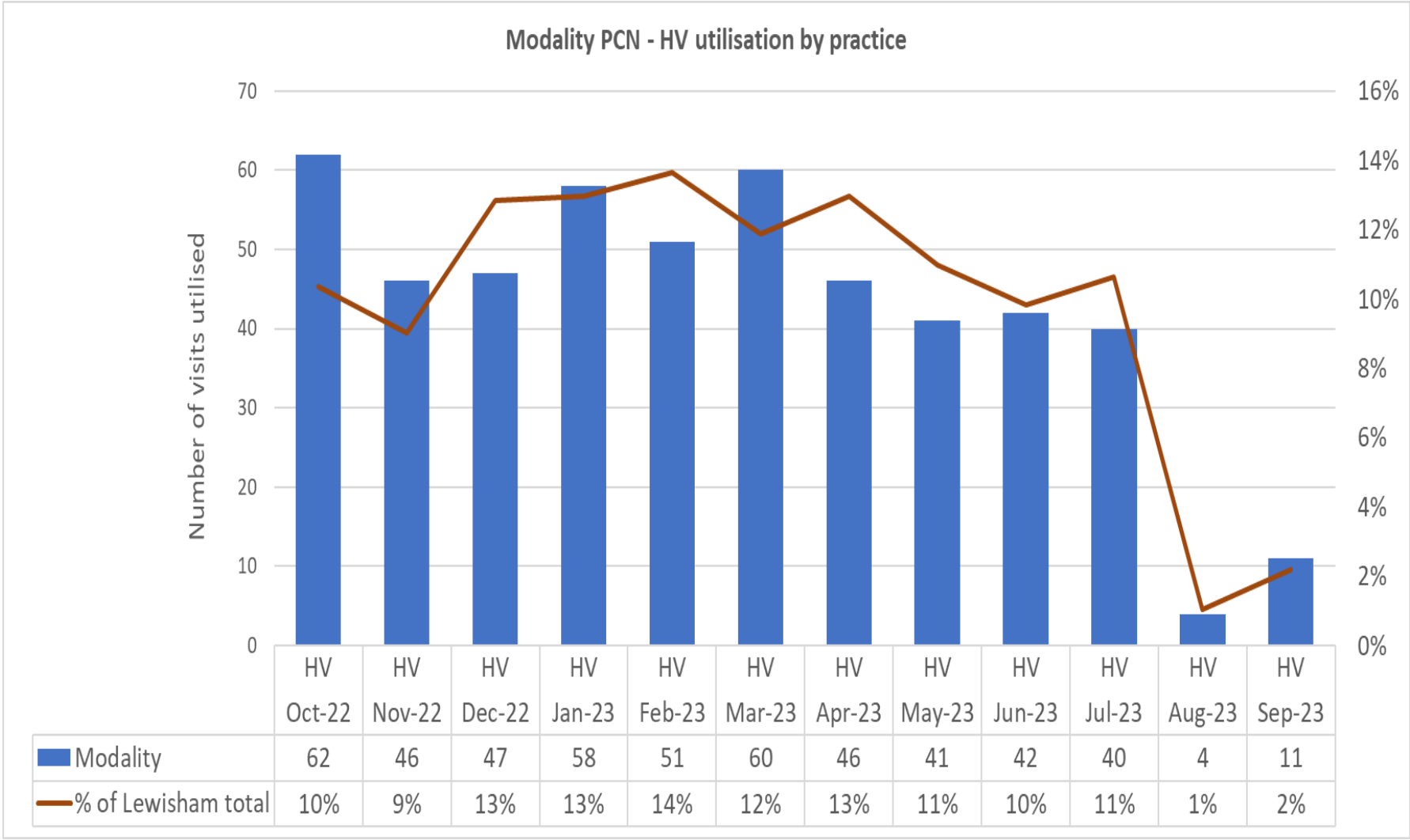


	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
Woodlands Health Centre	7	9	4	15	10	12	1	4	7	7	43	45
Triangle Group Practice	19	8	18	22	20	13	9	9	12	7	2	7
Nightingale Surgery	4	5	3	0	1	11	2	1	2	3	10	16
Lewisham Medical Centre	26	25	10	15	20	32	20	12	30	24	3	8
Lee Road Surgery	27	29	22	31	23	25	23	22	20	22	16	22
Burnt Ash Surgery	16	19	8	15	10	16	6	7	12	7	20	20
% of Lewisham total	17%	19%	18%	22%	22%	22%	17%	15%	19%	19%	24%	24%

MODALITY PCN *(April 2022-Sept 2023)*

South East London Integrated Care System

- **508** Home visits
- Equated to **7%** of total Lewisham activity (508/5030)
- Total variance of **-182%** when comparing Q3 2022/23 and Q2 2023/24
- Modality includes **3** sites
- **529** Housebound population across the 3 sites



	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
Modality	62	46	47	58	51	60	46	41	42	40	4	11
% of Lewisham total	10%	9%	13%	13%	14%	12%	13%	11%	10%	11%	1%	2%

North Lewisham PCN *(Oct 2022-Sept 2023)*

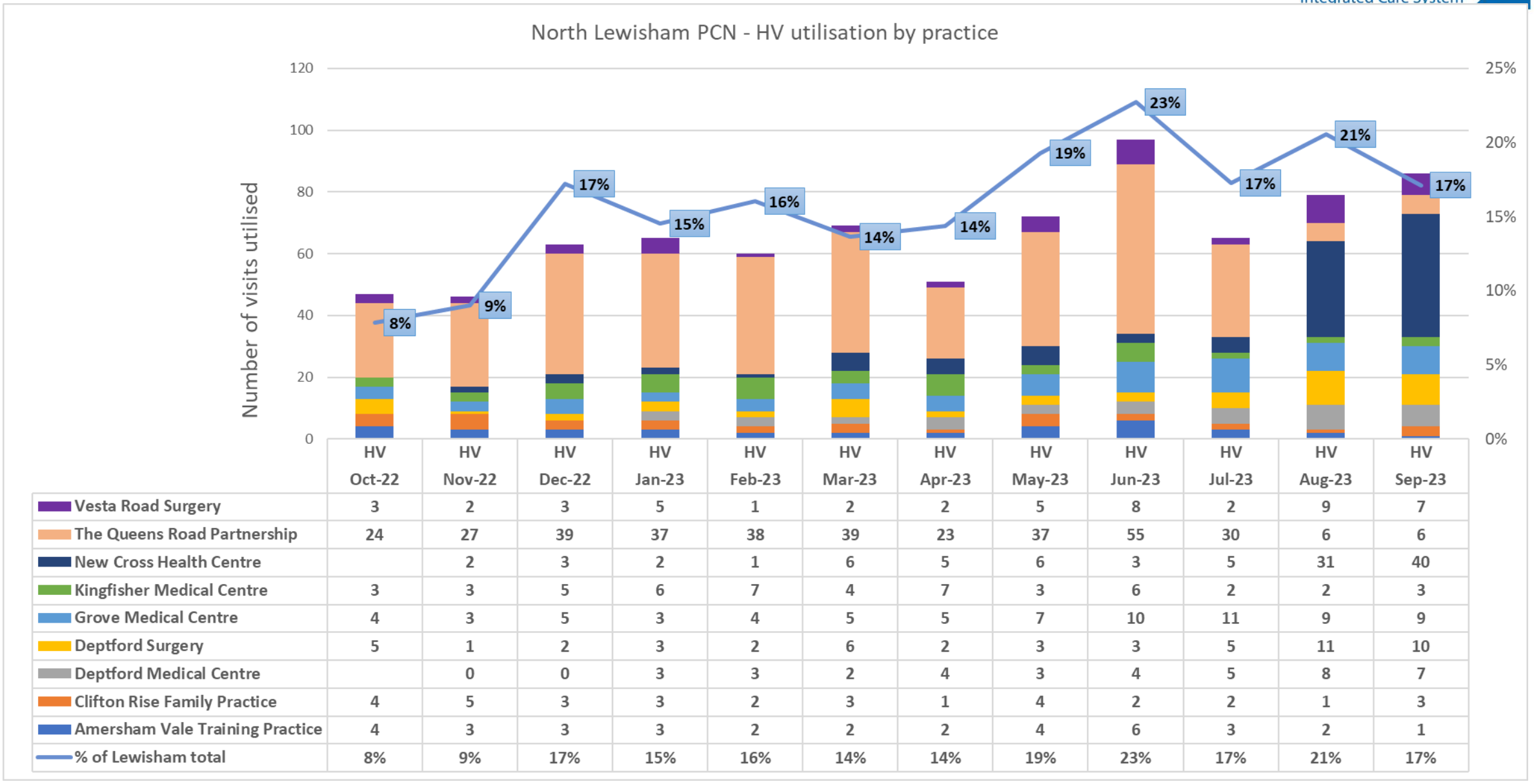
South East London Integrated Care System

NLPCN	• 804 Home visits • Equated to 16% of total Lewisham activity (804/5030) • Increase usage of 32% when comparing Q3'22/23 and Q2'23/24

Practice	Total HB patients	HV activity	% PCN activity	% TOTAL Lewisham activity	SUMMARY
Amersham Vale	58	35	4%	1%	35 visits = 4% of Total PCN activity and 1% of Lewisham activity
Clifton Rise FP	48	33	4%	1%	33 visits = 4% of Total PCN activity and 1% of Lewisham activity
Deptford MC	29	39	5%	1%	39 visits = 5% of Total PCN activity and 1% of Lewisham activity
Deptford Surgery	37	53	7%	1%	53 visits = 7% of Total PCN activity and 1% of Lewisham activity
Grove MC	75	75	9%	1%	75 visits = 9% of Total PCN activity and 1% of Lewisham activity
Kingfisher MC	129	51	6%	1%	51 visits = 6% of Total PCN activity and 1% of Lewisham activity
New Cross HC	45	104	13%	2%	104 visits = 13% of Total PCN activity and 2% of Lewisham activity
The Queens Road Partnership	237	361	45%	7%	361 visits = 45% of Total PCN activity and 7% of Lewisham activity
Vesta Road Surgery	43	49	6%	1%	49 visits = 6% of Total PCN activity and 1% of Lewisham activity
PCN TOTAL	701	800	100%	16%	701 equated to 16% of total Lewisham housebound activity

North Lewisham PCN *(Oct 2022-Sept 2023)*

South East London Integrated Care System



	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
Vesta Road Surgery	3	2	3	5	1	2	2	5	8	2	9	7
The Queens Road Partnership	24	27	39	37	38	39	23	37	55	30	6	6
New Cross Health Centre		2	3	2	1	6	5	6	3	5	31	40
Kingfisher Medical Centre	3	3	5	6	7	4	7	3	6	2	2	3
Grove Medical Centre	4	3	5	3	4	5	5	7	10	11	9	9
Deptford Surgery	5	1	2	3	2	6	2	3	3	5	11	10
Deptford Medical Centre		0	0	3	3	2	4	3	4	5	8	7
Clifton Rise Family Practice	4	5	3	3	2	3	1	4	2	2	1	3
Amersham Vale Training Practice	4	3	3	3	2	2	2	4	6	3	2	1
% of Lewisham total	8%	9%	17%	15%	16%	14%	14%	19%	23%	17%	21%	17%

Sevenfields PCN *(Oct 2022-Sept 2023)*

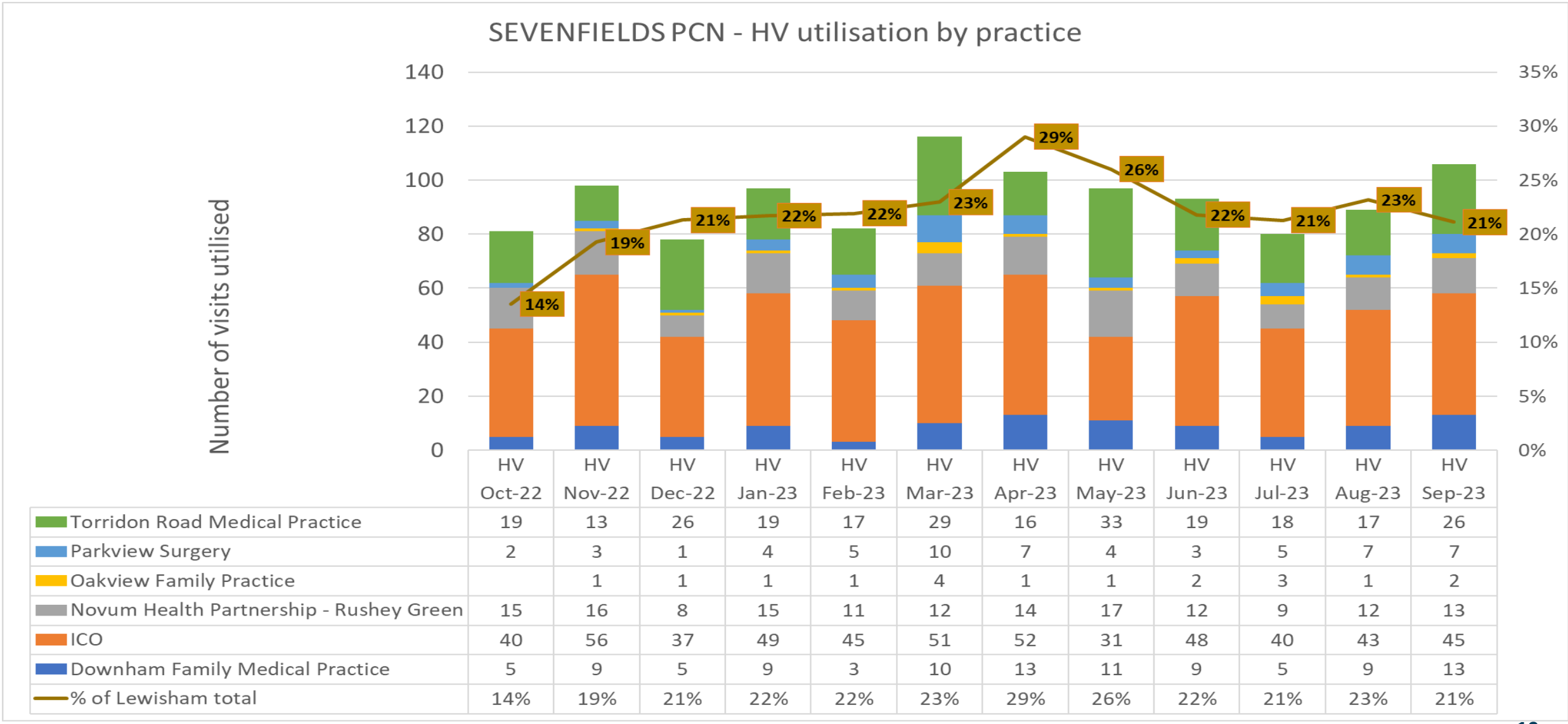
South East London Integrated Care System

Sevenfields	• 1120 Home visits • Equated to 22% of total Lewisham activity (1120/5030) • Highest using PCN • Increase of 7% when comparing Q3 2022/23 to Q2 2023/24

Practice	Total HB patients	HV activity	% PCN activity	% TOTAL Lewisham activity	SUMMARY
Downham FMP	**63**	101	9%	2%	101 visits = 9% of Total PCN activity and 2% of Lewisham activity
ICO (3 sites)	**220**	537	48%	11%	537 visits = 48% of Total PCN activity and 11% of Lewisham activity Highest using practice within the PCN One of the highest requesting practices in Lewisham
Novum (2 sites)	**194**	154	14%	3%	154 visits = 14 % of Total PCN activity and 3% of Lewisham activity
Oakview Family Practice	**59**	18	2%	0%	18 visits = 2% of Total PCN activity and 0.4% of Lewisham activity
Parkview Surgery	**100**	58	5%	1%	58 visits = 5% of Total PCN activity and 1% of Lewisham activity
Torridon Road	**128**	252	23%	5%	252 visits = 23% of Total PCN activity and 5% of Lewisham activity
PCN	**764**	**1120**	**100%**	**22%**	1120 equated to 22% of total Lewisham housebound activity

Sevenfields PCN *(Oct'22-Sept'23)*

South East London Integrated Care System



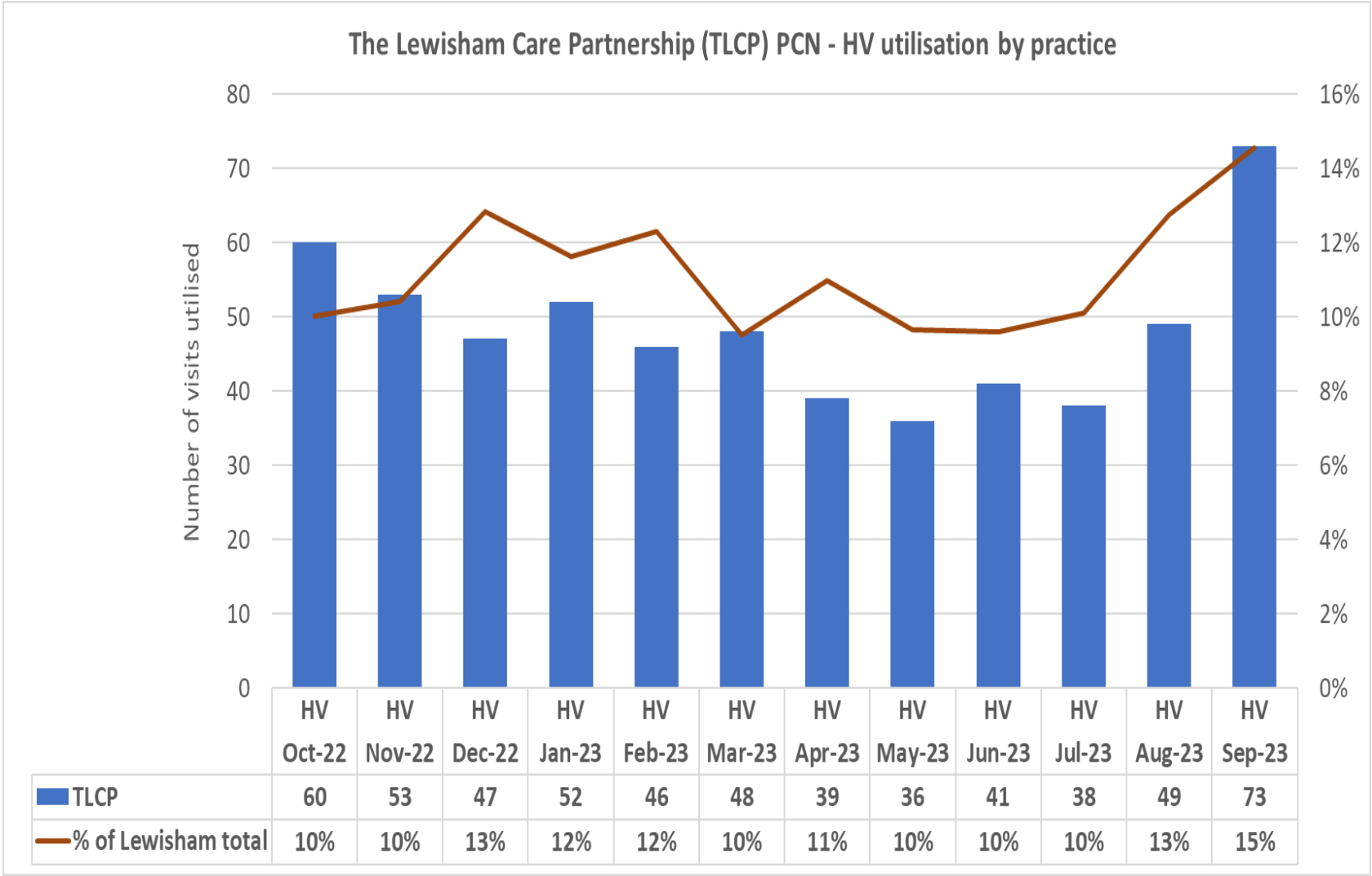
	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
Torridon Road Medical Practice	19	13	26	19	17	29	16	33	19	18	17	26
Parkview Surgery	2	3	1	4	5	10	7	4	3	5	7	7
Oakview Family Practice		1	1	1	1	4	1	1	2	3	1	2
Novum Health Partnership - Rushey Green	15	16	8	15	11	12	14	17	12	9	12	13
ICO	40	56	37	49	45	51	52	31	48	40	43	45
Downham Family Medical Practice	5	9	5	9	3	10	13	11	9	5	9	13
% of Lewisham total	14%	19%	21%	22%	22%	23%	29%	26%	22%	21%	23%	21%

The Lewisham Care Partnership (TLCP) PCN

(Oct 2022-Sept 2023)

South East London Integrated Care System

- **582** Home visits
- Equated to **12%** of total Lewisham activity (582/5030)
- **0%** Increase of when comparing Q3 2022/23 to Q2 2023/24, however Q2'23/24 saw a 28% increase on Q1 2023/24
- TLCP includes **5**sites
- **545** Housebound population across the 5 sites



	HV Oct-22	HV Nov-22	HV Dec-22	HV Jan-23	HV Feb-23	HV Mar-23	HV Apr-23	HV May-23	HV Jun-23	HV Jul-23	HV Aug-23	HV Sep-23
TLCP	60	53	47	52	46	48	39	36	41	38	49	73
% of Lewisham total	10%	10%	13%	12%	12%	10%	11%	10%	10%	10%	13%	15%

South East London Integrated Care System

If you wish to discuss any of the information in this pack, please contact the primary care commissioning team

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Yvonne Davies

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Decommissioning Impact Assessment

Service considered for decommissioning	Annual Contract Value	Approx. number of patients/ appointments per annum
Lewisham Home Visiting Service	£395k pa	Approx. 5000 appointments per annum

Commissioner	NHS SEL ICB (Lewisham)
Provider	One Health Lewisham (OHL) -Lewisham GP Federation

Completed by ***(Name & Title)***	Yvonne Davies, Primary Care Commissioning Manager (SEL ICB -Lewisham)
Date	16/11/2023

1. Background- Information on Service:

The GP Home Visiting Service is a One Health Lewisham (OHL) developed service that supports member GP Practices by conducting rapid home visits by clinicians in order to deliver care in the community and help them to manage their demand.

The service provides one off episodes of care to Lewisham GP registered patients that are Housebound or temporarily housebound using a team of Advanced Paramedic, Advanced Nurse, and Paramedic Practitioners. In addition, the service provides proactive appointments to support Lewisham GP practices with their QoF targets.

The service commenced as a pilot in July 2019. In April 2020, primary care commissioners commissioned the pilot for a 12-month duration on an NHS standard contract at a contract value of £395k. Contract variations were issued for an additional 12 months for both 2022/23 and 2023/24 at an annual contract value of approximately £395k. The current expiry date is 31st March 2024.

A service review was undertaken in November 2022. In summary it was identified that the service provides a valuable resource supporting general practices in Lewisham enabling them to work more efficiently and effectively whilst also improving access to primary care for housebound patients.

The review paper underwent an internal governance process for approval and endorsement. The key recommendations that would allow commissioners to review and outline their long-term commissioning intentions were approved and a single tender waiver issued for an additional 12 months for 2023/24.

2. Background – Policy Context and/or principal driver for decommissioning:

The forthcoming contract end date proactively facilitated the review of the contract within the wider context of primary care and the Lewisham 5-year Primary Care plan. Whilst the service is positively received by both practices and patients, the key drivers for proposing the decommissioning of the service include.

- Contract expiry date scheduled 31/03/2024.
- Commissioned as a pilot.
- Home visiting is part of core general practice.
- Value for money (current duplication of payments)
- Is not consistent with other SEL boroughs (no other models in place across SEL).
- Does not align to wider long-term commissioning intentions.

3. Impact (Benefit) of Decommissioning:

The prime benefits of decommissioning the service include.

- Value for money
- Opportunities for reinvestment back into primary care to support delivery against the wider 5-year primary care plan.
- Local workforce opportunity for PCNs via ARRs.
- Primary Care access funding opportunities.

It is anticipated that should practices which to explore these opportunities they will have discussions within their PCNs and with the incumbent provider. Commissioners will provide support where requested.

4. Impact on the service delivery (including service users)

Practices will deliver home visiting provision for their registered population as per their core GP contract requirements and current contract funding arrangements from 1st April 2024.

It is anticipated that any potential impact will be minimal and short term i.e., during initial transition period, however mitigating actions as part of the exit strategy plan and as highlighted above will assist in alleviating any negative impact on both patients and practices.

Feedback from the following have assisted in undertaking the impact assessment.

- Primary Care Operational Group
- Lewisham Senior Management Team
- Urgent and Emergency Care Board
- One Health Lewisham (Incumbent Provider)

Patients

It is anticipated that impact on patients will be both minimal and short term however the following should be noted.

- Patients will continue to contact their GP practice to make an appointment as per current practice therefore there is no change as to how patients will access the service.
- Patients may experience an initial increase in waiting times due to operational changes and demands within practices. Current urgent response time is within 2 hours (set by incumbent provider). This will be managed via the exit strategy and implementation plan providing practices with both the required information (practice activity) and time to enable practices to be operationally ready for 1st April 2024.
- Possible initial increased referral times to additional services if required e.g., Lewisham Hospital Urgent Community Response (UCR) team during transition period. The communication plan will provide guidance and information on referrals from practice to UCR ahead of service handover to prevent any potential delays in referral.
- Decrease in social needs assessment possible as clinicians/ GPs may not have the capacity to do this. Practices will be required to capacity plan as part of the service handover ensuring that they are operationally ready to deliver the service.
- Current usage of the home visiting service is variable across Lewisham and aligns to access in general practice. The service was set up to support practices to manage more complex housebound patients. The service is accessed at varying levels across Lewisham therefore the offer will remain

variable however it is anticipated that home visiting data and examples of best practice from the incumbent provider will be shared with practices and PCNs to assist in their delivery. Ensuring that pathways and communications between primary care and interdependent services i.e. Urgent Care response service, continue, and patients receive the most appropriate response to their health care needs in a timely manner and contributes to support patient flows through the overall health system.

General practice
It is anticipated that there may be some initial impact on practices however engagement with practices through the transition phase will determine the actual impact. Potential implications include.

- Possible insufficient workforce to support both the administration and operational delivery (clinicians) of the service.
- There will be an increased workload impacting on day to day demands on general practice.
- Insufficient funding i.e. funding gaps in available funds available and possible service delivery requirements i.e. ARRs funding supports the funding of the role but not the overheads.

Whilst home visiting falls under the core general practice contract, there are potential opportunities for practices and PCNs to consider exploring including.

- options for best model of care i.e., Individual practice level, PCN level or borough level.
- options to commission a provider to deliver it on their behalf.
- local workforce opportunity via the ARRS.

5. Impact on the Provider:

It is anticipated that the impact of this decision will have both service and organisational impact on the provider.

Contractual agreements between the provider and commissioner have been based on a pilot service that is subject to review in line with long term commissioning intentions and priorities.

Key impacts identified by the provider include.

- Patients (as outlined above)
- General Practice
    - Increased workloads
    - Primary Care workforce crisis
- Other services i.e. increased demand on Urgent and Emergency Care services
- Direct Provider organisational impact
    - Organisational infrastructure and sustainability
    - Workforce (staff morale/ staff leaving)
    - Financial (costs associated with current running costs etc)
    - Contracts
    - Reputation (perception from practices that the decision was led by OHL rather than ICB).

The provider has outlined mitigating actions to ensure minimal impact to them as an organisation and subsequent continued service delivery of the home visiting service until the end of March and other contracts delivered within Lewisham.

As part of the decommissioning process, commissioners and the provider will work together to ensure a smooth transition of the services from OHL back to practices.

An agreed exit strategy plan will be implemented and managed by regular exit strategy meetings between the provider and commissioner to ensure that the service closure requirements are being delivered and within the agreed timescales.

6. Impact on ICB:

This decision will have the following positive impact on the ICB.

Contractually: This service will be monitored as part of core GP contract requirements without the need for additional contract support or oversight.

Resources: Managerial supervision and oversight of the contract will be incorporated into the management of core GP contract resulting in better use of ICB workforce.

Value for Money: The ICB will be able to better utilise financial resources to support wider primary care requirements.

7. Impact on performance:

It is not anticipated that this decision will not have a negative impact on delivery of core performance requirements for general practice. This will be monitored via the core GP contract. The core GP contract does not outline specific KPIs or targets against home visiting provision and will form part of overall delivery relating to access for patients.

8. Impact on Equality:

A separate EIA screening has been undertaken which has identified that this decision will not have any negative impact on any of the 9 protected characteristics. The Equality, Diversity and Inclusion team have reviewed the screening assessment and advised that a full EIA is not required.

20231107 EA toolkit V1.9_Home Visiting_230906 - FINAL APPROVED.pdf

9. Impact on Access:

It is anticipated that there will no impact on access to the service for patients as patients will continue to access the service as they currently do i.e. by contacting their GP practice who triages all requests for an appointment. There is however a risk that response times to housebounds patients may increase or vary across practices/PCNS. . Please refer to section 4.

10. Overview and Scrutiny Consultation

It is not anticipated that the decision will require the overview and scrutiny committee to have an interest in or request a formal consultation for the reasons outlined in section 2 and that the delivery of this service is a requirement under the core GP contract stipulated by NHS England.

11. Recommendations

Following a review of the contract, long-term commissioning intentions for the service and forth coming contract end date, commissioners therefore recommend to

1. Decommission the Lewisham Home Visiting service from 31st March 2024. Practices will deliver home visiting from the 1st April 2024 as per core GP contract requirements.
2. Reinvest monies back into primary care (approx. £400kpa).
3. Support Practices and Primary Care Networks (PCNs) to identify local opportunities for improving access for their registered population. Commissioners will offer to provide support, facilitate discussions, and explore opportunities within Lewisham.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 7

Title:	**Lewisham Winter Plan 2023/24**
Meeting Date:	**30 November 2023**
Author:	Amanda Lloyd
Executive Lead:	Ceri Jacob

Purpose of paper:	To share the Lewisham Winter Plan for 2023/24.	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	The 2023/24 Lewisham Winter Plan sets out the arrangements that are to be put in place to safeguard performance of health and care services during the winter. The work is overseen by the Lewisham Urgent and Emergency Care Board to ensure that all parties across the system are sighted on pressures and are able to support each other appropriately to ensure the safety, health and wellbeing of the local population.		
Potential Conflicts of Interest	**n/a**		
Any impact on BLACHIR recommendations	**n/a**		

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

	Equality Impact	n/a
	Financial Impact	Winter funds are allocated by each organisation against existing budgets to meet the highest-identified needs to mitigate winter pressures.
Other Engagement	Public Engagement	
	Other Committee Discussion/ Engagement	UEC board 10/11 (by email)

Recommendation:	To note the plans in place and being implemented for winter 2023/24.

Lewisham Urgent and Emergency Care Board

Winter Plan 2023/24

November 2023, FINAL

Approved: UECB 13th November 2023 (by email)

Version Control

Version	Date	Author	Title	Key changes
1.0	13./10/23	Amanda Lloyd	System Transformation Lead, SEL CCG	First draft – allocated responsibility for updating noted against headings
1.1	23/10/23	Amanda Lloyd		Update from Donnisha Best, s1.3.2 SDEC Update from Jessica Arnold, S1.5 delete reference to Respiratory clinics Update from Ashley O'Shaughnessey ref. primary care Added section on capacity input as Appendix. Update from Rebekah Sales Update from Fiona Kirkman
1.2	2/11/23	AL		Included update on SELDOC (1.1.1) Included update on LGT winter plans in discussion (from Jen Cassettari) (1.4.2)
1.3	3/11/23	AL		Inclusion of CYP MH pilot at UHL (1.5.1) Inclusion of CYP health crisis prevention activity – Simon Whitlock (1.6.1-1.6.3)
2.0	3/11/23	AL		Final draft for review by Senior Execs.
2.1	8/11/23	AL		Update to local delivery groups titles graphic 3, p.5; updated winter washup outcomes graphic 4, p.6; added section 1.7, p.9 reference NHS@Home
2.2	10/11/23	AL		Added SEL ICB paeds ED confirmed funding element (1.12); all references to Virtual Ward updated to new service name, NHS@Home
2.3	14/11/23	AL		Final comments from Ashley O'Shaugnessey ref. 1.4.3 CC into SDEC, and 1.4.4 Dressings/Catheter change

Distribution

Version	Date	Sent to	Organisation
1.0	13/10/23	Input requested from Paul Creech (CYP), Jessica Arnold (Respiratory), Donnisha Best (SDEC), Ashley O'Shaugnessey (Primary Care / Dressings) Fiona Kirkman (Vol Sector), Rebekah Sales (SW in UCR)	
2.0	3/11/23	For final review prior document launch	Ceri Jacob, ICB Tom Brown, LBL
2.1	8/11/23	Funding Coordination Group – for final check-through	System partners including Operational, Finance & Commissioning leads
2.2	10/11/23	To UEC board members for approval	UEC Board – all members
2.3			

Contents

1. Lewisham Overview

The 2023/24 Lewisham Winter Plan sets out the arrangements that are to be put in place to safeguard performance of health and care services during the winter, including the Christmas and New Year holiday period.

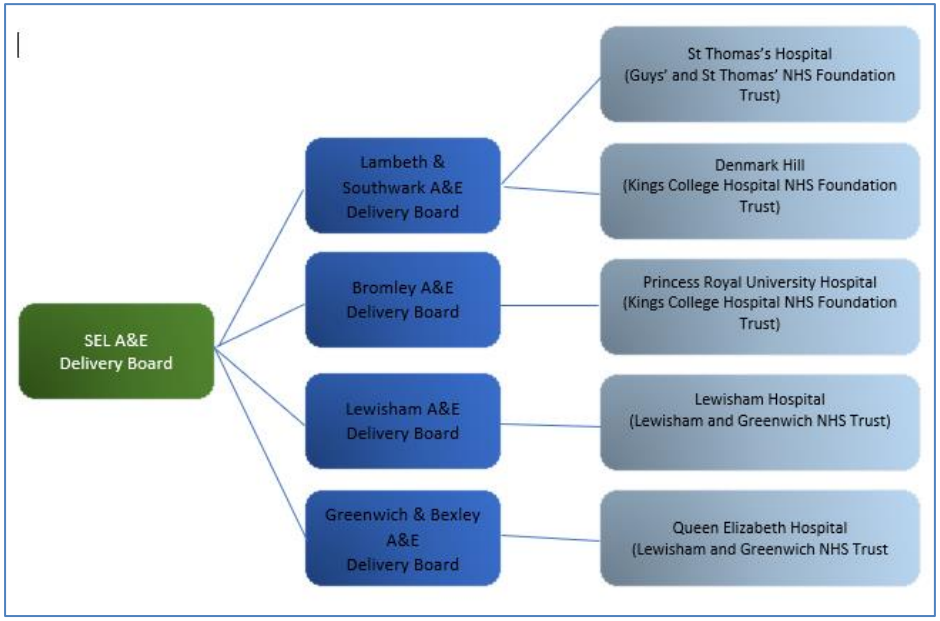
The work is overseen by the Lewisham Urgent and Emergency Care Board to ensure that all parties across the system are sighted on pressures and are able to support each other appropriately to ensure the safety, health and wellbeing of the local population.

The 2023/24 Lewisham Winter Plan has been developed in partnership representation from all health and care delivery areas as set out in Graphic 1.

Graphic 1. Lewisham health and care system

Further support to local systems is provided through mutual aid arrangements with neighbouring providers and across South-East London, across Mental Health, Community Health services and Acute provision. Such mutual aid arrangements were key to supporting health and care delivery during the pandemic and continue to be part of wider surge and winter planning.

