Lewisham Local Care Partners Strategic Board
Date: 25 January 2024, 14.00-16.00 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Tom Brown

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 30 November 2023 (for approval)**	Verbal/ Enc 1	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**Any questions from members of the public**				14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 2	Ceri Jacob	To Note	14.10-14.20 10 mins
	Delivery				
4.	**Neighbourhood Development Programme**	Enc 3	Fiona Kirkman	For Discussion	14.20-14.40 20 mins
5.	**Digital Inclusion**	Enc 4	Charles Malcolm-Smith	For Discussion	14.40-15.00 20 mins
6.	**Primary Care Services to Care Homes Procurement**	Enc 5	Ashley O'Shaughnessy	To Note	15.00-15.10 10 mins
7.	**Approval of Contract Award for Anticoagulation paper**	Enc 6	Erfan Kidia	To Note	15.10-15.20 10 mins
8.	**Risk Register**	Enc 7	Ceri Jacob	For Discussion	15.20-15.35 15 mins
9.	**People's Partnership update**	Enc 8	Anne Hooper	To Note	15.35-15.45 10 mins
	Governance & Performance				
10.	**Finance update**	Enc 9	Michael Cunningham	For Discussion	15.45-15.55 10 mins
	Place Based Leadership				

11.	**Any Other Business**		All		15.55-16.00 5 mins
					CLOSE
12.	**Date of next meeting (to be held in public):** • **Thursday 14 March 2024 at 14.00 hrs via Teams**				
	Papers for information				
13.	**Minutes of:** • **People's Partnership meeting (06/12/2023) (Enc 10)** • **IQ&AG (10/11/2023) (Enc 11)** • **PEG (02/10/2023) (Enc 12)**				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 30 November 2023 at 14.00 hrs

via MS Teams

Present:

Michael Kerin (MK) (Chair)	Healthwatch Lewisham representative
Anne Hooper (AH)	Community Representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Neil Goulbourne (NG)	Chief Strategy, Partnerships & Transformation Officer, LGT (Lewisham & Greenwich NHS Trust)
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham
Dr Helen Tattersfield (HT)	GP, Primary Care Representative
Dr Simon Parton (SP)	GP, Primary Care Representative
Fiona Derbyshire (FD)	CEO Citizens Advice, Voluntary Sector Representative

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
James Lee (JL)	Director of Communities, Partnerships and Leisure. LBL (representing Tom Brown)
Dr Esther Appleby (EA)	GP & CCPL (Clinical Care Professional Lead)
Amanda Lloyd (AL)	System Transformation Lead, SEL ICS
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director Primary Care, SEL ICS

Chima Olugh (CO)	Primary Care Commissioning Manager Lewisham, SEL ICS
Yvonne Joy (YJ)	Primary Care Commissioning Manager, SEL ICS
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Natalie Sutherland (NS)	Adult Integrated Commissioning (representing Kenny Gregory)
Lindsey Young (LY)	SEL ICS
Daniel Johnson (DJ)	Comms & Engagement Lewisham, SEL ICS
Iain McDiarmid (IMc)	Assistant Director - Adult Integrated Commissioning, LBL
Anne Marie Brennan (AMB)	SEL ICS

Apologies for absence:

Tom Brown, Pinaki Ghoshal & Dr Prad Velayuthan (LCP Board members)
Jessica Arnold & Kenny Gregory (SEL ICS)

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 21 September 2023** Michael Kerin (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. MK advised the meeting Housekeeping rules to attendees. Declaration of Interests – There were no new or amended declarations of interest. It was noted that for agenda item (6). Home Visiting Service there would be a Conflict of Interest (COI) to be managed. Attendees were advised: • 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. This was noted by the LCP Board and attendees. Apologies for absence were noted as detailed above. Deputies attending were noted. Minutes of the Lewisham LCP Strategic Board meeting held on 21 September 2023 – these were agreed as a correct record. Action log – noted one action listed was now closed (JA). **The LCP Board approved the Minutes of the meeting held on 21 September 2023.**	
2.	**Questions from members of the public** There were no questions raised from the members of the public. One question had been received in advance of today's meeting via email. MK shared a general overview of the question and the response from Ceri Jacob to the member of the Lewisham Donation Hub who had submitted it. An anonymised version of the question and response is attached as Appendix A. Fiona Derbyshire noted there were many opportunities for the voluntary sector to assist with this. James Lee noted the donation hub undertake a lot of good work and do receive funding from the local authority. JL advised he would make contact with them. MK emphasised we must encourage voluntary sector collaboration. MK took the opportunity to mention the LCP Board cover sheets and the public engagement box. Often this box appears blank when submitted. Future meetings will look at any public engagement undertaken, and ideally, plans for any feedback following the meeting. CJ supported MK's comments.	

3.	**Cancer Screening update** Dr Esther Appleby and Dr Catherine Mbema presented the agenda item. Slides shared on screen. CMb gave the background to the agenda item and the framework for discussions. Breast cancer screening has the lowest screening coverage in Lewisham. Data can show uptake by practices. Currently North Lewisham (by PCN) has the lowest coverage. The dashboard can break data down by ethnicity. Deprivation spots highlighted. Key messages noted by CMb. EA updated on the Lewisham Cancer Awareness Network (LCAN). Main areas of focus noted. Three main workstreams are taking place. One of these is Communications. Information is disseminated to residents in the borough. Community Engagement has also taken place. Many different engagement approaches have been tried. Cancer Research UK Talk (Cancer training programme) has been used to raise awareness. Information on screening programmes helps to raise public awareness. Future areas of work slide noted. This includes data, communications, engagement and training. A Macmillan Cancer Champions bid has been submitted. CJ suggested a follow up regarding what other organisations (providers) could do. Cervical screening differences across PCN's noted. For the GMS (General Medical Services) premium, will pick up with primary care and the relevant Clinical Directors. FD advised needed to be part of any conversations here. Have undertaken a lot of work in the borough especially with BAME residents. Information needs to come from a trusted source. HT said in part low take-up was of a lack of trust in the NHS at the moment. GPs cannot address this in isolation, especially for services, such as breast clinics, run centrally. The voluntary sector can make a difference. Practices can offer more cervical screening appointments. **The LCP Board noted the Cancer Screening update.**	

4.	**PEL (Place Executive Lead) report** Ceri Jacob presented the agenda item. The PEL report was taken as read. For the Management Cost Reduction (MCR) Programme, the requirements were noted. It is a single process in SEL ICS to identify the full 30% needed. This will be delivered by April 2025 in full. Have tried to minimise impact of staff. Consultation period has now ended and the management response is due on 14 December. A number of staff will be made redundant. Those at risk can access outplacement support. An more detailed update on the Waldron Centre refurbishment will brought to the LCP Board at a later date. NHSE funding has been secured for the ground floor. The ICB wants to reap the benefits for the community as it becomes a flagship. Have relaunched the Waldron Programme Board. There is a dedicated working group on public engagement chaired jointly by CJ and Neil Goulbourne. The local authority (LA) and voluntary sector (VCSE) are also involved. On an Inequalities theme, hypertension work is underway. Have initiated various pieces of work. SEL have submitted a bid for NHSE funding to support a digital tool to improve management and control of hypertension. MK noted a sensitive time for staff at the ICS due to the MCR Programme. **The Lewisham LCP Board noted the PEL report.**	
5.	**Health Inequalities update** Dr Catherine Mbema presented the agenda item. Slides shared on screen. An update on a two-year programme was given to the LCP Board. This included work on Health Equity Fellows and BLACHIR (Birmingham & Lewisham African & Caribbean Health Inequalities Review).	

	There had been a concentrated period of time with specific funding. Objectives and workstreams were noted. ICS funding had been made available to address inequalities via certain projects. LA, Trusts and primary care were also involved. Areas of funding will be reviewed in the new year if any additional funding becomes available. Health Equity teams programme noted. Recruited a Fellow in each PCN (6 in total). 5 co-produced a project. There have been some challenges. North Lewisham ran a number of outreach sessions. LCP partnered up with the 360º network. CMb updated on a specific Diabetes project for those from a specific ethnic background. Sevenfields PCN have recruited champions. Modality are working with Therapy for Healing. BLACHIR joint review with Birmingham City Council, the review was published last year. Commissioned a community partner. Work so far has included listening events. Community feedback has been received. Stakeholders have been asked for key areas there should be action. Data collection work is also underway. AH pleased to see the report. Much of the work involves long-term projects and ensuring sustainability over time is a concern. CMb agreed; , we are looking at what is working well and can be made sustainable. Resources issue noted. MK also noted the need for integration into the forthcoming health and well-being strategy, to be signed off by the Health and Wellbeing Board. CJ noted BLACHIR impact was featuring in conversations with provider colleagues. LCP Board cover sheet also has a BLACHIR box now for completion. Cultural competency in tandem with LGT. Pleased to see next steps, seminar session to utilise funding for next year. Funding previously sustainable through recurrent allocation, hoping to have some more recurrent funding next year. Impact of work can take 5-10 years in the community.	

	EA agreed sustainability issue is really important, provide knowledge and training and resources as well. Collaboration between health care systems is important to facilitate that. Slide featuring community groups and PCN noted detailing relationships. Learning is shared in terms of the approach and learning successes etc. CMb said evaluation will be really important, aiming to commission an evaluation piece. CJ commented on the cultural competency e-learning package at LGT. Suggestion it could be made available to others across the borough. Workforce tool box plus also trauma informed training. Hopefully there can be an update for the LCP Board in the New Year. MK said addressing health inequalities goes to the heart of what we are about. He emphasised Healthwatch support for the efforts around community engagement. **The LCP Board noted the Health Inequalities update and the proposed next steps**	
6.	**Home Visiting Service (for approval)** Ashley O'Shaughnessy presented the agenda item. Yvonne Davies also assisted. MK reminded attendees of the Conflict of Interest and how this would be managed: • 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. This was noted by the LCP Board and attendees. AOS gave a summary of the agenda item. He was seeking the LCP Board's approval for the following recommendations stated in circulated paper:	

	− Decommission the Lewisham Home Visiting service as of the 1 April 2024. − Support Primary Care Networks (PCNs)/practices to identify local opportunities for improving access for their registered population. A summary of the paper was presented. Members presented several questions to commissioners for assurance. NG noted this was a pilot in the first place and queried what were we trying to test? AOS confirmed that the service was initially set up independently by OHL as a pilot and not by the ICB. The service provided support to practices to assist with more complex housebound patients. Practices, under their core contract remained responsible for home visits to their registered population. When Covid emerged, commissioners agreed to fund the pilot to help support practices during this time and assist in managing access and patient demand which was reaching unprecedented levels. CMb noted that the paper references the growth in the number of housebound patients and queried if practices would be able to meet the increased demand AH noted that we were four months away from the end of the pilot service and that appropriate arrangements and workforce would need to be in place by end of March 2024. She sought assurance that the level of capacity will be maintained once the service was discontinued. HT was extremely concerned about not having the service A driver to start it was to ensure early assessment of housebound patients to support early admittance to hospital where needed. Potential consequences noted. SP said this has been taken to the Primary Care Group, and it is recognised that it is a requirement of the core GP contract. Housebound patients can deteriorate and become poorly quickly, and there can sometimes be a delay in visiting them due to clinics. Home visiting service is a bespoke service and this decision does present a	

	short timeline for implementation of appropriate arrangements. There are complexities, such as funding for example. ARRS funding to recruit paramedics is an option, however Paramedics require certain training to be completed to allow funding to be utilised and to ensure it is completed within the timescales for delivery and therefore like for like capacity might be an issue. There is engagement with practices and AOS. EA said it was important to acknowledge the services that GPs were doing and home visits. This service is being utilised in addition to primary care undertaking visits directly. It is time consuming to undertake home visits alongside other practice work, phone calls and seeing patients face to face. AL spoke as the UEC (Urgent Care) Lead for Lewisham on the urgent community response UCR) service which has a 2hr call out response for those at risk of emergency admission. They do not undertake routine home visits, but can support the more high risk cases. MK noted the anxiety around the service and hoped reassurance was being offered. AOS acknowledged the concerns raised and informed the board that the proposal had been taken to multiple committees to inform and engage with them on the proposals as part of the formal governance structure, this included SEL ICB Lewisham senior management team, Urgent and Emergency Care Group, Primary Care Group and Local Medical committee (LMC). The Paper highlighted the benefits of the service to primary care however there were a number of drivers for decommissioning the service which have to be considered as part of the wider health system . • 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)	

	• Does not align to primary care commissioning intentions, priorities, and primary care strategic plan. • Is not consistent with other SEL boroughs. (One other borough has a similar model but plans are also to decommission based on similar rationale). AOS gave assurance regarding AH points, confirming that communications and conversations have already commenced with primary care networks (PCNs) and the primary care leadership forum about potential opportunities for home visiting arrangements from 1 April 2024. CJ commented that the first call on resources released would be reinvestment back into primary care to support invest to save schemes MK noted to AH, as Chair of Primary Care Group, there were evident concerns and anxieties however acknowledged the drivers for the recommendation. AH confirmed that the Primary Care Group have agreed to receive regular updates on progress with this matter to ensure that any issues are quickly identified and addressed. **The LCP Strategic Board approved the recommendations outlined in the circulated paper.**	
7.	**Lewisham Winter Plan 2023/24 (for discussion/approval)** Amanda Lloyd presented the agenda item. High level overview given to the LCP Board. Work had started in April 2023 with a winter wash-up session looking at what had gone well previously. Mental health crisis had been an issue last winter. UEC Board looked at how funding could be allocated. Stakeholder group held in September 2023. Looked at the existing and planned mitigations. Mapped into a document. AL spoke of increased capacity and reduced demand, specific seasonal pressures and the escalation protocols in place. Number of different initiatives being taken forward including extended opening hours for certain services. Management is via a Board and key weekly meetings are taking place to look at funding. Recruitment is based on system expectations. Document will be shared on the ICB website and with SMT colleagues.	

	Following discussion, the LCP Board voted to approve the Lewisham Winter Plan 2023/24. **The LCP Board approved the Lewisham Winter Plan 2023/24.**	
8.	**Risk Register** Ceri Jacob presented the agenda item and drew attention to those risks which had decreased or increased in their risk scores. Some risks had remained static. Risks are reviewed monthly and in other internal meetings. The Board noted the slide on the comparison of the risk profiles for SE London Places. This has been discussed by the PELs. **The LCP Board noted the Risk Register update.**	
9.	**People's Partnership update** Anne Hooper presented the agenda item. The report was taken as read. A meeting was held on 27 September which discussed the development of community space in Lewisham and co-production in adult social care. The meeting suggested that space in Lewisham shopping centre should be prioritised. There was also discussion on issues with developing the space including sustainability and access to certain services. Offer organisations accessible space to facilitate access. Discussions also included reducing health inequalities, provide services and trust to the community, space for trusted organisations to offer advice and support to those not accessing health care services. The meeting advised that co-production engagement needed to understand what older adults want, acknowledge it is important for older people be seen as individuals. AH also commented on digital and non-digital communication channels, to ensure access for all communities.	

	The next meeting is 06 December. Agenda items include improving access to primary care and development of a new Health & Wellbeing (HWB) Charter in Lewisham. This includes taking steps to improve your own health. Agreed AH would invite JL to the next meeting. MK noted that the technology required for hybrid meetings (in person and online) has been challenging. AH advised when we started we were clear on resources and venues but hybrid has proved a challenge. The 6 December session will involve 2 meetings on the same day, one in person and one online. MK also commented on attendance levels and awareness of the meetings too. AH said there would be more field work next year. **The LCP Board noted the People's Partnership update.**	
10.	**Corporate Objectives & Action Plans** Ceri Jacob presented the agenda item. SEL had agreed six corporate objectives for 2023/24, prevention focus noted. Primary care team reports on immunisations and Learning Disability (LD) physical health checks information. Chima Olugh will provide an update to the Board at a later date. Accountability for the objectives sits with the PELs. MK noted the tie in with previous agenda items on health inequalities. **The LCP Board noted the update.**	
11.	**Finance update** Michael Cunningham presented the agenda item. Main highlights shared with the LCP Board. ICB position for Month 7 detailed an overspend of £1.7m which was an improvement from Month 6 of £2.2m. The main reasons reflect place recovery action	

	plans across the six months. Series of financial recovery action meetings had taken place in September. Forecast outturn for the end of the year is a break-even position. Key pressures YTD of £11.8m for prescribing and CHC £4.9m overspend across the six boroughs. Off set by underspends in other budget areas and financial recovery plans. Main drivers are activity and price pressures in both areas for prescribing and continuing healthcare (CHC). Demand and prices are outstripping the extent of budget uplifts each year. The impact of new NICE recommended drugs and activity growth associated with long-term conditions (LTC) were also noted. For the LA social care services, Month 7 shows £1m overspend for adult services and for children's services £6.9m. There are real pressures across both services. Broader SEL ICS position: Month 7 reports were not available at the time of reporting. Summary of Month 6 given instead. Broader ICS system deficit of £82m (just under). Noted 4 providers off plan (out of 5). System has identified £226m of £320m savings plans for the year. Graph showing key elements of the overspend noted. The efficiencies are behind at this stage in the year. Noted the £20m industrial action impact, independent sector £10m to clear backlogs and prescribing £7m (just over). Lewisham borough (Place) forecast is an underspend against delegated budget of £65k, challenging for this to be achieved. Identified savings programme £4.2m broadly on track to achieve. Noted percentage increase in ICB allocations will be lower than current year. Efficiency targets would be higher, savings of 4-4.5% next year required. Savings target against delegated budget £7m for the next year. It is a tightly constrained financial position. AH queried the outcome if we do not make efficiencies this year, are they added to next years? Budget less as a result? MC advised yes,	

	in broad terms. Slightly short on prescribing going into the final quarter of the financial year. Cost pressures noted on prescribing of about £7m. £4.5m Lewisham delegated budget savings target noted. AH queried the £20m cost of industrial action and independent sector capacity to continue? MC said it depended on the extent to which the capacity is needed. There has been a replanning exercise. Across the country it has cost £1bn due to industrial action. SEL has had its share of the £800m allocated to the NHS. Demand to use independent sector will probably be there next year. CJ noted the financially challenging environment for the LA and providers as well. Need to improve outcomes and prevent escalation of health care for the population. Invest in early intervention work or bigger challenge in future years. Focus on prevention and early intervention. AH agreed with CJ, system needs to work together and we need to work with the population as well. **The LCP Board noted the finance update.**	
12.	**Any Other Business** No items raised. <u>Papers for information</u> MK noted the papers available. MK requested any amendments to the DOI (Declaration of Interest) document to be notified to LH. Meeting closed 16.02 hrs.	
13.	**Date of next meeting.** Thursday 25 January 2024, 14.00-16.00 hrs via Teams	

Appendix A
Lewisham LCP Board meeting 30 November 2023

QUESTION

Hello,

I am a volunteer at Lewisham Donation Hub in Ladywell. We are a volunteer-run food and furniture bank providing clothes, bedding, electricals and more for people facing poverty.