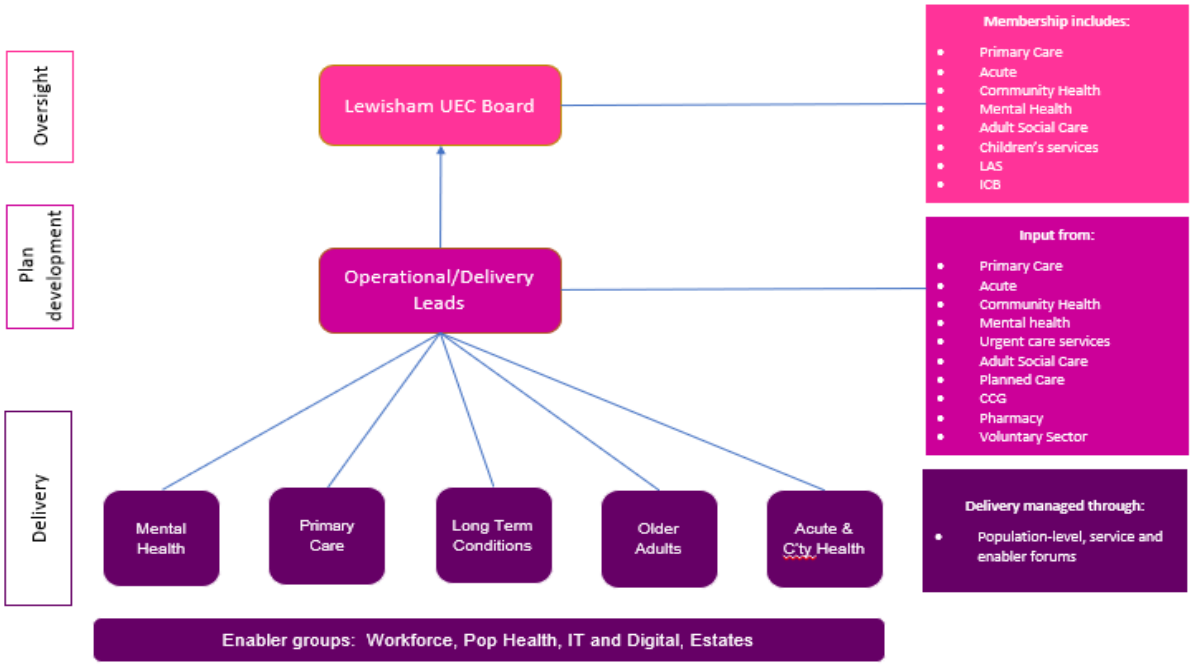
Graphic 2. SEL Acute system structure



2. Governance structure – Lewisham

The development of Winter Plans is overseen by the Lewisham Urgent and Emergency Care Board. Delivery of the Winter Plan and wider service delivery is managed through operational and strategic boards as set out in the graphic below.

Graphic 3: Lewisham Winter Plans governance



3. Key pillars of Winter Plan

3.1 Themes for winter management

The following are our key pillars for development of our Winter Plan, and have been set out in more detail below:

- We will look to increase system capacity and reduce demand through supporting improved access in Primary and Community care to reduce inappropriate hospital attendances and admissions, and through improving Hospital Discharge capacity and process, and that of community services including through Public Health capacity and voluntary and community sectors.
- Managing Seasonal pressures – through Infectious disease management, preventing health/care escalation through earlier intervention and preventative approaches, seasonal weather plans and effective management over Christmas & New Year.
- Information sharing to ensure decisions by the public and staff are better informed, and result in right care, right place, first time. And escalation processes which reduce blockages particularly with regard to inter-borough decision-making.

3.2 2022/23 Winter Wash-up outcomes

The Winter Plan is informed by the winter wash-up workshop which took place in April, where system stakeholders set out what had worked well and what the challenges had been during winter 2022/23. Stakeholders agreed the areas with highest need for investment, to inform system prioritisation of Winter Pressures Funds.

It was agreed by the UEC Board that surplus funding would be prioritised to the highest-scoring item, with agreement that should any further funding become available over winter this would fund other identified priorities – whether organisational, or those identified as part of the winter wash-up.

Agreement was made by the Lewisham UEC board on 27/07/23 to allocate £200,000 ICB Winter Pressures funding to prevention of mental health crisis as this was the highest priority as agreed by all system stakeholders at the winter wash-up. Individual partner organisations have allocated funds separately to provide additional Winter interventions, as outlined in this document.

Graphic 4: Winter wash-up outcomes

	Winter Wash up priority - top 8	score	Winter	Year round	£	Comments	Status	actions
1	MH crisis provision	12		√	£200,000	year round provision required to provide stability and ensure service beds in, in time for winter	£200k committed from ICB funds. MH Alliance developed proposals to provide PHBs and support for Warm Welcome	In hand
2	Weekend capacity for discharges (staff & c'ty provision)	8	√			Alder Ward pilot seeking to identify how to improve flow from wards to discharge team at weekend.	Pilot launched	In hand
3	Ability to over-recruit to teams	6		√		Organisational decision	UEC Board agreed priority but sits with individual organisations to approve. Not a funding issue per se.	UEC Board sighted
4	Prevention – upstream	5		√		Detail missing - needs further discussion		included in MH funded initiatives
5	Improve links to community assets	5		√		Resource folder launched. CCL recruited 3 x new staff to provide facilitation / Social Prescribing; weekly Discharge surgeries to improve knowledge of community assets.	work in hand to expand access to Resource Folder to LGT & wider system teams	In hand
6	Handyperson service	4		√		would need to commission service on longer-term basis	Partial services in place but not consistent whole as per need identified by discharge/community teams. Sits under LBL Special Duty currently.	Partial service in place - would benefit from review/bolstering
7	Better use of discharge coordinatior / flow centre / process	4		√		LGT Discharge Fund will cover this	approved and recruitment underway	In hand
8	Cost of living interventions (warm homes / benefits advice)	4	√			noted that last winter people sat in ED to keep warm - need better signposting to Warm Hubs	part-funded via MH winter funding above	included in MH funded initiatives

4. Activity

The following tables set out the key areas of activity, work currently in hand, and further activity being planned. Sections in italics indicate where additional provision is still under discussion, and is subject to funding allocations being identified.

4.1 Increasing Capacity / Reducing Demand (Admission Avoidance)

Scheme ID	ADMISSION AVOIDANCE	PRE-WINTER IN PLACE	WINTER ACTIVITY
1.1	Primary Care – Improved Access Programme	Primary Care implementing improved access programme. The deadline for primary care implementation of improved Access is March 2025 but some practices have already adopted new approaches successfully.	Targeted discussions with practices whose patients are over-represented in ED attendances – being taken forward by ICB Primary Care team. Analysis of ED attendance numbers by practice to assess impact of initiatives adopted.
1.1.1	GP Out of Hours		Expanded capacity to be funded over winter months to meet known demand
1.2	MH / NHS 111	1st November launch of new 111*2 service providing direct access to MH advice and support 24/7, including dedicated support for S136 Police officers. 50 staff employed to cover South London.	
1.3	Increasing Community Health Provision	NHS@home (Virtual Ward) in place, with capacity of 50 'beds'. Most referrals are currently from primary care. The hospital discharge pathway has limited uptake to date	Single Point of Access for NHS@Home and UCR to be put in place. NHS@Home discharge pathways expanded and service capacity increased to 100 beds.

1.3.1		Urgent Community Response – capacity to meet current demand. Head of service covering where needed to add capacity.	Social worker in UCR team to be recruited to ensure urgent social care needs are met. Currently interviewing to fill vacancies in team, new starters due February 2024.
1.3.2	Single Point of Access – UCR/NHS@Home (Virtual Ward)		Launch of SPOA for this service, including in-reach to hospital wards mid-November. OHL to provide 1 x FTE in UCR triage team and joint working planned to ensure adequate capacity flexes to meet needs.
1.4	ED front door – preventing inappropriate admissions	Social work and ED Discharge Team in place in ED	*Expand Social Work and EDDT to cover longer hours / weekends where funding allows.*
1.4.1		High Intensity User scheme in place – targeting top 100 users of ED	Refresh of patient list in advance of winter to ensure targeting the most appropriate patients
1.4.2	Same Day Emergency Care		SDEC to maintain working 7 days a week over the winter period with an additional nurse to be recruited to run the service efficiently and effectively.
			Further options being discussed within LGT: • *Opening of infusion suite to create increase in space in SDEC* • *Option of opening additional beds for winter*
1.4.3	Consultant Connect		Consultant Connect – providing increased access to specialist advice for primary care. Evidence where this is used shows that a good proportion of admissions are avoided as a result of access to specialist advice. SDEC to use this as sole point of advice and referrals from 4/12/23.
1.4.4		*Dressings change/ catheter care remains a concern with regard to ED attendances. Cases are rising and further exploration is needed of how this could be mitigated.*	
1.4.5	Stream and Treat	Confirmed contract for GP federation provided 'stream and treat' service offering 80 appointments daily	*Option to expand GP cover in hospital, subject to funding available.*
1.5	Preventing MH Crisis		A range of options are being developed by the MH Alliance working with the voluntary sector, including expanding 'warm welcomes' hubs, personal

			health budgets, and a small items fund for purchase of household goods/food to facilitate MH discharges
1.5.1			MH CYP self-harm pilot in UHL ED provided by 'Red Thread' to mitigate impact of lower-acuity MH presentations in ED for CYP. 2 x workers will be at Paeds ED but also straddling community to provide support & prevention while the person waits for CAMHS referral.
1.6	Preventing health crisis (CYP)		
1.6.1		Undertaking 24 Hr hospital discharge assessments, annual treatment reviews and liaising with SENCOs on Asthma Care plans.	Options being reviewed to increase number of sessions available for families on asthma management over winter and preventative care to help minimise exacerbations. Including preventative care as part of 24hr discharge reviews.
1.6.2		Annual reviews of care plans and needs with focus on long-term care management and enabling attendance at school.	Individual care plans reviewed for children and young people with Tracheostomy and ventilation to ensure they remain stable over winter. This will include reviewing options for home education over winter for those with significantly compromised immune systems or unstable airways.
1.6.3		Agencies provide cover for care outlined in the care plan. Contingency planning involves reviewing staff availability in case of lost shifts.	Provision of additional care in case of significant gaps in agency cover, with emergency agencies available to fill staffing at short notice. Complex Needs Nursing Team to keep in contact with very vulnerable young people, their families and carers to help identify any deterioration early and put in place appropriate care.
1.7	Preventing Health Crisis (Adults)		Expansion of new pathways for NHS@Home (Virtual Ward) for respiratory patients, preventing re-admissions through improved discharge management, and Care Homes pilot preventing admissions. Implementation pre-xmas.

4.2 Increasing Capacity / Reducing Demand (Discharge and Community)

	DISCHARGE & COMMUNITY	PRE-WINTER IN PLACE	WINTER ACTIVITY
1.8	Home First	Improvement programme looking to increase the number and complexity of people discharged home with support.	*Consider how to increase capacity to improve weekend discharges – this will require additional SW and OT input over weekends specifically targeted at Medical Assessment Unit (Chestnut ward). As per 1.3 above*

		Transfer of Care Hub (Flow and D2A teams) have improved resilience and capacity. This is being implemented through the recruitment of a Long Length of Stay Social worker to provide earlier input for very complex patient discharges. Additional Flow Navigators are being recruited to provide one per ward at UHL and improve capacity at ward levels to discharge earlier in the day. The 'double-handed OT/SW' team which was set up as a pilot, and is now mainstreamed has been combined with the existing D2A team to create one streamlined approach for complex discharges.	
1.8.1	End of Life		UHL are recruiting an End of Life coordinator to provide better capacity for Fast Track patients.
1.8.2	NHS@Home (Virtual Ward)	Links with UHL wards being developed, with 1st patient referral (COPD) from Chestnut ward 20/10/23.	Expansion of existing capacity to 100 "beds", with ongoing in-reach to hospital wards.
1.9	Care Homes support	Part of the Home First improvement programme, work has now been completed on a joint re-design of the Trusted Assessor documentation to meet Care Homes' needs better. A process to improve the accuracy of TA documentation provided to care homes is being trialled with the hospital Transfer of Care Hub.	A dedicated care homes / hospital liaison post is currently being recruited to a 12-month post to improve communication between care homes and hospital and improve the timeliness and patient experience for pathway 3 discharges.
1.9.1	Care Homes – IPC nurse		An Infection Prevention Control nurse is currently being recruited to provide bespoke advice and guidance for Lewisham Care Homes during the winter

			months. This has worked very well in previous winters and prevented avoidable closure of care home beds.
1.10	Enablement / therapies	Part of the Home First improvement programme. Additional physiotherapy capacity has been commissioned by the ICB to supplement LGT's community therapy capacity through to March 2024. Therapies 'surgeries' are being held to improve the understanding of care between acute and community and help manage demand.	The Enablement team (LBL) are recruiting additional enablement officers to meet demand and improve patient outcomes following hospital discharge.
1.11	Voluntary sector	Take Home and Settle (Age UK) service is well embedded and taking increasing number of referrals, also supporting the OT team in the hospital.	MH Alliance providing additional support to bolster 'warm welcomes' hubs (see scheme 1.4 above).
1.12	ED Paeds		1 x pharmacist to provide additional cover during winter months (SEL ICB funding)

4.3 Seasonal Pressures

	REDUCING PRESSURES	**PRE-WINTER IN PLACE**	**WINTER ACTIVITY**
2.0	Reducing spread of infection	COVID / Flu vaccinations taking place across Borough to eligible groups Housebound residents – residents to be visited at home to provide vaccinations – delivered by Primary Care Networks Staff – vaccinations being offered on all key sites – UHL, Laurence House etc.	IPC nurse being recruited to cover Care Homes

2.1	Preventing health / care escalation resulting from Cost of Living crisis	Benefits advice & guidance offer in place, could benefit from more input if funding available. Food banks across Lewisham, however, demand is exceeding capacity. Advice services co-located in two foodbanks to support residents towards foodbank exit strategy. Foodbank are hosting short-term drop-ins to support residents who don't have referrals to access support around them. Earlier this year, Selce trained energy champions from the Warm Welcome project to provide energy advice. 90k invested into foodbanks and community food provision through Community Food Justice funds. Income maximisation: Work was untaken to promote unused pension credit, which has resulted in an additional £1.6 Million now coming into the borough for Lewisham residents.	Warm Hubs throughout Lewisham, supplemented by MH Alliance Winter Pressures funding. A map and website page will be created to direct people to local support as well as promotion through LBL advertising assets. Leaflets delivered to promote vol sector & community groups offers to the public signposting to council's cost-of-living support page which brings together a wide variety of resources. Worrying About Money leaflet will be revised and reprinted to distribute in new target areas such as GP surgeries and schools. Updating and promoting the 'free and low-cost food directory' on Good Food Lewisham's website. Collation of Christmas Service provision by GFL and CCL Home visiting services act as 'eyes and ears' for health and care to provide early warning of health exacerbation in vulnerable groups. Plans to use outstanding funds from community food justice grants to support funded groups. Advice services funded to offer outreach posts across the borough, in spaces accessible to residents in need of support. See lewisham.gov.uk/support for latest locations / dates / times. Grants and support available through Selce to support people experiencing fuel poverty. Essentials grants will be distributed by local community organisations to pay for essential items such as white foods. Plans to work with Housing Associations and Felix Project to bring in additional food over Christmas Holidays. Variety of support towards increased winter energy bills for residents most at risk of fuel poverty, see Lewisham Council - Help with energy bills.

			South London Healthy Homes offering support to anyone living in south London who is over 65, on a low income, or who has a long-term health condition or disability. See Lewisham Council - Help for vulnerable residents to stay warm and healthy.
2.1.1			Proactive identification of children at risk of asthma exacerbation due to unheated homes
2.2	Xmas and New year cover		Organisational blueprint from last year will be carried forward. Detailed plans worked up by each organisation in November.
2.3	Severe weather impact	Severe weather can impact on travel and transport reducing people's ability to access healthcare and to get to pharmacies to collect medication and on staff ability to deliver services. Lewisham is part of the London Resilience Group, which plans for severe weather impacts on London.	A local winter preparedness service plan is produced by the highways team within Lewisham Borough Council with the support of local Public Health teams, this includes identification of high priority roads for gritting to enable access to hospital and shopping areas Lewisham Council - Gritting in icy weather

4.4 Information sharing & escalation protocol

	ACTIVITY / AUDIENCE	WINTER ACTIVITY
3.0	General Public	• Targeted communications on staying well and choosing the right services, delivered via social media, 'Lewisham Life' – single page ad., schools & community groups • Leaflets left in people's homes by home visiting healthcare teams with info. on community support, warm hubs, benefits advice etc. • Information leaflets in public spaces –libraries, gyms
3.1	Staff teams	• Winter workshops held to provide space for information, questions & answers on key services which support winter pressures • Targeted comms on specific services (e.g. UCR – attending primary care lunch and learn sessions) to increase referrals into key services which help mitigate winter pressures • Promotion of staff wellbeing support to mitigate impact of work pressures

3.2	GPs, Care Homes, Domiciliary Care agencies (aka Maximising Wellbeing at Home teams)	Annual update of information pack targeted at 3 key groups: • GP & practice staff • Care Homes • Domiciliary Care agencies (aka Maximising Wellbeing at Home)
3.3	Escalation protocol	Escalation protocol and contacts agreed across SEL patch, covering health and social care key service areas. Senior staff on call for Xmas and Bank Hols

Appendix 1 - Added capacity for Winter

Scheme no.	Desc.	Capacity	increased provision	start date
1.2	MH / NHS 111 *2 line	50 staff	covering South London for 111 MH calls	01/11/2023
1.3	NHS@Home - increased beds	50 "beds"	from 50 to 100 beds in the community	01/12/2023
1.3.1	UCR - expansion of team	1 x FTE	Social Worker joining UCR team	tbc
1.3.2	UCR/NHS@Home SPOA	1 x FTE	OHL providing capacity to assist with triage in joint team, also to provide cushion for home visits if needed, flexing staff between teams.	15/11/2023
1.4.2	SDEC Nurse	1 x FTE	Nurse to provide additional capacity so can remain open 0800-2000, 7 days p.w. Nov-March	tbc
1.5	MH Winter funding preventing crisis	n/a	Warm Hubs support & Personal Health Budgets to prevent MH deterioration	tbc
1.5.1	MH CYP self-harm pilot	2 x FTE	Provision of support embedded in Paeds ED & straddling community to support self-harm attendances (to run Jan-24 - Mar-25)	Jan-24
1.8	Home First LLOS SW	1 x FTE	Long Length of Stay specialist Social Worker to provide dedicated support for complex discharges	01/11/2023
1.8	Ward Discharge Navigators	5 x B4 FTE 2 x B7 FTE	Additional capacity for wards & Discharge team to ensure earlier ID of patients, and better coordination of discharge paperwork.	tbc
1.8.1	End of Life Coordinator	1 x FTE	Dedicated coordinator for fast-track patients	
1.9	Care Homes Hospital Liaison	1 x FTE	Care Homes liaison post to be link within hospital for queries / concerns and updates	
1.9.1	Care Homes IPC nurse	1 x FTE	Infection Prevention Control Nurse over winter to support care homes	tbc
1.10	Enablement Officers	8 x posts	recruitment to increase capacity to avoid outsourcing to agency	30/09/2023
1.12	ED paeds – pharmacist	1 x FTE	Cover for paediatric ED Dec-23 – Mar-24	1/12/23
2.1	Warm Hubs	n/a	spaces to provide refuge, advice & guidance, food	01/11/2023

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 8

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 30 November 2023**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**448.** Savings Target - Identification & delivery of savings	⟺	Open (10-12)
Financial	**449.** Absorption of cost pressures	⟺	Open (10-12)
Strategic	**334.** Inability to deliver revised Mental Health Long Term Plan trajectories.	↓	Open (10-12)
Financial	**335.** Financial and staff resource risk in 2023/24 of high-cost packages through transition. This is a recurring annual risk.	⟺	Open (10-12)
Governance	**347.** Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.	⟺	Open (10-12)
Clinical, Quality and Safety	**377.** All Initial accommodation centres such as Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.	⟺	Cautious (7–9)
Governance	**359.** Failure to deliver on statutory timescales for completion of EHCP health assessments.	↑	Open (10-12)
Clinical, Quality and Safety	**360.** Failure to deliver on statutory timescales for completion of ASD health assessments.	⟺	Cautious (7–9)

Key - Direction of Risk ***refer to risk appetite statement 23/34 for level descriptions.**

↓ Risk has become worse.

⟺ Risk has stayed the same.

↑ Risk is improving.

	2.Process Risks are discussed monthly with risk owners and reported at the bi-monthly Risk Forum chaired by the Chief of Staff. Key areas for discussion relate to themes around workforce, nationally and regionally identified risks, potential risks, funding and delivery of service. In addition, what mitigations have been implemented in the interim. The Executive Committee (ExCo) has requested that each of the six LCPs examine their risks for any deviations and consider any discrepancies in some risk scores related to comparable risks in different boroughs. The purpose is not to give LCPs an equal risk score but to ensure appropriate assessment of risks. Appendix 1 - *LCP Risks Comparative Review.* **3. Risk Appetite Statement and Levels** The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make changes or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed. Appendix 2 – *Risk Appetite Statement.* **4.New Risks** None. However, risks relating to the Management Costs Reduction (MCR) such as impact to programme design and delivery, BAU and staff fatigue and staff morale have been identified and are on the wider SEL risk register. **5.Key Themes:** The key themes from the risk register relate to finance/budgetary impact, workforce limitations and quality of care around delivery of services.
Potential Conflicts of Interest	**N/a**
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.

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

	Equality Impact	Yes
	Financial Impact	Yes
Other Engagement	Public Engagement	Yes

	Other Committee Discussion/ Engagement	Risks are allocated each month for a deep dive at the weekly Senior Management Team meetings and monthly Extended SMT. In addition, the risk register is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board.
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level red to meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.	

Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of Risk	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance														
448	Financial	**Savings Target - Identification & delivery of savings**	The ICB - Lewisham has fully identified an efficiencies target of 4.5% or c.£4.2m for 2023/24. Identified efficiencies will need to be delivered in full, and there is a risk the delegated borough budget will be exceeded in 2023/24 if there is any slippage in delivery of efficiencies. Identification and delivery of efficiencies in 2024/25 is likely to be even more challenging and there is a risk the delegated borough budget for 2024/25 will be exceeded unless in addition to identifying ICB local efficiencies, a more system wide approach to efficiencies is implemented and reflected in control totals and efficiency targets for respective organisations across the system.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Cert Jac20	Michael Cheetham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
449	Financial	**Absorption of cost pressures**	The ICB - Lewisham is facing material cost pressures in 2023/24 reflecting the impact of activity and pricing on prescribing and continuing healthcare budgets . There is a risk the delegated borough budget will be exceeded if these cost pressures cannot be fully mitigated.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Cert Jac0b	Michael Cheetham	1. A careful and detailed budget setting process has been conducted to identify cost pressures. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored, and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the financial position of the borough including commentary on cost pressures. 4. The Lewisham borough SMT review and discuss cost pressures and mitigations on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23. Review of prescribing position at Planning and Delivery Group. Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible.	The impacts of controls will be assessed in light of budgetary positions in 2023/24. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
Commissioning														
334	Strategic	**Inability to deliver revised Mental Health Long Term Plan trajectories**	There is a risk that Mental Health Long Term Plan trajectories cannot be met as a result of activity and financial pressures that are currently affecting SLAM. This is caused by increased demand, limited bed availability, insufficient workforce and insufficient digital solutions to meet a proportion of local demand. This will impact on the ICB's ability to meet statutory requirements and reduce health inequalities.	3x5=15	2x5=10	3x2=6	Open (10–12)	⬇	Kenny Gregory	Natalia Sutherland	1.Outcomes framework measure for Community Mental Health Transformation (CMHS) being produced across SEL ICB. 2.Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board from April 2023. 3.Understand the need of people not being admitted after attending A&E to understand what interventions could be accessed instead of A&E and gaps in the system. 4.Continue to implement the CMHS transformation plan and local at priorities for year 3 (2023/24). 5. Quality Impact Assessments undertaken on all of the priority investments that have been proposed as result of mitigating financial pressures in SLaM and the ICS.	Alliance data/performance review process to be established to provide local oversight and improvement actions.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	1.Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMI,. 2.Increased scrutiny on recruitment process for CMHS workforce expansion at both place and SEL, 3. Re/establish alliance sub-groups for improved oversight and ownership i.e. Crisis Collaborative, assurance and outcomes forum to review system dashboard and other key system assurance processes
335	Financial	**Financial and staff resource risk in 2023/24 of high cost packages through transition. This is a recurring annual risk.**	Financial risk in 2023/24 of new high cost LD packages through transition i.e. young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. Also, the impact of 22/23 eligible patients leaving day schools in 23/24 which will represent (a) additional day time care costs previously met by education, or (b) 'hotel and support' costs additional to the costs of education if the person is placed in a residential college or (c) costs relating to full time residential care. This risk is SEL wide. These risks are reflected both in financial terms with cost of care potentially being in the hundreds of thousands of pounds a year. The complexity of health need also represents an increase in nurse time on complex case management.	4x4=16	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Heidrine Hughes	1. Head of CHC is attending quarterly Transition panels from a CHC perspective but will also flag early warning signs for joint funding requests. Regular comms from (1) from the CYP DSR meeting to the adult DSR meeting and (2) from the CYP CHC lead re children already joint funded and where likely demand for joint funding in adulthood is predictable. Quarterly flagging of transition you people not alerted through either process and a RCA of why those young people were not flagged to the adult CHC Team. 2. Quarterly review of ongoing requirement for joint funding funding of packages previously agreed. 3. Adult Social Care are working with SENs to engage with them whenever they are considering a placement in a residential school or college.	Compliance with the Joint Funding Protocol. Monthly reporting at the Joint Commissioning Finance Group. Standing agenda item CHC Executive.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	1. Quarterly projection of when younger SEN adults will leave day education and the potential impact on CHC budget to CHC Exec. (High cost) Joint Funded packages to be included as a standing agenda item at monthly Integrated Commissioning Budget Monitoring. Also to review at CHC Executive.
Safeguarding														
347	Governance	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	There is a risk that Initial Health Assessments (IHAs) are not completed for Children Looked After (CLA) within the 20 working days. This is caused by a delay in timely notifications by Children's Social Care. This results in a delay in identifying the health needs for CLA and can impact the ICB's ability to meet statutory requirements and can lead to health risk.	4x3=12	3x3=9	3x1 =3	Open (10–12)	⟺	Cert Jac0b	Christiane Nilsch/Margaret Mansfield	1.KPIs and data set in place. 2.The Designated Doctor and medical colleagues undertake IHAs. 3.Post has been recruited to No Named Nurse 4.Currently quarterly Steering Group has been set up. Regular discussions with Social Workers completing forms for IHAs. 5.Team have developed SOP for process and discussion for training package. 6.Designated Professionals are part of the Partnership CLA Steering Group for service improvement. 7.Director of Quality and designated professionals together with Commissioners will review service specification and requirements in 6 weekly meetings. 8.Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs). 9. The Steering Group set up by local authority and health will also look at initial health assessments and out of Borough placed children. 10. There is an interim Medical Advisor for Adoption in place. 11. Business support to help with completion of IHA forms and provide a reminder to social care regarding completion of forms within 5 days of a child becoming Looked After and sent to LAC health teams. In addition, LAC health team plans to provide powerpoint slides reiterating good practices around IHA paperwork and consent. Slides to be included in new starter pack.	Statutory guidance in place. IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently Designated Doctor and adoption medical officer as well as other medics are completing IHAs in the interim. Also, on the workplace for CLA steering group.	IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently Designated Doctor and adoption medical officer as well as other medics are completing IHAs in the interim. Also, on the workplace for CLA steering group.	1. Gaps in service provision escalated to Lewisham Place Executive Director.
377	Clinical, Quality and Safety	**All Initial accommodation centres such as Lewisham Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.**	Initial Accommodation Centres:- Stay City apartments Deptford Bridge has high levels of vulnerable adults, children and young people (asylum seekers) and to date no safeguarding adult referrals into MASH, ATHENA or PREVENT. Impact: data raises concerns that referral pathways are not being followed and nonconcordance with Lewisham local safeguarding referral pathway for adults. Risk is; large volume of adults, children young people deemed to be at risk. NOTE: Pentland House is now closed.	3x3=9	3x3=9	1x1=1	Cautious (7 – 9)	⟺	Cert Jac0b	Fiona Mitchell	The new Immigration Bill from the Home Office saw an increase in capacity and overcrowding at initial accommodation centres. Pentland House is not fit for purpose, and risks include infection, prevention and control, overcrowding issues, experiencing trauma, far right activity, un-attended children. As of 11th September 2023, Pentland House has closed. Appropriately, 250 service users will be moved before this date and it is likely that the majority moved will take place prior to 31st August 2023. The Clear Springs Ready Safeguarding team visited Pentland House on 8th August 2023 to meet with those that have additional vulnerabilities to ensure they are profiled to appropriate accommodation. ICB and Lewisham's multi-agencies have met to discuss support of service users' and the transition to new locations. These include NGOs, Primary Care Sanctuaries and other agencies. In addition, a complaint will be raised with the Home Office and Clear Springs Ready homes in relation to system processes used during the closure. A meetings is being held to formulate a multi-agency response.	As outlined in controls.	Embedding safeguarding in IHC where possible (capability, knowledge and referral).	1. Initial accommodation centres not commissioned by ICB but Home Office. ICB has no contractual service agreement. However, primary care resources to centre supported by Lewisham ICB.
Children and Young People														
359	Governance	**Failure to deliver on statutory timescales for completion of EHCP health assessments**	Failure to deliver on statutory timescales for completion of Education Health Care Plan health assessments (EHCP). This is being driven by challenges in recruitment and capacity of community paediatricians and therapists. Significant increase in families requesting Special Educational Needs Assessment (SENA) Lewisham has one of the highest numbers for requests for Special Educational Needs Assessment. This will impact on the ICB's ability to meet statutory timescales for completion of EHCP assessments as it does not have the capacity to carry them out within the 22 weeks deadline.	4x4=16	3x4=12	2x3=6	Open (10 – 12)	⬆	Sara Rahman	Paul Creech	1.GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. There has been limited uptake from GPs so no further scope to expand. 2. Paediatric Nurse in place to support medical work which does not require a Paediatrician. 3. Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are reviewing the applications. 4.Therapists continue to work weekends to clear the back-log of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 6.The DCO reviewing the joint working arrangements between health and SEND to streamline the process. EHCNA requests are triaged to reduce the number of new assessments necessary. 7. Trust are reviewing the requirement for all children to be seen by paeds and other professional to assist with carrying out health assessments. A formal proposal has been submitted and a meeting due in December with the Trust to confirm next steps and implementation (will need approval prior to implementation).	Monitoring ongoing to gauge impacts of controls. New Head of Integrated SEND is now in place and attending monitoring meetings.	Increase in EHCPs health assessments being completed on time.	1. Families not attending appointments., 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Brexit has led to loss of staffing (therapists). 5. COVID has also had an impact on staffing levels. 6. Increase in EHCP requests.
360	Clinical, Quality and Safety	**Failure to deliver on statutory timescales for completion of ASD health assessments.**	Failure to deliver on statutory timescales for completion of Autism Spectrum Disorder health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. Impact on ICB - referral to treatment timescale, reputational risk, financial risk - ICB to pay for private assessments.	4x3=12	3x3=9	2x3=6	Cautious (7 – 9)	⟺	Sara Rahman	Paul Creech	1.Quarterly review of ASD assessments with LCG, includes audit of initial assessments. 2.DCO commissioning reviewing existing autism support pathway to provide pre-diagnostic support. 3.GPs are being rotated from Primary Care into community paediatrics to free up capacity for ADOS assessments. Paediatric Nurse in place to support medical work, 4.International recruitment ongoing (x2 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants. No further recruitment - 2 vacancies at present and another round of recruitment due. In terms of capacity, clinical staff assessing ECHP will prioritise where possible ASD assessments too to assist with work demands.	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.

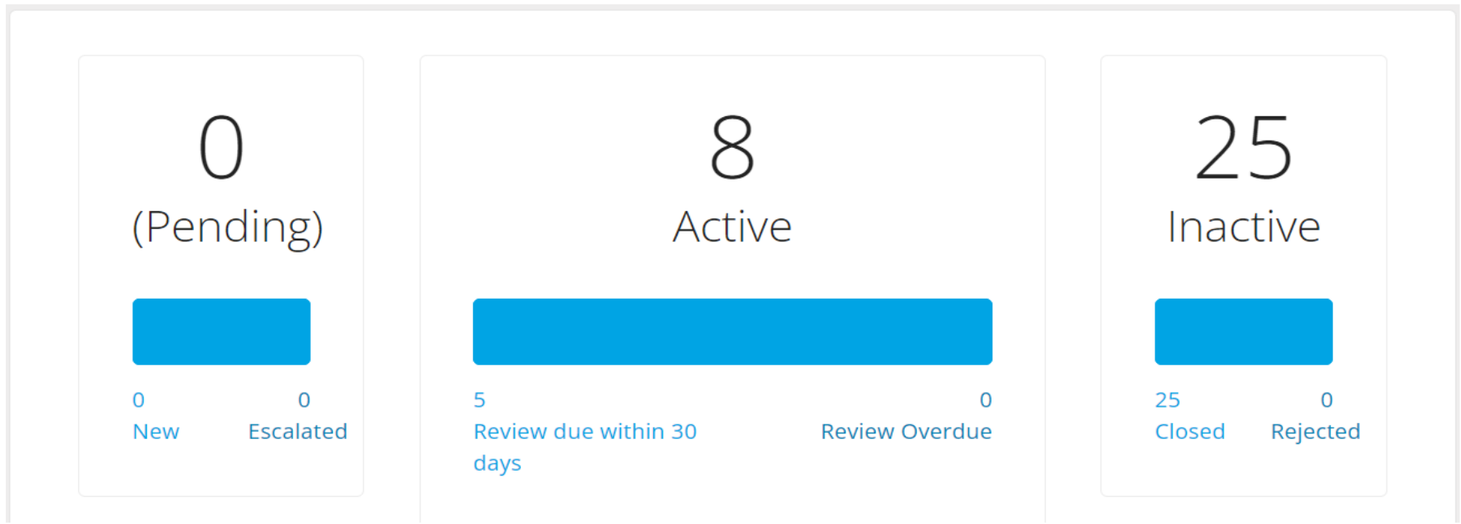
Key - Direction of Risk

⬇ 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**	**0**	**0**	**1**
Rare	**0**	**0**	**0**	**0**	**0**

Key

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

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

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

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

Likelihood Matrix

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

Severity Matrix

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

South East London Integrated Care System

NHS South East London

Summary of SEL LCP Risks

Prepared for the Place executive leads (PELs), November 2023

Purpose

Purpose

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

2. Following review of the Board Assurance Framework (BAF) risks by the Executive Committee (ExCo) on 25 October 2023, it was agreed that LCPs would take an opportunity to look in some greater detail at the differences between the risks recorded on the six LCP risk registers and to consider the basis for the disparity in some risk scores for these similar risks.

3. The place executive leads (PELs) agreed an action at EXCo to look at what colleagues elsewhere had identified as risks in their respective LCPs. In this they agreed to consider both:
    - risks that have been identified and recorded by multiple LCPs
    - risks that have been identified and recorded by a single LCP.

4. With reference to the above, it is recommended that PELs consider the applicability of the risks identified elsewhere to their own LCP and discuss possible relevant risks with LCP SMTs and borough governance leads to agree whether these should be added to local risk register. They should also take an opportunity to review risk scores in light of the assessment of other LCPs.

5. The PELs also asked for worked examples of how to score risks against the ICB's risk scoring matrix to ensure there is consistency in scoring by all risk owners. This is included at the end of this slide pack.

6. The PELs discussion on risk also highlighted a discrepancy between those LCPs who had taken stock in detail of risks to achievement of the Delivery Plan ambitions, and those that had added risks to risk registers as they had emerged or been identified by risks owners / leads. It is recommended that LCP SMT's undertake a quick stocktake of their delivery plans to identify key risks and that these are added to LCP registers.

Contents

Risks recorded on more than one LCP risk register

Risk summary	Residual Risk Score						
	Bex	Bro	Gre	Lam	Lew	Sou	SEL
Overspend against the borough's delegated budget	6	12				15	
Unable to identify and achieve efficiency savings with the borough	Recently closed				6	12	
Overspend against the prescribing budget	Issue	12	12	9	6	15	12
Overspend against the borough's delegated CHC budget	9	10		12	6		
Unbudgeted cost pressures due to transfer of high-cost LD clients	Recently closed			8	12		6 TBC
Delivery of community-based MH programmes / CAMHS waiting times not achieved		6		6			6
Recruitment and retention: lack of capacity within various teams in the LCPs, community teams, across the ICS…	Recently closed	6 and 9*	9	8	12 and 9*	Recently closed	16
Financial and poor delivery risk associated with the community equipment services provider		20				9	
Patients fit for discharge unable to leave hospital due to pressures in community and social care services	12					9	15

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

List of risks identified by multiple LCPs: questions for consideration

Questions for PELs to consider with their SMTs and borough governance leads:

1. Following assessment of the gaps in risks recorded in the table on the previous slide, should there be risks included on your LCP risk register in relation to the following?