I am emailing because we are seeing an increasing number of referrals from statutory services such as the job centre and Lewisham Hospital. Recently NHS staff members have been approaching us for help as they are unable to discharge patients home as they don't have access to cooking facilities. We have been providing them with electricals such as kettles and microwaves but unfortunately since our funding has dried up we are unable to deliver this service anymore. Although much of what we distribute are donations, our cooking appliances are mostly bought with grants.

It concerns me that hospital discharges could be delayed due to patients lacking basic furniture. It goes without saying that timely discharges reduce pressure on services. But I know from my background in nursing that delayed discharges can be stressful for patients and also lead to an increase risk of healthcare-associated infections. Many of our users are families in temporary accommodation, rough sleepers and vulnerable migrants who already have poorer health outcomes. Although we would like to continue the support we provide, Lewisham Donation Hub is facing closure this winter so what I would like to find out:

1) If there is any funding available from the ICS to enable the Hub to continue carrying out this essential public health function. Furniture poverty is an overlooked issue of the cost of living crisis and people's nutrition and health suffer if they do not have basic cooking facilities.

2) If there is not funding available, what processes/funding does Lewisham Hospital have in place to ensure that patients do not face delayed discharges because they lack essential furniture?

More information on Lewisham Donation Hub can be found here https://lewishamdonationhub.org/ on our website or Facebook.

Thanks

RESPONSE from Lewisham LCP Board

1) *If there is any funding available from the ICS to enable the Hub to continue carrying out this essential public health function. Furniture poverty is an overlooked issue of the cost of living crisis and people's nutrition and health suffer if they do not have basic cooking facilities.*

The ICB joint funds the Council's Main Grants Programme which funds local voluntary and community sector activity in Lewisham. The fund covers a wide range of activity supporting local charities and groups including the CCL Social Prescribing service which signposts people to charities and other agencies for help with furniture and small goods. For example CCL can help people apply for furniture grants through the William Hatcliffe charity for those who have a Wellbeing Plan.

The Lewisham Local Essentials Grants Round 2 Fund is a programme developed and run by Lewisham Local in partnership with local organisations to provide small grants to purchase essential items, which can include white goods, beds, mattresses, and other small items of furniture for local residents. It is funded by Lewisham Council and the Merchant Taylors' Foundation

Other resources are:
SELCE / Trussell Trust Foodbank - Can order white goods for people using their services

End Furniture Poverty website helps people find any other grants or sources of support available to them - https://endfurniturepoverty.org/get-help-with-furniture/
Lewisham Parochial Charity - helps people in certain parts of Lewisham with a grant for furniture - https://lpcharities.co.uk/grants/#relief

2) *If there is not funding available, what processes/funding does Lewisham Hospital have in place to ensure that patients do not face delayed discharges because they lack essential furniture?*

The ICB has for a number of years provided a budget to the integrated hospital discharge team at Lewisham Hospital to purchase small items such as microwave, bed and bedding etc. This initiative has helped people be discharged in a timely way when they lacked the bare essentials to manage when they get home. Purchases are at the discretion of the discharge team, who take a flexible approach to using the fund. The ICB also has a Take Home and Settle service at Lewisham Hospital provided by Age UK, who hold a small budget to provide groceries, cover electric/gas and buy household for people on discharge where needed.

The discharge team have further developed links with local businesses who help to support patients being discharged who need household equipment and goods. This is funded from the same grant fund held by the hospital discharge team.

SUMMARY of response

The question from the public asks whether there is any funding available from the ICS to enable the Lewisham Donation Hub in Ladywell to continue to support local residents. This hub provides clothes, bedding, electricals and more for people facing poverty and has been approached to support patients being discharged from hospital.

The ICB states: The ICB joint funds the Council's Main Grants Programme which funds local voluntary and community sector activity in Lewisham. The fund covers a wide range of activity supporting local charities and groups including the CCL Social Prescribing service which signposts people to charities and other agencies for help with furniture and small goods. A range of links to existing groups providing this type of support is included in the longer response.

The second question notes that hospital discharges can be delayed if residents do not have basic essential furniture and goods at home, and asks what processes or funding Lewisham Hospital has in place to manage this.

The ICB has clarified that Lewisham Hospital Discharge team have access to a budget which is used regularly. This allows the discharge team to purchase items of household furniture and equipment where needed to help patients being discharged to manage when they get home. The ICB also has a Take Home and Settle service at Lewisham Hospital provided by Age UK, who also hold a small budget to provide groceries, cover electric/gas and buy household goods for people on discharge where needed.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 2

Title:	**Place Executive Lead (PEL) Report**
Meeting Date:	**25 January 2024**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

Management Cost Reduction Programme
A 30% reduction in running costs by April 2025 is required of all Integrated Care Boards (ICB). The SEL has run a process with staff to design new ICB structures to deliver the 30% and reduction in a manner that supports achieving the potential benefits of working in and ICS.

A staff consultation on the new structures concluded on 29 November and the management response was published on 14 December. The ICB is now working through the post filling process and hope to complete this by the end of March.

LCP TORs and the Provider Selection Regime
The LCP ToRs were scheduled to be reviewed and agreed in the January 2024 LCP Board meeting however, on 1 January 2024 the new Provider Selection Regime (PSR) regulations were released by NHSE. It will be necessary to amend the LCP ToRs to accommodate this guidance. Further information on the PSR and its impact on the work of the LCP will be brought to the next LCP Board, alongside revised ToRs for approval.

System Intentions
We are continuing to work, as a Local Care Partnership, on our system intentions for 2024/2025. These will set out service developments and improvements we wish to make collectively through the year and which require a partnership approach. Some proposals will build on work that has taken place during this financial year for example, our older people's work, and others will set out new areas of work for the year.

Potential Conflicts of Interest	**Nil**			
Any impact on BLACHIR recommendations	**N/A**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Nil		
	Financial Impact	Nil		
Other Engagement	Public Engagement	Not required for this paper		
	Other Committee Discussion/ Engagement	N/A		
Recommendation:	**To note the update.**			

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 4
Enclosure 3

Title:	**Delivering Integrated Neighbourhoods - update**
Meeting Date:	**25 January 2024**
Author:	Fiona Kirkman, System Transformation Lead, NHS South East London ICB (Lewisham)
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	To provide an update and opportunity for discussion on the Integrated Neighbourhood Delivery Programme.	Update / Information	***X***
		Discussion	**x**
		Decision	
Summary of main points:	The Integrated Neighbourhood Delivery Programme builds on existing work across the partnership to improve the delivery and integration of community-based care at a neighbourhood level, in both physical, mental health and care services. The Integrated Neighbourhood Network Alliance (INNA) brings together the different organisations, individuals and agencies involved at a local level in a person's health and care. INNA was established early in 2023 and supports the development, delivery and implementation of integrated community-based health and care. The slide pack provides an overview of the programme, including main areas of focus, stakeholder engagement and neighbourhood delivery priorities		
Potential Conflicts of Interest	**n/a**		
Any impact on BLACHIR recommendations	The Integrated Neighbourhood delivery programme seeks opportunities to align with and identify areas for action in line with the BLACHIR report.		

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:	**n/a**	

South East London Integrated Care System

Integrated Neighbourhood Programme - Update Lewisham LCP Board 25th January 2024

Programme Overview Document: January 2024

Fiona Kirkman, Neighbourhood Delivery Lead, NHS SEL ICB Lewisham

South East London Integrated Care System

Background

The integrated neighbourhood programme builds on existing work across the partnership within Lewisham.

We want to improve the delivery and integration of community-based care at a neighbourhood level, in both physical, mental health and care services.

The programme embraces the recommendations of the Fuller Stocktake Report published in May 2022.

lhcp Lewisham Health and Care Partnership

“Integrated neighbourhood "teams of teams" need to evolve from PCNs' - with these revamped networks 'rooted in a sense of shared ownership for improving the health and wellbeing of the population’”

Dr Claire Fuller

Governance

The Integrated Neighbourhood Network Alliance (INNA) brings together the different organisations, individuals and agencies involved at a local level in a person's health and care. INNA was established in 2023 and supports the development, delivery and implementation of integrated community-based health and care.

The Alliance is chaired by Dr Taj Singhrao, Clinical and Care Professional Lead.

Integrated Neighbourhood Network Alliance

INNA

Stakeholder engagement feedback

1. There is a solid foundation for partnership working within the system, and a real commitment to work together.

2. There is a need for a shared understanding of the vision and supporting priorities of the LCP.

3. MDT working will be central integration, with a need to invest time and resources to develop this.

4. We need to show our commitment to engaging local communities in decision-making and moving the power dynamic.

5. Connectivity and IT are vital enablers of integrated working and an area of current frustration.

6. There is a need to understand what services are already out there to avoid duplication.

South East London Integrated Care System

Vision

Our vision is to strengthen and improve the delivery of community-based health and care at a neighbourhood level.

Principles

- Co design with partners
- Community engagement
- Health improvement
- Prioritise health inequalities
- Data & insight led

Initial workstream priorities

South East London Integrated Care System

1	2	3
Review of practice based Multi-disciplinary meetings	Development of Community Partnerships	Establishing a pilot in one neighbourhood
Status: Review complete progress to implementation and phase 2	Status: Directory of service needs identified. Joy platform rolled out	Status: Neighbourhood 3 selected, data packs developed, activity live

Integration in practice

Spotlight on the MDM review

- MDMs have helped to develop and improve working relationships across the borough by creating strong networks.
- Professionals care deeply about their patients/clients and are committed to finding solutions to support their needs.
- The role of the neighbourhood coordinator has been central to the success of the MDMs, and they have established good relationships across organisations.
- MDMs provide a solid foundation for further developing neighbourhood teams.
- Areas for action include adopting a more proactive approach to case finding and referrals, placing greater focus on patient outcomes and measuring impact.

Our priorities for 2024/25

1.Multidisciplinary meeting review implementation

Sevenfields Primary Care Network

2. Neighbourhood Three (N3) Pilot with Sevenfields PCN

3. Waldron Community Hub

4. Map existing collaboration and innovation

Population Health Management

5. Population health data

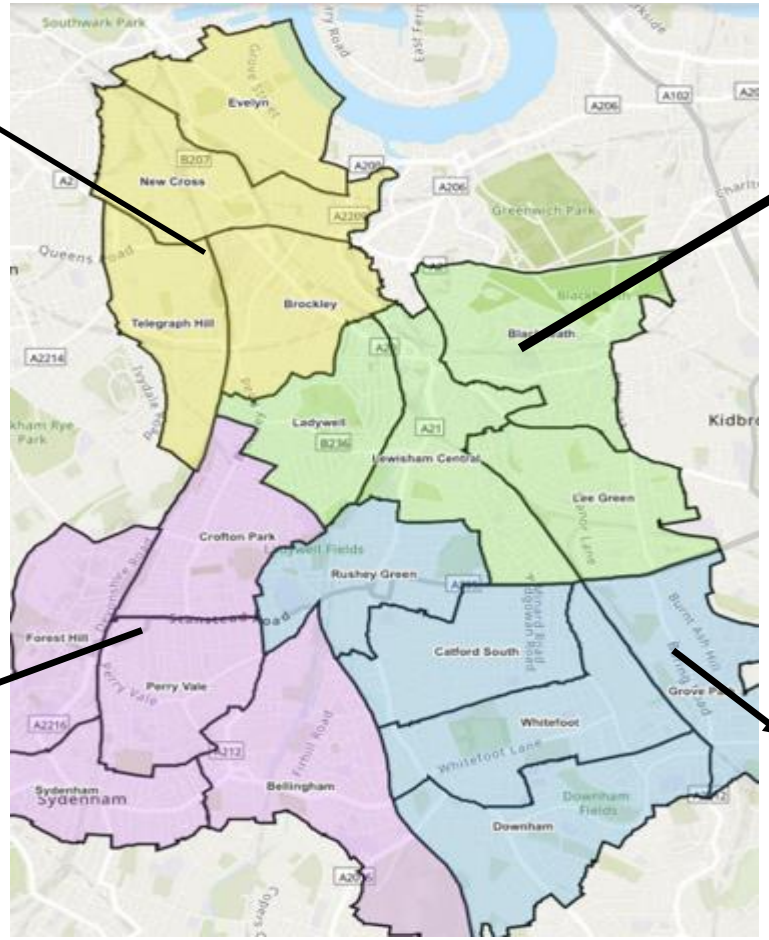
Mapping partnership and innovation in the Neighbourhoods - examples

NLPCN
Waldron Health Hub
Multi Morbidity Clinics
North Lewisham Community forum brings the community together around a shared vision to address health inequalities in North Lewisham.
Community Health Hub
Lifestyle Medicine Clinic
Mulberry – Young People's Health Centre

APLOS/AfCD Community Health Project
Series of health and wellbeing workshops

Adolescent Mental Health clinic

Primary Care Digital Hubs



Renal and Multi morbidities Pilot (TLCP PCN)
Frailty Pilot (TLCP PCN)
LTC Diabetes Framework TLCPPCN

Neighbourhood 3 - working together pilot (Sevenfields & Modality)
SPIN fellow focusing on the core 20 plus 5 area of **early cancer diagnosis** with FIT screening uptake

outreach to the digitally excluded population within the Sevenfields PCN area

Community liver screening clinics run by Kings College Hospital from Goldsmiths community centre

Hypertension Scheme with CESEL
Outreach health checks, with health coaches and social prescribers

lhcp Lewisham Health and Care Partnership

South East London Integrated Care System

Thank you

Lewisham Local Care Partners Strategic Board

Item 5
Enclosure 4

Title:	**Digital Inclusion Update**
Meeting Date:	25 January 2024
Author:	Charles Malcolm-Smith People & Provider Development Lead
Executive Lead:	Ceri Jacob

Purpose of paper:	The paper provides a summary of the NHS England digital inclusion framework and the South East London ICS project to support a system wide approach to overcoming digital exclusion	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:

NHS England published on 28 September 2023 "Inclusive digital healthcare: a framework for NHS action on digital inclusion".

The NHS framework identifies five domains where action is needed:

- Access to devices and data
- Accessibility and ease of using technology
- Skills and capability
- Beliefs and trust
- Leadership and partnerships

South-East London ICS have established a digital inclusion project including a scoping exercise to develop a digital inclusion approach.

The scoping will involve a survey, interviews and focus groups.

Potential Conflicts of Interest	None identified			
Any impact on BLACHIR recommendations	Digital exclusion may particularly impact on people in more socio-economically disadvantaged groups			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	This programme will be important in tackling health inequalities that can be exacerbated by digital exclusion.
	Financial Impact	None identified
Other Engagement	Public Engagement	None undertaken directly to date
	Other Committee Discussion/ Engagement	None
Recommendation:	To note the NHS England framework and south east London project	

Lewisham Local Care Partnership

Strategic Board January 2024

Digital Inclusion Update

Introduction

This paper provides a summary of the NHS England digital inclusion framework and the South East London ICS project to support a system wide approach to overcoming digital exclusion.

Background

"For NHS patients, digital inclusion means having easy and affordable access to a suitable device with sufficient data and internet connectivity, and the digital skills and health literacy to use them safely and confidently to access NHS services." Good Things Foundation

NHS England published on 28 September 2023 "Inclusive digital healthcare: a framework for NHS action on digital inclusion". This builds on many other reports and studies already published by NHS Digital, Healthwatch, Good Things Foundation to name a few.

With the significant increase in the use of digital technologies, it is important that we do not compound existing health inequalities making it more difficult for parts of our community to access health and care services.

Some key figures set out in the NHS England document:

- 10 million more people in the UK used NHS websites or digital applications in 2021 compared with 2020.
- NHS App registrations increased from 2 million people in 2021 to 30 million in 2023.

However

- Around 7% of households still do not have home internet access.
- Around one million people cancelled their broadband package in the last 12 months due to rising costs.
- Around 10 million adults are estimated to lack foundation-level digital skills.
- Around 30% of people who are offline feel that the NHS is one of the most difficult organisations to interact with

Some particular groups face a higher risk of being digitally excluded; these groups also generally face a higher risk of health inequalities, including:

- Older people, especially people over 75 years old
- People in more socio-economically disadvantaged groups, such as people that have lower incomes or who are unemployed.
- Socially excluded groups, including people experiencing homelessness and people seeking asylum, people in contact with the justice system – also known as inclusion health groups
- Disabled people and people with life-impacting conditions

- People living in areas with inadequate broadband and mobile data coverage.
- People less fluent in understanding the English language.

The NHS framework identifies five domains where action is needed:

- **Access to devices and data** so that everyone can access digital healthcare if they choose to and experience the benefits.
- **Accessibility and ease of using technology**, so that user-centred digital content and products are co-designed and deliver excellent patient outcomes.
- **Skills and capability** so that everyone has the skills to use digital approaches and health services respond to the capabilities of all
- **Beliefs and trust** so that people understand and feel confident using digital health approaches.
- **Leadership and partnerships** so that digital inclusion efforts are co-ordinated and help to reduce health inequalities.

South East London ICS Digital Inclusion Project

South-East London ICS have established a digital inclusion project including a scoping exercise to look at what currently exists in each of the 6 Boroughs and at a SEL level in relation to Digital inclusion and how it matches against the National and London requirements. This will support the development of an SEL wide approach to facilitate and complement the work being done at Borough level.

In particular the project aims to develop digital inclusion as an approach for overcoming exclusion by addressing the barriers to opportunity, access, knowledge and skills for using technology. With key stakeholders across the ICS the project is undertaking a comprehensive study to provide a baseline for Southeast London to foster a unified and collaborative approach and formulate a proposal which can be adopted for Digital Inclusion across the ICB.

The study will include the following areas of digital inclusion:

1. Access & Skills - ability go online, and to use online services.
2. Confidence & Motivation - fear online crime, lack trust, and being relevant and helpful.
3. Design - accessible and easy to use.
4. Awareness - aware of services available
5. Staff Capability & Capacity – having skills and knowledge to recommend.

There will be a three-pronged approach to collate the data.

1. Borough Survey – to deliver a comprehensive baseline, tacking all of the 5 aspects of digital inclusion which are relevant for influence within the boroughs.
2. ICB interviews – to provide an opportunity for us explore 3 of the aspects of digital inclusion which are more relevant for influence within the ICB.
3. ICS Focus Group – to provide an opportunity to deep dive 3 of the aspects of digital inclusion which are more relevant for influence within the ICS.

The survey has been open since October 2023, and within Lewisham it has been distributed to all partners. The response rate in Lewisham is 40%; for other boroughs the response rates range from 0 to 80%.