2. In light of the assessment of others, what is an appropriate risk score for these commonly identified risks for your LCP?:

Reminder. Key risks already identified by multiple LCPs:

a. overspend against the borough's delegated budget

b. efficiency savings in the borough not being achieved

c. overspend against the borough's CHC budget

d. transfer of high-cost LD clients putting a cost pressure on your finances

e. mental health related services targets not being met in your LCP (CAMHS, MH community placements…)

f. issues related to community equipment services provider(s) in the borough

g. issues related to medically fit patients not being able to leave hospital due to pressures in the community

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

Risk summary	Residual Risk Score						
	Bex	Bro	Gre	Lam	Lew	Sou	SEL
Plans to support UEC will be unsuccessful	16						16
Discharge support service providing less than optimal care	Issue						
CHC packages leading to deprivation of liberty		12					4
Risk to improved primary care (PCN) access across all practices			12				12
Lack of engagement with local communities			9				12
Risk to development of iThrive and preventative system approach to children's MH and wellbeing			12				
Risk to the rollout of Family Hubs programme			9				
Risk to ensuring food and nutrition is included as part of all diet-rated disease care pathways			12				
Risk to implementation of Get Active physical activity and sports strategy			12				
Home First (virtual wards) will not be developed and optimised			9				

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

Risk summary	Residual Risk Score						
	Bex	Bro	Gre	Lam	Lew	Sou	SEL
CYP diagnostic waiting times for autism and ADHD targets not being met				6			16
Failure to safeguard adults due to pressures across partners				8			20
Failure to prevent vaccine preventable diseases through less than optimal vaccination rates				12			12
System wide pressures on LCP delivery plan				6			
Risk to continuity of service provision following expiry of leases for primary care sites				9			
Initial Health Assessments (IHAs) not completed for children Looked After within 20 days					9		
Safeguarding risks with high number of vulnerable adults/children in initial accommodation centres					9		
Risk to delivery of MH LTP trajectories					10		

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

Risk summary	Residual Risk Score						
	Bex	Bro	Gre	Lam	Lew	Sou	SEL
Under performance with SMI health checks						3	
Financial risk associated with the legal challenge related to the integrated community equipment service (ICES)						8	
Financial pressure of mental health placements						9	
Initial accommodation centres putting pressures on the local health system						8	
Cost pressures due to rapid increase in patients seeking ADHD and Autism diagnostic services from independent sector providers						15	
Service disruption due to delays opening of a health centre						9	

List of risks identified by individual LCPs: questions for consideration

Questions for PELs to consider with their SMTs and borough governance leads:

1. Following assessment of the risks recorded by the other LCPs on the previous slides, are there any risks that you think would be relevant to your LCP and should be recorded?

2. Are there other risks against achievement of your LCP delivery plan that have been identified and should be recorded on your risk register?

Scoring Risks - Worked example 1

Risk of prescribing budget overspend

- The risk management framework includes scoring matrices to support consistent scoring of risks – there is a likelihood matrix and a severity matrix.
- The likelihood matrix provides a guide and is based on the frequency of the risk materialising. Risk owners should use the frequency descriptor that relates most closely to the risk being scored.
- The likelihood ratings currently in place for the LCPs/SEL for this risk have been shown in the table below.

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

Note: Southwark's risk relates to other pressures on the budget, such as mental health placements, as well as prescribing. Bexley have reported this risk as an issue.

Scoring Risks - Worked example 1

Risk of prescribing budget overspend continued…

- When considering the impact score score, the severity matrix should be used.
- Below is an extract from the matrix which relates to financial risks. The risk management framework includes a comprehensive table based on different risk categories.
- The impact scores for this risk for each of the areas (LCP and SEL) has been shown below.
- To note: impact scores should relate to the organisation, i.e., the ICB. They do not relate to part of the organisation, i.e., the LCP, programme of work…

Severity (Impact) Score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Financial (damage / loss / fraud) [Financial Risks]	Negligible organisational / financial loss (£< 1000	Negligible organisational / financial loss (£1000-£10000)	Organisational / financial loss (£10000 -100000)	Organisational / financial loss (£100000 - £1m)	Organisational / financial loss (£>1million)
Current LCP and SEL rating		Lew	Lam, Bro, Gre, Sou, SEL		

Scoring Risks - Worked example 2

Risk of CYP diagnostic waiting times for autism and ADHD targets not being met

- This risk is currently reported on the Lambeth LCP risk register and the SEL risk register.
- The likelihood ratings currently in place for this risk have been shown below.

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

Scoring Risks - Worked example 2

Risk of CYP diagnostic waiting times for autism and ADHD targets not being met continued…

- Below is the extract from the severity matrix that could relate to this risk.

Severity (Impact) Score	1	2	3	4	5
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical / psychological harm)	*Examples include:* Minimal injury requiring no/minimal intervention or treatment. No time off work	*Examples include:* Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	*Examples include*: Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days An event which impacts on a small number of patients	*Examples include*: 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	*Examples include:* Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Current LCP and SEL rating		Lam		SEL	

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

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

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

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

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

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

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

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

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 9
Enclosure 9

Title:	**People's Partnership Update**
Meeting Date:	**30 November 2023**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob

Purpose of paper:	To update the Lewisham Health and Care Partnership on the discussions and actions from the Lewisham People's Partnership meeting held on 27th September 2023.	Update / Information	*x*
		Discussion	*x*
		Decision	

Summary of main points:

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

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

- Be an equal partner within Lewisham Health and Care Partnership and a key part of the leadership structure
- Empower local people and remove the power imbalances that exists between statutory bodies and people and communities in Lewisham
- Make sure that Lewisham Health and Care Partners is engaging people and communities in line with our shared model of engagement
- Make sure that local people and communities are involved in Lewisham Health and Care Partnership's work - from service design to delivery – and have the evidence to show this
- Make sure that the lived experiences and needs of people and communities in Lewisham drive local partnership decision making

The third meeting of the Lewisham People's Partnership was held on 27 September 2023 and discussed two main agenda items:

- the development of a community space in Lewisham
- co-production in Adult Social Care

Development of a community space in Lewisham
Discussions regarding the development of a community space in Lewisham considered three questions - what would people like to see available in the space, how the space could support reducing health inequalities, priorities and challenges.

The discussion highlighted a consensus that the space could be used for community groups to promote their services and for local groups to meet as well as space to promote wider network collaboration with the development of neighbourhood teams and family hubs. It could be used for Black led CVSE organisations who are commissioned to deliver services to have free and allocated access for individual and group work as well as provide accessible information on physical and mental health and wellbeing services and support for children, young people and adults as well as health promotion information, advice and support. Access for children and young people with additional needs was discussed with the example of an autism group for girls and for those with learning disabilities or additional needs who need specialist staff.

With regard to how the space could be effective in supporting a reduction in health inequalities, the consensus was that it could be used to build trust with people and communities, to have conversations with them about the things that impact on their health and wellbeing and space for trusted services/voices to offer advice and support to people not currently using mainstream health and care services.

The meeting acknowledged that the space could not meet all expectations or needs and that priorities would need to be explored. It was noted that the new Lewisham Health and Wellbeing Strategy being developed was focusing on people and communities currently not engaging in services. The space in Lewisham Shopping Centre could be prioritised to provide access to services, information and support that people and communities might not otherwise get including the impact social and economic factors have on health and wellbeing such as housing, finance, benefits, employment and diet.

The meeting acknowledged that there were challenges in developing the space including capacity and sustainability. The challenges that Black VCSE organisations face in accessing space to deliver their services, including those commissioned by Lewisham statutory sector, was raised. It was acknowledged that investment into a community space in Lewisham that would offer these organisations accessible space at either free or reduced cost could support these challenges being overcome.

Co-production in Adult Social Care
The meeting heard that Lewisham Council have been putting in place ways to engage with, and understand, what older adults (aged 65 and over) want from the transformation of adult social care services and to support the delivery of the Council's commitment to the voice of older people.

The meeting discussed the two priorities currently in transformation of services for older people – shifting activity away from A&E and avoiding

	emergency admissions and helping older people to stay healthy and receive proactive care. The discussions came to the consensus that to engage with and understand what older adults want from the transformation of adult social services there needs to be a strategy to understand the different cultures and sensitivities within Lewisham's diverse older population and communities. It was acknowledged that important areas in adult social care was that older people be seen as individuals, that the engagement used both digital and non-digital ways to communicate and to make connections with trusted advocates and organisations to ensure all communities can be accessed and influence the engagement. It was agreed that progress updates would be given to the Lewisham People's Partnership over time including the eventual plans for the transformation of adult social care services. The notes of the discussions and actions from the meeting held on the 27 September 2023 are attached.
Potential Conflicts of Interest	**n/a**
Any impact on BLACHIR recommendations	• Ageing Well - this work supports the campaign to raise awareness and increase uptake of community based NHS health checks in Black African and Black Caribbean older adults. • Healthier Behaviours - this work supports the need to provide long term investment from trusted Black African and Black Caribbean grass roots organisations.

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

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

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 10
Enclosure 10

Title:	**Corporate Objectives October 2023 Performance**
Meeting Date:	**30 November 2023**
Author:	SEL Performance Team
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update on Lewisham LCP performance against the SEL ICB Corporate Objectives for 2023/24. To provide a comparison with other SEL Places. To provide a high level summary of work to improve performance.	Update / Information	*x*
		Discussion	x
		Decision	

Summary of main points:

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

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

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

The SEL ICB October progress report is attached as appendix 1.

Achievement of the targets in these objectives require close working between the Public Health and Primary Care teams with clinical leadership central to success. A paper on progress against the screening objectives is included within the agenda for this LCP Strategic Board meeting.

The Lewisham Extended Senior Management Team is responsible for overseeing progress with action plans and for providing regular updates on progress to the Lewisham LCP Strategic Board.

Potential Conflicts of Interest	None.			
Any impact on BLACHIR recommendations	The LCP is increasing work with local community groups and the VCSE to improve access to and uptake of screening and other health promotion activities in population groups where uptake is low.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Achievement of the corporate objectives will impact positively on health inequalities in Lewisham.		
	Financial Impact	Financial impacts are reflected in incentive schemes with primary care and investment in staff and / or VCSE organisations to support work with patients.		
Other Engagement	Public Engagement	Currently this is through outreach initiatives, including those led by the Public Health Team in Lewisham and engagement with patient groups.		
	Other Committee Discussion/ Engagement	Lewisham Extended Senior Management Team.		
Recommendation:	To note the report and actions to improve performance against the SEL ICB corporate objectives.			

South East London Integrated Care System

NHS South East London

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

Prepared for ICB Executive Committee, 25 October 2023

Introduction and summary

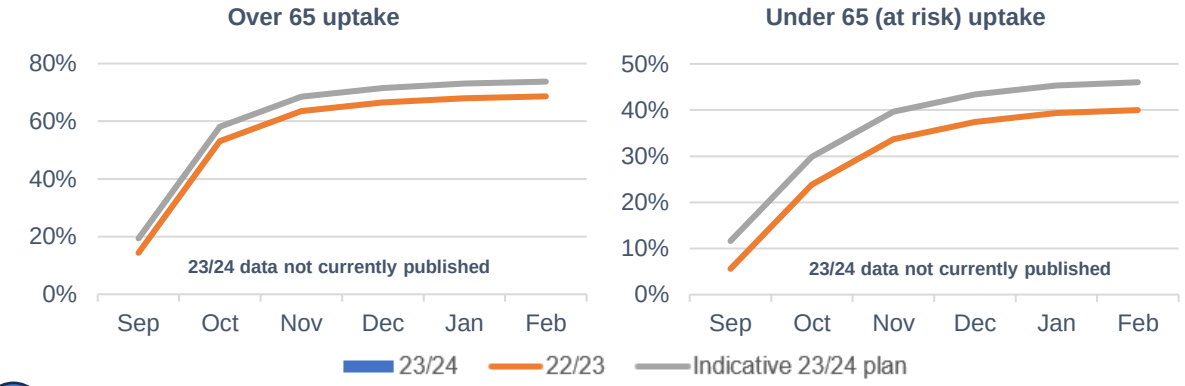
- The paper provides an update on the delivery of the ICB's corporate objectives, which were agreed by the ICB Board in July 2023.
- This first update summarises the key activities taken over the course of the last quarter and provides an approximation of the likelihood of delivery for each of the six corporate objective areas at year end.
- The six borough LCPs are responsible for the delivery of improvement against corporate objectives. However, the successful delivery of objectives does in some areas also depend on the inputs and activities of other partner agencies – e.g. NHS England for cancer screening.
- As per the agreed reporting process approved by the ICB Executive on 30 August, all LCPs have been asked to contribute to this update. A nominated SRO for each corporate objective area will provide an update to the ICB Executive Committee and public Board on behalf of all LCP place executive leads (see the following slide).
- Updates against each objectives include:
    - An indicative assessment of the likelihood of achievement of the agreed 23/24 trajectory.
    - The latest data against agreed metrics (noting the lag on flu, breast and bowel cancer data) and a summary of the current 'state of play'
    - A summary of some of the new things that have been started to deliver the 'step-change' required by the ICB Board
    - A summary of some of the key activities to help address inequalities and to ensure improvement is founded on 'inclusive improvement'
    - A view on the key issues, risks and challenges including those things the Board should be aware of and may help to resolve.
- At this stage, there remains a degree of uncertainty as to whether ambitions for the ICB's corporate objectives will be delivered. There is a higher degree of confidence in the likelihood of achievement for learning disability health checks, breast and bowel screening ambitions.
- Appendices 1-7 provide a borough breakdown of achievement vs indicative (straight-line) corporate objective trajectories for the current year and against related national standards and against previous year's performance. Appendices show 23/24 performance where data is currently available.
- A review of available data for this update did not highlight any statistically discernible changes to the gradient of health inequalities for any of the objectives for which we have comparative data at this point of the year. This was in keeping with expectations given that LCPs and partners have been working on delivery of plans for approximately 3 months.

Ownership and support for reporting to the ICB Board on progress

Corporate objective	Responsible for the delivery of improvement ambitions agreed by Board	Designated 'programme board' responsible for enabling delivery, fostering learning and disseminating best practice etc.	ICB SRO(s) with responsibility for coordinating a single response on LCP delivery and accounting to the ICB Board	ICB senior leader(s) responsible for supporting SRO to coordinate LCP reporting working with SEL Assurance team
1. Increase the uptake of **adult flu immunisation**.	LCP Place Executive Leads as leaders in each of the six LCP partnerships for these objectives which fall within the scope of delegation.	SEL Immunisation and Vaccination Board	**Angela Bhan**	Sam Hepplewhite
2. Improve the **health status of people with mental health conditions and learning disabilities** where there is evidence of health inequalities.		SEL SMI Task and Finish Group SEL LDA Operational Group	**Martin Wilkinson** (SMI health checks) **Paul Larrisey** & **Neil Kennet-Brown** (LDA health checks)	Rupi Dev Carol-Ann Murray
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.**		South East London Cancer Alliance Early Diagnosis Board	**Andrew Eyres**	Carl Glenister David I'Anson
6. Improve the **detection and management of hypertension** as a cardiovascular risk factor.		SEL ICS Cardiovascular Disease Steering Group	**Sarah Cottingham**	Holly Eden

Corporate objective 1: adult flu immunisations

Indicative assessed likelihood of achievement 23/24	**1**	**2**	**3**	**4**	**5**
	Highly unlikely →				**Highly likely**
Rationale	Local data indicates the plan is broadly on track to be delivered, but there remains a large amount of uncertainty on uptake at this point early in the flu vaccination campaign. There exists significant vaccine hesitancy and apathy, which will may impact uptake.				



1

STATUS: How are we progressing against our improvement objectives?

- 2023/24 influenza vaccination programme started end of September
- Currently in line with plan and previous years uptake.
- Early October '23 data - 26% of the 65+ population and 9% of under 65 'at risk' vaccinated.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Plans developed to offer winter vaccinations in one visit through co-administration.
- Increase in the number of sites offering winter vaccinations with additional community pharmacies signing up.
- Comprehensive SEL and borough informed communication and engagement plan in place, including targeted messages for specific communities.
- Borough engagement with small communities to understand and address issues of concern.
- The SEL vaccination team supporting boroughs to increase the number of outreach events where information and vaccinations are available to residents.
- Pilot of vital 5 programme comprehensive prevention offer including winter vaccinations.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- A multi-year approach is required - building of trust and confidence in services.
- Each borough has a winter vaccination plan and a dedicated group focusing on delivery and uptake in our core 20 plus 5 population. Plans identify areas where populations are most at risk of inequalities (of access, experience and outcomes), and addresses these.
- The SEL dashboard is updated daily and is available to teams to support planning of outreach and engagement events.

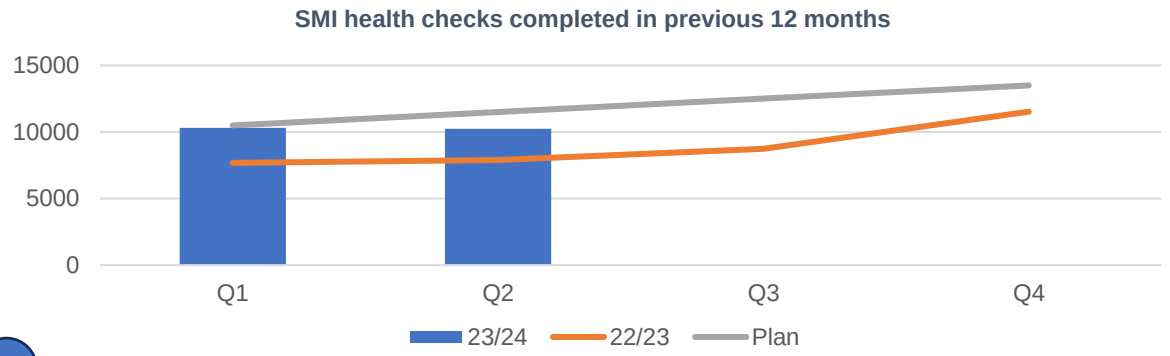
4

RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- No underwriting commitment from either NHSE or the ICB for unused vaccine equals a financial risk for GPs.
- Significant vaccine hesitancy and apathy within some communities meaning winter vaccinations are not a priority compared with other health issues / challenges.
- NHS England brought forward the date of the covid vaccination programme meaning many providers did not at this time have adequate supplies of flu vaccine for co-administration.
- Available capacity was deployed to concentrate on covid vaccination in care homes and clinically most vulnerable patients ahead of 22 October 2023 following NHSE guidance.

Corporate objective 2a: SMI health checks

Indicative assessed likelihood of achievement 23/24	1	2	3	4	5
	Highly unlikely →				Highly likely
Rationale	Improvement trajectory currently in place to deliver SMI health checks ambition. Delivery against target is below plan at the end of Q2, but performance varies across boroughs. This pattern is likely to continue due to various factors including mixed engagement with primary.				



1 STATUS: How are we progressing against our improvement objectives?

- SEL plan for Q2 to deliver 11,500 completed SMI health checks. Actual delivery was 1272 below target, though with variation across the six boroughs.
- Borough plans based on SEL plan weighted for local SMI register sizes – for Q1 three boroughs achieved local plan: Bromley, Lambeth, and Southwark. In Q2 no boroughs achieved local plans
- Collaboration between SEL and borough teams to enhance support for local improvement.
- Historic data shows more SMI health checks are done towards to end of the financial year. As expected, activity dropped in Q2 (and is likely to drop Q3) compared to Q1 due to annual phasing and the impact of winter. Boroughs will plan to maximise activity over this time.

2 DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- **Bromley**- Recruited HCA via Oxleas: positive impact on patient engagement / encouragement to attend
- **Bexley** – Amended GP premium to incentivise delivery, and work with Oxleas to improve communication of health check data completed in secondary care.
- **Greenwich** – Project with Oxleas and HIN to improve uptake of checks for whilst avoiding duplication.
- **Lambeth** - Local data analytics to identify low performing practices and target support. Work with practices to identify uncoded physical health information and improved data quality processes.
- **Southwark** - DESMOND training for registered healthcare professionals to ensure support for the SMI population who are diabetic.
- **Lewisham** - Enhanced incentive scheme to encourage practices to 50% achievement of SMI checks.

3 ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

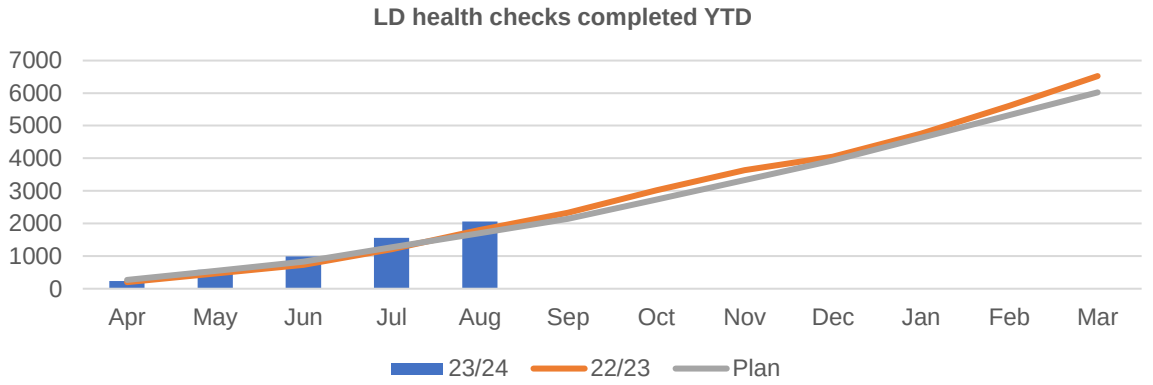
- Dashboard is in place which identifies uptake of SMI health checks by PCN, gender and ethnicity. Boroughs using data to better understand uptake and to triangulate with local engagement information to improve overall uptake.
- Specific borough examples include:
  a. Southwark: work with *Black Thrive* to reach the local diverse communities to gather insight on reasons for lack of engagement and suggestions to address this.
  b. Bromley: launching a leaflet and poster exercise in local PCNs. Crays PCN – with the highest level of deprivation – is one of the highest completed SMI checks in Bromley (>60%). This has been achieved by actively contacting patients and offering convenient times to come in. The RIO system was also used to import information from Oxleas onto EMIS.

4 RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- Primary care capacity to carry out SMI health checks against range of competing priorities.
- Challenges of engagement with vulnerable cohort of people with SMI.
- Checks have six parts – challenge ensuring all elements are undertaken and counted.
- Data sharing/capture is on occasion undertaken outside of primary care (e.g. whilst service users are inpatients in secondary/tertiary care services).

Corporate objective 2b: learning disability health checks

Indicative assessed likelihood of achievement 23/24	1	2	3	4	5
	Highly unlikely →				Highly likely
Rationale	The likelihood of achieving increased from 3 to 4, given progress made to date - currently five boroughs are achieving and are over monthly target. This is expected/anticipated to continue, barring unplanned challenges in primary care during Q3 and Q4 due to for example increases in Covid numbers impacting service delivery.				



1

STATUS: How are we progressing against our improvement objectives?

- Annual Health Check (AHC) data is published two months in arrears, the latest available for August was published in October and shows that despite summer holidays five out of six boroughs achieved agreed targets, overall SEL trajectory was achieved.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Eye Care pathway implemented alongside Annual Health Checks across SEL to improve eye health for people 14+ with a learning disability and for autistic people.
- AHC co-ordinators have been funded in Greenwich since June 2023. Recruitment in progress in four other boroughs.
- Bexley via Oxleas are recruiting a support worker to target those with a learning disability who are not currently engaged with their GP practice
- Bexley have implemented accessibility pages and video to all GP practice websites
- Training designed for AHC co-ordinators will be offered to other members of the primary care team in SEL from November 2023.
- Individual boroughs have identified priorities for AHC work which was captured from the AHC Strategy Workshop on 10th October. Key priorities include a focus on improving the quality of AHCs completed and good health action plans that ensure medication reviews and dentistry.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- Easy Eye Care - adults with a learning disability 10x likelier to have a problem with their eyes.
- AHC co-ordinator funding - to improve the standard and offer in an equitable way across SEL.
- Annual Health Check Strategy Group aims to reduce inequalities and improve equity. Envisaged this this will be through audit, training and quality improvement activities.

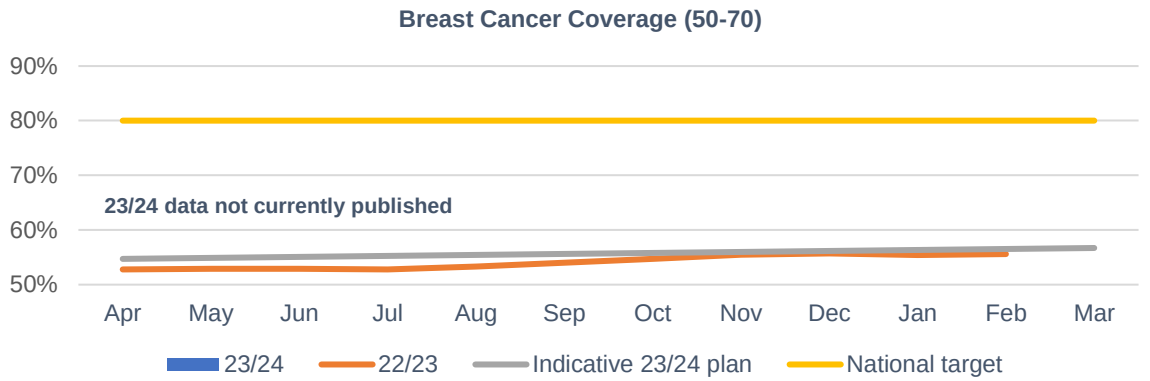
4

RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- Filling new AHC co-ordinator roles in boroughs with the right candidates.
- Engaging with primary care due to competing pressures.
- Ensuring that training, learning and guidance is disseminated in an effective way.
- A three-month delay in recruitment of roles to implement STOMP (Stopping the Overprescribing of Psychotropic Medication) Clinic.
- LCP capacity to lead AHC work – vacancies in ICB/LA LDA lead and CCPL roles.
- Delay in procurement for LDA Health Ambassadors once pilot ended due to reduced capacity in LDA team. Vacancy now filled with aim to complete in Q4 23/24.

Corporate objective 3: breast screening

Indicative assessed likelihood of achievement 23/24	**1**	**2**	**3**	**4**	**5**
	Highly unlikely →				**Highly likely**
Rationale	Numerous workstreams are in place/planned which have a proven evidence base for improving coverage of breast cancer screening. Breast cancer screening in London has experienced significant operational challenges during 21/22 & 22/23. Although now largely resolved, the service may experience challenges as they continue to recover, this may pose a small risk.				



1

STATUS: How are we progressing against our improvement objectives?

- Data is published 6 months in arrears – takes time for interventions to be seen in data.
- Significant operational pressures in London breast cancer screening hub and SEL breast screening provider during 21/22 and 22/23, meant non-responder contacting was not prioritised by NHS England. Despite this, small scale, work at GP practice level supported by system resources (text initiatives, patient resources etc.) saw a gradual improvement during 22/23.
- Latest data available, Feb'23 shows 55.6% coverage in SEL vs a target for 23/24 of 56.7%. Rate of improvement shows a 1.5% increase over the preceding 6 months. Expect this to continue and the 23/24 target to be met.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Greenwich – significant behaviour insights analysis to understand concerns and barriers to screening in their population to inform targeted local action.
- Workshops delivered by community partners in all boroughs to increase awareness.
- Lewisham & Bexley delivered campaigns in mass-recipient community magazines.
- SELCA-funded Breast Screening Health Promotion Facilitator recruited.
- SEL cancer facilitators working with practices to provide specialist, individualised intervention resources.
- Lambeth Breast PMS contract, providing a resource to support practices in contacting breast screening non-responders. 2023/24 is a preparatory year, focussing on training non-clinical GP practice staff and improving practice coding.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- Coverage significantly lower in black populations. In response SEL Cancer Alliance commissioned a commercial partner who specialise in campaigns in this target population. Campaign assets launching in Oct'23 during breast cancer awareness month and black history month.
- Southwark produced patient videos codesigned by breast cancer patients, specifically aimed at addressing the concerns and barriers to screening participation in groups of the population who are underrepresented in screening rates. Now widely used across SEL and nationally recommended in communication toolkits.

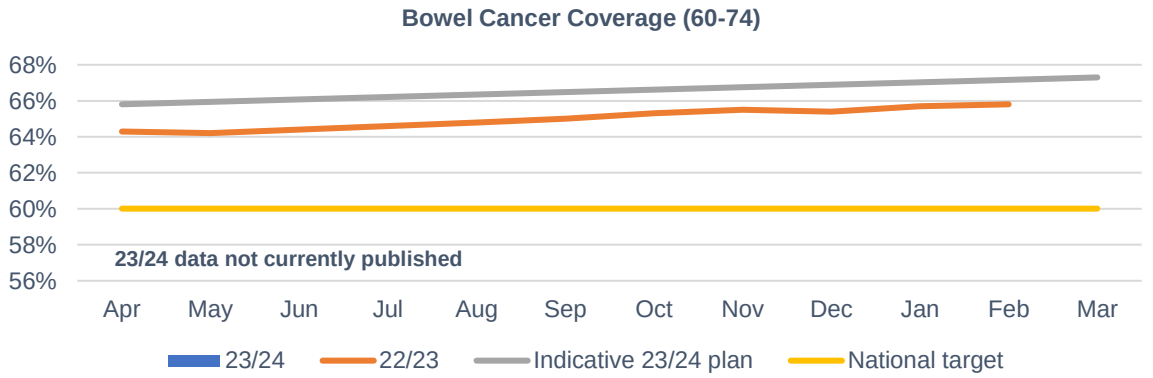
4

RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- Breast cancer screening in London has experienced significant operational challenges during 21/22 & 22/23. Although now largely resolved, service may experience challenges as they continue to recover, this may pose a small risk.
- Emphasise LCP support to teams who are delivering workstreams locally (managerial support to clinical leads, involving working/delivery groups into place structures etc.)

Corporate objective 4: bowel screening

Indicative assessed likelihood of achievement 23/24	1	2	3	4	5
	Highly unlikely →				Highly likely
Rationale	A significant programme of contacting non-responders is underway during 2023/24 which will contact many thousands of patients across SEL. Combined with established and planned workstreams operating at a more targeted level means confidence is relatively high that the ambition for 23/24 can be achieved.				



1

STATUS: How are we progressing against our improvement objectives?

- Data is published 6 months in arrears, and so it takes time for interventions to be seen in data.
- Latest data: Feb'23 shows 65.8% coverage in SEL vs a target for 23/24 of 67.3%. Rate of improvement a 1.4% increase over the preceding 12 months. Expected to continue and therefore predict with a high degree of confidence achievement of the 23/24 target.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Significant programme of non-responder calling is underway across Lewisham and Lambeth, the two boroughs with the lowest bowel screening coverage. Contacted many thousands of patients who have not participated in bowel screening and has a proven track record of increasing participation.
- Lambeth extending the programme using SELCA transformation funding to cover all practices, as opposed to only those with the lowest coverage –ensures a parity and equity of offer.
- SEL cancer facilitators working directly with practices and providing specialist, individualised intervention resources.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- Non-responder contacting programme is underway across Lewisham and Lambeth which is carried out by a charity specialising in communicating with patients in their native/first language. Proven very effective in improving awareness and understanding of bowel cancer screening, and therefore participation rates in these groups.
- Lewisham running training sessions targeting groups who work with patients with learning disability or patients with severe mental illness, and an education event at 'people's parliament' focused on LD.
- An SEL-wide programme of SMI training for cancer screening is in development by SEL Cancer Alliance in collaboration with the Health Innovation Network.

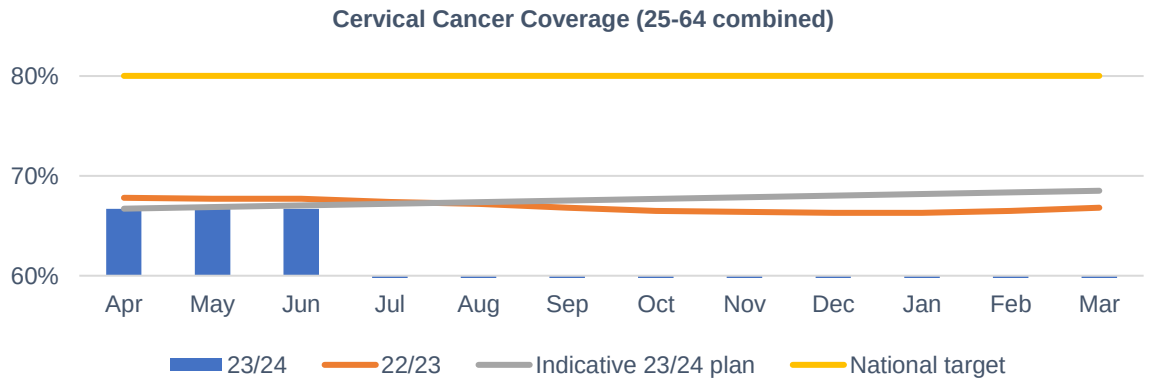
4

RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- Bowel cancer screening programme extending age eligibility nationally to include those aged 50 and above. This is being rolled out in a phased approach over a number of years.
- Although newer cohorts are not currently included within the formal calculation for bowel screening coverage (they are calculated separately), they may be in due course. This may reduce performance as newer cohorts initially have lower participation rates – previous experience shows that this improves over time to match overall participation rates, but this poses a small risk in the short term.
- Emphasise LCP support to teams who are delivering workstreams locally (managerial support to clinical leads, involving working/delivery groups into Place structures etc.)

Corporate objective 5: cervical screening

Indicative assessed likelihood of achievement 23/24	1	2	3	4	5
	Highly unlikely →				Highly likely
Rationale	Cervical screening presents unique challenges in driving improvements, with younger patients joining the eligible cohort increasingly likely to have had HPV vaccination and therefore find less value in cervical screening (a national trend). Current performance is on a small upward trend, and with current work planned, it is expected this target should be met. However, less work overall is ongoing for cervical than the other cancer screening programmes.				



1

STATUS: How are we progressing against our improvement objectives?

- Data published 3 months in arrears – takes time for interventions to be seen in data.
- Latest data available, Jun'23 shows 66.7% coverage in SEL vs a target for 23/24 of 68.5%.
- Rate of improvement is very minimal over the preceding 6 months, with a 0.4% improvement. Should this continue and improve, as we predict it should, there is a moderate degree of confidence the 23/24 target should be met.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Work underway to deliver social media campaigns across Southwark targeting specific groups known to participate less in the programme. Learning and resources will be shared across SEL boroughs, with some boroughs in the early stages of replicating similar campaigns.
- Training has taken place for administrative staff in primary care across South East London on cervical screening, aimed at supporting opportunistic screening and more effective conversations between practice staff and patients.
- SEL cancer facilitators working directly with practices and providing specialist, individualised intervention resources.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- Bromley – cervical screening health equity audit which was prompted by significant differences in cervical screening rates between the overall population in Bromley and those with learning disability. Results will inform a social media campaign specifically targeting the barriers to screening in the population. Findings will be shared and adopted across SEL boroughs.
- SEL wide programme of SMI training for cancer screening is in development by SEL Cancer Alliance in collaboration with the Health Innovation Network.

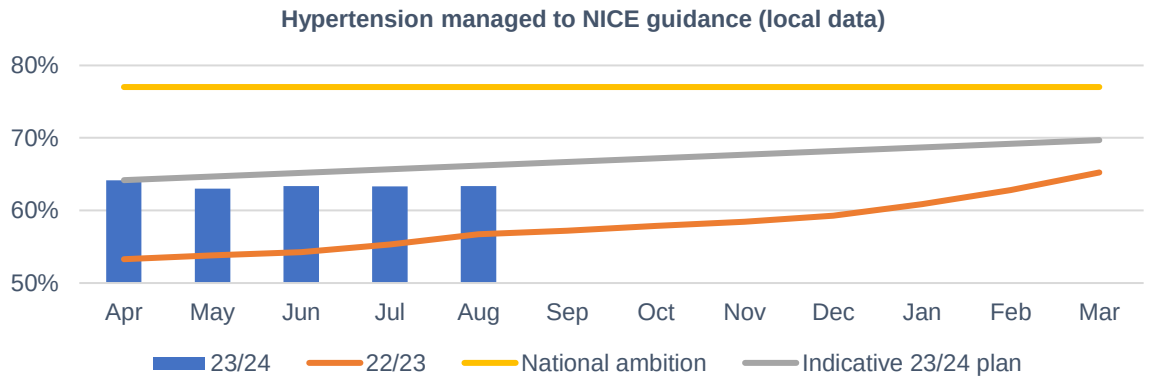
4

RISKS, ISSUES & CHALLENGES: What should the Board should be aware of and how can it support delivery?

- New Cervical Screening Management System (CSMS) being launched nationally in early 2024. If practices are not ready, may introduce a risk of inaccurate reporting or operational inefficiencies which may impact performance.
- Comprehensive work previously undertaken by SEL ICT in 2021, but national roll out was paused. With roll out now having restarted, there is significant preparedness work ongoing across SEL, led by a combination of teams. This is in the context of numerous IT changes currently for primary care (EPIC/ICE etc.).
- Emphasise LCP support to teams who are delivering workstreams locally (managerial support to clinical leads, involving working/delivery groups into Place structures etc.)

Corporate objective 6: hypertension

Indicative assessed likelihood of achievement 23/24	1	2	3	4	5
	Highly unlikely →				Highly likely
Rationale	The published data showed considerable improvement in Q4 2023/24. However, achieving the local and national ambitions will remain a challenge. Local data indicates minimal change in performance from April to August 2023. Actions are taking place within boroughs to improve delivery with enhanced central SEL governance and coordination.				



1

STATUS: How are we progressing against our improvement objectives?

- CVD Prevent data (nationally published) showed that in Dec 2022, SEL ICS was at 59.8% against the target; by March 2023 that performance had improved to 67.14%, a 7% increase. SEL 'real time' data shows minimal change in performance since April 2023, but a significant improvement from the equivalent month in 22/23.
- Currently in line with trajectory to meet the SEL corporate objective of 69.7% and the national target of 77% target by March 2024, but this remains a challenging improvement ask in a limited time.

2

DELIVERING THE STEP CHANGE: What are the new things that we have put in place over the last quarter to improve performance?

- Call to Action on Hypertension Webinar for 150 SEL clinical and non-clinical staff - Sept 2023.
- Renewed SEL ICS CVD governance: Bimonthly steering group with place leads and range of ICS CVD stakeholders. Task and Finish Group to identify variation, share best practice, map provision gaps.
- Borough *BP at Home* and community pharmacist schemes with CESEL visits and QI data access.
- Bromley – Vital 5 check clinic, including BP Checks (Sept 23), and roaming hypertension clinics.
- Lambeth – Blood Pressure Clinic at Paxton Green Surgery led by Equity Champions.
- Lewisham – hypertension case finding services where patients receive blood pressure review.
- Greenwich – delivered a 100-day CVD challenge focussing in large part on hypertension.
- Bexley – pilot hypertension and lipids community clinic and establishment of CVD Community Hub.

3

ACTING ON HEALTH INEQUALITIES: What are the new things that we have put in place to ensure improvement is inclusive?

- Community engagement (Year 2): proposal with Mabadiliko to support practices to improve BP control. CESEL webinars aimed at non-clinical staff to improve hypertension call and recall
- Hypertension Prevention Pathway: Roll-out in SEL of the SWL 'Decathlon Pathway' for people with Hypertension/ CVD. A national first CVD prevention 10-week programme focused on lifestyle choices, exercise and activities to support people with weight management and BP control.
- AT Medics PCN (Lambeth) call and recall process: two practices shared a centralised team to focus on better management of BP and targeting of inequality between people different ethnic groups
- Greenwich 100-day hypertension event with a strong focus on reducing health inequalities

4

RISKS, ISSUES & CHALLENGES: What should the Board be aware of and how can it support delivery?

- Competing pressures and capacity constraints on the primary care workforce.
- Significant variation between boroughs and at practice level in the % patients on the hypertension register who had a BP check and % of people with hypertension treated to NICE guidance.
- Short term funding for projects/pilots impacts sustainability and achievement of widest sustained benefits.
- Fragmented systems that prohibit easy sharing of BP results between community, primary and secondary care.
- SEL hypertension services focused more on identifying people with high blood pressure. Need to increase opportunities for the management of blood pressure in those found to be at risk.

Appendix 1: summary of ambition and rational

Corporate objective	Proposed metrics	Proposed SEL ambition			Summary of rationale
		2023/24	Year 3	Year 5	
Flu vaccine uptake	Vaccination rate for people 65 years and over	73.7%	75.0%	85.0%	Equal highest rate of previous four years in year 1 for both 65+ and at risk <65s. Meet WHO recommended standard for 65+ by year 3 and exceed current England average by year 5. Exceed current England average for at risk <65s by year 3 and a further 5 percentage points improvement by year 5.
	Vaccination rate for people 6 months to under 65 at risk	46.0%	50.0%	55.0%	
Cancer screening (bowel, cervical, breast)	Bowel cancer screening – 2.5 year coverage (ages 60-74)	67.3%	70.0%	75.0%	2% increase on post-pandemic baseline in year 1. Breast and cervical, return to pre-pandemic coverage performance by year 3. Bowel to achieve 70% coverage. Breast and cervical to achieve the nationally-defined optimal level of screening coverage standard by year 5. Bowel to achieve a further five percentage point stretch by year 5 to exceed current England average.
	Cervical cancer screening – 3.5/5.5 year coverage (ages 25-64)	68.5%	69.8%	80.0%	
	Breast cancer screening – 36-month coverage (ages 50-70)	56.7%	67.8%	70-80%	
Hypertension	Increase percentage of patients with hypertension treated to NICE guidance	69.7%*	77.0%	83.0%	Return to pre-pandemic performance in year 1 as a minimum with the aim of delivering national ambition of 77% ASAP and in advance of year 3. From here add a further three percentage points annual improvement by year five. This ambition would make the ICB one of the best performers in the country against current data.
Mental health and learning disability health and inequalities	Number receiving an SMI health check in previous 12 months (% of register having received health check)	13,500 (63.0%)	15,750 (74.0%)	15,948 (75.0%)	Achieve agreed 23/24 improvement trajectory for year 1, exceed current London top performer for year 3, and improve upon this by one percentage point by year 5.
	Number receiving an LD health check in previous 12 months (% of current register having received health check)	6,021	7,663	8,110	Deliver operating plan commitment for 23/24 (note: this is lower than 22/23 outturn) and maintain the current percentage (78%) of people on the register receiving a health check whist increasing the size of the register through to year 5.

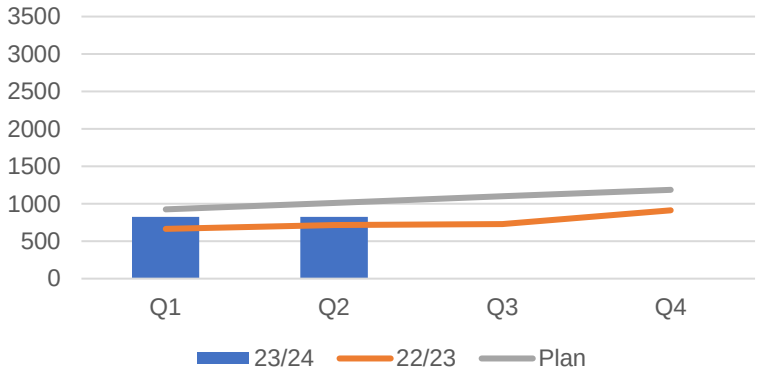
Appendix 2: final borough level flu vaccine uptake 22/23

	22/23 Vaccination rate for >65s	Vaccination rate at risk <65s
Bexley	74.3%	43.6%
Bromley	78.3%	47.5%
Greenwich	67.5%	42.2%
Lambeth	59.6%	35.6%
Lewisham	59.6%	35.3%
Southwark	63.2%	38.8%
SEL	68.7%	40.0%

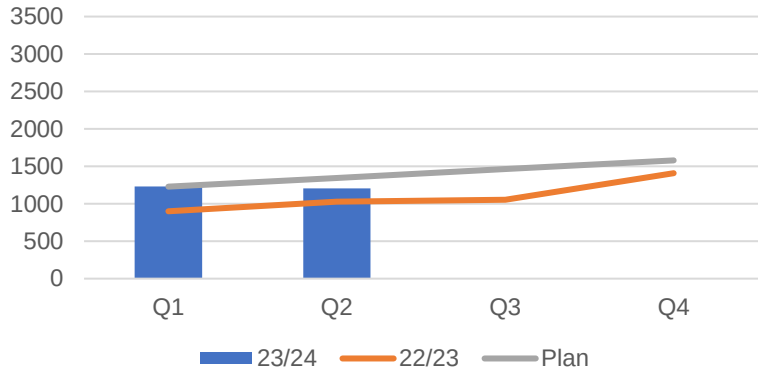
Data source: Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK (www.gov.uk)
Local data also available via: SEL COVID and Flu Vaccinations Dashboard (sharepoint.com)

Appendix 3a: borough level SMI health checks data

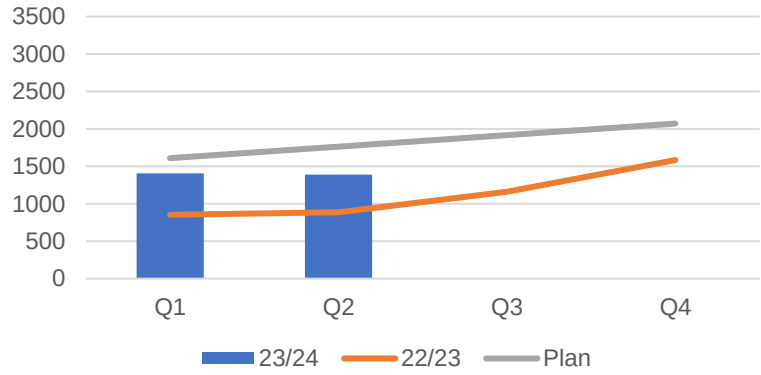
Bexley: SMI healthchecks completed in previous 12 months



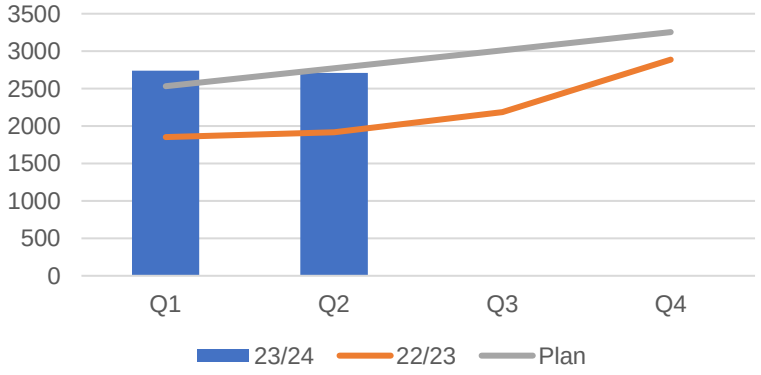
Bromley: SMI healthchecks completed in previous 12 months



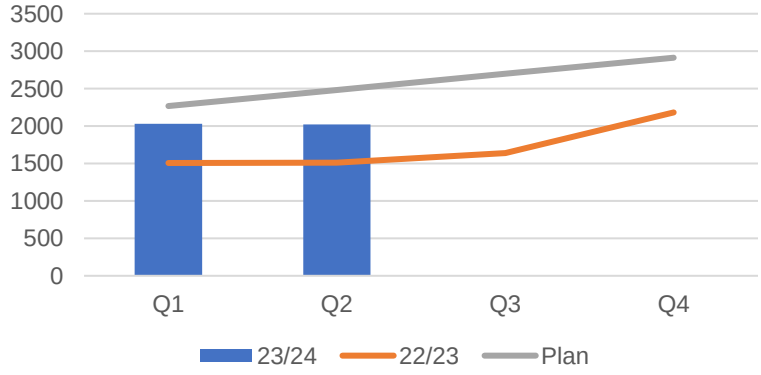
Greenwich: SMI healthchecks completed in previous 12 months



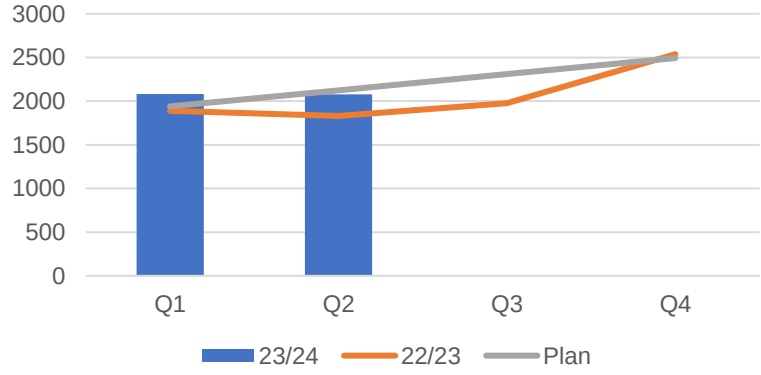
Lambeth: SMI healthchecks completed in previous 12 months



Lewisham: SMI healthchecks completed in previous 12 months

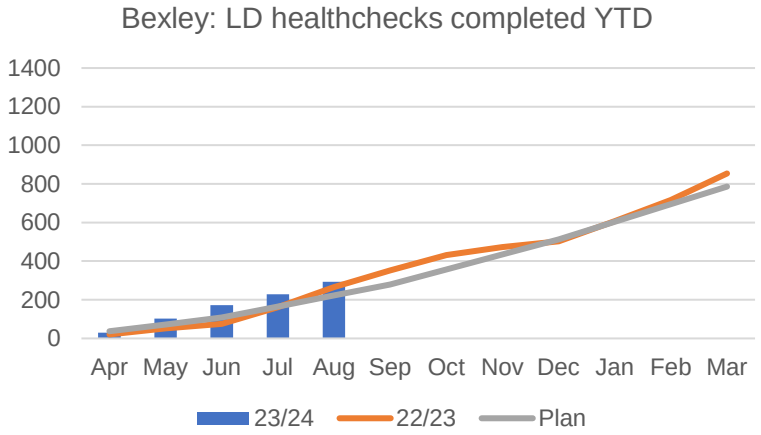


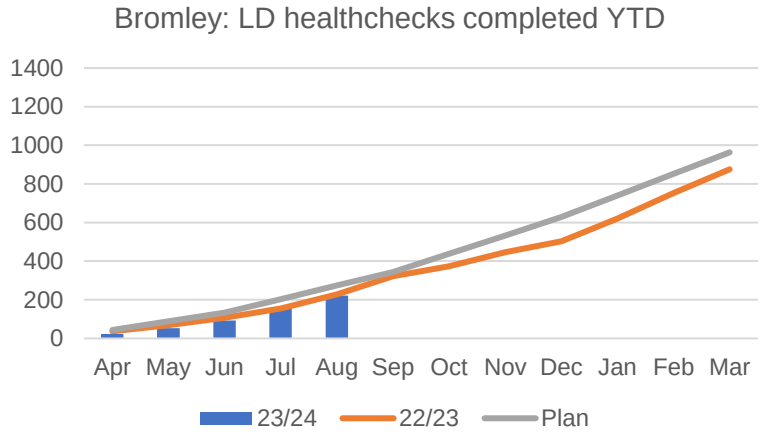
Southwark: SMI healthchecks completed in previous 12 months

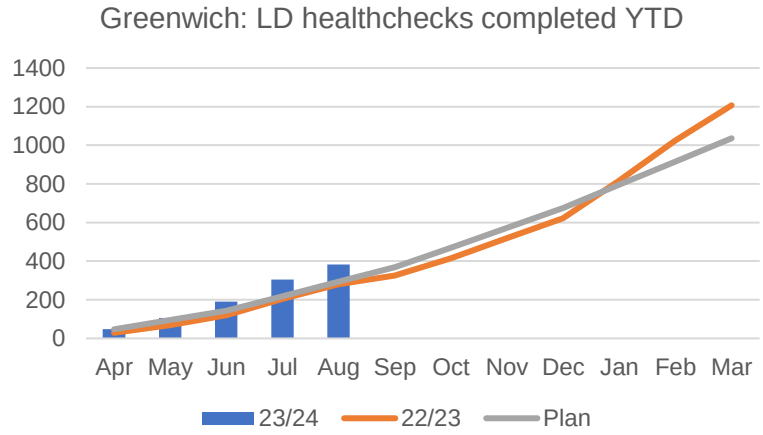


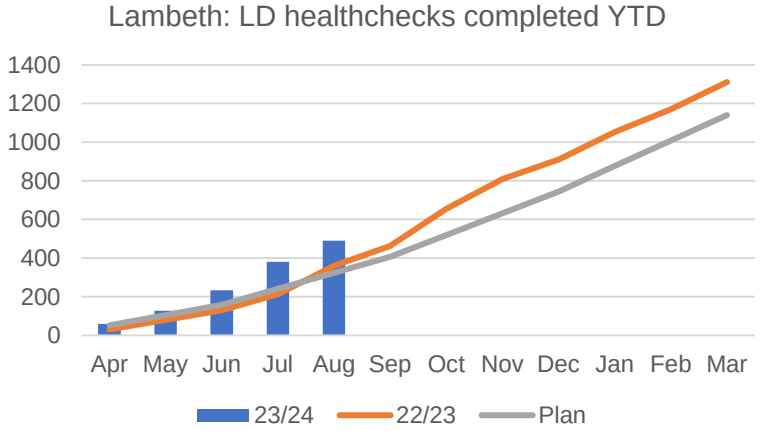
Data source: Quarterly statutory returns/Mental health performance report
Local data available via: LD and SMI dashboard (sharepoint.com)

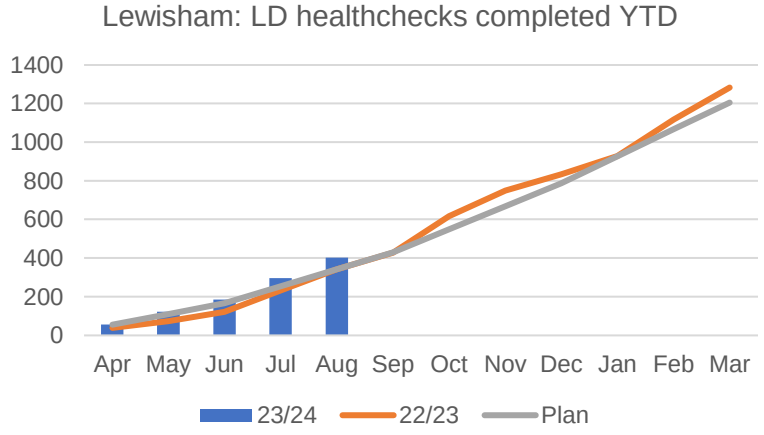
Appendix 3b: borough level LD health checks data

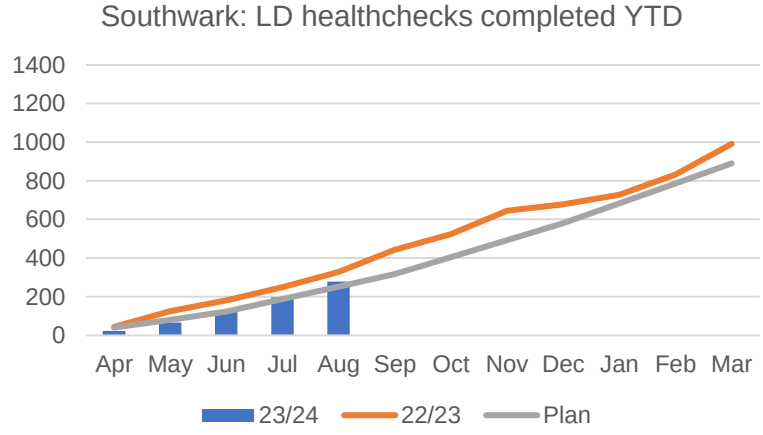






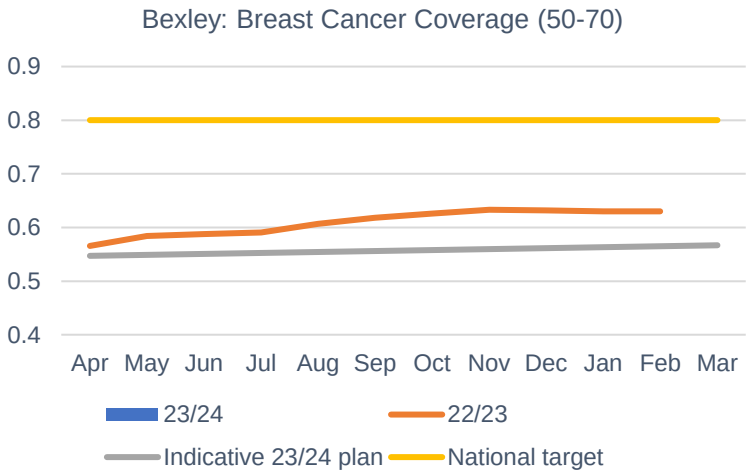


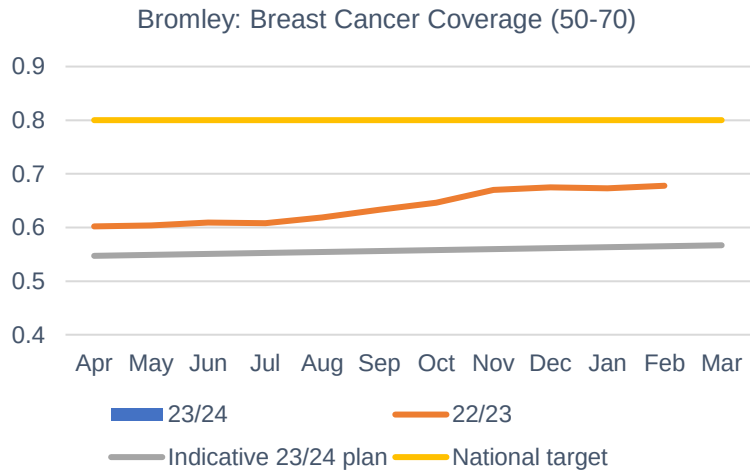


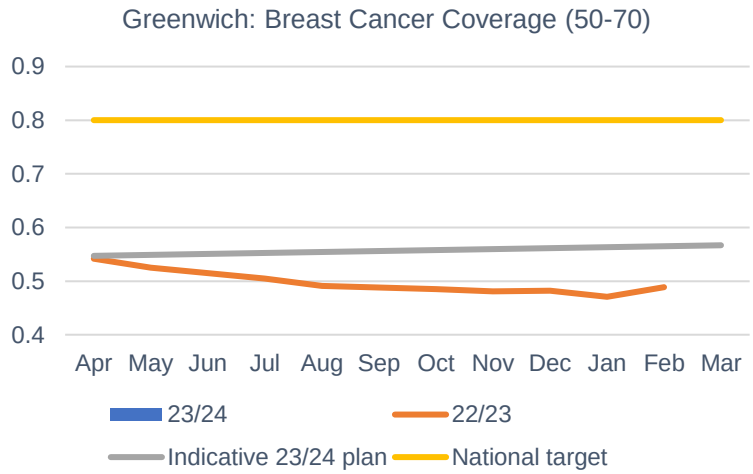


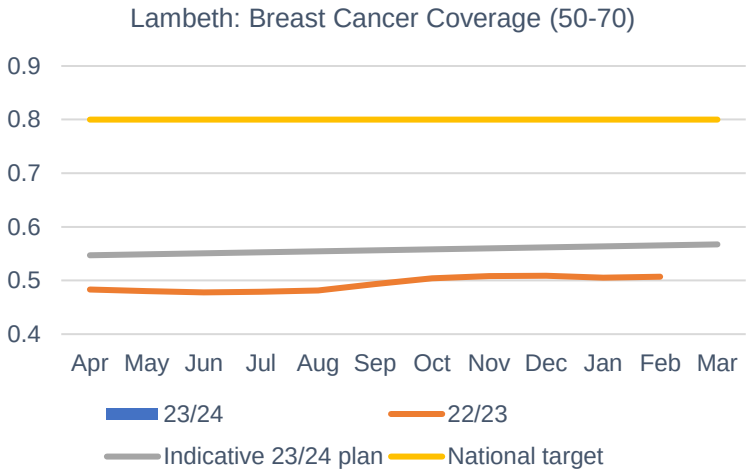
Data source: Learning Disabilities Health Check Scheme - NHS Digital
Local data available via: LD and SMI dashboard (sharepoint.com)

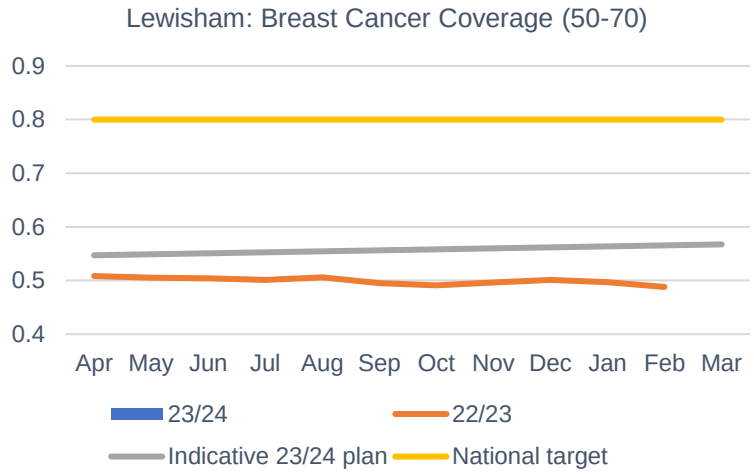
Appendix 4: borough level breast cancer screening

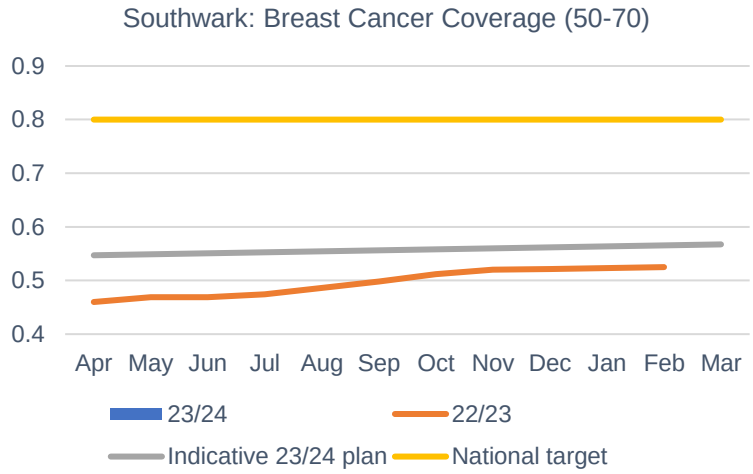






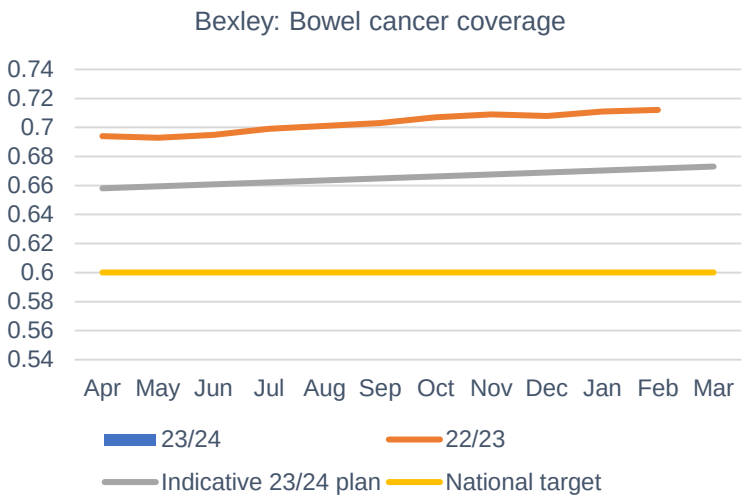


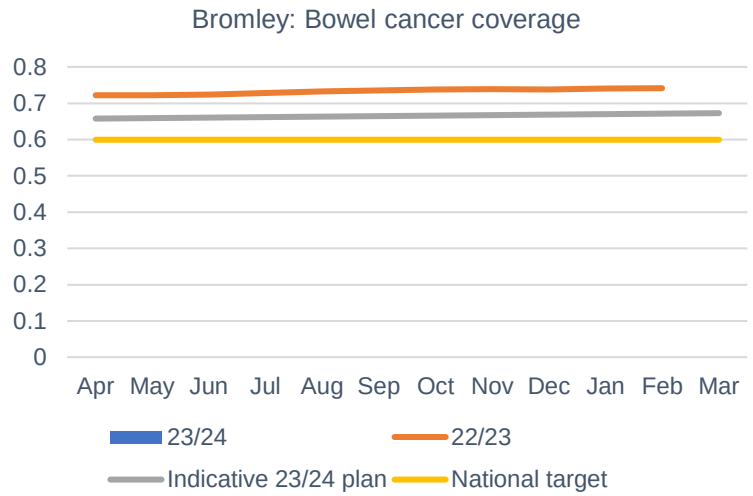


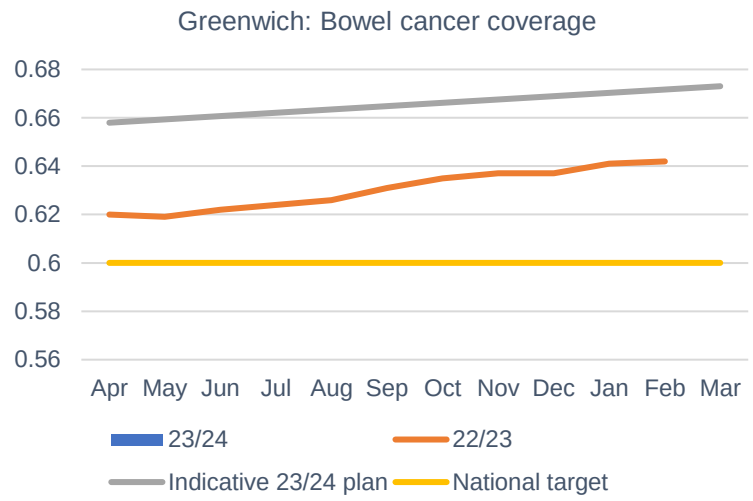


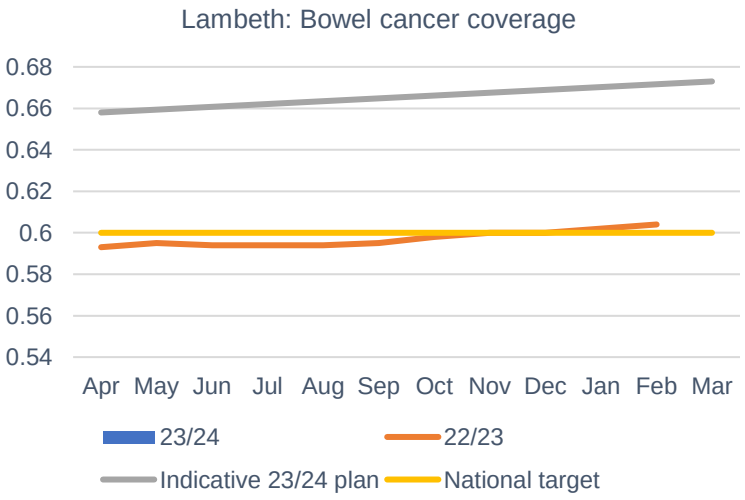
Data source: [Cancer Screening (sharepoint.com)]

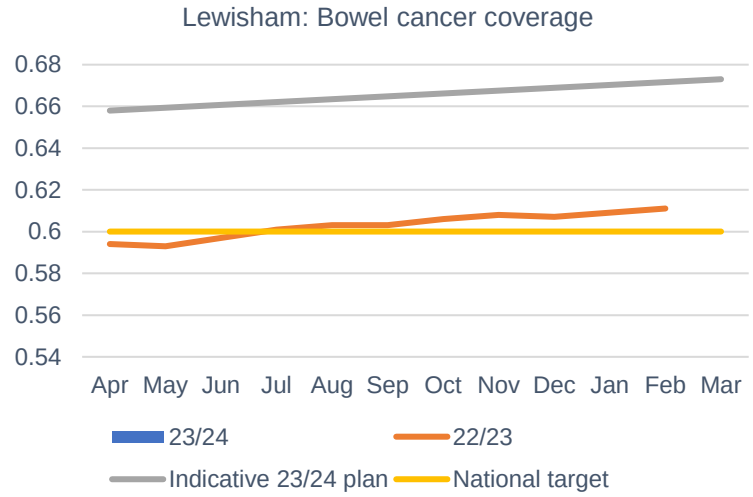
Appendix 5: borough level bowel cancer screening

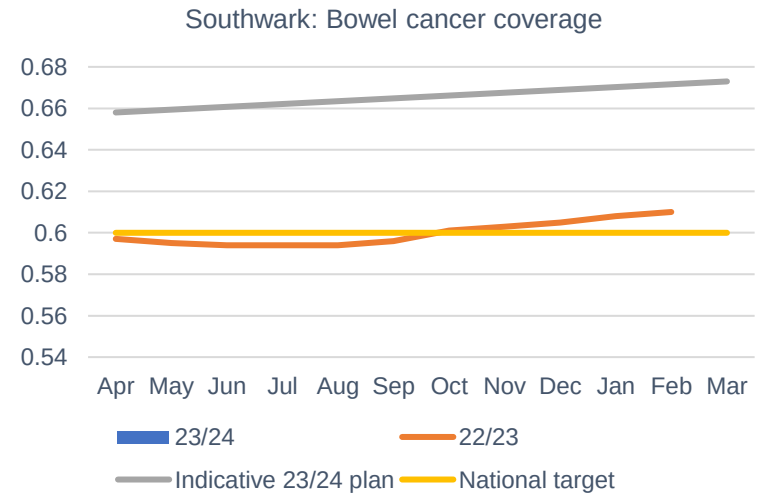






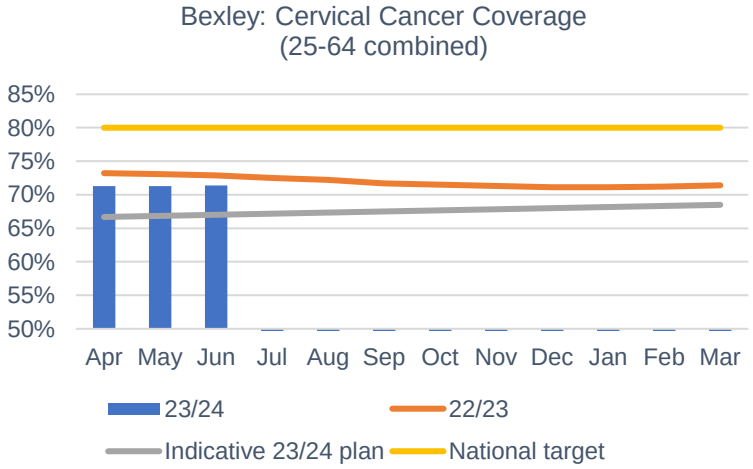


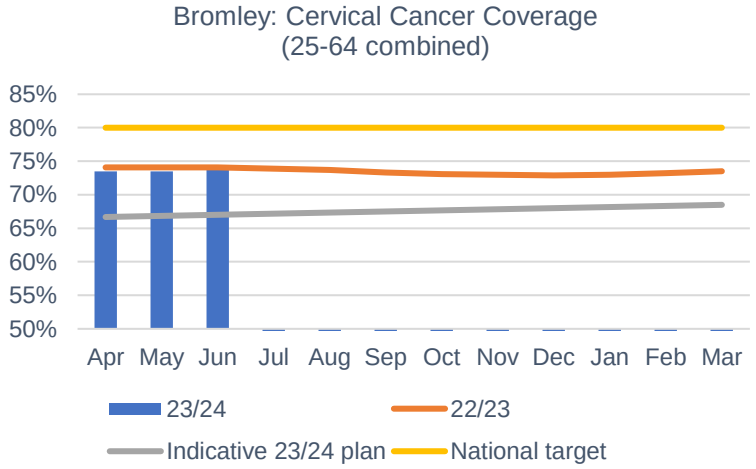


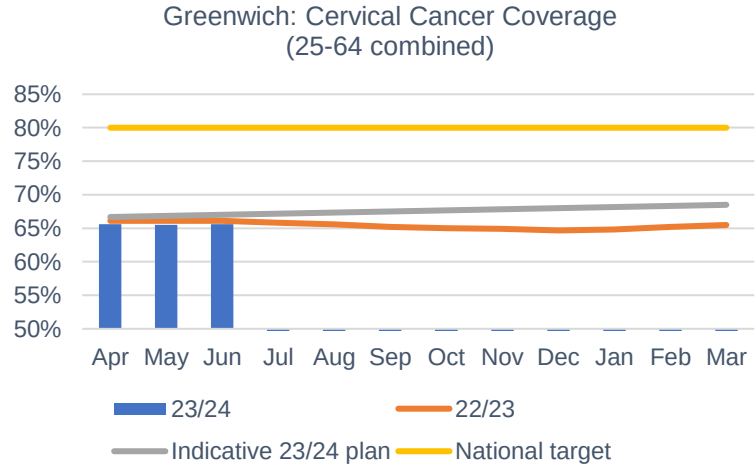


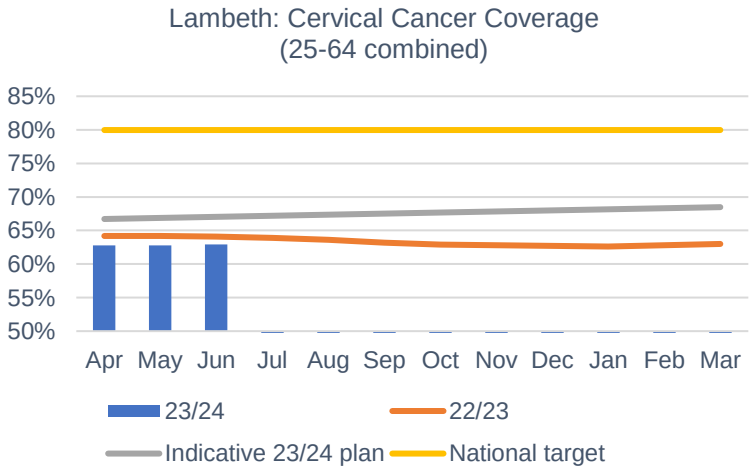
Data source: [Cancer Screening (sharepoint.com)]