Planning is being undertaken for focus groups and interviews so that the project is able to complete its recommendations by April 2024.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 6
Enclosure 5

Title:	**Lewisham Care Homes GP Contract (APMS) – procurement**
Meeting Date:	Thursday 25 January 2024
Author:	Ashley O'Shaughnessy, AD Primary Care (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	This report is to provide an update for information only on the Lewisham Care Homes GP Contract procurement which, due to the identified conflicts of interest, went to the LCP Strategic Board part II meeting on the 30th November 23 for approval	Update / Information	✓
		Discussion	
		Decision	

Summary of main points:

There are currently 15 Older Peoples Care Homes within the London Borough of Lewisham with 760 beds (excluding intermediate care beds). These Care Homes are currently supported by Primary Care through the following means:

- Core GP services through registration at various local GP Practices
- Lewisham's borough wide Enhanced Primary Care Support to Care Homes contract for all Older People's Care Homes and Extra Support Housing as of 1st April 2017.
- The 2020/2021 PCN Network Contract DES additionally introduced new support for CQC registered Care Homes from the PCNs. NHS England » Enhanced health in care homes

A full procurement has been run for General Practice (GP) Services via an Alternative Provider Medical Services (APMS) contract for Care Homes within the London Borough of Lewisham. This new APMS primary care contract will provide core General Medical Services together with an enhanced service specification of medical support for nursing home residents, residential care home residents and extra care housing tenants.

The full Award Recommendation Report (anonymised) was presented to the LCP Strategic Board part II meeting on the 30th November 23 for approval (due to the identified conflicts of interest) and is now included within these papers.

Based on the outcome of the evaluation and in line with the criteria stipulated as part of the procurement, it was 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 Preferred Bidder was One Health Lewisham (OHL), the local GP Federation in Lewisham. The presented recommendation was approved at the LCP Strategic Board part II meeting on the 30th November 23. The 10 day standstill period has now passed and the contract was awarded to One Health Lewisham on the 12th December 2023. The contract is currently being mobilised for an April 1st 2024 start date.				
Potential Conflicts of Interest	Dr Prad Velayuthan, Chief Executive of One Health Lewisham (OHL) had a direct conflict of interest as OHL are the incumbent Provider of the Enhanced Primary Care Support to Care Homes contract. To mitigate the conflict, Dr Prad Velayuthan, Chief Executive of OHL, was not invited to the Part II meeting and did not receive circulated documents. As the 10 day standstill period has now passed and the contract has been formally awarded to OHL, there is no further conflict.				
Any impact on BLACHIR recommendations	**None identified**				
Relevant to the following Boroughs	**Bexley**		**Bromley**		
	Greenwich		**Lambeth**		
	Lewisham	✓	**Southwark**		
	Equality Impact	Equality Analysis Screening Tool undertaken and no adverse impacts identified indeed the new service should lead to improved outcomes and consistency of support to all older adult care homes.			
	Financial Impact	The contract value is based on Global Sum, the PCN Network Contract DES Care Home Premium and the current Enhanced Health in Care Home Contract so will be cost neutral.			
Other Engagement	Public Engagement	An engagement exercise took place in order to collect views on current and future enhanced primary care services that support local care homes - this engagement directly informed the procurement approach including the service specification. Care Home Residents & Relatives where directly engaged through in person visits to care homes and also via email.			

		Public engagement was also undertaken through the SEL Let's Talk Health & Care Website.
	Other Committee Discussion/ Engagement	Award recommendation endorsed by • Lewisham Primary Care Group – 16/11/23 • Lewisham Senior Management Team (SMT) – 21/11/23 Engagement undertaken with: • Practice Manager Forum • Care Home Operational Group • Care Home Managers Forum • Individual Care Homes • GP practices • Community Pharmacists • LGT Partners
Recommendation:	**To note this report which is for information only**	

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 6

Title:	**Lewisham Community Anticoagulation Clinics**
Meeting Date:	**25 January 2024**
Author:	Erfan Kidia – Associate Director of Medicines Optimisation (Lewisham)
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide members an update to the re-procurement of a Lewisham Community Anticoagulation Clinic service	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:

- The Community Anticoagulation Service in Lewisham was first commissioned in Lewisham in 2008.
- This service provides a community-based anticoagulation service for patients taking the anticoagulant medicines called warfarin for cardiovascular conditions such as Atrial Fibrillation.
- Since the introduction of the community service anticoagulation therapy there has been innovation on therapies used through the introduction and establishment of a new class of medication known as Direct Oral Anticoagulants (DOACs) which has led to changes in practice.
- A re-procured service would align to national and local guidance and priorities on anticoagulation therapy, such as Detect, Protect and Perfect and will provide a DOAC initiation, a DOAC switch and warfarin management service, within clinics across Lewisham and a domiciliary service.
- Procurement for the new service was launched during 2023 with a tender available for potential bidders.
- Following the procurement process supported by the London Commercial Hub, the successful bidder for the re-procured service is the Bromley GP Alliance.
- Procurement has recently entered the mobilisation phase with a mobilisation timeline is to be agreed shortly.
- An update to the proposed Lewisham Community Anticoagulation service was presented to the LCP Board seminar session on 7th November and was approved by Lewisham LCP Board via email, noting quoracy of the decision was achived. It has been formally noted for approval at the LCP Board Part II (confidential) meeting on 30 November.

Potential Conflicts of Interest	Providers who placed a bid for the tender, serving as LCP Board members.			
Any impact on BLACHIR recommendations	Neutral			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	neutral		
	Financial Impact	positive		
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:				

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 7

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 25 January 2024**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**448.** Savings Target - Identification & delivery of savings/Achievement of Financial Balance.	⟷	Open (10-12)
Financial	**498.** Achievement of Financial Balance 2024/25	⟷	Open (10-12)
Financial	**496.** Prescribing Budget Overspend.	⟷	Open (10-12)
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. **3. Risk Appetite Statement and Levels** The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make changes or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed. Appendix 1 – *Risk Appetite Statement.* **4.New Risks** A new risk relating to the Continuing Healthcare budget and cost pressure is in progress and will be available for next LCP meeting. The risk is that the CHC budget may not deliver on its plans, thereby impacting Place and the ICB to fulfil its statutory financial duties. 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 a weekly Senior Management Team meeting and monthly Extended SMT. In addition, the risk register is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board.
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level red 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/ Achievement of Financial Balance**	The ICB - Lewisham has fully identified an efficiencies target of 4.5% or c.£4.2m for 2023/24. Identified efficiencies will need to be delivered in full, and there is a risk the delegated borough budget will be exceeded in 2023/24 if there is any slippage in delivery of efficiencies.	3x2=6	3x2=6	2x2=4	Open (10–12)	⟺	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
498	Financial	**Achievement of Financial Balance 2024/25**	During 2023/24 Lewisham identified efficiencies of 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures incurred during the year, the identified efficiencies were not enough to achieve financial balance, and material non recurrent measures and restrictions to investment were implemented. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to identify business as usual efficiencies for 2024/25 targeted at a minimum of 4%, these are going to be ever more challenging to identify. There is a material risk the borough will not be able to achieve financial balance in 2024/25, without in addition implementing a system approach to delivery of savings	5x3=15	5x3=15	2x2=4	Open (10–12)	⟺	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals. 5. Review at LCP meetings with members on a bi-monthly basis. 6. System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
Medicines Optimisation														
496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2023/24 may overspend due to: 1- Medicines supplies and cost increases, NCSO/price concessions and Category M 2- lack of capacity to implement in year QIPP schemes by borough medicines optimisation teams following recruitment freeze at ICB. 3- Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget 4- Increased patient demand for self-care items to be prescribed rather than purchased as cost-of-living increases 5- Prescribing budget was based on the same baseline as that of 2022/23, which had a significant overspend thereby increasing the challenge. 6- Priority shifts towards patient safety issues in Meds Management and supporting hospital avoidance or discharge.	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Jessica Arnold	Erfan Kidia	1. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend 2. Monthly meetings with finance colleagues reviewing PPA budgets to date 3. 2 weekly Place finance meetings 4. Borough QIPP plans, and incentive schemes developed, with following ongoing: -QIPP and Incentive scheme monitoring dashboards -Practice level budget deep dives with RAG and action plans -Face to face practice visits with targeted spend analysis and feedback. -Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum) 5. SEL rebate schemes continue to be reviewed, evaluated and processed	Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Director of Delivery, Associate Director of Finance and Place Executive Lead.	Cost and budget pressure	1. No gaps in control identified
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 are not being admitted after attending A&E to understand what interventions could be accessed instead of A&E and gaps in the system. 4.Continue to implement the CMHS transformation plan and local at priorities for year 3 (2023/24). 5. Quality Impact Assessments undertaken on all of the priority investments that have been proposed as result of mitigating financial pressures in SLaM and the ICS.	Alliance data/performance review process to be established to provide local oversight and improvement actions.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	1.Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMI,. 2.Increased scrutiny on recruitment process for CMHS workforce expansion at both place and SEL, 3. Re/establish alliance sub-groups for improved oversight and ownership i.e. Crisis Collaborative, assurance and outcomes forum to review system dashboard and other key system assurance processes
335	Financial	**Financial and staff resource risk in 2023/24 of high cost packages through transition. This is a recurring annual risk.**	Financial risk in 2023/24 of new high cost LD packages through transition i.e. young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. Also, the impact of 22/23 eligible patients leaving day schools in 23/24 which will represent (a) additional day time care costs previously met by education, or (b) 'hotel and support' costs additional to the costs of education if the person is placed in a residential college or (c) costs relating to full time residential care. This risk is SEL wide. These risks are reflected both in financial terms with cost of care potentially being in the hundreds of thousands of pounds a year. The complexity of health need also represents an increase in nurse time on complex case management.	4x4=16	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Heather Hughes	1. Head of CHC is attending quarterly Transition panels from a CHC perspective but will also flag early warning signs for joint funding requests. Regular comms from (1) from the CYP DSR meeting to the adult DSR meeting and (2) from the CYP CHC lead re children already joint funded and where likely demand for joint funding in adulthood is predictable. Quarterly flagging of transition you people not alerted through either process and a RCA of why those young people were not flagged to the adult CHC Team. 2. Quarterly review of ongoing requirement for joint funding funding of packages previously agreed. 3. Adult Social Care are working with SENs to engage with them whenever they are considering a placement in a residential school or college.	Compliance with the Joint Funding Protocol. Monthly reporting at the Joint Commissioning Finance Group. Standing agenda item CHC Executive.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	1. Quarterly projection of when younger SEN adults will leave day education and the potential impact on CHC budget to CHC Exec. (High cost) Joint Funded packages to be included as a standing agenda item at monthly Integrated Commissioning Budget Monitoring. Also to review at CHC Executive.
Safeguarding														
347	Governance	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	Initial Health Assessment (IHA) – Children Looked After require an IHA assessment which is undertaken by a medical professional. This assessment is vital as it provides a holistic assessment of physical and mental health needs, including assessment of past medical health, missed health problems, and missed screening opportunities. By law, the assessment needs to be completed within 20 working days. A significant impact and challenge is that all the appropriate forms, including consent required for the assessment to be completed, is largely delayed by CSC. This results in assessments not being completed within statutory timeframes. To gove context, in November 2023, 8% of IHA were completed outside the timescale.	4x3=12	3x3=9	3x1 =3	Open (10–12)	⟺	Ceri Jacob	Christiane Nitsch-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)	⟺	Ceri Jacob	Fiona Mitchell	The new Immigration Bill from the Home Office saw an increase in capacity and overcrowding at initial accommodation centres. Pentland House is not fit for purpose, and risks include infection, prevention and control, overcrowding issues, experiencing trauma, far right activity, un-attended children. As of 11th September 2023, Pentland House has closed. Appropriately, 250 service users will be moved before this date and it is likely that the majority moved will take place prior to 31st August 2023. The Clear Springs Ready Safeguarding team visited Pentland House on 8th August 2023 to meet with those that have additional vulnerabilities to ensure they are profiled to appropriate accommodation. ICB and Lewisham's multi-agencies have met to discuss support of service users' and the transition to new locations. These include NGOs, Primary Care Sanctuaries and other agencies. In addition, a complaint will be raised with the Home Office and Clear Springs Ready homes in relation to system processes used during the closure. 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 revieing the applications. 4.Therapists continue to work weekends to clear the back-log of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 6.The DCO reviewing the joint working arrangements between health and SEND to streamline the process. EHCNA requests are triaged to reduce the number of new assessments necessary. 7. Trust are reviewing the requirement for all children to be seen by paeds and other professional to assist with carrying out health assessments. A formal proposal has been submitted and a meeting due in December with the Trust to confirm next steps and implementation (will need approval prior to implementation). 8. A group meeting is being held in January to approve implementation of the changes.	Monitoring ongoing to gauge impacts of controls. New Head of Integrated SEND is now in place and attending monitoring meetings.	Increase in EHCPs health assessments being completed on time.	1. Families not attending appointments., 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Brexit has led to loss of staffing (therapists). 5. COVID has also had an impact on staffing levels. 6. Increase in EHCP requests.
360	Clinical, Quality and Safety	**Failure to deliver on statutory timescales for completion of ASD health assessments.**	Failure to deliver on statutory timescales for completion of Autism Spectrum Disorder health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. Impact on ICB - referral to treatment timescale, reputational risk, financial risk - ICB to pay for private assessments.	4x3=12	3x3=9	2x3=6	Cautious (7 – 9)	⟺	Sara Rahman	Paul Creech	1.Quarterly review of ASD assessments with LCG, includes audit of initial assessments. 2.DCO commissioning reviewing existing autism support pathway to provide pre-diagnostic support. 3.GPs are being rotated from Primary Care into community paediatrics to free up capacity for ADOS assessments. Paediatric Nurse in place to support medical work. 4.International recruitment ongoing (x2 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants. No further recruitment - 2 vacancies at present and another round of recruitment due. In terms of capacity, clinical staff assessing ECHP will prioritise where possible ASD assessments too to assist with work demands. 5. A group meeting is being held in January to approve implementation of the changes.	Monitoring ongoing to gauge impacts of controls via Quarterly monitoring meetings.	Reduction in waiting times for assessments.	1. Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.

Key - Direction of Risk

⬇ Risk has become worse.

⟺ Risk has stayed the same

⬆ Risk is improving

Risk Register Summary (in accordance with Datix)

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

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 8

Title:	**Lewisham People's Partnership Update**
Meeting Date:	**25 January 2024**
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 6th December 2023.	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:

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

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

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

The fourth meeting of the Lewisham People's Partnership was held on 6th December 2023 and discussed two main agenda items:

- Engagement programme for same day urgent care – Improving access to primary care
- Update on the Lewisham Charter for Health, Care and Wellbeing

Engagement programme for same day urgent care – improving access to primary care

Discussions regarding the engagement programme for same day urgent care - improving access to primary care considered four questions – how people access services, what is your understanding of what is available to you, how can Lewisham Health and Care Partnership support people and communities to access same day services effectively and how to engage effectively with people and communities.

The discussions on these four questions highlighted a consensus that there is a lack of knowledge on how to access GP services. Some people report that their access to GP services has been improved whilst others report access is challenging, time consuming and frustrating. Many people don't know what is available to them from their GP and they don't know what they should be able to expect is available – this situation could be improved by effective communication from practices directly to their patients.

There was also a consensus that there needs to be a shift in perspective – the local health and care system does not work for the system but for people and communities. There needs to be more granularity with diversity – inequalities in the provision of services exist and there needs to be consistent focus on the BLACHIR recommendations in all aspects of primary care planning, commissioning, decision making and co-production. Similarly, population profiles need to influence primary care planning, commissioning, decision making and co-production and highlight the impact of decision making on each part of our population. We need a strong and strategic focus on health promotion.

With regard to how to engage effectively with people and communities, many participants at the meeting offered to work with Deeta and the primary care team to utilise existing community and voluntary sector organisations and links to reach into different parts of our communities. There was a consensus that the work currently being undertaken by BLACHIR should be utilised and that there was a need to re-visit previous work with people and communities to look at lessons learnt and how we can improve joining up engagement and co-production activities to increase trust by demonstrating inclusivity and the difference made. Outreach work needs to demonstrate diversity and equity. There needs to be a systematic, strategic and long-term approach and commitment to how people and communities are involved in decisions about local health and care services. There is a lack of Patient Participation Groups (PPGs) within general practice - each surgery having an effective and diverse (PPG)would be a positive way to encourage people to join in and expand knowledge and influence in primary care planning and decision making.

Update on the Lewisham Charter for Health, Care and Wellbeing

Discussions at the meeting centred on the latest version of the Charter which Lewisham's Healthier Communities Select Committee had asked for further engagement on as to how the Charter could support people and communities to improve their health and wellbeing, reflect on what people and communities could do themselves for their health and wellbeing and what people and communities could expect from health and care partners.

The discussions on these questions highlighted a consensus that we need to understand what is happening for people and communities regarding their health and wellbeing by involving community and voluntary sectors organisations to find out from the communities they work with.

	Focus to be on the BLACHIR report recommendations and the health equity teams to work with communities to gain their trust and what support they need to improve their health and wellbeing. Have a better understanding what is out there for people for them to take some responsibility for better health, recognising that not all people's health issues are around clinical services, therefore there needs to be a change in how we ask the questions and how we provide the services. Reinvestment in what worked well previously and into the CVSE sector. The meeting highlighted that people and communities could support their own health and wellbeing by keeping appointments and attending screenings and health checks when invited, and by being open to conversations, from trusted voices and health professionals, about what is available to help improve our health and wellbeing. The meeting also highlighted that when commissioning services there is a need for better understanding of inequalities and the recognition of them and that they exist within the borough - integrated commissioning is at the centre of understanding inequality and, focusing on the needs of the population, supports the delivery of services that reduce health inequalities. There was a need to revisit work previously undertaken on community development, asset-based approaches and participatory budgets to identify what went before that worked and could still have value today in enhancing people's health and wellbeing, promote resilience and independence and involving people and communities in how public money is spent. It was acknowledged that, for many people, their health and wellbeing is not to do with clinical services but with other factors such as employment, housing, pollution, money etc and for the Charter to be effective it needs all partners in the local system to work together. Use – and fund - community, voluntary and social enterprise organisations to access the many diverse communities in Lewisham – they have greater reach into these communities than the public sector has. The lack of trust that some people and communities have with the health and care system is a factor in health and care inequalities. This is compounded by the lack of diversity in the infrastructure. To tackle inequality, Lewisham needs people who understand it to lead it and to gain respect, Lewisham needs to have black communities at the top table. The notes of the discussions and actions from the meetings held on the 6th December 2023 are attached as Enclosure 10.
Potential Conflicts of Interest	**None**
Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action - Theme 4 Ageing Well:** Provide targeted and culturally appropriate screening services for Black African and Black Caribbean older adults. **BLACHIR Opportunities for Action Theme 6 Healthier Behaviours:** 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. Provide long term investment for trusted Black African and Black Caribbean grass roots organisations to deliver community led interventions.