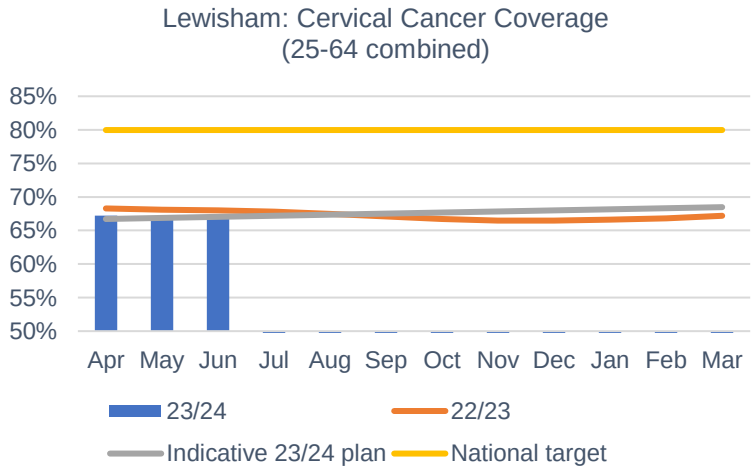
Appendix 6: borough level cervical cancer screening

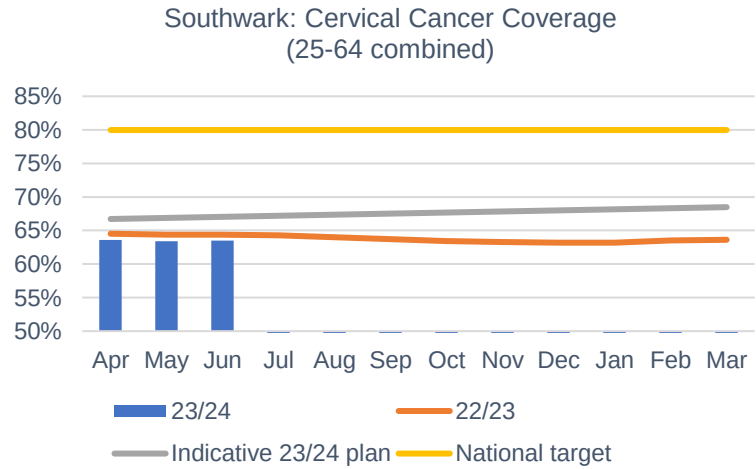








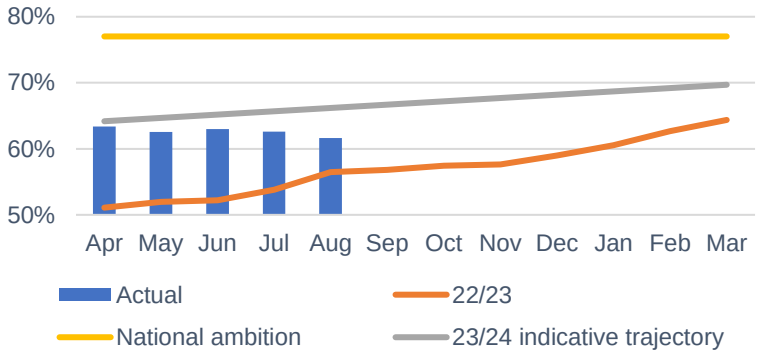




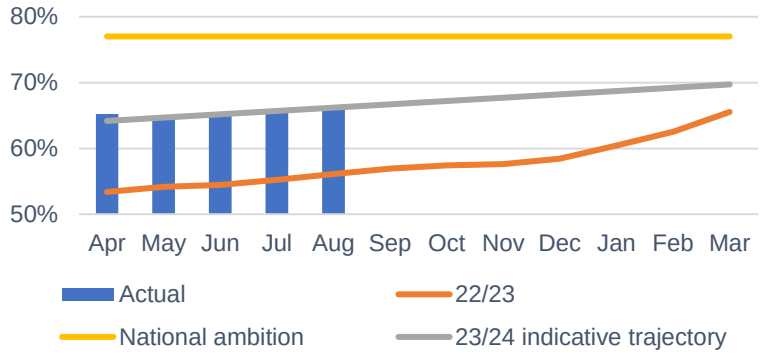
Data source: [Cancer Screening (sharepoint.com)]

Appendix 7: borough level hypertension management

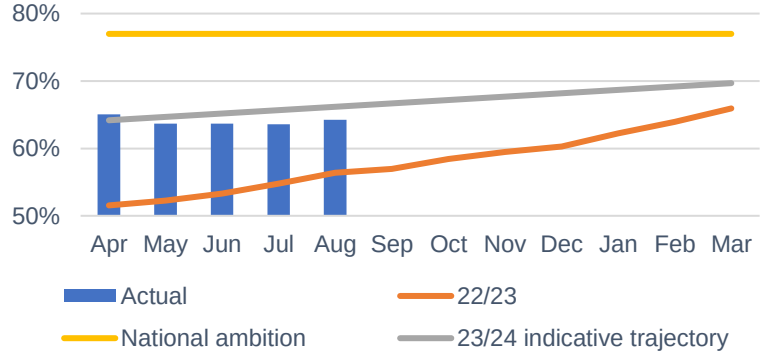
Bexley: Hypertension managed to NICE guidance (local data)



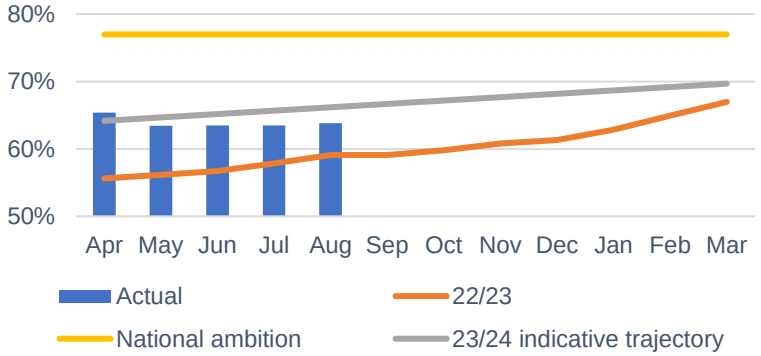
Bromley: Hypertension managed to NICE guidance (local data)



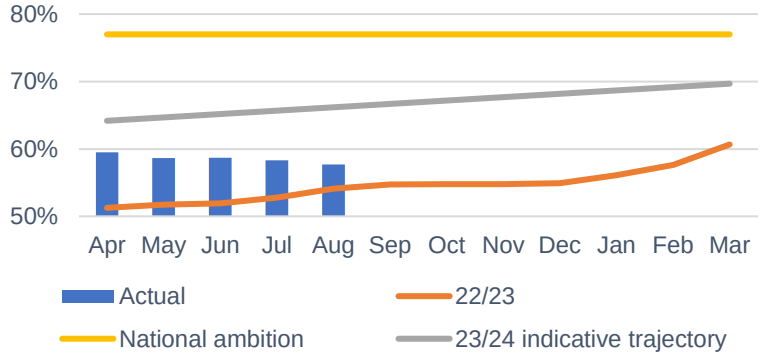
Greenwich: Hypertension managed to NICE guidance (local data)



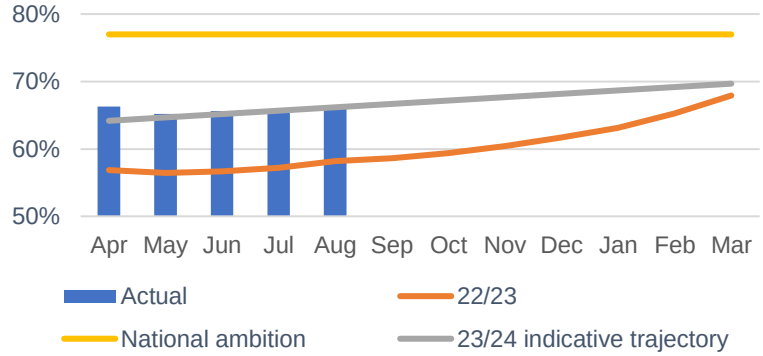
Lambeth: Hypertension managed to NICE guidance (local data)



Lewisham: Hypertension managed to NICE guidance (local data)



Southwark: Hypertension managed to NICE guidance (local data)



Data source: Pathfinder Hypertension Dashboard (sharepoint.com)
Published data also available: CVDPREVENT

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 11
Enclosure 11

Title:	**Month 7 Finance Report**
Meeting Date:	**30 November 2023**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS at Month 7.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 7 2023/24 – Summary ICB Position

As at month 07, the ICB is reporting a year to date overspend against plan of £1,656k. This compares to an equivalent overspend at month 06 of £2,218k. The improvement is largely a result of the implementation of Place recovery actions plus the impact of ERF funding. The financial position continues to be driven by overspends in prescribing (£11,838k) and continuing healthcare (CHC) (£4,905k), which are being partially offset by underspends in other budgets.

At present there are five months prescribing data available for 23/24 as it is produced 2 months in arrears. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As set out in this report, efficiency schemes are underway to mitigate this.

The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.

Focus meetings with all 6 boroughs have taken place in September/October to agree recovery actions to de-risk as far as possible financial positions. This process has been helpful with the implementation of recovery plans now underway, which will support the delivery of the forecast year-end balanced position.

The month 7 ICB financial report is not yet available. The most recent report for month 6 is included as Appendix A for information.

	The ICB – Lewisham Borough reported a YTD underspend of £38k and FOT underspend of £65k as agreed in financial focus meetings. Whilst the borough has the same pressures as referenced above in relation to prescribing and continuing health care, it has at this stage in the year been able to mitigate these pressures through underspends in other budgets, delivery of its targeted efficiencies and non-recurrent solutions to the value of c.£2.4m. To achieve financial balance on a recurrent basis, actions will need to be taken to address the underlying deficit of c.£2.4m going into 2024/25. Lewisham borough has fully identified its £4.2m efficiencies target for 2023/24. Efficiencies delivered up to month 7 are largely on plan at £2,186k. The forecast outturn for efficiencies for the full year is behind plan by £290k reflecting the forecast achievement of 80% of the prescribing target. **Month 6 2023/24 – Summary ICS Position** At the time of reporting the month 7 ICS financial position is not yet available. However, the highlights from the most recently reported month 6 position are as follows: • At month 6 SEL ICS reported a system deficit of £81.8m, £83.1m adverse to a planned £1.3m surplus. This compares to a £67.6m deficit and £53.6m adverse variance at month 5. On a revised plan basis that was undertaken at M6, the YTD variance would have been £64.6m adverse. • The ICB and 4 out of 5 providers are reporting an adverse variance YTD against plan. • The system is reporting a break-even forecast out-turn position. • The system has identified £266.6m (82%) of its £323.6m revised annual efficiency target. At month 6 £139.2m (43%) of the identified efficiencies is rated as a low risk of not being delivered. • At month 6 the system has delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m Further details on the ICS position at month 6 are included as Appendix B to this report. **Month 7 2023/24 – Lewisham Council** At month 7 Adult Social Care Services is forecasting an overspend of £1.0m and Children Social Care Services an overspend of £6.9m. The drivers of these forecast overspends are described in this report.
Potential Conflicts of Interest	Not applicable
Any impact on BLACHIR recommendations	Not applicable

	Bexley		**Bromley**	

Relevant to the following Boroughs	**Greenwich**		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Not applicable		
	Financial Impact	The paper sets out the ICS and borough financial positions as at Month 7		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.		
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the ICS and borough financial positions as at Month 7.			

NHS
South East London

Lewisham LCP Board
Finance Update – Month 7

ICB – Lewisham Delegated Budget – Month 7

NHS South East London

Overall Position

- At month 7, the borough is reporting an underspend of £38k and forecasting an underspend for the full year of £65k. Within this overall position there are overspends and underspends.

- The main overspend is on prescribing costs. Based on August's data (as data is available 2 months in arrears), the position shows an overspend of £2,470k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £938k) , and prescribing pressures associated with treatment of long-term conditions including diabetes, CVD and Chronic Kidney Disease (YTD £1,532k). The forecast overspend for prescribing has marginally worsened at month 7 to £4.3m (month 6 £4.2m).

- In addition to focussing on the delivery and de-risking of the prescribing efficiency plan, the medicines management team is trying to identify further mitigations to the additional pressures associated with long term conditions.

- There is also an overspend on continuing care services of £1,623k driven by price and activity pressures. This reflects children's CHC £304k and adult's £1,319k. The YTD position reflects efficiencies delivered of £370k, and further efficiencies of £225k have been identified and profiled from month 8. There remains however further risk to this position which will need to be managed reflecting AQP rate increases of c.17% compared to a budget uplift of c. 3.5%

- All other budget lines are close to breakeven or showing underspends. The main underspend is on other programme services £5,383k. This reflects financial recovery actions taken to mitigate prescribing and continuing care services overspends, delivery of the borough's efficiency programme, and non-recurrent solutions of c.£2.4m, which will need to be recovered in 2024/25 to achieve recurrent financial balance.

	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	614	598	16	1,053	1,026	27
Community Health Services	13,994	13,523	471	23,989	23,148	841
Mental Health Services	4,088	3,784	304	6,992	6,501	491
Continuing Care Services	12,251	13,874	(1,623)	21,002	23,704	(2,702)
Prescribing	22,629	25,099	(2,470)	38,792	43,057	(4,265)
Other Primary Care Services	1,059	1,003	56	1,816	1,720	96
Other Programme Services	3,263	123	3,140	5,593	210	5,383
Delegated Primary Care Services	35,019	35,019	0	60,034	60,034	0
Corporate Budgets	2,396	2,252	145	4,108	3,914	194
Total	**95,313**	**95,275**	**38**	**163,379**	**163,314**	**65**

- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 7 this is fully identified. The YTD delivery is marginally behind plan reflecting an under achievement of £68k on continuing care services.

- The current forecast outturn for borough efficiencies is 93%, £290k behind plan. This reflects the prescribing target being weighted to the second half of the year, and the rate of achievement to month 7 suggests the target will not be fully achieved for the full year. The medicines management team is taking action to try to address this forecast under achievement.

- The borough is focussed on delivery and de-risking these efficiencies as a key priority.

ICB – Lewisham Delegated Budget – Efficiencies Month 7

NHS South East London

- This table summarises the Lewisham position at month 7.
- The borough has identified efficiencies of £4.208m (100%) compared to a target of £4.208m. Although the target of £4.208m is identified, it is imperative this is now delivered in full, and risks of slippage mitigated.
- Efficiencies delivered to month 7 total £2,186k largely on plan.
- The forecast outturn for efficiencies for the full year is behind plan by £290k reflecting the forecast achievement of 80% of the prescribing target.

Lewisham Efficiencies – Month 7

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

Month 7 2023/24 – Lewisham Council

NHS South East London

Overall Position

2023/24 Efficiencies	Year-to-date Month 7				Full-Year Forecast 2023/24		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	4.1	4.1	0.0		7.0	7.0	0.0
Childrens Care Services	2.2	0.0	(2.2)		3.8	0.0	(3.8)
Total	**6.3**	**4.1**	**(2.2)**		**10.8**	**7.0**	**(3.8)**

2023/24 LBL Managed Budgets	Year-to-date Month 7				Full-Year Forecast 2023/24		
	Budget	Actual	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	41.7	42.2	(0.6)		71.4	72.4	(1.0)
Childrens Care Services	31.3	35.3	(4.0)		53.6	60.5	(6.9)
Total	**72.9**	**77.5**	**(4.6)**		**125.0**	**132.9**	**(7.9)**

Adult Social Care and Commissioning: £1m forecast overspend at period 7. This position assumes full delivery of savings including those carried forward from prior years. It also draws down on various reserves and corporate provisions. The underlying reason for the overspend remains hospital discharges, which continues to show a post pandemic surge (Covid legacy), with discharged clients being moved onto longer term packages and some requiring more complex support. The council is receiving funding from our Health partners through the discharge fund to help mitigate this pressure and the known funding has been assumed within the current projection. A risk to the reported pressure is additional costs arising from children transitioning into Adulthood, despite additional budget there is a risk that the actual cost of placements exceeds the funded level.

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

Appendix A

SEL ICB Finance Report

Month 06 2023/24

Contents

NHS South East London

1. Executive Summary

NHS South East London

- This report sets out the month 06 financial position of the ICB. As agreed with NHSE colleagues and local providers , the ICB plan for 2324 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers in the south east London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS.
- The ICB's financial allocation as at month 06 is **£4,772,807k.** In month, the ICB received additional allocations of **£1,353k,** which included Smart System Control (£775k), Local Ockenden and East Kent Response - Maternity (£227k), Diabetes data standard pilot (£191k) plus some smaller allocations set out on the next slide.
- As at month 06, the ICB is reporting a **year to date overspend** against plan of **£2,218k.** This compares to an equivalent overspend at month 05 of **£2,790k.** The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by **overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k).** The ICB is reporting a forecast outturn of **break-even** against the revised plan as it is anticipated that the financial position will be recovered in year. Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements.
- At present there are four months **prescribing data** available for 23/24 as it is produced 2 months in arrears. This month the run-rate has improved due to the impact of the ICB's savings schemes. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The current overspend is also driven by activity growth which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and additional work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 06.
- **Focus meetings with all boroughs have taken place in September/October to review and agree recovery actions, with the aim of agreeing forecast year-end positions. This process has been helpful, with discussions continuing with one borough. It is planned that this is concluded in time for month 07 reporting. The agreement of outturn positions with boroughs will support the delivery of the forecast year-end balanced position.**
- In reporting this month 06 position, the ICB has delivered the following financial duties:
  - Underspending **(£2,216k)** 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 06, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 23/24 financial year.

2. Revenue Resource Limit

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**135,661**	**233,559**	**165,890**	**203,003**	**158,836**	**157,251**	**3,075,121**	**4,129,321**
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	**65,867**
M2 Budget	**136,969**	**237,177**	**168,199**	**203,577**	**159,363**	**158,385**	**3,131,518**	**4,195,188**
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	**467,001**
M3 Budget	**138,285**	**239,101**	**169,807**	**206,221**	**161,248**	**160,198**	**3,587,329**	**4,662,189**
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	**75,987**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	**33,278**
M5 Budget	**139,118**	**239,910**	**170,611**	**207,124**	**162,062**	**160,900**	**3,691,729**	**4,771,454**
M6 Internal Adjustments								
Pay awards	251	1,506	446	107	118	88	(2,516)	-
Primary Care transformation	142	228	199	276	220	216	(1,281)	-
Other		78	250			8	(336)	-
M6 Allocations								
Smart System Control - System Coordination Centres							775	**775**
Local Ockenden and East Kent Response							227	**227**
Diabetes Data Standard Pilot and Implementation							191	**191**
Primary Care Transformation (GP Fellowship)							160	**160**
London SQuIRe Catalyst funding							124	**124**
Data Security and Protection Toolkit							96	**96**
DOPs hub							(377)	**(377)**
Other							157	**157**
M6 Budget	**139,511**	**241,722**	**171,506**	**207,507**	**162,400**	**161,212**	**3,688,949**	**4,772,807**

- The table sets out the Revenue Resource Limit at month 06.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 06, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to pay awards and primary care transformation, both of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£1,353k** of allocations, giving the ICB a total allocation of **£4,772,807k** at month 06**.** The additional allocations included Smart System Control **(£775k),** Local Ockenden and East Kent Response - Maternity **(£227k),** Diabetes data standard pilot **(£191k),** GP fellowships (PC Transformation), London SQuiRe catalyst funding, data security and protection toolkit, DOPs hub IAT adjustment plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position **(£2,218k)** as at Month 6 mainly due to the prescribing and CHC pressures which are continuing into this financial year.
- All other financial duties have been delivered for the year to Month 6 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	2,311,190	2,313,408	4,792,807	4,792,807	
Operating Under Resource Revenue Limit	2,302,754	2,304,972	4,775,934	4,775,934	
Not to exceed Running Cost Allowance	18,587	16,371	37,174	34,081	
Month End Cash Position (expected to be below target)	4,950	2,052			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.8%			
Mental Health Investment Standard (Annual)			439,075	439,689	

4. Budget Overview

NHS South East London

	M06 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	2,425	3,430	3,537	600	526	277	1,232,975	**1,243,771**	**1,243,771**
Community Health Services	9,400	41,675	17,792	13,011	11,995	16,287	121,304	**231,464**	**231,464**
Mental Health Services	5,157	7,158	4,533	10,674	3,485	3,730	246,546	**281,282**	**281,282**
Continuing Care Services	12,558	12,521	13,716	15,981	10,501	9,843	-	**75,120**	**75,120**
Prescribing	16,917	23,172	16,617	19,332	19,396	16,015	2,279	**113,727**	**113,727**
Other Primary Care Services	1,502	1,638	1,307	1,642	867	403	10,384	**17,743**	**17,743**
Other Programme Services	29	44	107	132	2,784	83	26,516	**29,694**	**29,694**
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,417	**4,580**	**4,580**
Delegated Primary Care Services	20,096	29,023	25,611	39,474	29,579	31,611	(1,080)	**174,314**	**174,314**
Delegated Primary Care Services DPO	-	-	-	-	-	-	100,734	**100,734**	**100,734**
Corporate Budgets	1,670	2,200	2,614	2,905	2,054	2,206	16,678	**30,327**	**30,327**
Total Year to Date Budget	**69,755**	**120,860**	**85,833**	**103,752**	**81,199**	**80,605**	**1,760,752**	**2,302,755**	**2,302,754**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	2,349	3,393	3,441	284	475	135	1,230,181	**1,240,258**	**1,240,258**
Community Health Services	8,959	41,484	17,533	11,858	12,053	15,764	121,407	**229,056**	**229,056**
Mental Health Services	5,107	7,505	4,530	10,605	3,220	4,469	245,970	**281,406**	**281,406**
Continuing Care Services	12,850	12,923	14,939	17,005	11,519	9,706	-	**78,942**	**78,942**
Prescribing	18,813	25,385	18,807	21,236	21,475	17,629	42	**123,386**	**123,386**
Other Primary Care Services	1,476	1,638	1,232	1,575	819	378	10,511	**17,628**	**17,628**
Other Programme Services	23	26	107	127	92	102	26,163	**26,640**	**26,640**
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,160	**4,322**	**4,322**
Delegated Primary Care Services	20,096	28,918	25,511	39,474	29,579	31,611	(1,080)	**174,109**	**174,109**
Delegated Primary Care Services DPO	-	-	-	-	-	-	101,405	**101,405**	**101,405**
Corporate Budgets	1,444	1,988	2,326	2,449	1,918	1,923	15,774	**27,822**	**27,822**
Total Year to Date Actual	**71,117**	**123,258**	**88,423**	**104,613**	**81,163**	**81,866**	**1,754,532**	**2,304,973**	**2,304,973**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	77	38	96	316	51	142	2,794	**3,513**	**3,513**
Community Health Services	442	192	259	1,154	(58)	523	(103)	**2,408**	**2,408**
Mental Health Services	50	(348)	3	69	264	(739)	576	**(124)**	**(124)**
Continuing Care Services	(292)	(402)	(1,222)	(1,024)	(1,018)	137	-	**(3,822)**	**(3,822)**
Prescribing	(1,896)	(2,213)	(2,190)	(1,904)	(2,079)	(1,614)	2,237	**(9,659)**	**(9,659)**
Other Primary Care Services	26	0	75	68	48	25	(127)	**114**	**114**
Other Programme Services	5	18	(0)	5	2,692	(18)	353	**3,055**	**3,055**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	257	**257**	**257**
Delegated Primary Care Services	-	105	100	-	-	-	-	**205**	**205**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(671)	**(671)**	**(671)**
Corporate Budgets	226	212	288	456	136	283	903	**2,505**	**2,505**
Total Year to Date Variance	**(1,362)**	**(2,398)**	**(2,591)**	**(861)**	**36**	**(1,262)**	**6,220**	**(2,218)**	**(2,218)**

- At month 06, the ICB is reporting an YTD overspend of **£2,218k.** The main financial drivers of this position relate to prescribing and continuing care, and these have been flagged in our financial return to NHS England. The ICB is continuing to report a break-even FOT subject to managing these risks.
- The ICB is reporting a **£9,659k overspend** against its **prescribing year to date position**. This is based on four month's PPA data which shows the trend from last year is continuing. The borough 1% risk reserve for prescribing plus the £3,500k central reserve for prescribing have both been factored into the month 6 position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £124k YTD but this is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£3,822k overspent** and the underlying pressures are variable across the boroughs with only Southwark showing an underspend. The full impact of 23/24 bed prices are not yet fully reflected but negotiations are now substantially complete. Greenwich, Lewisham and Lambeth boroughs are continuing to see the largest pressures in this area. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The YTD acute services position includes an underspend in relation to Elective Recovery Fund (ERF) for Independent Sector Providers **(£2,668k),** in line with relevant reporting guidance from NHS England.
- The underspend of **£2,505k** against corporate budgets, reflects vacancies in ICB staff establishments across all areas.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing - Overview

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 6 prescribing position is based upon M04 23/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this is as detailed on following slide. This will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£9,763k overspend** year to date (YTD). This is after 6 months of the borough 1% risk reserve and the central (£3,500k) risk reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £104k giving an **overall overspend of £9,659k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£18,310k**.

escribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	17,503,328	849,389	605,640	(149,809)	(34,988)		28,000	18,801,559	16,894,068	(1,907,491)	33,788,141	37,638,107	(3,849,966)
BROMLEY	23,654,428	1,128,386	817,833	(204,770)	(23,718)		37,649	25,409,808	23,196,943	(2,212,865)	46,393,897	50,843,335	(4,449,438)
GREENWICH	17,372,196	872,355	602,070	(65,489)	(79,790)		27,907	18,729,250	16,539,316	(2,189,933)	33,078,653	37,538,289	(4,459,636)
LAMBETH	19,900,529	852,716	684,857	(76,171)	(116,496)		31,923	21,277,357	19,373,174	(1,904,183)	38,746,371	42,671,211	(3,924,840)
LEWISHAM	19,765,992	866,649	680,877	(64,578)	(42,378)		31,639	21,238,202	19,158,922	(2,079,280)	38,317,856	42,518,781	(4,200,925)
SOUTHWARK	16,339,238	769,810	564,599	(67,740)	(122,341)		26,416	17,509,981	15,803,197	(1,706,785)	31,606,399	35,142,304	(3,535,905)
SOUTH EAST LONDON	0					(487,011)		(487,011)	1,750,000	2,237,011	3,500,000	(2,610,000)	6,110,000
Grand Total	**114,535,711**	**5,339,305**	**3,955,876**	**(628,557)**	**(419,711)**	**(487,011)**	**183,534**	**122,479,147**	**112,715,621**	**(9,763,526)**	**225,431,316**	**243,742,026**	**(18,310,711)**

- The table above shows that of the YTD overspend, approximately **£5,339k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,424k** relates to a local growth in prescribing.
- The growth has been identified as largely relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. An element of this growth, is amenable to change. Community provider engagement would be crucial for progress to be made.
- Of the overall annual forecast unmitigated pressure of circa £18,310k, around **£10,856k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics including care homes and local prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

5. Prescribing Mitigating Actions – Savings Schemes

NHS South East London

- Boroughs have been given an overall 4.5% savings target to deliver. To date, savings of **£8,766k** (circa 4% of the prescribing budget) have been identified. Delivery against the 2023/24 savings plan is included within slide 9 of this report.
- The table below shows the components of the Prescribing savings plan for 2023/24:

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

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed for prioritisation and implementation, noting that active work on all of them is already underway in SEL.
- **The improvement in run rate due to the impact of savings being seen this month is summarised below:**

Therapeutic areas	Drug names	YTD Cost Growth M6
Oral anticoagulants	Apixaban	-£26,467
Diabetic diagnostic and monitoring agents	Glucose blood testing reagents	-£127,293
Vitamin D	Colecalciferol	-£144,057
Antidiabetic drugs	Sitagliptin	-£165,482
		£463,299

5. Prescribing - Month 06 Savings Position

NHS South East London

	Annual					Core QIPP YTD		Non-Core QIPP YTD							YTD savings
M06 Prescribing	**Total QIPP (Jul 23) – using £1,133,940 estimated rebate**	**Total QIPP (Sept 23) – with £750k rebate released to boroughs**	**Core QIPP target**	**Generic prescribing**	**Non-Core QIPP target**	**OTC**	**Others**	**Branded generic**	**Generic (July onwards)**	**OptimiseRx®**	**SMR savings**	**Rebate**	**Budget review**	**RAG drugs**	
BEXLEY	1,100,589	1,002,206	341,143	292,693	368,371	0	36,635	NA	28,558	103,848	0	30,667	NA	NA	199,708
BROMLEY	1,852,881	1,675,386	355,567	497,262	822,558	7,438	79,682	43,058	53,163	207,013	0	43,000	NA	NA	433,354
GREENWICH	1,131,139	1,108,485	287,434	349,057	471,994	0	45,698	3,360	37,175	126,645	0	39,667	NA	NA	252,545
LAMBETH	1,494,636	1,436,894	441,214	444,925	550,755	0	57,868	NA	43,503	130,528	0	38,667	NA	21,114	291,680
LEWISHAM	1,886,804	1,916,572	556,523	314,306	1,045,743	0	76,989	NA	34,205	137,439	0	65,667	133,581	3,502	451,383
SOUTHWARK	1,300,143	1,241,709	381,000	366,689	494,019	0	35,673	NA	40,683	154,577	0	32,000	NA	NA	262,933
SEL	**8,766,193**	**8,381,253**	**2,362,881**	**2,264,932**	**4,627,813**	**7,438**	**332,545**	**46,418**	**237,286**	**860,050**	**0**	**249,667**	**133,581**		**1,891,601**

SEL Med Op teams have robust governance mechanisms in place for use of medicines in south east London, through our Integrated Medicines Optimisation committee and Integrated Pharmacy Stakeholder group to ensure a collaborative partnership approach to decision making and delivery.

1. QIPP and other primary care prescribing savings have been identified to a value of £8,766,193. YTD savings are £1,891,601.
2. SEL has phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. OTC savings remain a challenge due to Cat M/NCSO cost pressure on antihistamines. Med Op teams continue to support implementation of Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. Three boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
3. Generic medicines (sitagliptin and apixaban) savings started to be realised in July, with more savings expected in the last 3 quarters of the year.
4. Med Op teams have completed all practice visits and continued to use prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
5. Cost pressure of nutritional products has been identified as up to £138,640, which has partially negated the impact of planned savings.

5. Risks and Issues for Prescribing: actions underway

NHS South East London

- Use of clinically and cost-effective medicines is key in delivering improved outcomes for people with **long term conditions,** where much of the cost of medicines lies. Medicines optimisation approaches must be embedded within wider pathways and services to improve uptake of these medicines, using a shared decision making and personalised care approach, working alongside quality improvement and clinical effectiveness programmes. The medicines QIPP group will be reviewing respiratory prescribing during Q3, to assess opportunities across the boroughs.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for the NHS in 2023/24 to deliver on integrated care boards (ICBs) four key objectives **NHS England » National medicines optimisation opportunities 2023/24 .**
  These are being reviewed through our medicines governance for prioritisation and implementation and the national data dashboard for the opportunities is expected in autumn. Active work on all of them is already underway in SEL.
- A SEL position on **branded generics switches** will be discussed and agreed at SEL primary care medicines value group. Some branded generic switches are included in 2 borough QIPP plans, and DHSC advice is that whilst it may appear that the ICB at an individual level is achieving cost efficiency savings through branded generic prescribing, this has a detrimental effect on the overall costs to the NHS.
- By the end of October 2023, stocktake progress on our high value **oral direct acting anticoagulant prescribing** work with benchmarking of uptake of edoxaban use and switching programmes.
- Reducing **medicines waste** is crucial to ensuring value from our medicines spend. We have a work programme to tackle **overprescribing**, to promote shared decision making and personalised care in prescribing so that people understand the risks and benefits of their medicines, and how to get the most from them. We also plan some work on improving **repeat prescribing systems** for 24/25 particularly in view of remote consultations and wider use of the NHS app since the C-19 pandemic.
- The **Prescribing Support Dietetics (PSD) Service** for Lambeth and Southwark, based at GSTT will be mainstreamed for Bromley, Bexley and Lewisham for 24/25. Greenwich has an existing comprehensive community dietetic service for both adults and children delivered by Oxleas, which will be scaled up to provide a PSD service (practice-level review and RAC) to reduce variation and provide the same model of care across SEL**.**
- Work on cost effective prescribing of **dressings and wound care** with the community provider collaborative is ongoing and now unlikely to impact in 23/24, having focussed initially on progressing a lower limb core offer including the education and training element.

6. NHS Continuing Healthcare – Overview

NHS South East London

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 06 is an **overspend of £3,822k**. Except Southwark all other boroughs are reporting overspends. Like last month, there are notable overspends in Greenwich, Lambeth and Lewisham. The overspend in Greenwich is driven by fully funded Learning Disability clients (<65), in Lambeth it is due to fully funded Physical Disability (<65) clients and Fully Funded Learning Disability clients(<65), and rehabilitation and palliative clients in Lewisham. The borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 costs, transition arrangements and communications with clients and their relatives with regards to managing expectations. However, all boroughs except Southwark are forecasting overspend positions at the year end.

- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work has been shared with Place Executive Leads and each borough will be taking this work forward, specifically where their borough is an outlier.

- As reported last month, boroughs continue to experience an increase in activity. Greenwich and Lambeth continue to have the highest numbers of high-cost packages and highest average package costs. The ICB has 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. The price negotiations with most providers has reached agreement, with only a few smaller organisations yet to agree an uplift. A placeholder risk value of £1,000k is included in our reporting to NHS England to account for the inflation uplifts which have still to be confirmed/negotiated with providers.

- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slides.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	**295**	**6,018**	**339**	**4,818**	**255**	**7,857**	**333**	**7,060**	**220**	**7,100**	**237**	**6,263**
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	5,208	277	8,593	375	6,714	265	6,059	251	5,814
Month 5	438	4,308	332	4,665	281	8,568	403	6,230	289	5,838	268	5,359
Month 6	467	4,024	368	4,224	284	8,417	417	5,955	309	5,554	283	5,115
Month 7												
Month8												
Month9												
Month10												
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

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

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 6 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The first table shows that all boroughs are showing a reduction in average prices this month. However, the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this.
- All but 2 boroughs are showing an increase in the number of high-cost packages compared to the start of the financial year.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

NHS South East London

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

Short Term

- Completion of a checklist by 1st September to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of AQP beds, specific approval of packages over AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist have been shared at the last CHC Summit.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance. This report has now been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variation to see how this can be addressed.

Longer Term

- 5 Task and Finish Groups have met and reported back to the last CHC Summit. It was decided that the 2 main areas for review are (1) high-cost LD clients, transition between childrens and adults CHC and (2) communications. Two Task and Finish groups have been set up and have met and are working on actions from these meetings to feed back to another CHC summit in November.
- Market management work – this is being explored by a Pan London Group which SE London attends.

7. Provider Position

NHS South East London

Overview:

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

- In year, the ICB is forecasting to spend circa **£3,421,710k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£896,394k**
    - Kings College Hospital **£881,705k**
    - Lewisham and Greenwich **£635,095k**
    - South London and the Maudsley **£306,709k**
    - Oxleas **£230,178k**

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

- However, an underspend (£2,668k) is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

8. ICB Efficiency Schemes

South East London

South East London ICB
Place - Efficiency Savings

	Full Year 2023/24				Month 6			Month 5
	Annual Requirement	Identified Month 6	Unidentified Month 6	Unidentified Month 5	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(41)	3,048	2,827	(221)	(310)
Bromley	7,429	7,107	(322)	(1,027)	2,835	2,727	(108)	(89)
Greenwich	4,857	4,857	0	0	2,931	2,813	(118)	(156)
Lambeth	4,690	5,770	1,080	1,080	2,660	2,992	332	190
Lewisham	4,208	4,208	0	0	1,856	1,752	(104)	(40)
Southwark	3,967	4,095	128	128	1,406	1,420	14	24
Total	**29,050**	**29,895**	**845**	**140**	**14,736**	**14,531**	**(205)**	**(381)**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 6 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 6, saving schemes above the overall target have been identified.
- At month 6, actual delivery (£14.53m) is £0.20m behind plan. However, Places are identifying and implementing actions to improve savings run-rate. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

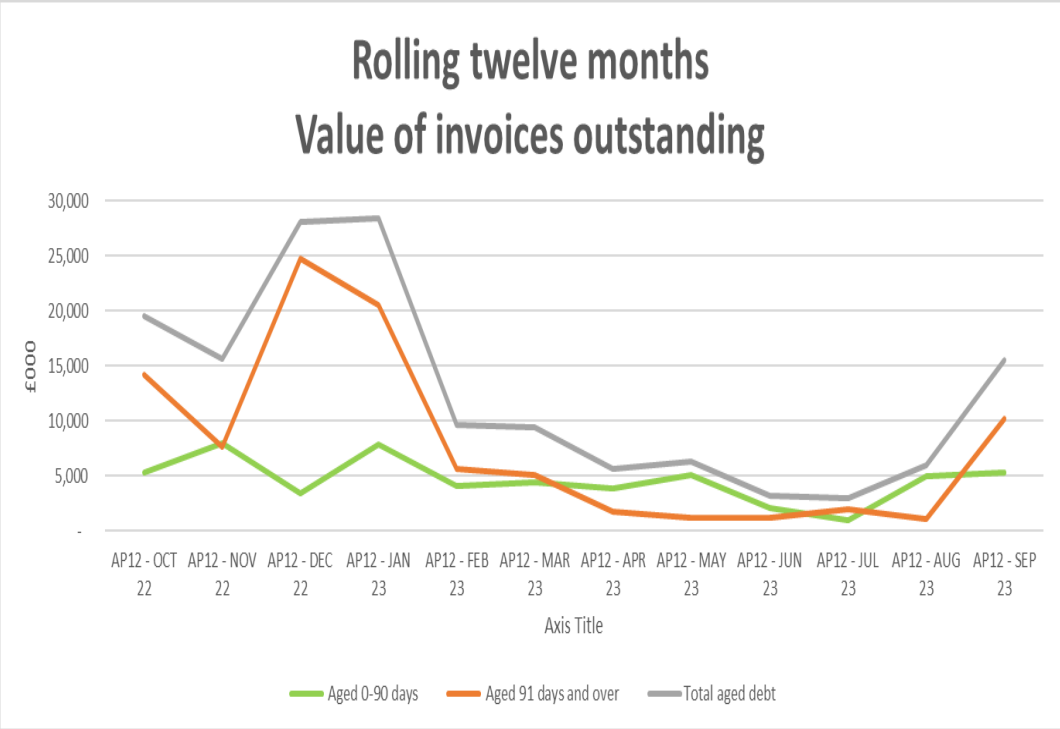
9. Corporate Costs – Programme and Running Costs

South East London

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£2,504k**, which consists of an **£288k** underspend on programme costs and an underspend of **£2,216k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** Vacant posts are key driver for the underspend. The RCA is **£37,174k** for the year, a decrease of **£377k** in month, due to a pass-through transfer of funding to NEL ICB who host this service. The current run-rate is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL								
Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s		£000s	£000s	£000s
	PROGRAMME							
929002	ACUTE SERVICES B	0	22	(22)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	223	799	(576)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	1,819	1,406	412		3,637	2,859	778
929173	MEDICINES MANAGEMENT - CLINICAL	2,261	1,935	326		4,522	3,934	588
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	2,278	2,364	(86)		4,555	4,845	(290)
929219	PRIMARY CARE TRANSFORMATION	0	101	(101)		0	0	0
929245	SAFEGUARDING	1,529	1,391	137		3,058	2,795	262
929248	NURSING AND QUALITY PROGRAMME	1,223	1,072	151		2,445	2,046	399
929249	CLINICAL LEADS	2,546	1,888	659		5,093	3,813	1,280
929272	PROGRAMME WIDE PROJECTS	(576)	220	(796)		(1,152)	440	(1,591)
929273	PROGRAMME ADMINISTRATIVE COSTS	437	253	184		875	552	323
	PROGRAMME TOTAL	**11,740**	**11,452**	**288**		**23,479**	**22,839**	**640**
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	427	414	13		854	827	27
929562	ASSURANCE	262	254	9		525	507	17
929563	BUSINESS DEVELOPMENT	236	198	37		471	397	74
929564	BUSINESS INFORMATICS	1,856	1,547	309		3,712	3,151	561
929566	CHAIR AND NON EXECS	134	125	9		269	266	3
929570	PRIMARY CARE SUPPORT	491	555	(64)		982	1,070	(88)
929571	COMMISSIONING	3,310	2,961	349		6,620	6,030	590
929572	COMMUNICATIONS & PR	931	911	21		1,863	1,792	71
929574	CONTRACT MANAGEMENT	508	390	117		1,015	777	238
929575	CORPORATE COSTS & SERVICES	985	798	188		1,971	1,602	369
929576	CORPORATE GOVERNANCE	2,599	2,300	299		5,198	4,621	577
929578	EMERGENCY PLANNING	273	230	43		546	431	114
929580	ESTATES AND FACILITIES	1,460	1,400	60		2,921	2,802	119
929581	FINANCE	(217)	(563)	345		(435)	(1,184)	749
929585	IM&T	632	244	388		1,265	495	770
929586	IM&T PROJECTS	511	511	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	259	248	11		517	496	21
929593	PERFORMANCE	413	354	59		825	693	132
929599	STRATEGY & DEVELOPMENT	3,386	2,710	676		6,772	5,382	1,390
929600	ADMIN PROJECTS	(851)	(187)	(664)		(1,702)	951	(2,654)
929601	SERVICE PLANNING & REFORM	63	64	(0)		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	920	909	11		1,840	1,825	15
	ADMIN TOTAL	**18,587**	**16,371**	**2,216**		**37,174**	**34,081**	**3,093**
	CORPORATE TOTAL	**30,327**	**27,823**	**2,504**		**60,653**	**56,920**	**3,733**

10. Debtors Position



Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	722	77	4,142	189	76	122	5,328
Non-NHS	5,279	4,752	109	52	8	39	10,239
Unallocated	0	0	0	0	0	0	0
Total	**6,001**	**4,829**	**4,251**	**241**	**84**	**161**	**15,567**

The ICB has an overall debt position of **£15.6m** at month 6. This is **£9.6m higher** when compared to last month due to agreed invoices to local councils being recently raised for the first 2 quarters of the year. Of the current debt, there is approximately £245k of debt over 3 months old which is a slight deterioration on the month 5 position. **The largest debtor values this month are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**

The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger in April 2024. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days which will need to reduce before the ledger transition.

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

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	BROMLEY LONDON BOROUGH COUNCIL	4,673	4,673	-
2	LAMBETH LONDON BOROUGH COUNCIL	3,669	3,665	4
3	NHS NORTH EAST LONDON ICB	1,799	1,738	61
4	NHS NORTH WEST LONDON ICB	1,577	1,577	-
5	NHS SOUTH WEST LONDON ICB	1,014	953	61
6	ROYAL BOROUGH OF GREENWICH	601	595	6
7	NHS ENGLAND	574	505	69
8	SOUTHWARK COUNCIL	541	494	47
9	BEXLEY LONDON BOROUGH	374	373	1
10	LEWISHAM AND GREENWICH NHS TRUST	117	62	55

11. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 6 was **£4,692,773k**. The MCD available as at month 06, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£2,427,207k**.
- As at month 06 the ICB had drawn down 48.3% of the available cash compared to the budget cash figure of 50.0%. In September, there was again no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 01 due to high volumes of year end creditors to be paid and has been used in October due to the re-phasing of the surplus to providers and the uncertainty around the timing of income from local councils.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 06 was **£2,052k**, well within the target set by NHSE **(£4,950k).**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for 2023/24	2023/24 AP6 - SEP 23	2023/24 AP5 - AUG 23	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,692,773	4,691,420	1,353
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,093,000)	(1,697,000)	(396,000)
Prescription Pricing Authority	(132,244)	(108,517)	(23,727)
HOT	(1,313)	(1,052)	(261)
POD	(36,925)	(30,089)	(6,836)
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(352)	(20)	(332)
Remaining Cash limit	**2,427,207**	**2,853,010**	**(425,802)**

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-22	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-22	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-22	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-22	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-22	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-22	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-22	367,000	15,000	2,475,000		4,588		
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	2,445,000	**30,000**					

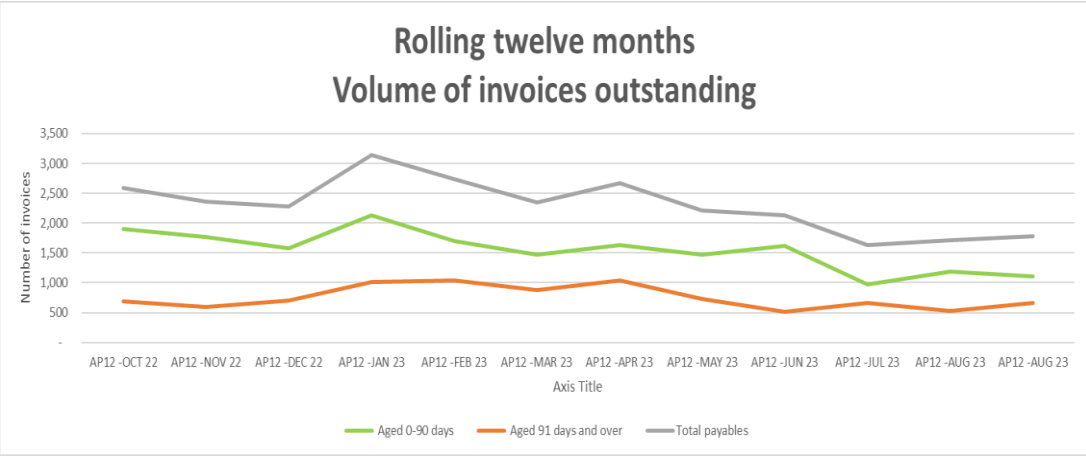
12. Aged Creditors

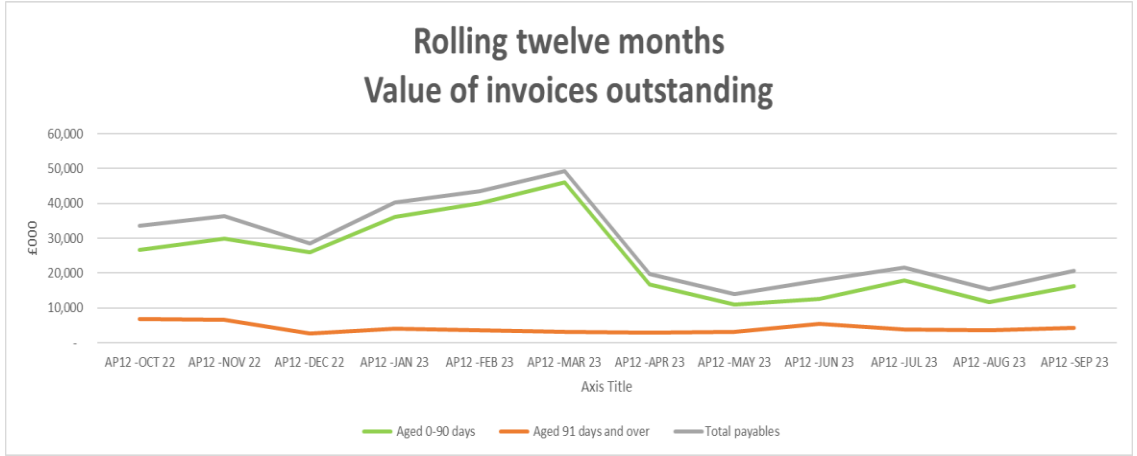
The ICB will be moving to a new ledger ISFE2 on 1st April 2024 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger.

The **volume of outstanding invoices has continued to increase this month reversing the previous trend.** This is shown below in the upward trend for invoices over 90 days old. However, the volume of items 0- 90 days appears to be starting to reduce again which is encouraging. A deadline for clearing all pre-April 2023 invoices has been set for the end of October. To date this target is on track to be met with progress being made on some of the dated items. The value of the invoices outstanding is now starting to increase especially for invoices in the 0–90-day category, with the over 90-day items remaining static. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers where required.

As mentioned above, work is ongoing to clear all the items pre-April 2023 by the end of October and to maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. As of 12th October, there are 85 invoices to be cleared with a value of circa £0.7m. Progress will be regularly monitored over the next couple of weeks.

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





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

NHS South East London

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%.** This has increased since the M05 report to take account of the medical pay uplift. This spend is subject to annual independent review.
- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M06. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,689** (£614k over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below.
- Slide 3 sets out the position by ICB budgetary area.
- **Mental Health Data Review** - ICBs were given an opportunity to review and amend previous and current year spend where we have improved data and the M06 report has been updated to take account of these changes. This involved mainly refreshing LD and Autism spend and now includes LDA continuing health care placements at a total of £30.9m to provide a more comprehensive view of spend. This does not impact upon the ICB's ability to deliver the MHIS target.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans include improving joint funding panel arrangements and developing new service and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there continues to be significant and increasing independent sector spend with a forecast spend of approximately £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is working with providers to maximise resource and capacity in pathways, improving data quality and consider contracting options. We are also working with the London Region and other ICBs to benchmark services and develop shared principles for ADHD assessment and treatment.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to June 2023) is £11.2m, an increase of 4.6% over 22/23.

13. Summary MHIS Position – Month 06 (September) 2023/24

NHS South East London

Mental Health Spend By Category	Category Reference Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 30/09/2023 YTD £'000	Mental Health - Non-NHS Actual 30/09/2023 YTD £'000	Total Mental Health Actual 30/09/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2024 Year Ending £'000	Total Mental Health Forecast 31/03/2024 Year Ending £'000	Total Mental Health Variance 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	18,126	2,333	20,459	36,251	4,560	40,811	191
Children & Young People's Eating Disorders	2	2,726	1,366	0	1,366	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	4,652	0	4,652	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	14,116	3,180	17,296	28,232	6,361	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	9,088	0	9,088	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	6,252	0	6,252	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	16,201	202	16,403	32,402	336	32,738	(65)
Ambulance response services	8	1,146	574	0	574	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	52,943	6,216	59,159	106,386	12,036	118,422	678
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	6,616	4,907	11,523	13,232	9,846	23,078	(239)
Mental Health Placements in Hospitals	20	5,548	1,615	1,113	2,728	3,229	2,203	5,432	116
Mental Health Act	10	6,567	0	3,443	3,443	0	6,821	6,821	(254)
SMI Physical health checks	11	890	335	59	394	670	118	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	56,487	0	56,487	112,973	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	8,811	4,113	174	4,287	8,225	345	8,570	241
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**428,941**	**192,484**	**21,627**	**214,111**	**385,463**	**42,626**	**428,089**	**852**
Mental health prescribing	16	9,585	0	5,600	5,600	0	11,201	11,201	(1,616)
Mental health in continuing care (CHC)	17	549	0	200	200	0	399	399	150
Sub-total - MHIS (inc CHC, Prescribing)		**439,075**	**192,484**	**27,427**	**219,911**	**385,463**	**54,226**	**439,689**	**(614)**
Learning Disability	18a	11,525	5,763	587	6,350	11,525	1,162	12,687	(1,162)
Autism	18b	2,594	583	779	1,362	1,166	1,550	2,716	(122)
Learning Disability & Autism - not separately identified	18c	79,485	2,323	37,600	39,923	4,646	75,097	79,743	(258)
Sub-total - LD&A (not included in MHIS)		**93,604**	**8,669**	**38,966**	**47,635**	**17,337**	**77,809**	**95,146**	**(1,542)**
Dementia	19	14,671	6,346	967	7,313	12,691	1,953	14,644	27
Sub-total - Dementia (not included in MHIS)		**14,671**	**6,346**	**967**	**7,313**	**12,691**	**1,953**	**14,644**	**27**
Total - Mental Health Services		**547,350**	**207,499**	**67,360**	**274,859**	**415,491**	**133,988**	**549,479**	**(2,129)**

13. Summary MHIS Position M06 (September) 2023/24 - position by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M06 2023/24		Year to Date position for the five months ended 31 August 2023						Forecast Outturn position for the financial year ended 31 March 2024					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	**Category number**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Children & Young People's Mental Health (excluding LD)	1	20,501	18,126	2,333	0	20,459	42	41,002	36,251	4,560	0	40,811	191
Children & Young People's Eating Disorders	2	1,363	1,366	0	0	1,366	(3)	2,726	2,732	0	0	2,732	(6)
Perinatal Mental Health (Community)	3	4,643	4,652	0	0	4,652	(9)	9,285	9,304	0	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	17,496	14,116	3,180	0	17,296	200	34,993	28,232	6,361	0	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	9,070	9,088	0	0	9,088	(18)	18,139	18,176	0	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	6,239	6,252	0	0	6,252	(13)	12,478	12,503	0	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	16,337	16,201	202	0	16,403	(66)	32,673	32,402	336	0	32,738	(65)
Ambulance response services	8	573	574	0	0	574	(1)	1,146	1,148	0	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	59,550	52,943	6,216	0	59,159	391	119,100	106,386	12,036	0	118,422	678
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	11,420	6,616	4,802	105	11,523	(103)	22,839	13,232	9,637	209	23,078	(239)
Mental Health Placements in Hospitals	20	2,774	1,615	1,113	0	2,728	46	5,548	3,229	2,203	0	5,432	116
Mental Health Act	10	3,283	0	3,443	0	3,443	(160)	6,567	0	6,821	0	6,821	(254)
SMI Physical health checks	11	445	335	59	0	394	51	890	670	118	0	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	56,372	56,487	0	0	56,487	(115)	112,743	112,973	0	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	4,406	4,113	174	0	4,287	119	8,811	8,225	345	0	8,570	241
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**214,470**	**192,482**	**21,522**	**105**	**214,108**	**362**	**428,941**	**385,463**	**42,417**	**209**	**428,089**	**852**
Other Mental Health Services:		0	0	0	0								
Mental health prescribing	16	4,793	0	0	5,600	5,600	(808)	9,585	0	0	11,201	11,201	(1,615)
Mental health continuing health care (CHC)	17	274	0	0	200	200	75	549	0	0	399	399	150
Sub-total - MHIS (inc. CHC and prescribing)		**219,538**	**192,482**	**21,522**	**5,905**	**219,908**	**(371)**	**439,075**	**385,463**	**42,417**	**11,809**	**439,689**	**(614)**
Learning Disability	18a	5,763	5,763	587	0	6,350	(587)	11,525	11,525	1,162	0	12,687	(1,162)
Autism	18b	1,297	583	442	337	1,362	(65)	2,594	1,166	877	673	2,716	(122)
Learning Disability & Autism - not separately identified	18c	39,743	2,323	5,794	31,806	39,923	(181)	79,485	4,646	11,484	63,613	79,743	(258)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**46,802**	**8,669**	**6,823**	**32,143**	**47,634**	**(832)**	**93,604**	**17,337**	**13,523**	**64,286**	**95,146**	**(1,542)**
Dementia	19	7,336	6,346	664	303	7,312	24	14,671	12,691	1,348	605	14,644	27
Sub-total - LD&A & Dementia (not included in MHIS)		**54,138**	**15,014**	**7,487**	**32,445**	**54,946**	**(809)**	**108,275**	**30,028**	**14,871**	**64,891**	**109,790**	**(1,515)**
Total Mental Health Spend - excludes ADHD		**273,675**	**207,496**	**29,009**	**38,350**	**274,854**	**(1,179)**	**547,350**	**415,491**	**57,288**	**76,700**	**549,479**	**(2,129)**

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

SEL ICB Finance Report

Updates from Boroughs

Month 6

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	2,425	2,349	77	4,851	4,733	118
Community Health Services	9,400	8,959	442	18,800	17,917	883
Mental Health Services	5,157	5,107	50	10,314	9,894	420
Continuing Care Services	12,558	12,850	(292)	25,116	25,960	(844)
Prescribing	16,917	18,813	(1,896)	33,835	37,673	(3,838)
Other Primary Care Services	1,502	1,476	26	3,004	2,453	552
Other Programme Services	29	23	5	57	(694)	751
Delegated Primary Care Services	20,096	20,096	-	40,194	40,194	()
Corporate Budgets	1,670	1,444	226	3,340	2,940	399
Total	**69,755**	**71,117**	**(1,362)**	**139,511**	**141,069**	**(1,558)**

At month 6, Bexley borough is reporting overspends of £1.4m year to date (YTD), and forecast outturn (FOT) of £1.6m. This is an improvement of £0.3m YTD and £2.4m on the FOT. The position is driven by the following:

- Prescribing budget- Although the position is overspent YTD by £1.9m with a FOT of £3.8m, there is an improvement of £168k from prior month, being the second month of cost reduction. Previous reduction in run rate was £200k. These are the effect of the implementation of the medicine management recovery plans and efficiency savings. For monitoring purposes, further mitigation plans are shown within the Other Programme Services line (£751k FOT underspend). The key drivers to the overspend are as follows:
  - Half of the overspend relates to the implementation of NICE Technology Appraisals (TAs) or Guidelines, which is mandatory for the NHS. This has increased prescriptions for long-term conditions such as CVD, CNS, diabetes and respiratory diseases.
  - 30% relates to medications being out of stock, with higher-cost alternatives. Some of these are within CAT M and NCSO (No Cheaper Stock available), which are subject to national pricing policies. There are other significant switches not captured as such but are equally expensive.
  - Other drivers are aftermath of COVID pandemic, increased waiting lists and population growth.
- CHC reports an overspend of £292k YTD and £844k FOT. This is an improvement by £192k YTD and £384k FOT in the recent deteriorating position. The overspend is driven by increased activity in 1:1 support in care homes, learning disability service, and very complex service users in FNC. This is coupled with increase in the FNC, AQP and non-specialist home care weekly rates. The improved position is the effect of the implementation of the recovery plans and work is still on going to achieve further mitigations.
- Community Health Services underspent by £442k YTD and FOT underspend by £883k. This is an improved position from prior months due to efficiencies within various community contract at renewal to support the financial recovery plan. More contracts due for renewal will continue to be explored for more efficiencies.
- Other Primary Care Services reports an underspend of £26k YTD and £552k FOT. As part of the financial recovery plan, the in-year provision for local care network schemes has been partly released due to delayed mobilisation but the network is expected to be in full operation next financial year.
- Mental Health Services is underspent by £50k YTD and forecast to underspend by £420k at year end. This is an improvement from last month as activities are being managed to sustain this.
- The Corporate Budgets underspent by £226k YTD and FOT is an underspend of £399k. This is mainly due to existing vacancies without backfill which is expected to continue till year end.
- Acute Services reports an underspent of £77k YTD and FOT is an underspend by £118k at year end. This is driven by the reduction in requirement for patient transport, expected to continue through the financial year .
- Efficiency savings – The 23/24 savings target is 4.5% of controllable budget across SEL, being £3.899m for Bexley borough. At M6, all target has been identified and delivering at more than 90%.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,430	3,393	38	6,861	6,786	75
Community Health Services	41,675	41,484	192	83,351	82,905	446
Mental Health Services	7,158	7,505	(348)	14,315	14,854	(539)
Continuing Care Services	12,521	12,925	(404)	25,042	25,533	(491)
Prescribing	23,172	25,385	(2,213)	46,343	50,793	(4,450)
Other Primary Care Services	1,638	1,638	0	3,275	3,275	0
Other Programme Services	44	26	18	87	(1,584)	1,671
Delegated Primary Care Services	29,023	28,918	105	58,048	57,838	210
Corporate Budgets	2,200	1,988	212	4,400	3,997	403
Total	**120,860**	**123,260**	**(2,400)**	**241,722**	**244,397**	**(2,675)**

- The borough is reporting an overspend of £2,400k at Month 6 and is forecasting a £2,675k overspend at year end.
- The Prescribing budget is £2,213k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend reported at Month 6 is £1,128k. The budget is being closely monitored and additional savings schemes continue to be developed to mitigate the position. As at month 6 the year to date overspend in prescribing is 9.5% compared to a SEL borough average of 10.8%.
- The Mental Health budget is £348k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is impacting upon the 23/24 position. The average number of CPC clients in Quarter 1 of 22/23 was 46 and this has increased to an average of 78 in Quarter 2 of 23/24. The growth in S117 activity is due to more activity coming to joint funding panels and more clients being identified as partially health funded. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.
- The Continuing Healthcare budget is £404k overspent. Since the beginning of the year activity has increased by 12% and average CHC prices have increased by 13% which reflects both cost inflation and the increase in complexity of packages. Bromley have a significant number of new Care Home beds that have recently opened in the borough. This means that Bromley are importing more patients into the borough who might not initially need CHC but as their health deteriorates and they are now registered with a Bromley GP, they become the responsibility of Bromley. This impacts on both FNC and CHC activity as the clients in the home deteriorate and become eligible for CHC, after they have been placed.
- The 2023/24 borough savings requirement is £7,429k. The variance against plan at Month 6 is a shortfall of £108k due to a small under-delivery of prescribing savings, though these are expected to increase as more schemes are implemented.
- The forecast overspend is £2,675k and reflects the position agreed as part of the financial focus meetings that were held during September. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

Appendix 3 - Greenwich

NHS South East London

Overall Position

	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	3,537	3,441	96	7,075	6,953	122
Community Health Services	17,792	17,533	259	35,584	35,250	334
Mental Health Services	4,533	4,530	3	9,065	8,843	222
Continuing Care Services	13,716	14,939	(1,222)	27,433	29,191	(1,758)
Prescribing	16,617	18,807	(2,190)	33,233	37,693	(4,460)
Other Primary Care Services	1,307	1,232	75	2,451	2,301	150
Other Programme Services	107	107	(0)	213	213	(0)
Delegated Primary Care Services	25,611	25,511	100	51,223	51,023	200
Corporate Budgets	2,614	2,326	288	5,228	4,702	526
Total	**85,833**	**88,423**	**(2,591)**	**171,505**	**176,170**	**(4,664)**

- The overall Greenwich borough position is £2,591k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as £4,664k.
- The Prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures include Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions, alongside pricing pressures with the uptake in NICE approved drugs. Work will continue 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 £1,222k overspent to date and is attributable to the fully funded LD cohort of patients within Adults CHC. A piece of work has been commissioned by a 3rd party to review LD packages and identify any potential opportunities therein. There is ongoing work with the CHC team to assure on the robustness of the database information that informs the report. Further, the inclusion of efficiencies for work to date in tracking reduced spend on domiciliary clients, ensuring Local Authority placement costs are recovered and the recovery of unutilised funds for PHB clients.
- The £259k underspend within Community is slippage in project schemes to support the wider financial recovery plans. The Primary Care underspend of £175k is similarly associated with slippage in schemes.
- The £96k underspend in Acute Services is primarily due to income for non-SEL 'out-of-area' patient attendances within the Urgent Treatment Centre located at the QEH site. This is a non-recurrent benefit with new contractual arrangements embedded from Q2.
- The £288k favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment, and a freeze within non-pay expenditure lines.
- Further efficiencies are being quantified to further mitigate the forecast position in advance of M7 reports.

Appendix 4 – Lambeth

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	600	284	316	1,200	456	744
Community Health Services	13,011	11,858	1,154	26,023	23,388	2,635
Mental Health Services	10,674	10,605	69	21,348	21,348	0
Continuing Care Services	15,981	17,005	(1,024)	31,961	34,010	(2,049)
Prescribing	19,332	21,236	(1,904)	38,664	42,589	(3,925)
Other Primary Care Services	1,642	1,575	68	3,285	3,150	135
Other Programme Services	132	127	5	264	255	9
Delegated Primary Care Services	39,474	39,474	0	78,951	78,951	0
Corporate Budgets	2,905	2,449	456	5,811	5,029	782
Total	**103,752**	**104,613**	**(861)**	**207,507**	**209,176**	**(1,669)**

- The borough is reporting an overall £0.9m year to date overspend position and forecast £1.7m adverse variance at Month 6 (September 2023). The reported year to date position includes £1.0m overspend on Continuing Healthcare and £1.9m overspend on Prescribing, offset by underspends in some budget lines which includes the impact of recovery action and implementing freeze on new financial commitments (e.g., Virtual Ward, Health Inequalities, Discharge Funding, Winter Resilience, etc).

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

- The CHC team is continuing delivery of actions in its savings plan for 2023/24. Reviews of cases and care packages have been set out on a programme of work and are methodically working through them. The number of active CHC/FNC clients in M06 is 640.

- Prescribing month 6 position is based on M04 2023/244 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £1.9m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.

- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M06 is £0.3m above plan mainly due to additional vacancy factor. All existing and future expenditure/investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	526	475	51	1,053	950	102
Community Health Services	11,995	12,053	(58)	23,989	24,073	(83)
Mental Health Services	3,485	3,220	264	6,969	6,470	499
Continuing Care Services	10,501	11,519	(1,018)	21,002	22,913	(1,911)
Prescribing	19,396	21,475	(2,079)	38,792	42,992	(4,200)
Other Primary Care Services	867	819	48	1,733	1,638	96
Other Programme Services	2,797	105	2,692	5,593	210	5,383
Delegated Primary Care Services	29,579	29,579	0	59,161	59,161	(0)
Corporate Budgets	2,054	1,918	136	4,108	3,928	180
Total	**81,199**	**81,163**	**36**	**162,400**	**162,335**	**65**

- At month 6, the borough is reporting an underspend of £36k and forecasting an underspend for the full year of £65k. Within this overall position there are overspends and underspends.
- The main overspend is on prescribing costs. Based on July's data (as data is available 2 months in arrears), the position shows an overspend of £2,079k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £867k) , and prescribing pressures associated with treatment of long-term conditions including diabetes, CVD and Chronic Kidney Disease (YTD £1,212k). The forecast overspend for prescribing has improved at month 6 to £4.2m (month 5 £4.7m), reflecting positive progress by medicines management teams to deliver planned efficiencies.
- In addition to focussing on the delivery and de-risking of the prescribing efficiency plan, the medicines management team is trying to identify further mitigations to the additional pressures associated with long term conditions.
- There is also an overspend on continuing care services of £1,018k driven by price and activity pressures. This reflects children's CHC £230k and adult's £788k. The YTD position reflects efficiencies delivered of £291k, and further efficiencies of £304k have been identified and profiled from month 7. There remains however further risk to this position which will need to be managed reflecting AQP rate increases of c.17% compared to a budget uplift of c. 3.5%
- All other budget lines are close to breakeven or showing underspends. The main underspend is on other programme services £2,292k. This reflects financial recovery actions taken to mitigate prescribing and continuing healthcare overspends as well as delivery of the borough's efficiency programme.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 6 this is fully identified and on track to being delivered by the year end. The borough is focussed on delivery and de-risking these identified efficiencies as a key priority. Delivery at month 6 is close to plan with £1,752k (plan £1,856k) delivered. This reflects some CHC slippage which is expected to be recovered over the remainder of the year.

Appendix 6 – Southwark

NHS South East London

Overall Position

Budget Area	MO6					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	277	135	142	553	70	483
Community Health Services	16,287	15,764	523	32,573	31,310	1,263
Mental Health Services	3,730	4,469	(739)	7,460	8,659	(1,199)
Continuing Care Services	9,843	9,706	137	19,687	19,448	239
Prescribing	16,015	17,629	(1,614)	32,030	35,380	(3,350)
Other Primary Care Services	403	378	25	806	756	50
Other Programme Services	83	102	(18)	167	204	(37)
Programme Wide Projects	150	150	-	300	260	40
Delegated Primary Care Services	31,611	31,611	-	63,224	63,224	0
Corporate Budgets	2,206	1,923	283	4,411	3,796	616
Total	**80,605**	**81,866**	**(1,262)**	**161,211**	**163,107**	**(1,896)**

- The borough is reporting an overspend of £1.3m in month 6 which is a small improvement from previous month Latest prescribing actual data shows improvement from previous month's forecast. Position on mental health placements has also improved as a result of one discharge and potential lower costs due to move on to lower cost setting. Underspends in Corporate, acute and other community services are absorbing some of the overspends in prescribing and mental health. . Forecast outturn is expected to be an overspend of £1.9m (month 5 £4.7m).

- The forecast outturn now reflects financial recovery plans which were identified by the borough as part of SEL financial recovery process. These plans identified net savings of £3.5m. Some of these plans have already been implemented and reflected in the YTD position. Ohers require wider internal and external discussions and implementation by quarter 4 to realise those savings. Uncommitted budgets in all areas have been frozen as part of this recovery process.

- Whilst the Mental Health & Learning Disabilities position represents a significant risk to the ICB Southwark borough position costs have decreased this month due to some changes in placements. QIPP plan in Mental Health has delivered some savings and behind trajectory on others.

- Continuing Health care has improved from last month's reported position. A number of reviews have been completed ., Price negotiations with providers has now been completed. Work is ongoing with CHC leads across SEL leads are working together to identify ways to mitigate the underlying cost pressures in CHC.

- The new integrated equipment service consortium contract with NRS has highlighted several issues and concerns about NRS' operational performance in delivery of the ICES contract and the detrimental impact this is having for residents, officers, partners, and the hospital discharge pathway. Latest data received shows further deterioration with overspend at £613k (42%), (month 5 £400k- 27%) and likely to increase. This has been included within our Community Services position.