	BLACHIR Opportunities for Action Theme 7 Emergency care, preventable mortality and long-term conditions Ensure the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:				

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 10
Enclosure 9

Title:	**Month 8 Finance Report**
Meeting Date:	**25 January 2024**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS at Month 8.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 8 2023/24 – Summary ICB Position

As at month 08, the ICB is reporting a YTD underspend against plan of £5,550k. This position reflects an ICB forecast benefit of £6,400k being held on behalf of the system as part of the re-forecasting of the financial position undertaken with NHSE and local providers during November. This will be reviewed again at month 9, when all organisations are required to reflect updated allocations in their YTD and forecast positions. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£4.402m) and ICB financial recovery actions. The ICB continues to be adversely impacted by overspends in prescribing (£14,110k) and continuing healthcare (CHC) (£4,987k), which are being partially offset by underspends in other budgets.

At present there are six months prescribing data available for 23/24 as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted.

The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As 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.

Month 8 2023/24 – Summary ICB Position - Lewisham

Second Focus meetings with all boroughs have taken place in December to review recovery actions, de-risk financial positions and agree outturn positions – all of which will support the delivery of the ICB's forecast year-end balanced position.

The ICB – Lewisham Borough reported a YTD underspend of £1,498k and FOT underspend of £2,240k, as agreed in financial focus meetings. This position reflects the release of ICB reserves in month 8 totaling £2,175k. As part of ICS system financial recovery measures these reserves cannot be committed to expenditure.

Whilst the borough has the same pressures as referenced above in relation to prescribing and continuing health care totaling £7.5m, 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.£3.0m. To achieve financial balance on a recurrent basis, mitigating actions will need to be taken to address the underlying deficit of c.£3.0m going into 2024/25. Otherwise at current expenditure run rates, the borough will be reporting an overspend in 2024/25.

Lewisham borough has fully identified its £4.2m efficiencies target for 2023/24. Efficiencies delivered up to month 8 are largely on plan. The forecast outturn for efficiencies for the full year is behind plan by £19k reflecting forecast achievement against the prescribing target.

Month 8 2023/24 – Summary ICS Position

At month 8, the financial highlights across the ICS are as follows:

- At month 8 SEL ICS reported a system deficit of £52.8m, £40.5m adverse to a planned £12.3m deficit. This compares to a £98.1m deficit and £84.0m adverse variance at month 7. The improvement in the system I&E position is driven by the receipt of £45m non-recurrent national funding, to primarily fund the industrial action pressures for months 1 to 7.

- The funding was allocated on the assumption that there would be no further industrial action in 2023/24. The costs of any industrial action experienced in months 9 to 12 therefore present a risk to the financial position.

- The current assessment of risk, currently without a mitigation and excluding further IA, against delivery of the plan is c. £134.9m.

Further details on the ICS position at month 8 are included as Appendix B to this report.

Month 8 2023/24 – Lewisham Council

At month 8 Adult Social Care Services is forecasting an overspend of £3.5m. The position for Children Social Care Services at month 8 was not available in time for this report. The position at month 7 was a forecast 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			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Not applicable		
	Financial Impact	The paper sets out the ICS and borough financial positions as at Month 8		
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 8.			

NHS
South East London

Lewisham LCP Board
Finance Update – Month 8

ICB – Lewisham Delegated Budget – Month 8

NHS South East London

Overall Position

- At month 8, the borough is reporting an underspend of £1,498k (month 7 £38k) and forecasting an underspend for the full year of £2,240k (month 7 £65k). These movements from month 7 reflect the release of ICB reserves at month 8 (prescribing £609k, inflation funding £1,566k to Other Programme – total £2,175k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure. Hence the month 7 forecast surplus has moved from £65k to £2,240k equivalent to the release of reserves £2,175k.

- The main overspend is on prescribing costs. Based on September's data (as data is available 2 months in arrears), the position shows an overspend of £2,825k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £1,015k) , and other prescribing pressures including treatment of long-term conditions such as diabetes, CVD and Chronic Kidney Disease (YTD £1,810k). The forecast overspend for prescribing is consistent with month 7 at £4.3m.

- 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 pressures associated with long term conditions.

- There is also an overspend on continuing care services of £2,169k driven by price and activity pressures. This reflects children's CHC £344k and adult's £1,825k. The YTD position reflects efficiencies delivered of £410k, and further efficiencies of £185k have been identified and profiled from month 9. There remains however further risk to this position reflecting activity levels associated with CHC eligibility.

	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	702	692	10	1,053	1,038	15
Community Health Services	16,242	15,362	879	24,362	23,009	1,354
Mental Health Services	4,787	4,492	295	7,169	6,793	376
Continuing Care Services	14,001	16,170	(2,169)	21,002	24,209	(3,207)
Prescribing	25,861	28,686	(2,825)	38,792	43,050	(4,258)
Prescribing Reserves	406	0	406	609	0	609
Other Primary Care Services	1,224	1,168	56	1,835	1,752	84
Other Programme Services	4,773	121	4,652	7,159	130	7,029
Delegated Primary Care Services	40,022	40,022	0	60,034	60,034	0
Corporate Budgets	2,792	2,598	193	4,187	3,949	238
Total	**110,808**	**109,310**	**1,498**	**166,203**	**163,963**	**2,240**

- All other budget lines are close to breakeven or showing underspends. The main forecast underspend is on other programme services £7,029k. This reflects financial recovery actions taken to mitigate prescribing and continuing care services overspends, delivery of the borough's efficiency programme, and includes the uncommitted inflation reserve of £1,566k.

- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. The YTD delivery is marginally behind plan reflecting an under achievement of £71k on continuing care services.

- The current forecast outturn for borough efficiencies is £4.1m or 97%, £110k behind plan reflecting forecast under delivery of prescribing plans. The medicines management team is pursuing several actions to close this gap.

ICB – Lewisham Delegated Budget – Efficiencies Month 8

NHS South East London

- This table summarises the Lewisham position at month 8.
- 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 8 total £2,582k largely on plan, slippage of £71k on continuing health care expected to recover by the end of year.
- The forecast outturn for efficiencies for the full year is behind plan by £110k (Month 7 £290k) reflecting slippage of £110k against the prescribing target. At month 9 this forecast slippage has reduced to £19k.

Lewisham Efficiencies – Month 8

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 8 2023/24 – Lewisham Council

Overall Position

2023/24 Efficiencies	Year-to-date Month 8				Full-Year Forecast 2023/24		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	4.7	4.5	(0.2)		7.0	6.7	(0.3)
Childrens Care Services *	2.2	0.0	(2.2)		3.8	0.0	(3.8)
Total	**6.9**	**4.5**	**(2.4)**		**10.8**	**6.7**	**(4.1)**

2023/24 LBL Managed Budgets	Year-to-date Month 8				Full-Year Forecast 2023/24		
	Budget	Actual	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	47.6	49.9	(2.3)		71.4	74.9	(3.5)
Childrens Care Services *	31.3	35.3	(4.0)		53.6	60.5	(6.9)
Total	**78.9**	**85.2**	**(6.3)**		**125.0**	**135.4**	**(10.4)**

Adults Commentary

Adult Social Care and Commissioning: is reporting a £3.5m forecast overspend at Period 8 This position assumes significant delivery of savings including those carried forward from prior years. It also draws down on various reserves and corporate provisions. There is significant movement from prior reported position of 2.5m and this is mainly driven by Transition cases from CYP to ASC of more complex clients transferring to adult services and who are requiring more intense support.

The underlying reason for the overall overspend remains hospital discharges, which continues to show a post pandemic surge (Covid legacy), with discharged clients being moved onto longer term packages and some requiring more complex support. The council is receiving funding from our Health partners to help mitigate this pressure and the known funding has been assumed within the current projection. Transition cases remains a risk and the Council is putting measures in place for earlier intervention and review of these cases so as to identify less expensive packages for these cohort while ensuring their care needs are met . Despite additional budget provided for this area there remains a risk as the unit costs are extremely high

Childrens Commentary

* The figures and commentary for Childrens are as at M7 (M8 not available in time for this report) .Further work is underway on the children's position between finance and service leads to review the delivery of targeted savings.

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Appendix A

SEL ICB Finance Report

Month 08 2023/24

Contents

NHS South East London

1. Executive Summary

NHS South East London

- This report sets out the month 08 financial position of the ICB. As agreed with NHSE colleagues and local providers, the ICB plan for 23/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process, but this will not be fully reflected until month 9 accounts.
- The ICB's financial allocation as at month 08 is **£4,865,138k.** In month, the ICB received additional allocations of **£80,070k,** which included Industrial Action (£44,984k), ERF adjustments (£21,301k), IFRS16 revenue (£7,019k), Delegated POD DDRB uplifts (£3,468k) plus some smaller allocations.
- As at month 08, the ICB is reporting a YTD **underspend** against plan of **£5,550k.** This position reflects an ICB **forecast benefit of £6,400k being held on behalf of the system** as part of the re-forecasting of the financial position. This will be reviewed again at month 9, when all organisations are required to reflect updated allocations in their YTD and forecast positions. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£4.402m) and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£14,110k) and continuing healthcare (CHC) (£4,987k), which are being partially offset by underspends in other budgets.**
- At present there are six months **prescribing data** available for 23/24 as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As described in this report, efficiency 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.
- This month, the central prescribing reserve **(£3,500k)** and the inflation reserve **(£11,200k)** have been allocated to Place budgets and revised FOT positions agreed with boroughs. As a result, **5 out of 6 boroughs** are expecting to report an **underspend** position at year end with **3 of the 6 boroughs** showing a surplus position at month 08.
- **Second Focus meetings with all boroughs have taken place in December to review recovery actions, de-risk financial positions and agree outturn positions – all of which will support the delivery of the ICB's forecast year-end balanced position.**
- In reporting this month 08 position, the ICB has delivered the following financial duties:
  - Underspending **(£2,777k)** 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 08, and noting the risks outlined in this report, the ICB is **forecasting a break-even position against plan for the 23/24 financial year.**

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**135,661**	**233,559**	**165,890**	**203,003**	**158,836**	**157,251**	**3,075,121**	**4,129,321**
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	**65,867**
M2 Budget	**136,969**	**237,177**	**168,199**	**203,577**	**159,363**	**158,385**	**3,131,518**	**4,195,188**
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	**467,001**
M3 Budget	**138,285**	**239,101**	**169,807**	**206,221**	**161,248**	**160,198**	**3,587,329**	**4,662,189**
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	**75,987**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	**33,278**
M5 Budget	**139,118**	**239,910**	**170,611**	**207,124**	**162,062**	**160,900**	**3,691,729**	**4,771,454**
M6 Internal Adjustments	393	1,812	895	383	338	312	(4,133)	-
M6 Allocations	-	-	-	-	-	-	1,353	**1,353**
M6 Budget	**139,511**	**241,722**	**171,506**	**207,507**	**162,400**	**161,212**	**3,688,949**	**4,772,807**
M7 Internal Adjustments	1,256	97	516	(357)	105	149	(1,765)	-
M7 Allocations	580	819	753	1,213	874	889	7,133	**12,261**
M7 Budget	**141,346**	**242,638**	**172,775**	**208,363**	**163,379**	**162,250**	**3,694,317**	**4,785,068**
M8 Internal Adjustments								
Inflation Funding	1,873	1,867	2,046	2,384	1,566	1,468	(11,204)	-
Prescribing	531	728	522	607	609	503	(3,500)	-
Other	200	46	6	54	357	6	(669)	-
M8 Allocations								
Delegated POD - DDRB pay dental contract uplifts							3,468	**3,468**
Industrial Action							44,984	**44,984**
ERF adjustments							21,301	**21,301**
IFRS 16 revenue adjustment							7,019	**7,019**
Health Tech Adoption and Accelarator Fund							700	**700**
LDA - Support capacity building and OM training							653	**653**
DWP Talking Therapies	107	29					383	**519**
MMR/Polio phase 2 catch up							404	**404**
Other		5	170	63	292	46	446	**1,022**
M8 Budget	**144,057**	**245,312**	**175,519**	**211,471**	**166,203**	**164,273**	**3,758,302**	**4,865,138**

- The table sets out the Revenue Resource Limit at month 08.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 08, 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 inflation funding and prescribing reserve, with many of the budgets being moved to Place.
- In month, the ICB has received an additional **£80,070k** of allocations, giving the ICB a total allocation of **£4,865,138k** at month 08**.** The additional allocations included Industrial Action **(£44,984k)**, ERF adjustments **(£21,301k),** IFRS16 revenue **(£7,019k),** Delegated POD DDRB uplifts **(£3,468k)** plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above in the Executive Summary, the ICB reporting an underspend position **(£5,550k)** against plan as at month 8. This position reflects an ICB forecast benefit of £6,400k being held on behalf of the system as part of the national re-forecasting of financial positions. This will be reviewed again at month 9, when all organisations are required to reflect the updated allocations in their YTD and forecast positions.
- All other financial duties have been delivered for the year to month 8 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	3,193,284	3,187,734	4,898,884	4,898,884
Operating Under Resource Revenue Limit	3,182,035	3,176,485	4,882,011	4,882,011
Not to exceed Running Cost Allowance	24,783	22,005	37,174	33,085
Month End Cash Position (expected to be below target)	4,875	470		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	98.3%		
Mental Health Investment Standard (Annual)			439,075	439,818

4. Budget Overview

NHS South East London

	M08 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,234	4,574	4,624	800	702	369	1,740,327	**1,754,629**
Community Health Services	13,322	55,650	23,523	17,103	16,242	21,715	161,629	**309,185**
Mental Health Services	6,963	9,579	6,213	14,351	4,787	5,030	330,601	**377,525**
Continuing Care Services	16,744	16,695	18,288	21,308	14,001	13,125	-	**100,160**
Prescribing	22,910	31,381	22,504	26,181	26,267	21,689	998	**151,929**
Other Primary Care Services	2,041	2,240	1,745	2,266	1,224	636	13,630	**23,782**
Other Programme Services	1,287	1,303	2,055	1,766	4,756	1,090	4,000	**16,257**
PROGRAMME WIDE PROJECTS	-	-	-	-	17	200	35,005	**35,222**
Delegated Primary Care Services	27,181	39,243	34,649	53,358	40,022	42,741	(1,440)	**235,754**
Delegated Primary Care Services DPO	-	-	-	-	-	-	136,922	**136,922**
Corporate Budgets	2,360	2,880	3,485	3,874	2,792	2,941	22,339	**40,671**
Total Year to Date Budget	**96,043**	**163,545**	**117,086**	**141,006**	**110,808**	**109,536**	**2,444,012**	**3,182,036**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	3,149	4,509	4,521	310	692	71	1,735,911	**1,749,162**
Community Health Services	12,615	55,175	23,349	15,523	15,362	20,886	161,604	**304,513**
Mental Health Services	6,660	9,939	5,984	14,309	4,492	5,832	329,827	**377,043**
Continuing Care Services	17,505	17,482	18,999	22,375	16,170	12,615	-	**105,148**
Prescribing	25,573	33,884	25,246	28,362	28,686	23,875	414	**166,040**
Other Primary Care Services	2,041	2,240	1,552	2,133	1,168	584	13,685	**23,403**
Other Programme Services	33	(954)	142	171	104	136	5,808	**5,440**
PROGRAMME WIDE PROJECTS	-	-	-	-	17	221	36,251	**36,489**
Delegated Primary Care Services	27,181	39,103	34,516	53,358	40,022	42,741	(1,440)	**235,481**
Delegated Primary Care Services DPO	-	-	-	-	-	-	136,337	**136,337**
Corporate Budgets	1,948	2,645	3,048	3,279	2,598	2,524	21,388	**37,429**
Total Year to Date Actual	**96,705**	**164,023**	**117,357**	**139,820**	**109,310**	**109,486**	**2,439,783**	**3,176,485**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	85	65	103	490	10	298	4,415	**5,467**
Community Health Services	708	476	174	1,579	879	830	25	**4,671**
Mental Health Services	304	(361)	229	42	295	(802)	774	**482**
Continuing Care Services	(761)	(788)	(711)	(1,068)	(2,169)	509	-	**(4,987)**
Prescribing	(2,663)	(2,503)	(2,742)	(2,181)	(2,419)	(2,187)	584	**(14,110)**
Other Primary Care Services	(0)	0	192	133	56	53	(54)	**379**
Other Programme Services	1,254	2,257	1,913	1,595	4,652	954	(1,807)	**10,817**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	(21)	(1,246)	**(1,267)**
Delegated Primary Care Services	-	140	133	-	-	-	-	**273**
Delegated Primary Care Services DPO	-	-	-	-	-	-	585	**585**
Corporate Budgets	412	235	437	595	193	417	951	**3,241**
Total Year to Date Variance	**(662)**	**(479)**	**(271)**	**1,186**	**1,498**	**50**	**4,228**	**5,550**

- At month 08, the ICB is reporting an YTD underspend of **£5,500k.** This position reflects an **ICB forecast benefit of £6,400k being held on behalf of the system** as part of the H2 re-forecasting of financial positions. This will be reviewed at month 9, when all organisations are required to reflect the updated allocations in their YTD and forecast positions. This position includes prescribing and continuing care overspends, with offsetting underspends in other budgets and reserves.
- The ICB is reporting a **£14,110k overspend** against its **prescribing year to date position**. This is based on six month's PPA data which shows the trend from last year is continuing. The 1% risk reserve and the £3,500k prescribing reserve are both now reflected in Place financial positions.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure but overall Mental Health budgets are slightly underspent this month. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£4,987k 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 now fully reflected in the financial position. Lewisham and Lambeth boroughs are continuing to see the largest financial pressures. 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 **(£4,402k),** in line with relevant reporting guidance from NHS England.
- The underspend of **£3,241k** 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 8 prescribing position is based upon M06 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 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 **£14,246k overspend** year to date (YTD). This is after 8 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £135k giving an **overall overspend of £14,110k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£19,337k**.

M08 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	23,957,926	958,564	822,244	(199,745)	(34,988)		50,475	25,554,476	22,879,424	(2,675,052)	34,319,141	38,025,208	(3,706,068)
BROMLEY	31,841,125	1,215,447	1,090,867	(273,026)	(23,718)		67,092	33,917,787	31,414,589	(2,503,197)	47,121,897	50,704,539	(3,582,642)
GREENWICH	23,414,467	1,038,671	806,954	(87,319)	(79,790)		49,705	25,142,688	22,400,420	(2,742,267)	33,600,653	37,753,926	(4,153,273)
LAMBETH	26,677,759	987,352	912,949	(101,561)	(116,496)		56,382	28,416,385	26,235,564	(2,180,821)	39,353,371	42,682,826	(3,329,455)
LEWISHAM	26,518,633	1,015,054	908,612	(86,104)	(42,378)		56,046	28,369,863	25,951,229	(2,418,634)	38,926,856	42,575,983	(3,649,128)
SOUTHWARK	22,221,655	897,804	762,942	(90,320)	(122,341)		47,078	23,716,818	21,406,262	(2,310,556)	32,109,399	35,636,398	(3,526,999)
SOUTH EAST LONDON	0					(584,413)		(584,413)	-	584,413		(2,610,000)	2,610,000
Grand Total	**154,631,566**	**6,112,890**	**5,304,567**	**(838,075)**	**(419,711)**	**(584,413)**	**326,779**	**164,533,604**	**150,287,489**	**(14,246,114)**	**225,431,316**	**244,768,881**	**(19,337,565)**

- The table above shows that of the YTD overspend, approximately **£6,112k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£8,133k** relates to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine.
- Of the overall annual forecast unmitigated pressure of circa £19,337k, around **£9,169k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed for in-year implementation.