- Total savings for 2023/24 for Southwark Place amounts to £4.0m. Savings plans to deliver the 4.5% efficiency (£4.0m) have been identified. A number of these schemes in prescribing, Mental Health and CHC are high risk. The latest position shows that we will not be able to achieve these savings in full. Current forecast shows an under delivery of savings of £509k due to prescribing and mental health not achieving planned savings.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 06 2023/24

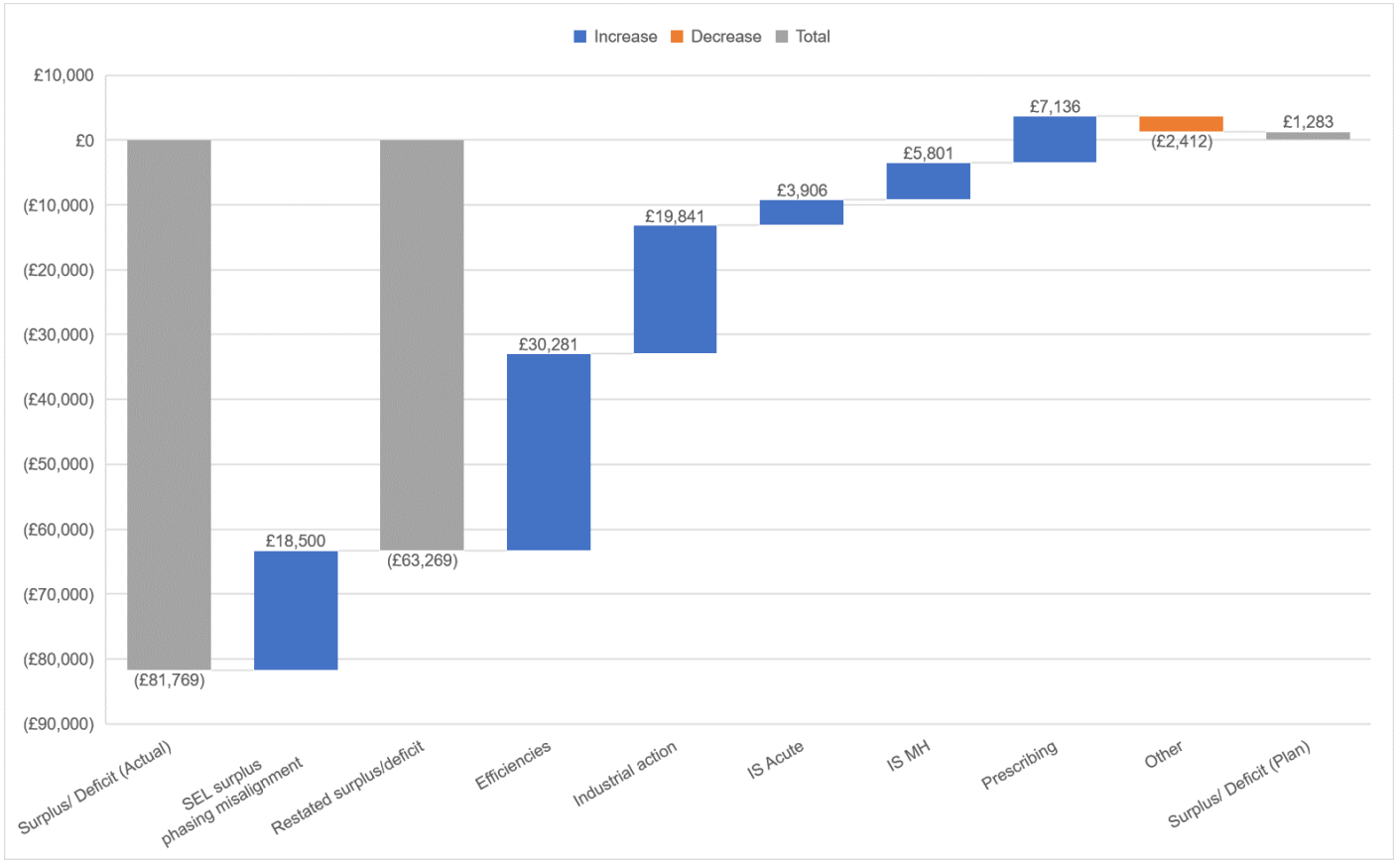
Month 6 I&E summary

- At month 6 **SEL ICS reported a system deficit of £81.8m against a planned £1.3m surplus.** On a revised planning basis undertaken at M6, addressing misalignments **the YTD variance would be £64.6m adverse**.
- **Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the **impact of industrial action,** has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £141.7m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

	M6 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	0.7	(28.8)	(29.5)	The key drivers of the in-month and YTD performance are industrial action (£6.8M), and efficiencies not yet realised (£19.6M).	0.0	0.0	0.0
KCH	(8.7)	(52.1)	(43.4)	£18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan. The main driver of the remaining YTD variance is substantive pay overspends namely consultancy (£7.5m), NHS infrastructure staff (£14.3m), nursing support staff (£4.3m).	(17.5)	(17.5)	(0.0)
LGT	0.0	(9.1)	(9.1)	The key drivers of the in-month and YTD performance are industrial action (£5.8M), and efficiencies not yet realised (£5.2M).	0.4	0.4	0.0
Oxleas	0.1	2.6	2.5	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and vacancies not covered by agency).	0.2	0.2	0.0
SLaM	0.8	(0.6)	(1.4)	Costs of £0.8m incurred due to industrial action are included.	0.0	0.0	0.0
SEL Providers	**(7.2)**	**(88.0)**	**(80.8)**		**(16.9)**	**(16.9)**	**0.0**
SEL ICB	**8.4**	**6.2**	**(2.2)**	Key driver to adverse variance in ICB is impact of prescribing (£9.0m), CHC cost pressures (1m) and mental Health placement risk (£2.4m)	**16.9**	**16.9**	**(0.0)**
SEL ICS total	**1.3**	**(81.8)**	**(83.1)**		**0.0**	**0.0**	**0.0**

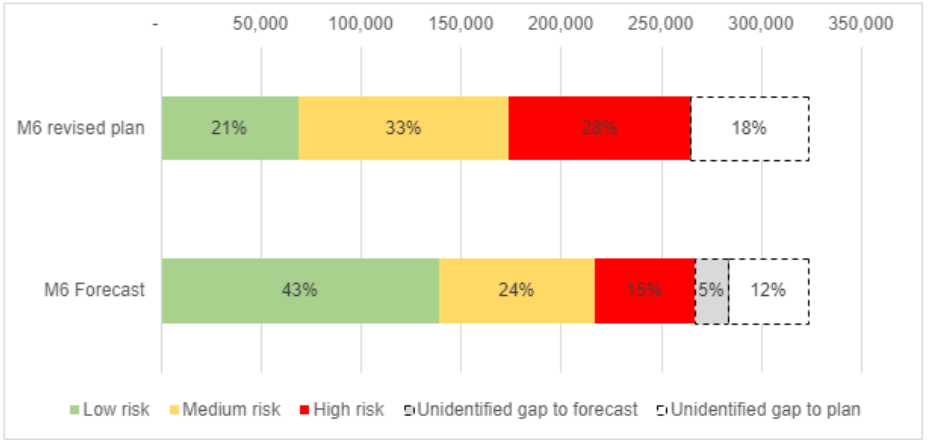
Analysis of M6 YTD position

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels.
- The YTD reported variance of £83.1m, has the following as the main drivers:
  - Impact of industrial action on costs c. £20m. We have not forecast any further impact at this point given the uncertainty of which staffing groups might continue to pursue industrial action.
  - Performance against planned and required efficiencies – c £30m
  - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £9.7m
  - The system has continuing operational challenges in mental health pathways which has led to additional costs as a result of requiring the use of >50 unplanned independent sector beds. In response to unprecedented levels of MH private bed use, the system has block contracted 30 additional private beds for SEL usage for 6 months.



Efficiency delivery and maturity

Organisation	Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	77.0	77.0	(28.5)	7.6	37.3	32.1	57.2	19.8	76.8
King's	72.0	72.0	55.5	(16.5)	14.2	2.6	38.7	44.5	11.0	51.5
LGT	34.9	31.3	31.3	(3.6)	2.1	8.3	21.0	16.6	14.8	31.3
SLaM	26.1	12.7	26.1	(0.0)	5.6	13.2	7.2	9.4	16.7	9.2
Oxleas	20.3	26.1	13.1	(7.2)	0.0	5.0	8.1	5.6	7.5	5.8
SEL Providers	**258.7**	**219.0**	**202.9**	**(55.8)**	**29.5**	**66.4**	**107.0**	**133.2**	**69.7**	**174.4**
SEL ICB	**64.8**	**64.8**	**63.7**	**(1.1)**	**20.3**	**11.2**	**32.2**	**40.7**	**23.0**	**40.7**
SEL ICS	**323.6**	**283.8**	**266.6**	**(56.9)**	**49.8**	**77.6**	**139.2**	**173.9**	**92.8**	**215.1**



- **The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend).** Following internal review, GSTT have increased their efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 6**, the system is forecasting to deliver £283.8m of efficiencies of which **£266.6m is identified**
- Progress has been made since month 5 at de-risking the efficiency programme: At month 5 £130.4m of the identified efficiencies were rated as low risk compared to £139.2m low risk at month 6.
- At month 6 the system has **delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 6 £190.4m is forecast to be recurrent, compared to £165.1m forecast recurrent efficiencies at M5.

- **GSTT: T**he Trust has revised its efficiencies plan up to £105.5m of efficiencies from £72.2m, to achieve breakeven and deal with underlying financial pressures.
- **King's:** The Trust has identified £55.5m of cost out savings at month 6. In addition to progress in identifying CIPs, progress has been made at de-risking efficiencies with £38.7m of efficiencies schemes rated as low risk, compared to £30.7m at month 5.
- **LGT:** At M5, of the **£34.9m** target, a total of £**31.3m** has been identified. In addition to the £31.3m of identified budget releasing saving, a **further £10.5m has been identified in productivity and cost avoidance savings**. Whilst these do not count toward the £34.9m target as they do not result in the release of budget, they do represent an improvement in activity and reduction in unbudgeted spend
- **Oxleas:** The Trust directorate CIP plans for 2023/24 are £20.3m. Of this, £7.7m worth of schemes have been identified and RAG rated as low. Another £5m relating to potential vacancy factor has been identified and RAG rated medium. The remaining unidentified gap is £7.5m
- **SLaM:** While 100% of the £26.1m efficiency programme is reported to be identified, only 19% of this is rated as low risk of not being delivered.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item Papers for information
Enclosure 12

Title:	**Healthwatch Lewisham Annual Report**
Meeting Date:	**30 November 2023**
Author:	Michael Kerin, Healthwatch Lewisham (HWL)
Executive Lead:	Michael Kerin

Purpose of paper:	It is a legal requirement for each local Healthwatch to produce an annual report. The Lewisham report has been widely circulated, but this paper ensures that it is formally received by the LLCP.	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	The report summarises the feedback received from the public in 2022-23, the reports produced and visits undertaken, and some key information about HWL as an organisation,		
Potential Conflicts of Interest	**Nil**		
Any impact on BLACHIR recommendations	**The HWL report supports many of the recommendations.**		

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

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

Recommendation:	**To receive the annual report**

Together

we're making health and social care better

Annual Report 2022–23

healthwatch Lewisham

Contents

"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

Our annual report draws on the feedback we have received. Much of it is positive. But many people continue to have significant concerns, especially about difficulties in contacting and accessing primary care.

Increasingly, especially with limited financial resources, we need to work with other organisations to fulfil our statutory roles effectively. For example, we and other local Healthwatch groups working with Lewisham and Greenwich NHS Trust reported on the Trust's outpatient services. We are actively involved in the newly formed Lewisham Local Care Partnership (LCP) of statutory and voluntary sector organisations, which coordinates the commissioning of most local services; we will play our part to ensure the needs and views of local people are fully recognised.

Our last annual report explained how the Covid-19 pandemic had affected our work. I am pleased that we can return to face-to-face engagement with people and to visit local services to observe and report on the care provided. The pandemic has encouraged the NHS and social care to make greater use of phone and digital/internet-based contact. Our research has shown that whilst many people find digital contact convenient – at least for some aspects of care - a large percentage of people find it unsatisfactory or worse. And our research last year showed that a significant number of people cannot use digital, for a variety of reasons – no equipment, poverty, lack of confidence, language skills, etc. We have encouraged the LCP to address these issues, to avoid creating new forms of inequality for many service users.

We are grateful for the commitment of our small staff team and our volunteers in continuing to support Healthwatch. We hope that this report will encourage more local people to get involved.

> **"I would like to be able to have face-to-face [appointment]. I can use Google translate on my phone to speak in person, I can't use this when I am on a phone."**
>
> **Lewisham resident**

About us

Healthwatch Lewisham is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

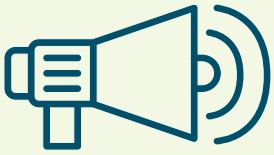
To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with health and care providers, local Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



3593 people
shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

159 people
came to us for clear advice and information about topics such as mental health and the cost of living crisis.

Making a difference to care

We published
6 reports
about the improvements people would like to see to health and social care services.

Our most popular report was
LGT Outpatients report
which highlighted issues around admin and communication.

Health and care that works for you

We're lucky to have on average **17** outstanding volunteers and interns each quarter who gave up **1869 hours** to make care better for our community.

We're funded by our local authority. In 2022-23 we received
£140,000

We currently employ
6 staff
who help us carry out our work.

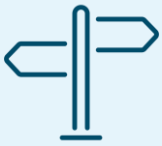
How we've made a difference this year

Spring

We ensured residents' feedback on digital exclusion was considered by the decision makers including being discussed at the Health and Wellbeing Board.

We engaged with hundreds of people who shared their experience on health and social care services.

Summer

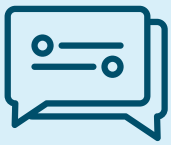


We provided signposting helping 41 residents navigate the local health and social care system.

Our intern and volunteers contributed 810 hours to help champion the voice of residents.

Autumn

We conducted our Enter and View visits to 5 different organisations to help improve services based on the feedback of residents.



We led on a joint project gathering feedback from 946 patients using outpatient services across Lewisham and Greenwich NHS Trust.

Winter

We worked collaboratively with the London Borough of Lewisham to support the development of Maximising Wellbeing at Home, championing the role of people with lived expereince.

We championed patients'' voice at over 30 decision making meetings including Lewisham Safeguarding Adults Board, Local Care Partnership Strategic Board and the Lewisham and Greenwich NHS Trust Patient Experience Committee.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services to help them improve.

Feedback of outpatients at Lewisham and Greenwich NHS Trust

This engagement was delivered jointly with Healthwatch Bexley and Greenwich and led by Healthwatch Lewisham.

The study was commissioned by the Lewisham and Greenwich NHS Trust (LGT) with the aim of securing feedback from outpatients around communication. To ensure we collected relevant feedback we conducted face-to-face engagement throughout October and November 2022 with people attending clinics. We also offered an online survey and focus groups with carers and Age UK. As part of this work, we collected feedback from a total of 998 patients.

Top Findings and Recommendations

The report identified several areas for improvement including:
Follow-on contact for results and treatment, clear information pre-appointment, making contact with relevant departments, varied issues flagged for groups that might experience health inequalities including people with sensory disabilities.
The full report can be found on our website

What difference will this make?

LGT developed an action plan based on our report recommendations. The action plan has been coproduced with leads of outpatient departments and is being implemented to improve the experience for patients. This includes changes to appointment letters, improving signage, and commissioning a new service supporting disabled people and those who need help with translation.

> The exercise was of great benefit to the Trust, as the feedback clearly identified areas that the Trust needed to improve, and the recommendations made by Healthwatch based on the feedback are central to shaping our improvement plans and work for '23/'24.
>
> ...Communication with the Trust, coordination and the accommodative partnership approach was excellent, while at the same time the Healthwatch partners maintained that independent perspective, so essential when representing patients.
> Thank you for your great work.
>
> **Nora Gill, Outpatients Transformation Programme Manager, Lewisham Greenwich NHS Trust**

Patient Experience Programme

At Healthwatch Lewisham we operate a comprehensive Patient Experience data collection programme as part of our duty around gathering and representing the views of patients and service users in the borough.

They tell us what is working well and what could improve allowing us to share local issues with decision makers who have the power to make changes.

2022/23 Summary of Patient Experience data collection

3,309 reviews

From patients sharing their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

63% positive

Reviews by patients were overall positive.

Presented at board meetings

At Healthier Communities Select Committee meeting, Health & Wellbeing Board Meetings and other local and South East London meetings to inform and advise decision makers on patient experience.

GPs: Top most positive & negative themes identified by patients in Q3

Top 5 positive issues
Treatment and Care – Quality of Experience
Staff attitudes
Appointment availability
Staff attitudes – health professionals
Communication with patients

Top 5 negative issues
Getting through on the telephone
Appointment availability
Booking appointments
Staff attitudes – administrative staff
Waiting Times (punctuality and queueing on arrival)

3 ways we have developed our Patient Experience Programme

Every quarter we produce a Patient Experience report, which details the experiences of hundreds of patients.

Launching a new website

It's important for local people to be able to share their experience of services with Healthwatch and access clear and up-to-date information and signposting about health and care services.

Healthwatch Lewisham updated its website in 2022/23, reviewing and refreshing content and benefitting from the most up-to-date knowledge on design and accessibility. Our new website contains health advice and guidance on changes across the system, as well as practical information like how to register with a GP when you have no fixed address. You can find all our news and reports on the website, feed back your experience of care, and more!

Refreshing our patient feedback form

Our Patient Experience Programme aims to gather 1200 experiences of health and care services each quarter. It is a cornerstone of our work enabling us to understand the real time challenges local people experience when accessing health and care services.

During 2022/23 we revamped our feedback form, updating it with questions that really matter to patients and service users. We aligned some questions with the national GP Survey so in future we will be able to do direct comparisons of results. We have also ensured our data can link easily to Healthwatch England's national database, enabling the voice of people from Lewisham to have a stronger profile in their national work.

New Patient Experience report

Our quarterly Patient Experience report provides a vital overview of the themes and trends in access and care experienced at GP surgeries, our local Hospital and other health and care services.

Our report has been redesigned this year, making it more accessible and easier to use. What was once a 50+ page document with charts and detailed narrative has now been broken down into snapshot data and key overview information. Trends from quarter to quarter are clearly highlighted and service specific recommendations will help our staff and committee members champion the changes needed across the system, in the many meetings they attend.

Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voices are heard and that services meet their needs.

This year we have reached different communities by:

- Including unpaid carers views in each area of our work.
- Carried out targeted engagement with unpaid carers as part of our Outpatient projects.
- Advocated on behalf of people at risk of digital exclusion.
- Carried out routine engagement at various health and community places across Lewisham to reach a broad range of people from different communities.

Focus on unpaid carers

This year we ensured that unpaid carers feedback was woven into our routine and focused engagement work. Here are a few examples of how we amplified voices of unpaid carers:

- We carried out a listening event with unpaid carers as part of our Outpatient project. Our questionnaires and analysis were designed to identify health inequalities experienced by unpaid carers.
- As part of our engagement work supporting the development of London Ambulance Service strategy, we engaged with carers to ensure their voices were part of the picture.
- We fed into the development of the unpaid carers service specification in Lewisham.
- We participated in the Carer Partnership Board meeting to advocate for people with lived experience.
- We participated in various meetings and engagement events to support the development of the Maximising Wellbeing at Home service. We fed back comments on the service specification and questionnaires aimed at local carers. We encouraged people's participation by promoting the survey aimed at local carers via our comms channels and also distributed the survey face-to-face collecting approximately 30 responses.

Tackling health inequalities - focus on people at risk of digital exclusion

Following our earlier report highlighting the needs of people at risk of digital exclusion, we continued holding health and social care services and commissioners to account to ensure parity of access for those who may not use digital platforms to access or contact services.

The full report can be found on our website.

The feedback suggests that ongoing reliance on digital without effective alternatives would increase inequalities in access to care for many vulnerable people. The issue goes beyond access to technology – many people are unable to use digital for many reasons, including poverty, language skills or lack of confidence. And increasingly, use of digital messaging is requiring providers to reconsider the language and corms of communication they use. Healthwatch is pleased that the Health and Wellbeing Board, the Lewisham Local Care Partnership Board, and individual partners, have taken on board our research findings and are working to identify suitable ways to improve access and ensure equality for all patients. We shall keep the spotlight on this issue.

Championing people with lived experience

Over the past year we have worked hard to make sure we champion people with lived experience. This has been a key focus in 2022 – 2023.

Some of our activities included:

- Supporting commissioning and service delivery by participating in committees, strategic, and decision-making boards. We use this opportunity to share people's feedback, hold services to account and ensure people are involved in service design.
- Championing voice of people at-risk of health inequalities and digital exclusion.
- Contributing to the development of local strategies and encouraging services to involve residents in decision making.
- Maintaining relationships with our local partners (both providers and commissioners).
- Presenting our reports and championing key findings to influence and impact on behalf of patients and service users.

Feeding into Commissioning

Maximising Wellbeing and Proud to Care

This year, one of our priorities was to champion the role of people with lived experience. We did this by supporting the development and commissioning of Maximising Wellbeing initiatives and the Proud to care recruitment process. Our activities included:

We helped to gather feedback and responses to a survey to support the development of service specifications.

We worked closely with the Proud to Care team and the Council's lead commissioner, to champion the role of people with lived experience throughout service design and to help build strong relationships across partners.

We supported procurement of services by evaluating bids for four service areas including bids for domiciliary care agencies.

We participated in planning meetings and chairing for Race Equality Week aimed at Wellbeing workers.

We helped to identify and induct people with lived experience who will form an interview panel for Wellbeing workers, alongside paid and unpaid carers.

Drawing on our intelligence from people with lived experience and from local residents more generally, we helped to shape service specifications for future commissioning of services for older adults.

> "It was really helpful to have a professional external to the Council as part of the tender evaluation for Maximizing Wellbeing at Home. Having Marzena from Healthwatch as part of the evaluating panel made the process much more robust. Marzena had a really good understanding of the Maximizing Wellbeing at Home model, and consequently provided really useful and detailed feedback and challenge to other panel members on the tender submissions.."

Ashaki Bailey – Procurement and Contracts Manager

Enter and Views

Enter and View is a statutory power of a local Healthwatch, mandated by the Health and Social Care Act 2012. Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During these visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced. Following the visits, our official 'Enter and View Report' is shared with the service provider, local commissioners and regulators and outlines what has worked well and gives recommendations on what could have worked better.

In the spotlight: Enter and View Report, Leah Lodge Care Home

As part of our statutory duties, we carried out an 'Enter and View' to Leah Lodge Care Home in Blackheath.

Operated by Cinnamon Care, the home specialises in residential care for older people with dementia. It also provides specialist care for mental health conditions, and physical and sensory disabilities, or impairments. The home may accommodate up to 48 residents and 38 were in residence at the time of the visit.

We visited the home in November 2022 and spoke to residents, family and staff. From our visit, we made 9 recommendations, the top ones are listed below.

Our recommendations:

1. We suggest wider use of the garden, increasing music activities and increasing activities targeted towards male residents.
2. We suggest giving residents and families opportunities to suggest activities to meet their needs. Ideally, this needs to be evidenced – either in meeting minutes or personal records.
3. Where possible, we suggest offering a varied time for the family meetings, including evenings, to make them more inclusive for those with daytime commitments.
4. We suggest introduction of a structured forum for staff to voice their concerns - and in a way that is supportive, non-judgemental and transparent.

What difference will this make?

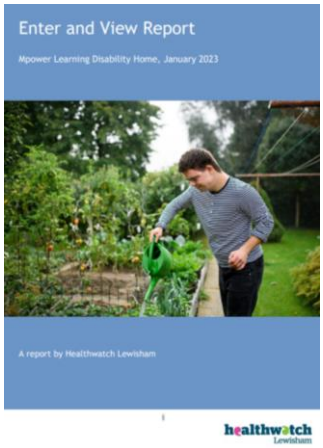
The home manager engaged with us in a positive way taking many recommendations on board. The home is already planning to broaden the activities for residents and has committed to looking "at what sports our gentleman like and review the club to fit this".

> "If we weren't there I think other family members would support mum. It's everyone's home."
> Resident's relative

Enter and View – other services visited in 2022 - 2023

As part of our statutory duties, we carried out an 'Enter and View' to four other services including:

Manley Court Care Home



M Power Learning Disability Home

Powell Ward, Ladywell Unit, South London and Maudsley NHS Trust

[Report publication pending]

Wharton Ward, Ladywell Unit, South London and Maudsley NHS Trust

[Report publication pending]

Our approach

Our visits are announced and conducted by authorised representatives, often volunteers who are trained and DBS checked. During the visit we have an introductory tour, during which we carry out our observations, and the opportunity to engage with staff, residents and family members on the day.

Our reports provide an independent snapshot of the feedback and experience of the service, based on our visit.

Recommendations and next steps

Each of the above reports consists of minimum of five recommendations that are based on the feedback we receive.

We share our reports and recommendations with the service manager and request a formal response, to demonstrate commitment to service improvement.

We share the report and recommendations with a wide range of local stakeholders and decision makers who also have opportunities to feed in findings to assurance and improvement processes.

Representation

We attended 90 key strategic and operational meetings where we represented the voices of Lewisham residents, encouraged public involvement and shared our intelligence.

The following pages contain just some examples of our representation, locally and regionally, ensuring health and care decision makers hear your voice and use your feedback to improve care.

Health and Wellbeing Board

The Health & Wellbeing Board leads action at Borough level to improve people's lives and to promote greater integration and partnership between the NHS, public health and local government. It is chaired by the Mayor and its remit extends beyond health and care services. It is formally a committee of the local authority. We have used our seat on the Board to raise awareness about our reports and our regular intelligence gathering, especially around digital exclusion, which is an issue for all partners. Through our participation we promote the involvement of patients and service users in the development and co-production of services.

Healthier Communities Select Committee

The Healthier Communities Select Committee is responsible for monitoring, reviewing and making recommendations about a wide range of local health matters.

It gives local councillors the opportunity to question and influence the work of health bodies in Lewisham, including hospitals, GPs and the council.

We provide regular representation at this meeting. Some of our contributions include:

- Championing people's voice for scrutiny of Lewisham Mental Health Estates, Adult Mental Health Care Model Review, Lewisham Health Care and Wellbeing Charter, Proud to Care' initiative, 'Warm Welcomes' initiative, and stressed that to be inclusive it would need careful thought to ensure diverse needs could be met.
- Fed back that HWL had responded to the consultation on Food Justice expressing our concern that the impact of the cost-of-living crisis on population health and wellbeing would fall on those with least resilience.

> "The role of Healthwatch as the champion of patients, service users and carers is very important in the Healthier Communities Select Committee at Lewisham Council. Healthwatch Lewisham provides the patient voice at Committee meetings which enables the service providers and commissioners in attendance to be informed of public opinion. The local intelligence offered by Healthwatch is of vital importance."
>
> **Nidhi Patil, Scrutiny Manager, Overview and Scrutiny Chief Executive's Directorate, Lewisham Council**

Primary Care Commissioning

The majority of the feedback we routinely gather relates to GP services. To ensure the feedback is shared with key decision makers, we regularity meet with Associate Director of Primary Care (local Primary Care commissioning lead) to liaise on key issues, sharing feedback from local residents, and encouraging engagement of local residents in decision making for primary care services.

> "The NHS South East London ICB borough primary care team in Lewisham continue to value the open, two way dialogue we have with Lewisham Healthwatch. The direct patient feedback Healthwatch Lewisham are able to provide really helps us to better understand the challenges and opportunities in primary care and so informs our local work programme."

Ashley O'Shaughnessy
Associate Director of Primary Care (Lewisham), NHS South East London, South East London Integrated Care System

Lewisham Safeguarding Adults Board

Much of the feedback we capture relates to people at-risk of health inequalities and therefore it's vital for us to share this intelligence with the safeguarding team. We also regularly attend the Board meetings to champion people with lived expereince. For example we contributed to the Board's discussions on the impact of the cost-of-living crisis on Safeguarding, the update on Statutory Advocacy provision in the Borough and progress addressing Digital Exclusion.

> Healthwatch Lewisham are a trusted and important member of the Lewisham Safeguarding Adults Board who can always be relied upon to contribute to the wide range of issues and projects the Board oversees and is involved in. In the last 12 months this has included leading on the debate regarding digital exclusion; providing evidence that is being collated on the impact the cost-of-living crisis is having on families in the borough; and helping to improve how we engage with adults and use their lived experience to shape the delivery of services locally.

Local Martin Crow, Business Manager, Lewisham Safeguarding Adults Board (LSAB)

Helping shape local Integrated Care System (ICS) and Integrated Care Board (ICB)

South East London's Integrated Care System brings together all the organisations responsible for delivering health and care for our communities.

In July 2022 at Borough (Place) level, an Integrated Care Board (ICB) replaced the former Clinical Commissioning Group. We are formal members of the Lewisham Board, and use this position to champion the voice of patients, service user and carers and to support initiatives to ensure the ICS can meaningfully capture and listen to the feedback of local residents. We contributed to the development of the People's Partnership to support local Lewisham health and care Partners.

We hold regular meetings with the Lewisham ICB Place executive lead to ensure an exchange of key information, including on the problems being experienced by local people in accessing services. Initial meetings also focused on our work on digital exclusion, and responsibility for the follow-up to this report has now been placed with the Lewisham Quality and Assurance Group.

Lewisham and Greenwich NHS Trust: Patient Experience Committee

We regularly capture feedback from local residents sharing experience of University Hospital Lewisham. We also use feedback shared from people at-risk of health inequalities through a variety of our reports and intelligence we gather. We ensure we share this feedback regularly with the Lewisham and Greenwich NHS Trust (LGT) by participating in the Patient Experience Committee. For example, we used patient's feedback to inform LGT's Patient Engagement Strategy consultation.

> Healthwatch is a key partner of the Trust championing the voice of the patient. They have been instrumental in providing links to seldom heard from groups and contributed to the development of the Patient Experience Strategy. Their engagement with patients, carers and staff, has generated valuable feedback which is aligned with the work being undertaken by the divisions through the Outpatient patient engagement group, ED improvement work and other patient experience improvement workstreams.
> **Michelle Acquah, Patient Experience Manager, Lewisham and Greenwich NHS Trust**

Working at South East London (SEL) Integrated Care System (ICS) level.

Healthwatch Lewisham partnered with other local Healthwatch in the SEL area to establish a role of regional Director to ensure residents' voices are heard by the NHS South East London Integrated Care System (ICS). This is done through representation, advocacy, and challenge on the South East London Integrated Care Partnership and on the following key boards and committees in the ICS:

- Integrated Care Board (ICB) Planning and Finance Committee
- ICB Quality and Performance Committee
- Interim Digital Governance Group
- ICS System Quality Group
- ICB Engagement Assurance Committee
- ICS Population Health and Equity Partnership Advisory Group
- ICB Equalities Committee
- SEL Local Care Record Governance Board
- Data Usage Committee
- ICS Information Governance Group

The coordinated insight from SEL Healthwatch is used to inform strategies, decision making and add value to a wide range of South East London Integrated Care Board and Integrated Care System work programmes.

At system level Healthwatch Lewisham has:

- Influenced the approval and shape of data use case applications, requesting access to support diabetes care and to analyse long term conditions.
- Raised issues about the accessibility of language for communication about the London Care Record so that people and communities now have more accessible content and images on the digital assets produced.
- Shared insights across all priority areas in the development of the ICS Strategic Priorities so that people's views directly shaped the priorities.

The SEL Healthwatch partnership established a SEL Healthwatch Reference Group. The Group consists of people from each borough, who are affiliated to Healthwatch. SEL Healthwatch Reference Group members reflect a range of service user perspectives and experiences, and balance their individual perspectives with broader patient and public interest.

As NHS South East London ICS continues to develop, Healthwatch Lewisham will continue to work with the Director SEL Healthwatch to provide consistent and harmonised insight and intelligence to the ICS. Healthwatch in South East London will play our part to end health inequalities by amplifying the voices of communities that go unheard and work with the ICS to reduce the barriers to services that people and communities face.

Independent Health Complaints Advocacy

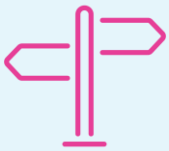
Our service provides support for residents who would like to make a complaint about an NHS service or a provider.

The service is free, confidential and independent. Our advocates can help and support you to make your complaint. They do not give advice about what you should do but can provide options and guide you through the complaints process.

Summary of our advocacy service

Our Advocates supported **146 people** in 2022 – 2023

We received **130** new cases this year



Our staff signposted **151** people on how to make complaints and access relevant health and social care services

598 people accessed complaints information and template documents on our website

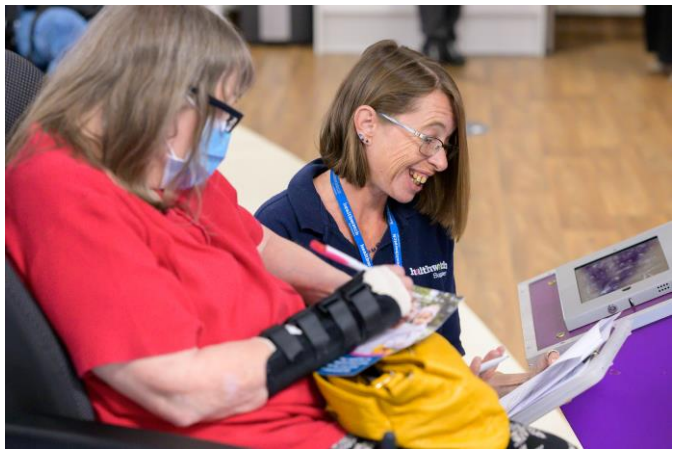
Our advocates delivered intensive, **face-to-face support** attending resolution meetings with providers and speaking to those clients who prefer to meet in person

Breakdown of the new complaint cases

Service	Number of complaints
GP	66
Hospital	33
Mental Health Hospital (SLaM)	18
Dental	4
Other	9

The role of the Advocate

Our Advocates support people in making complaints. Their day-to-day tasks however can vary and often, by listening to people and offering the initial support the complains are resolved without a formal complaint being made.



A day in the life of our Advocates

- Answering telephone queries about complaints and the process
- Following up new clients with information and consent forms and logging them on the system
- Relaying answers and our actions to clients
- Supporting the less able e.g. visually impaired, mental health issues, to review letters so they be sent with minimum delay
- Attending meetings with clients to ensure all points are covered and actions recorded
- Discussing options with clients e.g. taking a case to the PHSO
- Following up with PHSO case workers re status of client cases
- Ensuring outcome letters received
- Listening to clients' stories – we are often the first people that will actually listen to them
- Reviewing ongoing cases to ensure actions have been followed up
- Chasing NHS providers for overdue letters and responses
- Writing letters on behalf of clients
- Asking for client feedback to provider letters and formulating a next steps plan
- Organising local resolution meetings on behalf of clients
- Following up on actions from meetings
- Supporting clients to complete PHSO paperwork and organising supporting evidence to go with submissions

Making a difference

Case study

The problem

The client attended their GP surgery with worrying symptoms that may have been cancer. Urgent blood tests and a scan were ordered at a local hospital. The client waited for their referral to one of the local hospitals however despite the 10-day protocol for cancer referrals they did not hear back. The delay was caused by an internal miscommunication at the GP surgery. During the wait time the symptoms were causing the client increasing distress and anxiety.

Action

The Advocate supported the client with a complaint highlighting the dangerous delay in the urgent referral which was only made when the patient rang up to complain. Our Advocate highlighted that the client was looking for an explanation as to why the referral protocol was breached and also the dangers of results and referrals being missed in the practice.

The response was taken very seriously and there was a long and detailed investigation. However, the client felt it did not acknowledge the distress and anxiety the delay had led to as she thought she had a cancer. The Advocate suggested and arranged a Local Resolution Meeting.

Outcome

The Local Resolution Meeting was extremely positive and helped to restore trust between the client and the practice. The Practice Manager outlined how protocols and systems had been updated and training for members of staff introduced to ensure that results and subsequent referrals would be actioned.

"Thank you so much for attending today. I seriously couldn't have done it all without you being there with your expert guidance! So much appreciated."

Lewisham resident

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint, or choosing a good care home for a loved one – you can count on us.

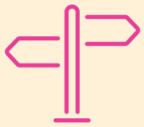
This year we've helped people by:

- Providing up to date information people can trust.
- Helping people access the services they need.
- Helping people how to address concerns and make complaints.
- Finding the right advocacy service for those who need additional support.

Helping residents access services

With the growing number of residents in Lewisham, a diverse population, and the complexity of the health and social care system, some people face challenges in accessing services.

One of our roles is to provide reliable signposting for local residents to help find the right information. Many people come to us with unique queries and our experienced team work together to find the best signposting advice to help direct the person to the right service.