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

NHS South East London

Monthly Actual QIPP / Medicines Optimisation Cash Releasing Savings by Boroughs								
M08 Prescribing	Total QIPP (Sept 23) – with £750k rebate released to boroughs £	Apr-23 £	May-23 £	Jun-23 £	Jul-23 £	Aug-23 £	Sep-23 £	Total £
BEXLEY	1,002,206	51,595	45,912	44,664	73,576	73,505	70,925	360,177
BROMLEY	1,675,386	121,667	102,661	96,247	164,432	177,590	199,700	862,495
GREENWICH	1,108,485	59,813	52,833	51,765	90,385	87,804	100,262	445,354
LAMBETH	1,436,894	80,490	65,667	61,215	121,427	114,587	128,901	572,285
LEWISHAM	1,916,572	148,584	106,457	108,027	146,033	148,132	163,100	820,332
SOUTHWARK	1,241,709	63,820	53,963	61,915	103,051	92,262	99,278	474,288
SEL	**8,381,253**	**525,969**	**427,493**	**423,833**	**698,904**	**693,880**	**753,362**	**3,526,127**

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

- Total prescribing savings have been identified to a value of **£8,381k** (3.8% of 23/24 budget).
- We have phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. The ICB Medicines Optimisation teams continue to support the implementation of the Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. 3 boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
- The generic medicines (sitagliptin and apixaban) savings started to be realised in July, with additional savings expected in the second half of the year.
- The Medicines Optimisation teams have completed all practice visits and continue to use the prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
- Total prescribing savings delivered for the April to September period is **£3,526k.**

6. NHS Continuing Healthcare – Overview

NHS South East London

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 08 is **an overspend of £4,987k. Except for Southwark, all other boroughs are reporting YTD overspends.** This month there are significant overspends in Lambeth, and Lewisham, with Greenwich having improved its position considerably. The overspend in Lambeth is due to fully funded Physical Disability (<65) clients, FNC and palliative clients, and in Lewisham it is fully funded Learning Disability clients (<65), PHB and palliative clients. 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 care, transition arrangements and communications with clients and their relatives with regards to managing care expectations. All boroughs, except for Southwark, are forecasting overspend positions at the year end which are estimated to total £7,057k.
- 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. Most providers have now reached agreement with the ICB regarding uplifts, leaving just a few smaller organisations to agree on an uplift. The vast majority therefore of current year price uplifts are reflected within YTD actual and forecast positions.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

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

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	**72**	**62**	**92**	**147**	**75**	**71**
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7	83	65	98	113	84	69
Month 8	85	66	100	110	90	69
Month 9						
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 8 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. **The first table shows that, for all boroughs, the average prices show a downward trend this year.** Even though Lambeth average price has reduced, the Lambeth and particularly the Greenwich average prices are higher than for the other boroughs. The number of client costs > £1,500 a week emphasises this.
- **All but two boroughs (Lambeth and Southwark) are showing an increase in the number of high-cost packages compared to the end of the last financial year. Lewisham** shows a steady monthly increase in high-cost package numbers starting from month 2, which is a factor in its worsening position month by month. The increase in high-cost packages is being reviewed by borough finance and CHC leads and is a result of activity growth in both adult and children's CHC packages. The **Greenwich** costs are primarily driven by adult Learning Disability CHC packages, for which a review is being undertaken to identify potential opportunities for efficiencies.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process. Currently all broughs are reporting delivery against their savings plans.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

NHS South East London

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

Short Term

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

Longer Term

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

7. Provider Position

NHS South East London

Overview:

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

- In year, the ICB is forecasting to spend circa **£3,495,679k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£926,314k**
    - Kings College Hospital **£907,363k**
    - Lewisham and Greenwich **£651,191k**
    - South London and the Maudsley **£310,249k**
    - Oxleas **£230,188k**

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

- An underspend (£4,402k) 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 8			Month 7
	Annual Requirement	Identified Month 8	Unidentified Month 8	Unidentified Month 7	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,899	0	0	3,264	3,139	(125)	(202)
Bromley	7,429	7,429	0	0	4,257	4,236	(21)	(99)
Greenwich	4,857	4,857	0	0	3,238	3,167	(71)	(62)
Lambeth	4,690	5,770	1,080	1,080	3,503	3,882	379	488
Lewisham	4,208	4,208	0	0	2,653	2,582	(71)	(68)
Southwark	3,967	4,095	128	128	2,269	2,149	(120)	(50)
Total	**29,050**	**30,258**	**1,208**	**1,208**	**19,184**	**19,155**	**(29)**	**7**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 8 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. The most significant areas for Place efficiency schemes are prescribing and CHC. The target is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 8, saving schemes above the overall target have been identified.
- At month 7, actual delivery (£19.155m) is on plan. Places are continuing to identify and implement actions to improve savings run-rates, especially for prescribing and CHC expenditure. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit with a degree of risk.
- Planning for the 24/25 ICB efficiency plan will continue during Q4.

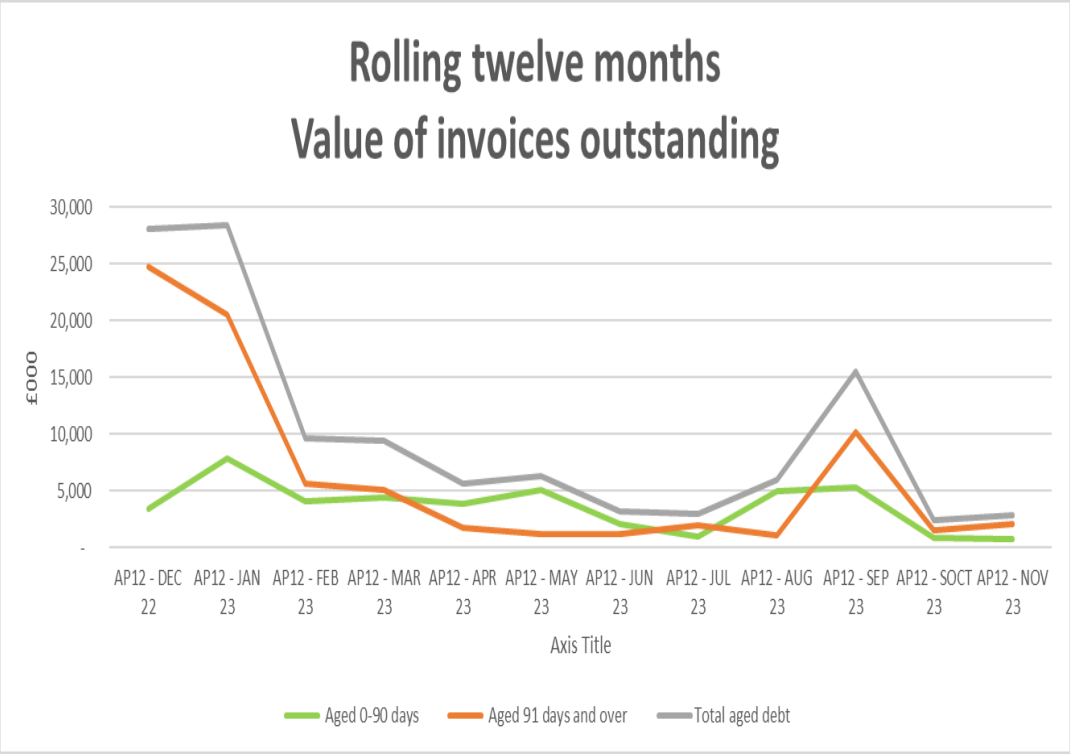
9. Corporate Costs – Programme and Running Costs

NHS South East London

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£3,241k**, which consists of an **£464k** underspend on programme costs and an underspend of **£2,777k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** Vacant posts are key driver for the underspend. The RCA is **£37,174k** for the year, with no change in-month. The current run-rate is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL								
Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s		£000s	£000s	£000s
	PROGRAMME							
929002	ACUTE SERVICES B	0	41	(41)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	297	1,072	(774)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	2,425	1,878	547		3,637	2,889	748
929173	MEDICINES MANAGEMENT - CLINICAL	3,015	2,575	439		4,522	3,881	641
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	3,082	3,192	(110)		4,623	4,761	(138)
929219	PRIMARY CARE TRANSFORMATION	0	182	(182)		0	273	(273)
929245	SAFEGUARDING	2,038	1,859	179		3,058	2,797	261
929248	NURSING AND QUALITY PROGRAMME	1,687	1,436	250		2,530	2,122	408
929249	CLINICAL LEADS	3,395	2,532	863		5,093	3,984	1,109
929272	PROGRAMME WIDE PROJECTS	(634)	348	(982)		(952)	440	(1,391)
929273	PROGRAMME ADMINISTRATIVE COSTS	583	308	275		875	490	385
PROGRAMME TOTAL		**15,888**	**15,424**	**464**		**23,832**	**23,191**	**640**
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	569	549	20		854	829	25
929562	ASSURANCE	350	338	11		525	507	17
929563	BUSINESS DEVELOPMENT	314	265	50		471	397	74
929564	BUSINESS INFORMATICS	2,475	2,098	376		3,712	3,207	505
929565	CEO/ BOARD OFFICE	0	25	(25)		0	0	0
929566	CHAIR AND NON EXECS	179	170	9		269	260	9
929570	PRIMARY CARE SUPPORT	654	721	(66)		982	1,052	(71)
929571	COMMISSIONING	4,414	3,963	450		6,620	5,966	654
929572	COMMUNICATIONS & PR	1,242	1,199	42		1,863	1,789	74
929574	CONTRACT MANAGEMENT	677	518	159		1,015	765	250
929575	CORPORATE COSTS & SERVICES	1,219	1,006	213		1,828	1,489	339
929576	CORPORATE GOVERNANCE	3,561	3,155	406		5,341	4,751	590
929578	EMERGENCY PLANNING	364	302	61		546	459	86
929580	ESTATES AND FACILITIES	1,947	1,868	79		2,921	2,798	122
929581	FINANCE	(290)	(768)	478		(435)	(1,163)	728
929585	IM&T	843	307	537		1,265	509	756
929586	IM&T PROJECTS	681	681	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	345	331	14		517	496	21
929593	PERFORMANCE	550	479	71		825	723	102
929599	STRATEGY & DEVELOPMENT	4,648	3,580	1,068		6,972	5,258	1,714
929600	ADMIN PROJECTS	(1,268)	(62)	(1,206)		(1,902)	48	(1,950)
929601	SERVICE PLANNING & REFORM	84	85	(0)		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	1,226	1,197	30		1,840	1,795	44
ADMIN TOTAL		**24,783**	**22,005**	**2,777**		**37,174**	**33,085**	**4,089**
CORPORATE TOTAL		**40,671**	**37,429**	**3,241**		**61,006**	**56,276**	**4,730**

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	431	69	17	23	77	139	756
Non-NHS	979	229	562	267	0	12	2,049
Unallocated	0	0	0	0	0	0	0
Total	**1,410**	**298**	**579**	**290**	**77**	**151**	**2,805**

The ICB has an overall debt position of **£2.8m** at month 8. This is **£1.5m lower** when compared to last month due to a significant number of invoices being settled in month. Of the current debt, there is approximately £228k of debt over 3 months old which is an improvement on the month 7 position. **The largest debtor values this month are in the main with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**

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

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

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	BROMLEY LONDON BOROUGH COUNCIL	1,148	1,136	12
2	SOUTHWARK LONDON BOROUGH COUNCIL	387	387	-
3	NHS ENGLAND	267	267	-
4	CHIESI LTD	185	185	-
5	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	142	125	17
6	GREAT ORMOND STREET HOSPITAL FOR CHILDREN	105	41	64
7	LEWISHAM AND GREENWICH NHS TRUST	92	31	61
8	BEXLEY LONDON BOROUGH COUNCIL	87	87	-
9	NHS SOUTH WEST LONDON ICB	61	-	61
10	CHANGE GROW LIVE	52	52	-

11. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 8 was **£4,832,331k**. The maximum cash drawdown (MCD) available as at month 08, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£1,730,692k**. During month 8, the cash limit adjustment made by NHSE in respect of the Pathfinder specialised commissioning allocation was corrected.
- As at month 8 the ICB had drawn down 64.2% of the available cash compared to the budget cash figure of 66.7%. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 1 due to high volumes of year end creditors to be paid and again in October due to the re-phasing of the surplus to providers together the uncertainty around the timing of income from local councils. No supplementary drawdown was required in November but in December supplementary funding was required to pay providers for the impact of Industrial Action as part of the national H2 planning process.
- 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 8 was **£470k**, well within the target set by NHSE **(£4,875k). The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for 2023/24	2023/24 AP8 - NOV 23	2023/24 AP7 - OCT 23	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,832,331	4,300,503	531,828
Capital allocation			
Less:			
Cash drawn down	(2,865,000)	(2,475,000)	(390,000)
Prescription Pricing Authority	(177,237)	(156,086)	(21,151)
HOT	(1,701)	(1,510)	(191)
POD	(55,264)	(44,208)	
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(706)	(1,703)	997
Remaining Cash limit	**1,730,692**	**1,620,263**	**121,484**

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
ICB							
Apr-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
Dec-23	370,000	15,000	3,250,000		4,625		
Jan-24	455,000		3,705,000		5,688		
Feb-24							
Mar-24							
	3,660,000	**45,000**					

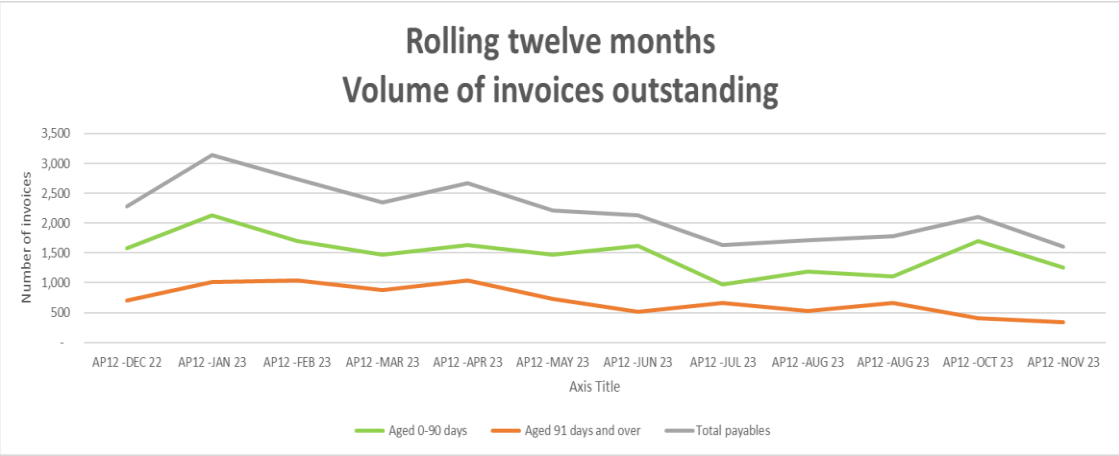
12. Aged Creditors

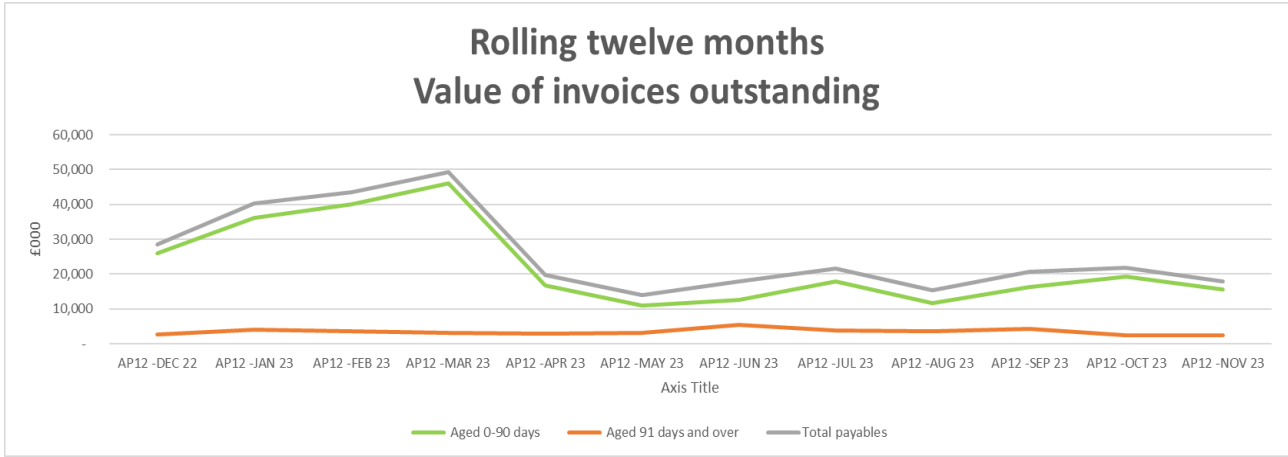
The ICB will be moving to a new ledger ISFE2 at some point during 2024/25 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger.

The **volume of outstanding invoices has started to decrease this month.** This is shown below in the downward trend for invoices over 0-90 days old. However, the volume of items aged 91 days + is reasonably static and action is required to reduce these. The finance teams are continuing to work with budget holders to clear all pre-April 2023 invoices. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers where required.

As mentioned above, work has been ongoing to clear all the items pre-April 2023 and to maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. As of 21st December, there are 77 invoices still to be cleared with a value of circa £0.1m which is due to several dated invoices being received in the last 2 weeks which need to be validated. Progress will continue to be closely monitored over the next couple of weeks. The focus going forward will be on clearing all agreed invoices over 30 days old, to reduce the levels of invoices which would otherwise need to be cut over to the new ledger system.

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





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

NHS South East London

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%.** This spend is subject to annual independent review.
- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M08. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,818** (£743k, 0.17% over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting however that we are seeing a reduction in spend as the year progresses.
- Slide 3 sets out the position by ICB budgetary area.

Risks to delivery

- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans to mitigate this include improving joint funding panel arrangements and developing new services and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there 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 undertaking a review of provider pathways to maximise resources and capacity, working to improve data quality and considering contracting options. We are working with the London Region and other ICBs to benchmark ADHD services and to develop best practice 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 because of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to July 2023) is £10.9m, an increase of 1.4% over 22/23 outturn.