"We directly signposted 159 people, responding to their specific and unique query. We deliver this service via phone, email and face- to-face.

One of our roles is to encourage people to share their voice, to help shape health and social care. Many organisations offer opportunities for involvement, and we help encourage people to take part in this engagement by sharing the opportunities on our website and social media.

Over 10,500 people visited our website accessing information and signposting pages, news and reports.

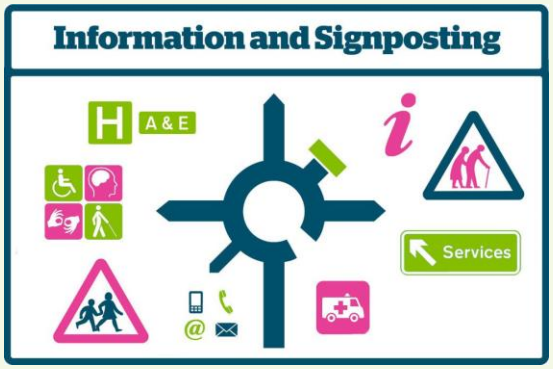
Over 2260 Twitter followers had access to the information we shared and posted with over 7600 visits to our profile page.

The information shared on our Facebook page was accessed by over 400 followers.

Example of information and engagement opportunities we promoted to local residents:

- University Hospital Lewisham Hospital Discharge Survey
- Lewisham Dental Service Patient Experience Survey
- Lewisham's Childhood Obesity Trailblazer Programme Survey
- Maudsley NHS Aiming High; Changing Lives Strategy Event
- Bowel Cancer UK – Bowel Cancer Awareness Month Support Talks
- Lewisham and Greenwich Trust Adult Community Service Survey

The most common service areas people enquire about are GPs, hospitals, advocacy, mental health and social care.



Some of the themes from our Information & Signposting work include:

Hospitals

- Unhappiness with the quality of treatment.
- Lack of follow up and information regarding test results.
- Access to care and treatment.

Advocacy

- Support needed with raising concerns and resolving issues with health and social care services.

GPs

- General unhappiness with the quality of service and treatment.
- Deregistration from a GP surgery.

Mental Health

- Access to community mental health team and communication barriers with the team.
- Challenging a diagnosis.
- Experiencing crisis due to multiple issues and difficulty accessing support.

> "Thank You very much for your help with this I feel that I might be actually getting somewhere."
>
> **Lewisham resident**

Case study

Enquiry: A vulnerable, housebound person raised a concern with us regarding a lack of Covid-19 booster jab. The person informed us of their multiple attempts to communicate with their GP practice to request this without any luck. This resulted in a long delay in getting the jab and caused distress and anxiety.

Outcome:
We escalated this issue to our Primary Care commissioning colleagues who liaised with the GP surgery regarding the issue. Following this intervention, a home visit was arranged to deliver the booster.

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Collected experiences and supported their communities to share their views.
- Carried out enter and view visits to local services to help them improve.
- Reviewed GP and dentist websites to review accessibility.
- Championed the voice of people with lived experience at local committees and decision-making meetings.
- Helped to create a better, more accessible website.
- Provided information and signposting for people needing help in navigating health and social care system.
- Posted information on our website and social media to help inform residents about engagement opportunities and health and social care news.

Caitlyn

"The team at Healthwatch Lewisham has been incredibly supportive of my involvement in as many different project areas as possible. They've enabled me to develop personally and professionally in a wide range of areas, which is invaluable as I begin my career. I've taken on projects that allowed me to learn new skills and develop existing ones, represented Healthwatch Lewisham both digitally and face-to-face, gotten to know an entirely new healthcare system and community..."

Cynthia

"I provide Healthwatch Lewisham with help in keeping their website up-to-date and posting relevant information on the organisation's social media channels. My volunteering role gives me the opportunity to develop valuable, career enhancing digital and social media skills. Having lived in Lewisham for over a decade and as an ex-NHS employee I'm keen to support the important work that Healthwatch Lewisham does in my local community. "

Adrian

" I volunteer for Lewisham Healthwatch as their Digital Champion, and I am also an Advisory Committee Member. Recently I have volunteered to participate in Enter and View visit to a local care home. I really enjoy working with others as part of a team and it's really exciting to be able to learn new skills."

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchlewisham.co.uk

020 3886 0196

info@healthwatchlewisham.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure (unaudited)

Income		Expenditure	
Funding from Local Authority	£140,000	Expenditure on pay	£126,000
Additional income	£16,000	Non-pay expenditure	£12,000
		Office and management fee	£17,000
Total income	**£156,000**	**Total expenditure**	**£155,000**

Additional income is broken down by:

- **£11,000 funding** received from Lewisham and Greenwich NHS Trust
- **£5,000 funding** received from London Ambulance.

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues, and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023-24

1. Tackle health inequalities.
2. Seek feedback from people that may be less often heard from and continue our focus on incorporating the carer voice as standard.
3. Further develop our Patient Experience programme and share our findings with key decision makers.

Statutory statements

Healthwatch Lewisham, Waldram Place, Forest Hill London, SE23 2LB

Your Voice in Health & Social Care (YVHSC) are the contract holding organisation. Address: 45 St Mary's Road, London, W5 5RG

Healthwatch Lewisham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 6 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met 4 times and made decisions on matters such as Enter and View, patient engagement, representation and research projects.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups, and seeking feedback at a range of health and public places including libraries, community centres, GP Practices and local hospitals.

We make this annual report available as widely as possible by publishing it on our website and social media platforms, and distributing it to local partners.

Responses to recommendations

There were no issues or recommendations escalated by us to Healthwatch England Committee, and so there are no resulting reviews or investigations. We did however flag two issues to Healthwatch England, namely a short and limiting timeframe to escalate NHS complaints cases to the National Health Ombudsman and lack of clear process to adequately support rape victims at local A&E hospital.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our borough for example we take information to a broad range of governance meetings. Please see the representation section in this report for more information.

We also take insight and experiences to decision makers in the South East London Integrated Care Board. We also share our data with Healthwatch England to help address health and care issues at a national level.

healthwatch Lewisham

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Lewisham Local Care Partners Strategic Board

Cover Sheet

Item Papers for information
Enclosure 13

Title:	**Lewisham Primary Care Group - Chairs Report**
Meeting Date:	**30 November 2023**
Author:	Chima Olugh, Primary Care Commissioning Manager (Lewisham)
Primary Care Group Chair:	Anne Hooper
Executive Lead:	Ceri Jacob

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

Summary of main points:

Key items discussed and/or approved at the October and November Primary Care Group meetings include:

Quality

- Access
  - Recovery Plan for Primary Care, Integrated Care Board paper.
  - Modern General Practice - Transition cover and Transformation funding support.

Support Level Framework and proposed approach to engaging Practices.

Contractual

- Downham Family Medical Practice Catchment Area Change Request.
- Vesta Road Surgery Partnership Bankruptcy.
- Lewisham Home Visiting Service.
- Award Recommendation Report for Lewisham Care Homes GP Contract (APMS).

Potential Conflicts of Interest	**n/a**			
Any impact on BLACHIR recommendations	**n/a**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact	Support Level Framework and proposed approach to engaging Practices. The budget to support this investment is from the 2023/24 System Development Funding.		
Other Engagement	Public Engagement	n/a		
	Other Committee Discussion/ Engagement	Some of the papers on the various items have been to the SEL Lewisham Local Medical Committee and Lewisham Senior Management Team.		
Recommendation:	This paper is for information. The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.			

1. Access

1.1 Recovering Access to Primary Care

NHS England require all ICBs to consider the **Recovering Access to Primary Care Delivery Plan** during November 2023 and receive a further follow up progress report in February 2024.

The group received an update on work being undertaken to improve access in Lewisham. This is contained in the **South East London Integrated Care Board report on Recovering Access to Primary Care** presented at the Meeting in Public held on the 15 November 2023.

The Board report provides an overview of the progress being made in South East London ICB on Recovering Access to Primary Care. It also helps present a comparison as to where Lewisham is in relation to other SEL boroughs.

The full paper can be found here: https://www.selondonics.org/wp-content/uploads/PAPERS-Integrated-Care-Board-meeting-15-November-2023.pdf under item 3, enclosure D (pages 25 – 75).

1.2 Modern General Practice - Transition cover and Transformation funding support

The '**Modern General Practice**' Operating Model is a way of managing and delivering care in general practice to improve patient access and reduce pressure on staff.

To support implementation of the Modern General Practice aspirations in the national delivery plan for recovering access to primary care, **GP practices are entitled to receive a share of national transition cover and transformation support funding over 2023/24 & 2024/25, to create capacity for change management and quality improvement within their teams.**

South East London Integrated Care Board will receive £1.44m for 2023/24 and a final £1.44m in 2024/25, a total of £2.88m over the duration of the transition. **The ICB is committed to ensure funding is both fully invested in supporting General Practice** and fairly distributed to enable transition to the modern general practice operating model, as described within the recovery plan.

Practices are expected to have transition and deliver the operating model no later than 31st March 2025.
This transitional investment will run alongside several national, ICB level and borough offers.

The investment has been allocated based on a first instalment as an equal pump-priming investment (£5000 per practice) and a second instalment based on practice weighted list sizes. Practice will be required to sign and return a Memorandum of Understanding to ensure that all commitments are fulfilled, and the practice delivers the requirements.

On receipt of the MoU, the ICB will release pump priming monies of £5000 to every practice to enable practices to commence with their transition plans. Further funding will be released on evidence of delivery against plans.

Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retrospective applications for funding but will need to be assured of how the money has been spent in line with the national guidelines.

2. Support Level Framework and proposed approach to engaging Practices

A recommendation was brought to the group for the ICB to make a funding contribution towards clinician and practice manager time to participate in the Support Level Framework diagnostic exercise.

As part of the Delivery Plan for Recovering Access to Primary Care, NHS England (NHSE) has developed a diagnostic tool for GP practices. The intention of this tool is to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends. The tool is called the Support Level Framework (SLF).

Completion of the SLF is designed to be undertaken through a facilitated conversation with members of the practice team. The aim is to agree priorities for improvement and develop a practice-level action plan through which to address these areas over the forthcoming year. The tool is not a performance management mechanism; however completion of the tool will require an open and trusting conversation between the facilitators and the practice for the exercise to be successful.

The Support Level Framework Assessment Tool is made up of six domains. After completion of the facilitated assessment, the tool generates a graphical summary of the current and desired position against each domain. The practice is then required to choose a minimum of three priorities for the forthcoming year with associated planned improvements. The practice is expected to share the summary of the outcome and the action plan with their Primary Care Network.

The SLF has the potential to be a valuable and insightful diagnostic tool for practices, however a substantial investment of time is required from both the facilitators and the practice team. NHSE recommends that two people facilitate each meeting, and each meeting will take between 2-3 hours.

The investment of practice time is at a point of considerable pressure on all GP practices and there is a risk that the time required does not enable successful participation. An offer of reimbursement of time is therefore proposed as a one-off payment to enable backfill as follows:

- £400 for one clinical session and any associated costs for a GP partner to participate
- £100 towards practice manager time to participate
- Payment would be made after completion of the entire exercise.

This funding would be provided from the Lewisham System Development Funding for 23/24 from which an allocation has already been made.

Maximum cost exposure would be £13,500 (£500 x 27 practices) however it is not expected that every practice would participate or be prioritised for participation.

A programme is being worked up to support facilitation through the SEL and local Lewisham training hub. This will provide additional and dedicated capacity to undertake this work and will also give an impartial and objective perspective which should support the required openness to achieve maximum benefit from the process. The intention is to support 10-15 Lewisham practices through the SLF before the end of March 2024 and participation with the SLF has been made a prerequisite to access this year's practice resilience scheme.

The Group approved the recommendation to make available a funding contribution towards clinician and practice manager time to participate in the Support Level Framework.

3. Contractual

3.1 Downham Family Medical Practice Catchment Area Change Request

In September 2023 South East London Integrated Care Board (ICB) received an application notice from Downham Family Medical Practice (DFMP) to change its practice catchment area. Practice boundaries form part of the GP core contract for Primary Medical Services and any change is considered a contract variation and therefore needs to be approved by the Integrated Care Board.

DFMP submitted a business case provide which outlined the reasons for the proposed catchment area change and benefits patients could expect to see. The change would see a reduction of the practice's boundary in the borough of Bromley, and an increase in the borough of Lewisham. It would change to include catchment areas of neighbouring practices including Burnt Ash Surgery. It would also mean more primary medical services will be available to Lewisham patients. There is no plan to de-register any patients and Bromley residents already registered with DFMP will continue to receive care however, new registrations would cease. The group gave its approval to the practice boundary change in principle. The Primary Care Group agreed to give its full approval once it has received further clarification on some specific areas. The group received the clarification it had requested, see the table below.

Area	**Clarification**
Will the boundary change result in a reduction of the overall catchment area, or is it a shift of the area?	The boundary change is a shift which would see a reduction of the practice's boundary in the borough of Bromley, and an increase in the borough of Lewisham.
The boundaries are not clear and needs to be better defined on existing and what is being proposed.	Appendix A contains the current and the proposed catchment areas.
Have neighbouring practices been informed of the proposed change, particularly Nightingale Surgery?	The practice has informed neighbouring practices, including Nightingale Surgery of the planned boundary change.
Will Bromley patients currently registered with DFMP continue to receive home visits?	Yes. The practice has no intention of de-registering patients or discontinuing home visits.
How many Bromley residents are likely to be affected by the change?	An estimated 600 registered patients are Bromley residents; however they will remain registered with the practice.
Has Bromley been informed and are there any alternative practices new patients can register with?	Bromley commissioners have informed of the proposed boundary change. An assessment of neighbouring Bromley practices has been carried out and there are at least four practices whose catchment areas overlap with DFMP. a) Links Medical Practice b) Sundridge Medical Centre c) London Lane Clinic d) Highland Road Surgery. Their practice lists are open for patient registration.

The practice will liaise with the Sevenfields Primary Care Network to measure the benefits of the change in catchment area in the months ahead.

The Primary Care Group fully approved the catchment area change of Downham Family Medical Practice.

3.2 Vesta Road Surgery Partner bankruptcy

The ICB was advised by one of the three partners at the Vesta Road Surgery that they have declared personal bankruptcy. The bankruptcy was formalised on the 31 August 2023

Both the ICB and Local Medical Committee (LMC) agreed that there was discretion in the contract regulations as to whether someone declared bankrupt who currently holds a PMS contract could continue to do so

After discussion with the Lewisham place executive lead and the LMC and in the knowledge that the remaining partners at the practice were supportive, the agreed recommendation was to exercise this discretion and allow the partner to remain on the contract.

The ICB confirmed with the practice and partners that to support the decision for the partner to continue to hold a PMS contract, it would need appropriate assurances that the bankruptcy will not impact the practice.

The following assurances were provided by the practice:

- The practice had sought independent legal advice, and a waiver letter has been agreed and signed by all three partners.
- The General Medical Council were informed about the bankruptcy proposal and confirmed that there was nothing in the Medical Act 1983 which prevents a doctor who has been declared bankrupt from being registered or holding a licence to practice.
- According to the practice accountants, Partnership is not a taxable entity, and it does not pay taxes. Partnership only calculates practice profit for tax purposes. Signatories do not get affected by the bankruptcy of the partner.
- A senior GP at the practice is the CQC Registered Manager.
- Both the Practice bank account and the Mortgage account are not frozen. The bank mandate states that “Your liability to us will not be affected by any change in the partners of the partnership because of death, bankruptcy, retirement and/or any new partner joining or otherwise”.
- Consideration of the possibility of direct payments to Lloyds bank for the rent reimbursement to provide additional assurance.
- There will be no change to working patterns.
- Regular engagement with the London LMC GP support team over the next 12 months.

- Regular engagement with the ICB over the next 12 months.

The end date of Bankruptcy as per the insolvency register is the 31st August 2024.

The ICB was satisfied with the assurance provided by the practice and will maintain regular reviews of the position.

3.3 Lewisham Home Visiting Service

The group received an update of the position of the Lewisham Home Visiting Service.

Following engagement with Lewisham PCNs in 2019, One Health Lewisham (OHL), the Lewisham GP Federation, identified that home visiting was one of the biggest challenges facing general practice.

In July 2019, OHL independently commenced a home visiting service as a pilot to support GP practices across Lewisham.

In 2020, commissioners commissioned the service as a pilot, and it was temporarily extended during the pandemic to support practices.

The service was funded by the ICB at an additional cost on top of the payments currently received by practices as part of the global sum.

The ICB have outlined their intention to decommission and no longer fund the home visiting service after 31st March 2024. It is proposed that the released funding will be reinvested back into primary care.

Practices/PCNs have been informed that from 1 April 2024 they will need to ensure they have appropriate arrangements in place to provide to home visiting appointments for their registered population as per core NHSE GP contract requirements.

3.4 Award Recommendation Report for Lewisham Care Homes GP Contract (APMS)

The group received a summary update on the Lewisham Care Homes GP contract procurement.

The key objectives of the procurement were to:

- Secure ongoing primary medical services to care home residents registered in Lewisham; enabling them to receive the required care no matter which home they reside.
- Maintain, and where necessary improve, the quality of primary medical care services available to patients,
- To ensure greater consistency across providers and greater equity of the service offered. To have a provider in place that can respond quickly, delivers regular support and is holistic in its approach to providing an enhanced service to this group of vulnerable residents.
- Proactive Support to Care Home residents, Managers and Clinical Leads.

Procurement timeline

Key milestones	**Dates**
Business Case approved by NHS England Commercial Executive Group	07/06/2023
Advert published on Contracts Finder / Find a Tender / ProContract	26/06/2023
Invitation to Tender (ITT) issued	26/06/2023
Deadline for receipt of ITT clarification questions	24/07/2023
Deadline for ITT submissions (via the Procurement Portal)	07/08/2023
ITT Evaluation	11/08 to 11/09 2023
ITT Moderation	14/09 to 28/09/2023
Bidder Presentation and Interview	19/10/2023
Recommendation to Board / Award Report sign-of	27/11 to 01/12/2023
Inform Bidders of outcome and observe standstill period	01/12 to 11/12/2023
Contract award	12/12/2023
Mobilisation	13/12/2023 to 31/03/2024
Service commencement	01/04/2024

Procurement results

Based on the outcome of the evaluation and in line with the criteria stipulated by the Authority within the Invitation To Tender documentation, it is recommended that the contract be awarded to the Preferred Bidder. The Preferred Bidder is the Bidder that offers the most economically advantageous tender, i.e. achieves the highest combined score.

The contract duration is 5 years, with an option to extend by a further 5 years, followed by a 2nd option to extend for a further 5 years (maximum 15 years).

The plan is to formerly award the contract to the successful bidder after the statutory standstill period. It is expected that the new Care Home GP will achieve real improvement and good patient outcomes.

Lewisham Local Care Partners Strategic Board
Declaration(s) of Interest – 2023/24

Name & Title	Any Declaration(s) of Interest
Pinaki Ghoshal Executive Director for CYP	Nothing to declare.
Ceri Jacob Place Executive Lead, Lewisham	Nothing to declare.
Tom Brown (Chair) Executive Director for Community Services (DASS)	Nothing to declare.
Dr Catherine Mbema Director of Public Health	Husband, Dr Yaw Adansi-Pipim is a salaried GP at the Greenside Group Practice (Croydon) and has a dormant limited company, Alisaquilae Ltd.
Michael Kerin (Co-Chair) Healthwatch representative	Michael Kerin: NHS pensioner Wife (Brenda Scanlan): • Owner and Director of Brenda Scanlan Consulting Ltd. Provides consultancy and management support on social care issues to a range of clients including at present to Bexley Adult Social Services and to 'One Bexley' a voluntary sector consortium. • Trustee Age UK Croydon and Member One Croydon Health and Care Board.

Fiona Derbyshire Voluntary, community and social enterprise (VCSE) representative	Nothing to declare.
Anne Hooper Community representative	Nothing to declare.
Vanessa Smith Executive Organisational representative (SLaM)	Nothing to declare.
Neil Goulbourne Executive Organisational representative (LGT)	Nothing to declare.
Dr Simon Parton Primary Care representative	• Medical Director of Modality Lewisham. • Chair of Lewisham Local Medical committee • GP rep for SEL LMCS • Chair Lewisham Primary Care network
Dr Helen Tattersfield Primary Care representative	• GP Partner at Oakview Family Practice • Chair of local charity promoting healthy eating and lifestyles
Dr Prad Velayuthan One Health Lewisham	• GP Partner, ICO Health Group • CMO at Doctaly (a technology company which provides services into the NHS) • Chief Executive of One Health Lewisham • Primary Care Digital Lead for SEL ICB

Lewisham Care Partners Strategic Board Members

Tom Brown, Executive Director for Community Services (DASS)
Chair of the Lewisham LCP Board

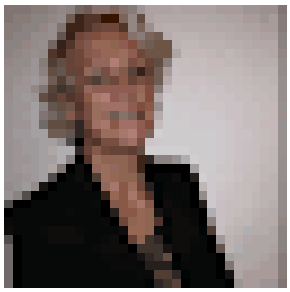
Tom qualified as a social worker in 1994 and has worked in a number of councils in and around London, including in a number of roles working across health and social care. Tom has worked in South East London for the last 10 years, working in Lewisham as Executive Director for Community Services since 2019.

Michael Kerin, Healthwatch representative
Co-Chair of the Lewisham LCP Board

Michael Kerin is the Healthwatch representative on the Strategy Board. He has been a member of Healthwatch Lewisham since 2017 and chair of the Healthwatch Lewisham Advisory Committee since 2020. He is also a member of the Lewisham Health and Wellbeing Board.

Michael has lived in Lewisham for over 40 years, and has been involved with various local organisations in that time. He was a senior civil servant in the Department of Health/DHSS for nearly 15 years. He was chief executive of NHS commissioning organisations in South-East London and held senior roles at National and Regional level for a further 15 years. He then managed St Joseph's Hospice in the East End for

over ten years. Now formally retired, he recently completed an MA in contemporary British history at King's College London.



Fiona Derbyshire, CEO of Citizens Advice Lewisham

Former CEO of York Citizens Advice, where I sat on the Ways to Wellbeing board, Health Scrutiny, JNSA and the regional pandemic response panel on health and poverty. Before that 5 years as a local Government elected Councillor with portfolio on health, planning and housing. Prior to this, after attaining my professional HR qualifications, I spent 2 years as a local government consultant on change management and employee engagement where I used the extensive knowledge I had gained as a local authority manager in housing and planning for over 20 years.

Pinaki Ghoshal, Executive Director for CYP (Children & Young People)

Pinaki has been the Executive Director for Children & Young People (DCS) in Lewisham since June 2020, this includes responsibility for Children's Social Care services and also education services. Prior to that he was the DCS in Brighton and Hove for 7 years and was in an Assistant Director role in Manchester and Warrington. For most of his professional life Pinaki worked in the North West of England originally as a teacher before moving into LA work, initially line managing minority ethnic achievement services before taking on wider Inclusion and Education leadership roles. Pinaki is committed to improving outcomes for all of the children and young people across Lewisham and is a member of a number of partnerships and groups which support this ambition.

Dr Neil Goulbourne, Chief Strategy, Partnerships & Transformation Officer

I am the Chief Strategy, Partnerships, and Transformation Officer for Lewisham & Greenwich NHS Trust. I joined in August 2023 from Croydon Health Services NHS Trust, where I was Director of Strategy, Planning and Performance and Chief of Staff. I have a wide and varied NHS and private sector career and bring a wealth of strategic insight and experience to my role at LGT. I have also served as a GP and Junior Doctor for over a decade in London and the West Midlands before moving into senior leadership roles in the private healthcare sector. I returned to the NHS in 2015 as Deputy Director, Strategy for NHS England, and have since worked at GSTT (Guys and St Thomas) and Croydon in senior roles in strategy and improvement.

Anne Hooper, Community/Public representative

Anne Hooper has worked in both the voluntary and commercial sectors and has over 25 years' experience as a Chief Executive. Until August 2013 Anne was Chief Executive of Trinity Hospice, a position she held for 14 years. Prior to this Anne was Chief Executive at City Roads, a residential crisis intervention centre for drug users. Anne has extensive governance and board experience, has provided coaching and mentorship to senior leaders within the health and care sector and has taken on a number of trustee roles within the voluntary sector. In 2017 Anne was appointed Lay Member at Lewisham CCG with responsibility for patient and public engagement.

From April 2020, following the CCG merger, Anne was appointed the Lay Member on the Lewisham Borough Based Board with similar responsibilities. In 2020 Anne was also appointed as the Freedom to Speak Up Guardian for SEL CCG (Lewisham).

Ceri Jacob, Place Executive Lead Lewisham

Ceri Jacob started her career in the NHS as a nurse working in both acute and primary care. She left clinical practice in 2000 and has worked in senior management roles across health and care including Primary Care Trusts, Clinical Commissioning Groups, NHS England and a Local Authority. She has long been an advocate of collaborative and integrated planning and delivery on the basis that it leads to better outcomes for the local population, a better working environment for staff and a more sustainable health and care system. She has implemented this way of working in both Hillingdon CCG and the three outer North East London boroughs of North East London CCG. Clinical and professional leadership, supported by great managers, has been key to the successes this approach has delivered.

Dr Catherine Mbema, Director of Public Health

Dr Catherine Mbema is a medically qualified public health professional, who trained in medicine at Imperial College London and then subsequently trained in public health across a number of local authorities in South East London (including Bromley, Lambeth, Southwark and Lewisham). She has been with the Lewisham Public Health team as a public health consultant since July 2017, moved into the interim Director role in March 2019, and was appointed Director of Public Health for Lewisham in 2020. Dr Mbema was born in London to parents of West African heritage and has lived in a number of London boroughs in the city to date. She is passionate about seeing

improvements in public health for those living in the city and now particularly in Lewisham. In her time as Director of Public Health she has ambitions to contribute to a reduction in health inequalities for residents in the borough by working with communities alongside statutory partners. She also aims to see an improvement in some of the overarching public health concerns in Lewisham, particularly around COVID-19, mental health and wellbeing and obesity.

Dr Simon Parton, Primary Care Representative

I have been working in Lewisham as a GP for 20 years. I am now Medical Director of Modality Lewisham. I have been involved with primary care both at a borough level and a South East London level for many years.

My current positions include:

- Chair of Lewisham Local Medical committee
- GP rep for SEL LMCS
- Chair Lewisham Primary care network

My aims are to support primary care to maintain its resilience and work with partners across the system to provide the best care we can to our Lewisham population.

Vanessa Smith, Executive Organisational representative

Vanessa Smith is the Chief Nurse at South London and Maudsley and was appointed in April 2021. Vanessa has worked in a range of services across South London and has worked at the Trust for over 30 years. She started her career training to be a nurse

at South London and Maudsley and has worked in clinical and operational roles in inpatient, community, and specialist services.

As Service Director for the Psychological Medicine and Older Adults (PMOA) directorate she oversaw significant achievements in patient safety, experience and involvement, and strengthened quality governance and assurance.

Vanessa was appointed as Deputy Director of Nursing in March 2019 and became Director of Nursing (Interim) in July 2019.

Dr Helen Tattersfield, Primary Care representative

I have been a GP in Downham since 1990 first in a small partnership and then setting up my own practice , Oakview Family Practice which is now a thriving and well respected training practice on the Downham Estate.

As well as running the practice and training the next generation of GPs I have led our neighbourhood (Downham, Grove Park and Catford) and Chaired the Lewisham CCG from its outset and through the threatened closure of Lewisham Hospital. I am currently Clinical Director of Sevenfields PCN and have been asked to represent the Lewisham Primary Care Networks on the Board. I also chair a small local Charity, The Downham Nutrition Partnership which has developed and encouraged healthy eating initiatives over the last 20 years in our local area most recently co-ordinating ‘ Healthier, Happier Downham’ partnership events in the local parks. Not just interested in treating the unwell I am determined to help promote healthier life choices and facilitate these locally .

Dr Prad Velayuthan, Chief Executive One Health Lewisham

Dr Prad Velayuthan is a frontline GP at the ICO Health Group and based at the Moorside Clinic in Downham. As Chief Exec, Prad believes that One Health Lewisham is an invaluable innovation partner within the ICS, supporting member practices, PCNs and the wider system in addressing its challenges. His vision for OHL is to build a strong, successful and inclusive organisation to support new and sustainable models of health and care delivery to benefit all patients. Prad is passionate about innovation and digital transformation as a tool to addressing system pressures. He holds leadership posts as a health tech advisor and is digital lead for SEL ICS.

LEWISHAM PEOPLE'S PARTNERSHIP
Discussions and actions from the meeting held on 27th September 2023

Lewisham People's Partnership – Agenda for the meeting held on 27th September

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

2. **Development of a community space in Lewisham**

3. **Co-production in Adult Social Care**

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

Agenda Item 1 – Voices at the meeting

Anne Hooper, Chair, Lewisham People's Partnership
Charles Malcolm-Smith, People & Provider Development Lead (Lewisham)
Rachel Ellis, Table Talk
Alice Groux, Age UK
Nalan Salih, Chair, Lewisham Parent & Carers' Forum
Rosemarie Ramsay, Capital Agenda
Bridgit Asam-Bailey, Lewisham Pensioners Forum (item 3)
Tristan Brice, Lewisham Council (item 3)

Online attendees
Lisa Fannon Public Health, Lewisham Council
Jorja, Head of Services, Citizens Advice Lewisham
Jason Browne, Public Health, Lewisham Council
Kelvin, Carers consultant dementia at SLaM and PCREF
Alex Camies
Michael Kerin, Healthwatch Lewisham
Miria Papsofroniou, Apex Support, housing provider
Barbara Gray, Kinaara
Helen Eldridge, Head of Communications and Engagement (Lewisham)

Agenda Item 2 – Development of a community space in Lewisham

Background

This agenda item was introduced by Jason Browne and Lisa Fannon. They explained that Lewisham Council and Lewisham Public Health Team are currently scoping the use of a community space at Lewisham Shopping Centre and wanted the use of this space to be co-developed with people and communities who live in Lewisham along with community, voluntary and social enterprise (CVSE) organisations in Lewisham.

Jason and Lisa acknowledged that the space could have many purposes including providing vaccinations, sexual health information, health checks, food hubs, hosting community groups, forums, classes and outreach and should work to support delivery of the health inequalities agenda, be accessible and welcoming. Lisa and Jason asked three questions of the group - what would they like to see available in the space, what would be most effective to reduce health inequalities and, given that this space is unlikely to be able to meet everyone's expectations, would be your three main priorities?

Following discussions, the group gave the following responses to these questions as well as highlighting some of the challenges they saw in developing this space.

What would you like to see available in this space?

- Space for community groups to promote their services
- Black VCSE organisations who are commissioned to deliver services to have free and allocated access for individual and group work
- Space for local groups to meet
- Accessible information on physical and mental health and wellbeing services and support for children, young people and adults
- Health promotion information, advice and support
- Access for children and young people with additional needs, including in the evening e.g. an autism group for girls and for those with learning disabilities or additional needs who need specialist staff
- Space to promote wider network collaboration with the development of neighbourhood teams and family hubs
- A connection between the shop front and the refurbished Lewisham library

What would be most effective to support reductions in health inequalities?

- To use the space to build trust with people and communities and have conversations with them about the things that impact on their health and wellbeing
- Space for trusted services/voices to offer advice and support to people not currently using mainstream health and care services
- An opportunity to look at how we can work in partnership in different ways with people and communities in Lewisham
- An opportunity to use the new Health and Wellbeing strategy

What are the challenges in developing this space and what should be prioritised?

The meeting highlighted challenges such as demand exceeding space and that the space in the shopping centre is limited with not all of it being accessible. There should be a monitoring system to know who is coming into the space and for what, as well as demographics and the types of organisations using the space. It was acknowledged that there is learning from similar spaces in Lambeth and in Middlesborough being applied to the development of the space in Lewisham.

The challenges that Black VCSE organisations face in accessing space to deliver their services, including those commissioned by Lewisham statutory sector, was raised. It was acknowledged that investment into a community space in Lewisham that would offer these organisations accessible space at either free or reduced cost could support these challenges being overcome.

There were questions about the why the shopping centre had been identified as the location, its capacity in the future and whether other venues could be selected for the north and south of Lewisham.

The meeting acknowledged that the space could not meet all expectations or needs and that priorities would need to be explored.
It was also acknowledged that there is continuing work being done to reach different communities in Lewisham and involving community members through primary care networks. Lisa and Jason also advised that they are working with members of communities to reach people for whom English is a second language, and with the voluntary and community sector network.

Jason and Lisa highlighted that the new Lewisham Health and Wellbeing Strategy being developed was focusing on people and communities currently not engaging in services. The space in Lewisham Shopping Centre could be prioritised to provide access to services, information and support that people and communities might not otherwise get including the impact social and economic factors have on health and wellbeing such as housing, finance, benefits, employment and diet.

The issue of how the space in Lewisham Shopping Centre fits into the bigger picture in Lewisham was also discussed as was the need to use existing knowledge to determine the use of the space and the priorities to apply. Conversations with communities – and community champions – were also ongoing about what is needed as were discussions about how to improve the co-ordination of services. It was acknowledged that change was needed to ensure that people and communities in Lewisham have equal access to health and care services, information, advice and support.

It was agreed that Jason and Lisa will come back to the Lewisham People's Partnership another time with updates and conclusions from their engagement.

Agenda item 3 – Co-production in Adult Social Care

Tristan Brice and Bridgit Asam-Bailey, attended the meeting for this item.

Tristan explained that Lewisham Council have been putting in place ways to engage with and understand what older adults (aged 65 and over) want from the transformation of adult social care services. They have identified 49 different voluntary and community groups in the borough supporting older adults and in July brought them together for the first time as a group for an event called 'Capturing the Voice of Older Adults'.

Bridget spoke about the fact that older people have a voice that should be listened to with respect and inclusion. Older people can make their own decisions – they do not need people to decide for them. Everyone has different needs and older people should be treated as individuals - not stereotyped and grouped all together. Older people have a wealth of experience as well as intergenerational solidarity and cultural diversity that many can learn from.

Tristan said that the group will come together four times per year, put in place a newsletter and be supported by an apprentice. The voluntary and community groups who are members of the group will be asked to share resources, to collaborate and not compete for funding. The meetings will be touch points and provide feedback on the implementation of changes.

Tristan confirmed the council commitment to the voice of older people. This includes:

- Equality, respect and inclusion (included in decisions)
- Empowering – given the chance to make decisions
- Supporting inter-generational understanding and combatting stereotyping of older people
- Representation
- Ensuring policies are in place
- Learning from different cultures, for instance the respect for elders

There are two priorities currently in transformation of services for older people:

- Shift activity away from A&E and avoid emergency admissions
- Helping older people to stay healthy and receive proactive care
-

Following discussions, the group gave the following responses about the plans to engage with and understand what older adults want from the transformation of adult social services:

- A strategy to understand the different cultures and sensitivities within Lewisham's diverse older population and communities and how this should influence the above two priorities
- Important areas highlighted in the discussion were ensuring dignity and respect in hospital services, to be seen as individuals, understanding cultural sensitivities and differences
- It was suggested that older people may be reluctant to use computers or mobile phones, or they may not have up to date models – how can they be reached? Tristan explained that they have taken a blended approach to consultation using both digital and non digital ways to communicate and involve people, for example the dementia consultation where most responses did not come from online
- The need to make connections with trusted advocates like Kinaara to ensure all communities can be accessed and influence the engagement
- The need for proactive care to support older people in staying, and living, well

It was agreed that progress updates would be given to the Lewisham People's Partnership over time including the eventual plans for the transformation of adult social care services.

Agenda Item 4 – Date and location for the December 2023 meeting of the Lewisham People's Partnership

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

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

Since the Lewisham People's Partnership started in April 2023, we have been running hybrid meetings to enable as many people as possible to attend and to move the meeting between different community meeting places.

The technology has proved to be a little challenging at times and so, for our next meeting on 6th December we are offering two meetings and two ways of attending.

The first meeting, from 10am to 12 noon, will be an in-person meeting at Lewisham Local, Unit C, PLACE/Ladywell, 251 Lewisham High Street, SE13 6NJ. The second meeting on the 6th of December will be an online meeting and will be held from 2.00pm to 4.00pm.

A suggested agenda for this meeting will be sent out shortly.