13. Summary MHIS Position – Month 08 (November) 2023/24

NHS South East London

Mental Health Spend By Category	Category Reference Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 31/11/2023 YTD £'000	Mental Health - Non-NHS Actual 31/11/2023 YTD £'000	Total Mental Health Actual 31/11/2023 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	24,167	2,736	26,903	36,251	4,167	40,418	584
Children & Young People's Eating Disorders	2	2,726	1,821	0	1,821	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	6,203	0	6,203	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	18,821	4,295	23,116	28,232	6,443	34,675	318
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	12,117	0	12,117	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	8,335	0	8,335	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	21,601	224	21,825	32,402	336	32,738	(65)
Ambulance response services	8	1,146	765	0	765	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	70,591	8,181	78,772	105,886	12,300	118,186	914
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	9,121	6,449	15,570	14,232	9,429	23,661	(822)
Mental Health Placements in Hospitals	20	5,548	2,153	976	3,129	3,229	1,452	4,681	867
Mental Health Act	10	6,567	0	5,128	5,128	0	7,660	7,660	(1,093)
SMI Physical health checks	11	890	447	79	526	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	75,315	0	75,315	112,973	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	8,811	5,483	466	5,949	8,225	695	8,920	(109)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**428,941**	**256,940**	**28,534**	**285,474**	**385,963**	**42,600**	**428,563**	**378**
Mental health prescribing	16	9,585	0	7,243	7,243	0	10,864	10,864	(1,279)
Mental health in continuing care (CHC)	17	549	0	262	262	0	391	391	158
Sub-total - MHIS (inc CHC, Prescribing)		**439,075**	**256,940**	**36,039**	**292,979**	**385,963**	**53,855**	**439,818**	**(743)**
Learning Disability	18a	11,525	7,683	854	8,537	11,525	1,274	12,799	(1,274)
Autism	18b	2,594	777	894	1,671	1,166	1,425	2,591	3
Learning Disability & Autism - not separately identified	18c	50,112	3,097	31,136	34,233	4,646	46,896	51,542	(1,430)
Sub-total - LD&A (not included in MHIS)		**64,231**	**11,557**	**32,884**	**44,441**	**17,337**	**49,595**	**66,932**	**(2,701)**
Dementia	19	14,671	8,461	1,302	9,763	12,691	1,953	14,644	27
Sub-total - Dementia (not included in MHIS)		**14,671**	**8,461**	**1,302**	**9,763**	**12,691**	**1,953**	**14,644**	**27**
Total - Mental Health Services		**517,977**	**276,958**	**70,225**	**347,183**	**415,991**	**105,403**	**521,394**	**(3,417)**

13. Summary MHIS Position M08 (November) 2023/24 - by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M08 2023/24		Year to Date position for the eight months ended 30 November 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	27,390	24,167	2,736	0	26,903	487	41,002	36,251	4,167	0	40,418	584
Children & Young People's Eating Disorders	2	1,821	1,821	0	0	1,821	0	2,726	2,732	0	0	2,732	(6)
Perinatal Mental Health (Community)	3	6,203	6,203	0	0	6,203	0	9,285	9,304	0	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	23,376	18,821	4,295	0	23,116	260	34,993	28,232	6,443	0	34,675	318
A and E and Ward Liaison mental health services (adult and older adult)	5	12,117	12,117	0	0	12,117	0	18,139	18,176	0	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	8,335	8,335	0	0	8,335	0	12,478	12,503	0	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	21,827	21,601	224	0	21,825	1	32,673	32,402	336	0	32,738	(65)
Ambulance response services	8	765	765	0	0	765	0	1,146	1,148	0	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	79,562	70,591	8,181	0	78,772	790	119,100	105,886	12,300	0	118,186	914
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	15,257	9,121	6,310	139	15,571	(313)	22,839	14,232	9,220	209	23,661	(822)
Mental Health Placements in Hospitals	20	3,706	2,153	976	0	3,129	577	5,548	3,229	1,452	0	4,681	867
Mental Health Act	10	4,387	0	5,128	0	5,128	(741)	6,567	0	7,660	0	7,660	(1,093)
SMI Physical health checks	11	595	447	79	0	526	69	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	75,315	75,315	0	0	75,315	0	112,743	112,973	0	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	5,886	5,483	466	0	5,949	(63)	8,811	8,225	695	0	8,920	(109)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**286,543**	**256,942**	**28,395**	**139**	**285,476**	**1,066**	**428,941**	**385,963**	**42,391**	**209**	**428,563**	**378**
Other Mental Health Services:		0	0	0	0			0	0	0	0		
Mental health prescribing	16	6,403	0	0	7,243	7,243	(839)	9,585	0	0	10,864	10,864	(1,279)
Mental health continuing health care (CHC)	17	367	0	0	262	262	105	549	0	0	391	391	158
Sub-total - MHIS (inc. CHC and prescribing)		**293,313**	**256,942**	**28,395**	**7,644**	**292,981**	**332**	**439,075**	**385,963**	**42,391**	**11,464**	**439,818**	**(743)**
Learning Disability	18a	7,683	7,683	854	0	8,537	(854)	11,525	11,525	1,274	0	12,799	(1,274)
Autism	18b	1,729	777	445	449	1,671	58	2,594	1,166	752	673	2,591	3
Learning Disability & Autism - not separately identified	18c	33,408	3,097	7,724	23,412	34,233	(825)	50,112	4,646	11,534	35,362	51,542	(1,430)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**42,821**	**11,558**	**9,023**	**23,861**	**44,442**	**(1,621)**	**64,231**	**17,337**	**13,560**	**36,035**	**66,932**	**(2,701)**
Dementia	19	9,781	8,461	899	403	9,763	18	14,671	12,691	1,348	605	14,644	27
Sub-total - LD&A & Dementia (not included in MHIS)		**52,601**	**20,019**	**9,922**	**24,264**	**54,205**	**(1,603)**	**78,902**	**30,028**	**14,908**	**36,640**	**81,576**	**(2,674)**
Total Mental Health Spend - excludes ADHD		**345,914**	**276,961**	**38,317**	**31,908**	**347,185**	**(1,271)**	**517,977**	**415,991**	**57,299**	**48,103**	**521,393**	**(3,416)**

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

SEL ICB Finance Report

Updates from Boroughs

Month 8

Appendix 1 - Bexley

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	3,234	3,149	85	4,851	4,723	128
Community Health Services	13,322	12,615	708	19,983	18,922	1,061
Mental Health Services	6,963	6,660	304	10,437	9,905	532
Continuing Care Services	16,744	17,505	(761)	25,116	26,179	(1,063)
Prescribing	22,556	25,573	(3,017)	33,835	38,060	(4,225)
Prescribing Reserves	354	-	354	531	-	531
Other Primary Care Services	2,041	2,041	(0)	3,061	2,510	551
Other Programme Services	1,287	33	1,254	1,930	(946)	2,876
Programme Wide Projects	-	-	-	-	127	(127)
Delegated Primary Care Services	27,181	27,181	-	40,774	40,774	()
Corporate Budgets	2,360	1,948	412	3,540	2,958	582
Total	**96,043**	**96,705**	**(662)**	**144,058**	**143,212**	**846**

Month 8 (M8) Financial overview - Year to Date (YTD) Overspend: £662k, Forecast Outturn (FOT) Underspend: £846k. Although in real terms, the run rate has deteriorated by £125k, there has been an improvement in position due to the allocation to place budgets of the ICB reserve of £14.7m. £2.4m of this is allocated to Bexley Place; £531k to Prescribing Reserves and £1,873k reported within Other Programme Services.

Key Drivers of Overspends:

- Prescribing budget reports an overspent YTD of £3m and FOT £4.2m. This is a deterioration in the YTD position by £781k and FOT by £359k from previous month. This is driven by the escalation in the flu vaccination programme with prior year claims being made in M8 and increase in 65+ flu eligibility. Other drivers remains the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives.

Implementation of the recovery plans and efficiency savings included within the other programme services line (£0.75m FOT underspend), has been delayed due to escalated Flu cost in the run rate.

- CHC has reported YTD overspend of £761k, marking a £218k deterioration from previous month. The FOT remains steady at £1.06m overspend. The position is influenced by increased activities coupled with increase in the FNC, AQP and non-specialist home care weekly rates. The execution of the recovery plan has halted the escalation of the increasing expenditure rate.
- The £127k reported within the Programme Wide Projects accounts for recovery measures earmarked for implementation to meet the control total.

Underspends - These are proactive measures implemented to deliver the control total. The main underspend is on community health services, £708k and £1.06m YTD and FOT, respectively. This is attributable to increased efficiencies within several contracts.

- Others are within the corporate budgets underspent by £412k YTD and FOT of £582k, due to existing vacancies without backfill which is expected to continue till year end.
- The YTD position for Other Primary Care Services shows a balanced budget and an underspend of £551k FOT, driven by delayed mobilisation of the local care network schemes to support the recovery plan.

Efficiency savings – The 23/24 savings target is 4.5% of controllable budget across SEL, being £3.9m for Bexley borough. At M8, all target has been identified and combined delivery rate is circa 96%.

Appendix 2 – Bromley

NHS South East London

Overall Position

	M08					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	4,574	4,509	65	6,861	6,763	98
Community Health Services	55,650	55,175	476	83,476	82,762	714
Mental Health Services	9,579	9,939	(361)	14,360	14,755	(395)
Continuing Care Services	16,695	17,482	(788)	25,042	26,066	(1,024)
Prescribing	30,896	33,884	(2,989)	46,343	50,654	(4,311)
Prescribing Reserves	485	-	485	728	-	728
Other Primary Care Services	2,240	2,240	0	3,361	3,361	-
Other Programme Services	1,303	(954)	2,257	1,954	(1,430)	3,384
PROGRAMME WIDE PROJECTS	-	-	-	-	(143)	143
Delegated Primary Care Services	39,243	39,103	140	58,866	58,656	210
Corporate Budgets	2,880	2,645	235	4,321	3,947	374
Total FOT	**163,545**	**164,023**	**(479)**	**245,312**	**245,391**	**(79)**

- The borough is reporting an overspend of £479k at Month 8 and is forecasting a £79k overspend at year end.
- The borough has received 2 significant budget transfers in Month 8. £728k has been received for prescribing and this funding was transferred to place from the prescribing reserve which had been reported centrally in previous months. £1,867k for inflation funding has also been received and this has been reported within other programme services. These transfers total £2,595k and are reflected in the forecast position which was £2,673k overspent at Month 7 and is £79k overspent at Month 8.
- The Prescribing budget is £2,989k overspent and represents a continuation of the activity and price pressures that have been occurring all year. These are primarily due to NCSO price pressures and NICE implementation.
- The Continuing Healthcare budget is £788k overspent. Since the beginning of the year the average monthly cost of a CHC client has increased by over 15%. Bromley have a significant number of new Care Home beds that have recently opened in the borough which has resulted in a steady increase in FNC (funded nursing care) clients. The annual cost of each FNC client is over £11k per annum. As this cohort's health deteriorates, they will often become eligible for CHC.
- The Mental Health budget is £361k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is continuing to impact upon the 23/24 position as activity continues to increase. The growth in S117 activity is due to more cases coming to joint funding panels and more clients being identified as partially health funded. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.
- The 2023/24 borough savings requirement is £7,429k. The variance against plan at Month 8 is a shortfall of £20k due to a small under-delivery of prescribing savings, this position is expected to improve during the year as more schemes are implemented.
- The forecast overspend is £79k and reflects the position agreed as part of the financial focus meetings that were held in September and December. This position is very challenging due to overspends in the Prescribing, CHC and Mental Health Directorates. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

Appendix 3 - Greenwich

NHS South East London

Overall Position

Description	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	4,624	4,521	103	6,936	6,807	128
Community Health Services	23,523	23,349	174	35,284	34,803	481
Mental Health Services	6,213	5,984	229	9,288	8,796	492
Continuing Care Services	18,288	18,999	(711)	27,433	28,358	(925)
Prescribing	22,504	25,246	(2,742)	33,755	37,909	(4,154)
Other Primary Care Services	1,745	1,552	193	2,536	2,247	289
Other Programme Services	2,055	142	1,913	3,083	213	2,870
Programme Wide Projects	0	0	0	0	0	0
Delegated Primary Care Services	34,649	34,516	133	51,976	51,776	200
Corporate Budgets	3,485	3,048	437	5,228	4,604	624
Total	**117,086**	**117,357**	**(271)**	**175,519**	**175,514**	**5**

- The overall Greenwich borough position is £271k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as £5k favourable. The financial control total set for Greenwich is a breakeven position and is inclusive of a £2,568k budget transfer within month (£522k within Prescribing and the balance within Other Programme Services).
- 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 £711k 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 has been a detailed review of the underpinning database information with the inclusion of additional 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 £174k underspend within Community is slippage in project schemes to support the wider financial recovery plans, most notably on the Virtual Wards programme. The Primary Care underspend of £193k is similarly associated with slippage in schemes.
- The £103k 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 £437k favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment, and a freeze within non-pay expenditure lines.
- Mental Health is £229k favourable to date attributable to lower (Children) cost per case activity than scheduled. Female PICU spot placement activity has been variable, with a forecast assumption that activity will revert to longer term established trends and additional mitigations being sought if the current volatility persists into Q4.

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	800	310	490	1,200	658	542
Community Health Services	17,103	15,523	1,579	25,654	23,412	2,242
Mental Health Services	14,351	14,309	42	21,486	21,474	12
Continuing Care Services	21,308	22,375	(1,068)	31,961	33,563	(1,602)
Prescribing	25,776	28,362	(2,585)	38,664	42,601	(3,937)
Prescribing Reserves	405		405	607	0	607
Other Primary Care Services	2,266	2,133	133	3,399	3,200	199
Other Programme Services	1,766	171	1,595	2,648	264	2,384
Delegated Primary Care Services	53,358	53,358	0	80,040	80,040	0
Corporate Budgets	3,874	3,279	595	5,811	4,940	871
Total	**141,006**	**139,820**	**1,186**	**211,471**	**210,152**	**1,319**

- The borough is reporting an overall £1.2m year to date underspend position and a forecast position of £1.3m favourable variance at Month 8 (November 2023). The favourable movement from last month is due to the delegation of reserve (£0.6m) for prescribing pressures previously held centrally and allocation (£2.4m) received by the ICB to fund excess inflation. The reported year to date position includes £1.1m overspend on Continuing Healthcare and £2.2m overspend on Prescribing (inclusive of reserve), offset by underspends in some budget lines and includes the impact of recovery action (£2.9m) and implementing freeze on new financial commitments (e.g., Virtual Ward, Health Inequalities, Discharge Funding, Winter Resilience, etc).

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

- The CHC team continues to deliver on reducing packages for high-cost cases including for 1:1 care, LD clients and transitions cases. The team is also working locally with Adult Social Care commissioning colleagues to develop provision particularly in context of place-based needs. Lambeth has been subject to disproportionate rates for some services but work at place is ongoing to establish better value costs. The number of active CHC/FNC clients in M08 is 629.

- Prescribing month 8 position is based on M06 2023/24 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £2.2m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier and selected practices to identify further opportunities around prescribing efficiencies, working with community pharmacy to reduce waste and over-ordering, etc. The team is delivering the savings plan as practices progress with local improvement plans in-year.

- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M08 is £0.4m 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	702	692	10	1,053	1,038	15
Community Health Services	16,242	15,362	879	24,362	23,009	1,354
Mental Health Services	4,787	4,492	295	7,169	6,793	376
Continuing Care Services	14,001	16,170	(2,169)	21,002	24,209	(3,207)
Prescribing	25,861	28,686	(2,825)	38,792	43,050	(4,258)
Prescribing Reserves	406	0	406	609	0	609
Other Primary Care Services	1,224	1,168	56	1,835	1,752	84
Other Programme Services	4,773	121	4,652	7,159	130	7,029
Delegated Primary Care Services	40,022	40,022	0	60,034	60,034	0
Corporate Budgets	2,792	2,598	193	4,187	3,949	238
Total	**110,808**	**109,310**	**1,498**	**166,203**	**163,963**	**2,240**

- At month 8, the borough is reporting an underspend of £1,498k (month 7 £38k) and forecasting an underspend for the full year of £2,240k (month 7 £65k). These movements from month 7 reflect the release of ICB reserves at month 8 (prescribing £609k, inflation funding £1,566k to Other Programme – total £2,175k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure. Hence the month 7 forecast surplus has moved from £65k to £2,240k equivalent to the release of reserves £2,175k.
- The main overspend is on prescribing costs. Based on September's data (as data is available 2 months in arrears), the position shows an overspend of £2,825k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £1,015k) , and other prescribing pressures including treatment of long-term conditions such as diabetes, CVD and Chronic Kidney Disease (YTD £1,810k). The forecast overspend for prescribing is consistent with month 7 at £4.3m.
- 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 pressures associated with long term conditions.
- There is also an overspend on continuing care services of £2,169k driven by price and activity pressures. This reflects children's CHC £344k and adult's £1,825k. The YTD position reflects efficiencies delivered of £410k, and further efficiencies of £185k have been identified and profiled from month 9. There remains however further risk to this position reflecting activity levels associated with CHC eligibility.
- All other budget lines are close to breakeven or showing underspends. The main forecast underspend is on other programme services £7,029k. This reflects financial recovery actions taken to mitigate prescribing and continuing care services overspends, delivery of the borough's efficiency programme, and includes the uncommitted inflation reserve of £1,566k.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. The YTD delivery is marginally behind plan reflecting an under achievement of £71k on continuing care services.
- The current forecast outturn for borough efficiencies is £4.1m or 97%, £110k behind plan reflecting forecast under delivery of prescribing plans. The medicines management team is pursuing several actions to close this gap.

Appendix 6 – Southwark

NHS South East London

Overall Position

Budget Area	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Annual Budget £'000	Forecast Outturn £'000	Forecast Variance £'000
Acute Services	369	71	298	553	107	447
Community Health Services	21,715	20,886	830	32,573	31,349	1,224
Mental Health Services	5,030	5,832	(802)	7,513	8,695	(1,181)
Continuing Care Services	13,125	12,615	509	19,687	18,923	764
Prescribing	21,353	23,875	(2,522)	32,030	35,874	(3,844)
Prescribing Reserves	335	-	335	503	-	503
Other Primary Care Services	636	584	53	955	886	69
Other Programme Services	1,090	136	954	1,635	205	1,430
Programme Wide Projects	200	221	(21)	300	235	65
Delegated Primary Care Services	42,741	42,741	-	64,113	64,113	-
Corporate Budgets	2,941	2,524	417	4,411	3,813	599
Total	109,536	109,486	50	164,273	164,198	75

- The borough is reporting a surplus of £50k at month 8 and forecasting delivery of its new control total which is a surplus of £75k for the year. Within this overall position there are underspends and overspends in budget areas.
- Reported prescribing position shows a deterioration between month 7 and month 8 of £188k adverse variance on our forecast. This was the second month of deterioration. It is expected that the savings plan will have a positive impact over the coming months.
- The position on mental health placements has deteriorated from previous month due to increased costs for Learning disability placements.
- Underspend in Continuing Healthcare is due to a combination of factors, including maximising the AQP provision and regularly reviewing the database to ensure forecasting is as accurate as possible. Some of the underspend reflects changes made where CHC funding is not eligible. However, there is a risk that the appeals process may overturn these decisions.
- The community services position masks a key risk relating to the NRS contract (Community Equipment Service) reporting an overspend of £800k against a budget of £1.5m. Whilst our improvement in CHC position is supporting the overspend in NRS contract, there is a risk that costs continue to increase.
- Borough had identified £3.6m of recovery action plans as mitigations to support the financial challenges in the borough. Currently £3.2m of these recovery actions have been actioned and savings delivered. Of the remainder £533k , £143k is no longer achievable and the balance £390k is still being pursued. Some of these plans have already been implemented and reflected in the Year to date and forecast position. Uncommitted budgets in all areas have been frozen as part of this recovery process.
- Borough has efficiency target of 4.5% which amounts to £4.0m. As at month 8, the borough is reporting a forecast under delivery of £533k (YTD £120k) mainly a result of slippage in both Mental health and Prescribing savings plans.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 08 2023/24

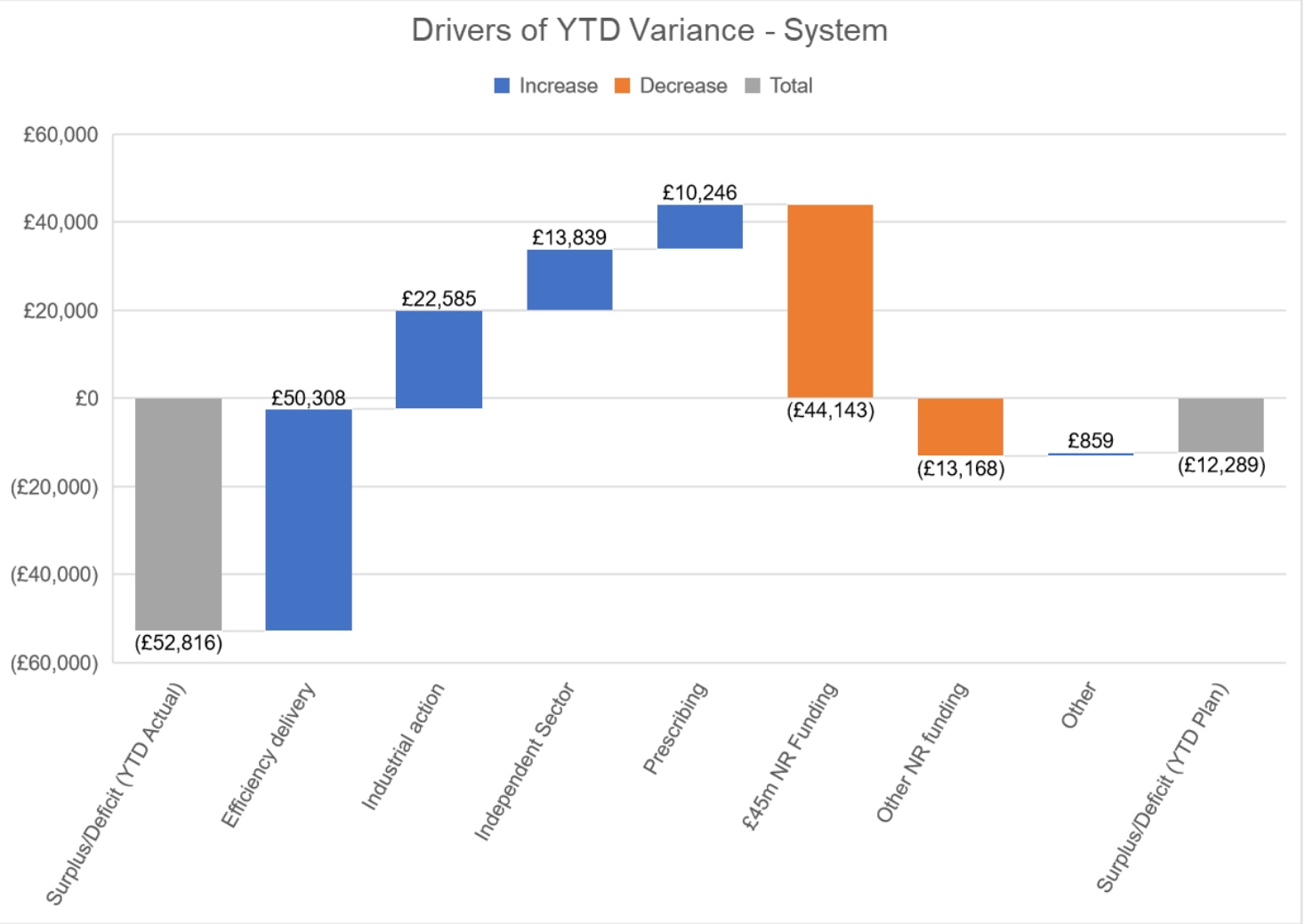
I&E summary

- At month 8 **SEL ICS reported a system deficit of £52.8m, £40.5m adverse to a planned £12.3m deficit.** This compares to a £98.1m deficit and £84.0m adverse variance at month 7. The **improvement in the system I&E is driven by the receipt of £45m non-recurrent national funding** (to primarily fund the industrial action pressures for months 1 – 7).
- The funding was allocated on the assumption that there would be no further industrial action in 2023/24. The costs of any industrial action experienced in months 9 to 12 therefore present a risk to the financial position.
- The current assessment of **risk,** currently without a mitigation and excluding further IA, **against delivery of the plan is c. £134.9m**.

	M8 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	1.1	(19.6)	(20.7)	The key drivers of the in month and YTD performance are due industrial action (£8.3M) and non-pay mainly driven by independent sector spend (£8.3M), efficiencies not yet realised (£24.9M).	(0.0)	0.0	0.0
KCH	(25.2)	(52.4)	(27.1)	The main drive of the YTD variance is under performance of efficiencies (£13.8m), industrial action (£6.5m), pay award funding shortfall (£4.0m) and overspend in PBU (£6.3m).	(17.5)	(17.5)	0.0
LGT	0.0	(1.8)	(1.8)	Under-achieved IURPs are causing the biggest variance to the breakeven plan. Followed by RMN Spend £0.7m higher than planned and escalation costs of c£2.3m.	0.4	0.4	0.0
Oxleas	0.1	3.4	3.3	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and B/S flex used to offset underlivery of efficiencies of £4.4m).	0.2	0.2	0.0
SLaM	0.5	0.8	0.3	Non-recurrent income above plan at M8.	0.0	0.0	0.0
SEL Providers	**(23.5)**	**(69.6)**	**(46.1)**		**(16.9)**	**(16.9)**	**0.0**
SEL ICB	**11.2**	**16.8**	**5.6**	The ICB continues to report pressures in prescribing (£10.2m), CHC (4.4m) and Mental Health placements (£2.4m)	**16.9**	**16.9**	**0.0**
SEL ICS total	**(12.3)**	**(52.8)**	**(40.5)**		**0.0**	**0.0**	**0.0**

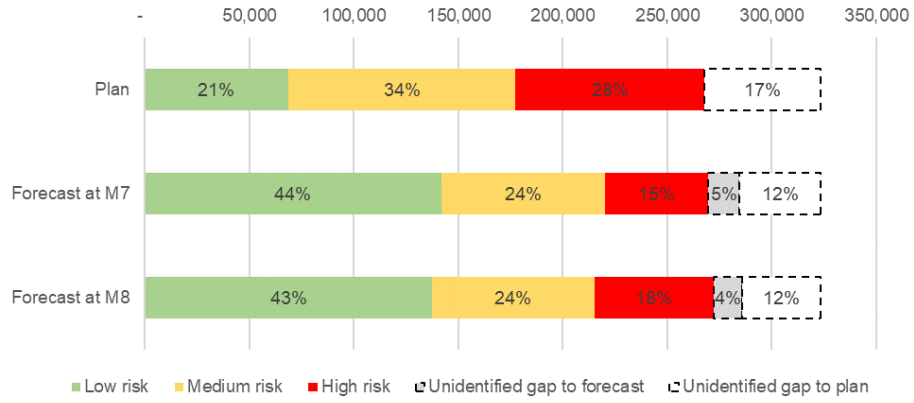
Analysis of M8 YTD position

- 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. £47m of the £64.1m ICB planned surplus was redistributed to SEL providers and M6 and plans formally changed by NHSE for reporting purposes.
- The main drivers of the position at month 8 are:
  - Impact of industrial action on costs c. £22.6m. We have not forecast any further impact at this point due to uncertainty.
  - Performance against planned and required efficiencies is c £50.3m behind plan and further behind plan than at month 7. It is important to continue the focus to drive improvement and deliver the year end savings forecasts although this is significantly impacted by ongoing industrial action.
  - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £13.9m.
  - A YTD cost-pressure of £10.2m on prescribing in the ICB
  - These pressures are offset by non-recurrent funding, including recognition of almost all of SEL's £45m allocation from the national fund to support the impact of industrial action during months 1 to 7.



Efficiency delivery and maturity

Organisation	Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	77.0	78.5	(27.0)	7.2	36.9	34.4	58.5	20.0	75.7
King's	72.0	72.0	60.0	(12.0)	26.2	3.4	30.4	59.9	0.1	61.0
LGT	34.9	31.3	30.6	(4.3)	2.7	6.8	21.1	16.1	14.5	31.3
Oxleas	20.3	12.7	13.7	(6.6)	0.0	5.0	8.7	6.2	7.5	7.3
SLaM	26.1	26.1	26.1	0.0	4.2	14.8	7.1	7.6	18.4	0.0
SEL Providers	**258.7**	**219.0**	**208.8**	**(50.0)**	**40.2**	**66.9**	**101.7**	**148.4**	**60.4**	**175.3**
SEL ICB	**64.8**	**64.8**	**63.7**	**(1.1)**	**17.1**	**10.7**	**35.9**	**42.4**	**21.3**	**51.0**
SEL ICS	**323.6**	**283.8**	**272.5**	**(51.1)**	**57.4**	**77.5**	**137.6**	**190.8**	**81.7**	**226.3**



- **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 has increased its efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 8,** the system is forecasting to deliver £283.8m of efficiencies of which **£272.5m is identified**
- At month 7 £142m of the identified efficiencies were rated as low risk compared to £137.6m low risk at month 8.
- At month 8 the system has **delivered £153.6m of efficiencies, £50.2m behind the YTD plan of £203.8m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 8, £190.86m is forecast to be recurrent, compared to £175.6m forecast recurrent efficiencies at month 7.

- **GSTT:** The 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 £60m of cost out savings at month 8. In addition to progress in identifying CIPs, with £30.4m of efficiencies schemes rated as low risk, compared to £38.4m at month 7.
- **LGT:** At month 8, 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 £3.1m 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, £7.1m worth of schemes have been identified and RAG rated as low.
- **SLaM:** While 100% of the £26.1m efficiency programme is reported to be identified, only 27% of this is rated as low risk of not being delivered.

LEWISHAM PEOPLE'S PARTNERSHIP
Discussions and actions from the meetings held on 6th December 2023 – In Person & Online Meetings

Lewisham People's Partnership – Agenda for the meeting held on 6th December.

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

2. **Engagement programme for Same Day Urgent Care - Improving Access to Primary Care**

3. **Update on the Charter for Health, Care and Wellbeing in Lewisham**

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

Agenda Item 1 – Voices at the meeting

In Person Meeting Attendees

Anne Hooper, Chair, Lewisham People's Partnership
Charles Malcolm-Smith, People & Provider Development Lead
Rachel Ellis, Table Talk
Daniel Johnson, Communication and Engagement Manager
Jack Emsden, St. Christopher's Hospice
Deeta Henry-Smith, Project Manager, System Transformation & Change (Item 2)
Lauren Woolhead, PA & Business Support
Lisa Fannon Public Health, Lewisham Council
Rosemarie Ramsay, Capital Agenda
Barbara Gray, Kinaara

Online Meeting Attendees

Anne Hooper, Chair, Lewisham People's Partnership
Charles Malcolm-Smith, People & Provider Development Lead
Lauren Woolhead, PA & Business Support (Lewisham)
Daniel Johnson, Communication and Engagement Manager
Deeta Henry-Smith, Project Manager, System Transformation & Change (Item 2)
Helen Eldridge, Head of Communications and Engagement (Lewisham)
Andrew Cook, Delivery Manager
Sharon Latter, Three Cs (learning disability, autism, mental health)
Alexandra Camies, South Lewisham Patient Participation Group
Sue Boland, BLG Mind
Peter Ramrayka, Indo Caribbean group and air cadets
Michael Kerin, Healthwatch Lewisham

Agenda Item 2 – Engagement programme for Same Day Urgent Care – Improving Access to Primary Care

Background

This agenda item was introduced by Deeta Henry-Smith who explained that, in May 2022, a report called the Fuller Stocktake was published. This work was undertaken by a GP, Dr. Claire Fuller, and the recommendation in the report are now a national programme being implemented by all Integrated Care Systems (ICS) and Integrated Care Boards (ICBs).

At the heart of the Fuller Stocktake is a new vision for integrating primary care and improving access, experience and outcomes for our people `and communities, which centres around three essential offers:

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

Deeta explained that the Primary Care team has approached GPs, hospital community teams and out of hours services. An initial workshop was held in October to bring in service user voices which will be followed by a number of events throughout December 2023 and January 2024 including one at Lewisham Shopping Centre, at the Learning and Disability Autism Big Health Week, the Lewisham People's Partnership as well as at digital drop in centres.

These events will use a short questionnaire to gather experiences and learning from people and communities in Lewisham on the following questions:

- How do people access services
- What is your understanding of what is available to you?
- How can Lewisham Health and Care Partnership support people and communities to access same day services effectively?

Following discussion, the meeting gave the following responses to the above questions and how to engage effectively with people and communities:

What are your experiences of how people access services – what can we learn from these experiences?

- There is a lack of knowledge in how to access GP services and each surgery seems to have different ways of people getting appointments
- Some people report that their access to GP services has been improved whilst others report access is challenging, time consuming and frustrating
- There is a need for clear and consistent communication with the Lewisham population about change
- There is a feeling that time is wasted within General Practices when it comes to triaging – involving people in how it could be dealt in a different way would be a positive resulting in people being less anxious and feeling they are being treated with respect

What is your understanding of what is available to you?

- Many people don't know what is available to them from their general practice and they don't know what they should be able to expect is available – this situation could be improved by effective communication from practices directly to their patients
- Similarly, knowledge about how to self-refer - and for what - is patchy and, again, could be improved by effective communication from practices directly to their patients
- The services offered by pharmacies are not clearly known to people and communities nor is the Pharmacy First service
- There is limited understanding of the additional staff now employed in general practice, what they offer, how to get an appointment and how they can support improved health and wellbeing
- Simple flow chart to show where people can go for certain services which can be adapted to specific practices

How can Lewisham Health and Care Partners support people and communities to access same day services effectively?

- There needs to be a shift in perspective – the local health and care system does not work for the system but for people and communities – the system needs to demonstrate to people and communities that it is willing to change and is committed to learning from people and communities what needs to be changed and how that change can be brought about
- Need to be more granular with diversity – inequalities in the provision of services exist and there needs to be consistent focus on the BLACHIR recommendations in all aspects of primary care planning, commissioning, decision making and co-production
- Similarly, population profiles need to influence primary care planning, commissioning, decision making and co-production and highlight the impact of decision making on each part of our population
- There is a lack of communication with the patients, especially if there is a significant change happening – we need to find a better way to communicate with people and communities about change
- We need a strong and strategic focus on health promotion

- There is excellent work being done in the North Lewisham Hub, health equity staff and health and wellbeing champions – experiences and lessons learnt from all this work should be widely disseminated and demonstrably utilised in future planning
- Identify why patients are attending the emergency department and is there anything that could have been done to avoid attendance - potentially shadow the receptionist to see from the front line.

How to engage effectively with people and communities:

- Many participants offered to work with Deeta and the primary care team to utilise existing community and voluntary sector organisations and links to reach into different part of our communities – e.g. mental health, learning disability, autism, primary care networks,
- Utilise the work currently being undertaken by BLACHIR and health equity fellows to reach into communities
- Re-visit previous work with people and communities to look at lessons learnt and how we can improve joining up engagement and co-production activities to increase trust by demonstrating inclusivity and the difference made
- Outreach work needs to demonstrate diversity and equity – ensure people who prefer face to face interaction rather than online survey or questionnaires have that opportunity and that people who chose not to access online engagement are not left out
- There needs to be a systematic, strategic and long-term approach and commitment to how people and communities are involved in decisions about local health and care services
- We need to promote long term conversations with people and communities and ensure they are joined up across the Lewisham Health and Care Partnership
- There is a lack of patient groups within general practice - each surgery having an effective and diverse Patient Participation Group (PPG)would be a positive way to encourage people to join in and expand knowledge and influence in primary care planning and decision making
- Identify ways in which PPGs would link in with other community groups to share information
- Approach a broader range of service users as they will have different experiences, especially carers, people who use mental health services and those who use the services on a regular basis
- Demonstrate what has been done with clear information

Next steps

- These responses will be taken to the Lewisham Health and Care Partners Strategic Board for discussion and to influence ongoing discussions
- Deeta will touch base with colleagues who offered to support and will come back to the Lewisham People's Partnership with the interim report

Agenda item 3 – Update on the Charter for Health, Care and Wellbeing in Lewisham

Anne introduced this item explaining that the latest version of the Charter for Health, Care and Wellbeing in Lewisham had been discussed at Lewisham's Healthier Communities Select Committee on 6th September 2023.

At that meeting, the Committee agreed that the Charter needed to be more relevant and meaningful to residents. The Committee advocated further engagement with people and communities in Lewisham and for the Charter to:

- Support people and communities to improve their health and wellbeing
- Reflect what people and communities could do themselves for their health and wellbeing and
- What people and communities could expect from health and care partners

.

Following discussion, the meeting gave the following responses to the above questions:

Support people to improve their health and wellbeing

- Understand what is happening for people and communities regarding their health and wellbeing by involving community and voluntary sectors organisations to find out from the communities they work with
- Use the BLACHIR report recommendations and the health equity teams to work with communities to gain their trust and what support they need to improve their health and wellbeing
- Need to be talking about social care and the NHS as they are one system and where there is impact in one area it will also impact the other - support needs to be across all aspects of health and care – NHS and social care working together
- Increased investment in preventative health care and offer incentives e.g. attend 6 classes and get 7th free
- Have a better understanding what is out there for people for them to take some responsibility for better health, recognising that not all people's health is around clinical services, therefore there needs to be a change in how we ask the questions and how we provide the services
- Providing purpose and social wellbeing though increasing community cohesion and spaces
- Reinvestment in what worked well previously and into the voluntary sector
- Gather information from School Children combined with university students
- Regular spot on the radio and newspaper to increase awareness

Reflect on what people and communities could do themselves for their health and wellbeing
• Attend appointments, screenings, health checks • We could look after ourselves better and be open to conversations about improving our health • We could take time to find out what is available to help us improve our health and wellbeing • We could listen to trusted voices on how we could improve our health and wellbeing
What people and communities could expect from health and care partners
• When commissioning services there is a need for better understanding of inequalities and the recognition of them and that they exist within the borough • Integrated commissioning is at the centre of understanding inequality and, focusing on the needs of the population, to support the delivery of services that reduce health inequalities • Revisit the work previously undertaken on community development, asset-based approaches and participatory budgets to identify what went before that worked and could still have value today in enhancing people's health and wellbeing, promote resilience and independence and involve people and communities in how public money is spent • Reinvestment in what worked well previously and into the voluntary sector • For many people their health and wellbeing is not to do with clinical services but with other factors such as employment, housing, pollution, money etc – for the Charter to be effective it needs all partners in the local system to work together • Use – and fund - community, voluntary and social enterprise organisations to access the many diverse communities in Lewisham – they have greater reach into these communities than the statutory sector has • Review what services are no longer being provided and the impact it has had on people's motivation, the availability of support and maintaining a healthier lifestyle • The lack of trust that some people and communities have with the health and care system is a factor in health and care inequalities. This is compounded by the lack of diversity in the infrastructure. To tackle inequality, Lewisham needs people who understand it to lead it and to gain respect, Lewisham needs to have black communities at the top table

Agenda Item 4 – Date and location for the February 2024 meeting of the Lewisham People's Partnership

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

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

The next meeting is to be confirmed date and timing will be confirmed shortly.

A suggested agenda for this meeting will be sent out shortly.

Notes and actions from Lewisham IQAG 12 Nov 2023
Approved: 12 January 2024

Discussion	Actions
Performance for Lewisham which was accompanied by a supplementary update from PC on the uptake of **Immunisations, Vaccinations, cancer screening and LD** & included **SMI Health Check.** Cancer screening was positively received and really evoked a good discussion around what's being done. HW rep good news about Bowel screening. One of the things she wanted to comment on was breast and cervical screening – they had read somewhere about the importance of a joint up narrative and shared their own personal experience of being a white British female who's mother had a mastectomy and went on to live a good life into old age. They wondered if there is way of capturing why people are motivated to do things. The chair also commended the charitable work that also takes place to improve update and screening.	There were a few areas where the group felt it would be helpful to receive updates at future meetings to accompany the performance pack. For the next meeting I have asked for updates on CHC, Child IMMS and Hypertension and Jessica Arnold has kindly agreed to present an item on improving the management of hypertension in Lewisham. IanR is also been leading on some cardiology workshops looking at pathways and referrals for hypertension, AF, and other cardiology conditions and we have invited him back to a future meeting to present on this work. IanMcD highlighted the opportunity to look more closer at sexual health in relation to incidence of cancer. Louise wondered if there was scope to look at data and triangulate this with LGT's. I will have a conversation with Ian offline so that we can include an item on this at a future meeting.

Notes and actions from Lewisham IQAG 12 Nov 2023
Approved: 12 January 2024

There were a couple of areas within the performance pack that we felt would be good to understand better. Dementia was one area. We looked at the data from Oct 22 to date and whilst heading the right trajectory the group felt it would be good to understand some of the progress and work taking place to improve figures and I think it was Ceri that suggested that we look at this against National data sets based on rate of pop and demographic rather than operational targets. The group also felt it would be helpful to receive updates for IAPT/Talking Therapies at a future meeting, possibly March or May. CW to be guided by KG and IM. KG involved in some SEL wide work around performance and IAPT serviced. The group were informed that Jackie is looking at this really closely. In terms of the 50% target on recovery rate, although there was a drop it is moving up in the right trajectory. Lots of work around access and waiting times. Some issues now resolved and should reflect what's happening.	CW to liaise with performance team to see if they can support with this and Tristan for an update on dementia at a future meeting. I have requested an update from Simon regarding Family Hubs for the next meeting. CW to confirm a contact for Jackie.
Feedback from the chair on the ICB Quality & Performance and System Quality Group was that she would like to concentrate on this area more.	CW will provide a more detailed report at future meetings that includes a summary on all areas discussion across SEL.
CW provided a brief update following the PC QI meeting held between LGT and CCPLs on 5th Oct and the upcoming meetings planned for 23rd and 29th Nov with LGT. I'm working with colleagues around the oversight and governance and it has been agreed that we would have a standing item to receive updates on workstreams and progress at future meetings.	

Notes and actions from Lewisham IQAG 12 Nov 2023
Approved: 12 January 2024

We received a Brief and high level update from Matthew Agbolegbe @SL@M regarding the Interface around flow and inpatient pressures. He talked about some of the work taking place and workforce challenges around the recruitment of male staff, reducing long waits in ED. SL@M currently looking to develop and build capacity within the system. At the Lady well looking at a 15 bedded male unit to get this up to support system ahead of winter pressures. Trial around early admissions project to ensure patients in ED are moved /early discharges and talked about how 75% of DC planned for AM are more successful and that this declines as time lapses throughout the day.	LC to invite Matthew to go along to one of the LGT meetings to explore what can be done to divert people and ow we might support this. The group acknowledged the challenges around people turning up in ED and the chair requested an update around what is being done about this for a future meeting. Someone raised concerns that RR service could be underutilised and what could be done to raise awareness of the service. FC – happy to come back and present. 136 Hub and 11 option MH will feed into winter planning. LC- more overarching demographic info to include children and adolescence.
The LeDeR team presented their Q2 report and provided a brief overview of the team. The report was well received but didn't really get a sense of what the care concerns were and what can we learn from these. is? Across our pathways it would be good to understand what the themes are. Tom Bird would have data around reviews and could give a better position of where Lew are with this.	CW to discuss with TB to see if he has any data around reviews and could give a better position of where Lew are with this. CW to bring back to a future meeting.

Place Executive Group (PEG) Meeting

Minutes of the meeting held 2 October 2023 at 11:00 hrs Civic Suite

Approved: 4 December 2023

Present:

Jessica Arnold, Director of Delivery, Lewisham Local Care Partnership – Chair	(JA)
Ceri Jacob – Lewisham Place Executive Lead	(CJ)
Beckie Burn, Associate Director - Transformation, LGT	(DR)
Joan Hutton, Director of Adult Social Care, Lewisham Council	(JH)
Ashley O'Shaughnessy, Associate Director of Primary Care, ICS	(AOS)
Kenny Gregory, Director of Adult Integrated Commissioning	(KG)
Carmen Rojas, Provider Alliance Development Manager	(CR)
Richard Oladi, Head of Operations, One Health Lewisham	(RO)
Mark Pattison, Service Director, SLaM	(MP)
Michael Cunningham, Associate Director of Finance, ICS	(MC)
Ian McDiarmid, Assistant Director, Adult Integrated Commissioning	(IMc)
Ian Ross, Associate Director Planned Care and Cancer, ICS	(IR)
Charles Malcolm-Smith, People and Workplace Development Lead	(CMS)
Sara Rahman, Director of Families and Commissioning, Lewisham Council	(SR)
Jenny Cassettari, Divisional Director of Operations, LGT	(JC)
Simon Whitlock, Head of CYP, Lewisham Council	(SWh)
Cordelia Hughes - Borough Business Support Lead - Minutes	(CH)

Apologies:

- Dr Catherine Mbema, Director of Public Health
- Lauren Kehinde, Programme Manager, Transformation
- Tom Hastings, Director of Operations, LGT
- Sarah Greig, Programme Manager, Transformation

1.	**Welcome, apologies for absence, Minutes of the previous meeting held on 7 August 2023** JA welcomed all to this meeting and conducted a round of introductions. The previous minutes were agreed as an accurate record. JA thanked everyone for attending especially in light of the recent strikes and reiterated that the focus of this meeting will be system intentions for 24/25 as per the letter dated 30th September (previously circulated to members). The aim will be to jointly agree to undertake more detailed work over the months ahead to understand our carry forward position with regards operational delivery and finance and to agree our plans for the year ahead. This group should be participatory, interactive and interesting. CJ added that the focus should also include our priorities and ensure shared and collaborative working.	

2.	**Children and Young People System Intentions – Simon Whitlock** SWh presented a high-level update on system intentions under the umbrellas of CYP Emotional Wellbeing and Mental Health. ***CYP Emotional Wellbeing and Mental Health*** • **Test and evaluate a model for a Single Point of Access** within a Lewisham Family Hub, which will provide the blueprint to rolling out a single point of access for CYP mental health across all Family Hubs as they open. This will be linked to GP led Youth Clinic which has been running for 1 year and aim to continue. • **Develop a business case to expand the GP-Led Youth Clinic** model into the north of the borough. • **Work with the VCS to support, develop, and build more early help and prevention mental health support services** in the community for CYP. Need to work more collaboratively with voluntary and community sector. • **Implement Wave 10 of the MHST in schools** programme to reach more CYP and prevent mental health needs from escalating and requiring a secondary care via CAMHS. • **Develop and implement a peer-support offer for young black boys** to access emotional wellbeing and mental health support/services where historically they have been underrepresented. This is not in co-production at present. • **Continue to integrate child health and maternity/perinatal mental health services into the Family Hubs** reshaping our current model. ***CYP Community Health*** • **Test and evaluate a Local Child Health Team** via a PCN following the Fuller Stocktake Report (2022) and recommendations to provide more care in the community/local neighbourhoods and closer to home via the integration of primary care. This is underfunded at present. • **Support efforts to build a sustainable workforce across the Community Paediatrics teams** to reduce waiting times for therapies and assessments – this is a national challenge. • **Implement SEL Core Offers** and ensure existing service offers meet the core requirements for consistency across SEL – these include implementing the Asthma Bundle, the core offer for Community Services and delivering a Continence and Hospital at Home service.	

- **Mobilise the All-aged Autism Wellbeing Service** that will be procured and ready to go live on 1 April 2024 and will replace the CYP Lewisham Autism Service, which provides support post ASD diagnosis. This is embedded and has only two years funding.

- **Neurodevelopmental pathway** review to be confirmed how we can develop a boarder offer for neurodiverse CYP in Lewisham.

JA thanked SWh for the presentation.

SR added that the shift is towards early prevention particularly in schools and family hubs. A youth strategy is also in place with a task and finish group and scrutiny reviews for targeted support. Therefore, our approach considers youth, whole system, community and early prevention.

BB asked about access to services in particular mental health, neurodevelopmental, waiting well and health inequalities; and queried how system intentions will assist with these goals and how is it measured in terms of metrics and delivery. SWh confirmed there is further detail available behind the presentation and would be happy to share.

CMS asked what are the implications for delivery. SWh confirmed they are in progress to deliver a business case, but there are pressures year on year and need to consider what resource is available.

CJ reiterated the need to agree our priorities including BLACHIR, understand what funding is available and have a shared plan for adults and children. Any unfunded programmes - need to decide what can be done or note as savings. Also, the Autism Strategy would be a good to connect with and opportunities to work differently. CJ added that if we intend to focus on early intervention, that we all sign up to this. All agreed. JC commented that the impact on early interventions is removing costs and looking at doing something different that would be beneficial.

CJ asked if there was anything missing from this presentation. AOS suggested child immunisations, maximising family hubs, contracts and core offers.

JA mentioned that the rate of patients coming into ED is fast and if this is what the future looks like; a consortium contracts would be a good idea. CR added prevention for children as a cohort should be included and SR mentioned the Borough of Sanctuary. BB concluded that waiting well diagnosis and improvement projects are ongoing and would be happy to share.

MP referred to point 5 of the CYP systems intentions presentation regarding ADHD clinics and peer support and that these are crisis conversations that need more scope and would welcome a meeting with SWh to discuss further.

	Action: - MP/SWh agreed to meet and discuss peer-support offer for young Black boys to access emotional wellbeing and mental health support/services.	**MP/SWh**
3.	**Adult Integrated Commissioning System Intentions – Kenny Gregory** KG presented on Adult Integrated Commissioning system intentions including UEC, Community Health Services and Mental Health with aims as detailed below: • To sustain our existing co-ordinated approach to the reconfiguration and improvement of supported housing pathways. • Developing with our local partnership a new LSL sexual health strategy and Lewisham delivery plan. • Developing a partnership strategy and delivery plan for the next stage of the national 10 year drug strategy. • Working with partners we will continue to develop the autism strategy action plan. KG confirmed that the housing pathway is aligned to assist with hospital discharges but this is an area for improvement. Furthermore, the sexual health strategy aligns with the cancer and drug strategy. The autism strategy due 12th October and action plan will see the development of delivery boards which also feed into the All-Age autism. KG mentioned that employment also needs to be discussed. JC commented that housing is an issue for discharge especially for patients that are out of borough, have complex housing needs etc., so there is a big piece of work on discharge, and it might be worth asking patients on arrival of their housing needs. IMc commented on the housing development pathways, and this should incorporate a joint working approach to build on and develop collectively. KG mentioned that Lewisham housing is now in-house and asked how we develop a partnership with the director of housing, who could help in this area. IMc agreed and said this is a big piece of work, lots of joint working similar to MHST. JC asked if there was a way to assist such as step down for length of stay patients with housing needs. **Action: -** Agreed that housing needs to be brought into this conversation and suggest discussion with the director of housing, Lewisham Council. **Urgent & Emergency Care** KG reported that UEC will continue to make improvements in hospital discharge, prioritise the Home First improvement programme and focus on earlier discharges and increasing weekend discharges. Also, improving capacity in therapies teams to support discharges. In addition, creating a more robust Transfer of Care Hub	**KG/CJ**

	(TOCH) is central to these plans with increased ward-based discharge navigators and a larger integrated Discharge to Assess team. Also, to support the move to a UTC model at UHL through the estates programme and deliver an integrated approach building on our joint working arrangements that ensure our social work and therapies teams have space to continue to base themselves in ED - as part of the estates re-design work, and to increase their capacity to prevent avoidable admissions. JA commented that interdependencies and virtual ward could be used for out of hospital patients and those going into home. RO reported on work on admission avoidance via primary care, outreach services and using EMIS community records to identify those patients who would be admitted to ED. JC asked about GP Extended Access and if early intervention would have a good impact. Also, IT solutions for triage – if patients could access this at home. CJ suggested to reflect the front door including re-design and digital. JA commented that patients are though the roof so how can we work better with PCNs/Primary Care on digital work. JC said T3 patients are difficult to predict. CJ said modelling the impact, growth against best practice and using this group for delivery can create a developmental approach. Therefore, when doing financial mapping, it may be better to do it together. JA suggested to prioritise one area of work. MP added that at SLaM there were 10-15 LOS in ED ready for discharge, 800 attended ED but only 33 for upstream so a big conversation needs to be had across the system. BB asked if there is the capacity to do a whole re-modelling and investment case. Furthermore, our financial intentions. **Action: -** MC/CJ to review financial intentions. RO concluded there is no way to see if GP Extended Access can refer and home visiting will cause demand and pressure on PCNs and may also increase 999. IR commented that just because it is complicated, does not mean we should not do it. **Community Health Services** **Older Adults Transformation Programme** • Ensure older people easily obtain the advice and support they require to stay as fit and healthy as possible for as long as possible. They receive proactive and responsive joined up care and rapid, specialist services when needed. • Continue to co-ordinate transformational change across older people's services to improve quality, patient outcomes and to ensure services are as efficient as possible and integrated around the patient.	**MC/CJ**

	• Ensure the voice of older adults is central to this work through working closely with the 'Capturing the Voice of the Older Adult group. KG reported that work is still in the scoping stage as need to think about model of care and engaging with older peoples. **Improving the Capacity and Capability of the Maximising Wellbeing at Home workforce** • Continue to collaborate with LGT to adopt a shared approach to recruitment of Wellbeing Workers across Lewisham with the aim of reducing vacancy rate to below 5% • Enable 90% of Wellbeing Workers to achieve the level 3 Community Health and Wellbeing Worker Apprenticeship over the next 24 months. • Continue to work with LGT colleagues to develop a joint training offer across health and social care staff including rotational opportunities. KG confirmed that investment in Home First, Neuro-rehab, diabetes, intermediate care beds. JH asked if enablement also needs to be included to assist and facilitate discharge. **Mental Health System Intentions** • Planning in Partnership – to continue to use the Mental Health All-age Alliance. • Improve care for service users presenting in crisis. • To improve the experience of vulnerable groups in accessing mental health support. • To continue to focus our collective resources on the continued development of early intervention and prevention initiatives. • To develop further opportunities to engage with the local market alongside community health providers e.g. VCS partners. KG reported on the Crisis pathway which needs a better structure. There are also other communities that need help. MP mentioned that SLaM is reviewing their community transformation so if anybody wants to be involved to contact MP directly. There is also a community SLaM away day taking place in September/October 2023, particularly great if JC would be able to attend. **Action: -** MP to send SLaM away day meeting invite to JC. KG said that a mental health space is a big gap. JC agreed and said there is a need to work on this. CJ confirmed that approx. £2m will be coming into the community side of LGT and if this could this be used for investment.	**MP**

	JA confirmed a new national programme to target chronic kidney disease (CKD) for investment in primary care which could help with population and health inequalities.	
4.	**Delivery System Intentions – Planned Care 24/25 – Jessica Arnold** JA presented on Delivery of system intentions including planned care with aims and outcomes as detailed below: - • Community Dermatology Service will focus on outcomes that pathway of choice receives at least 90% of all Derm referrals from GP practices in Lewisham; no 2ww breaches; and reduced Dermatology OPFA waiting times. Will be exploring more. • LTC priorities relating to **Cardiology**, including working with CESEL, system partners and the public to drive up hypertension management, and working with community pharmacies to increase AF detection and support. • MSK patients - Lewisham MSK clinical triage pathway, embed SEL MSK guidelines, establish a Single Point of Access for MSK and ensure the CALM pain management service is well-utilised and as effectively as possible. • We will identify and deliver our shared **Diabetes** priorities, including effective prevention measures, improving diabetic care in primary care and the SEL injectables initiative. Working closing with Bexley and Greenwich. • Respiratory services – Winter pressures includes COPD presentation, and children's asthma. Aim to achieve are reduced Respiratory OPFA waiting times. • Support the SEL-wide renal cardiometabolic pilot to improve care for people with **Chronic Kidney Disease and other multi-morbidities** through a multi-disciplinary, proactive model of care at PCN level. • **community gynaecology service**, to improve access to gynaecology care for patients from primary care and to reduce Gynaecology OPFA waiting times. • Utilisation and impact of **referral optimisation** tools that help primary care to make appropriate and high quality referrals including Consultant Connect and a review of pathways. CJ asked if a primary care slide is also included as it would be good to link in with the above. JA mentioned about planned care medicine, budget adherence and cost pressures which also need to be considered as nearly though the roof.	

	IR confirmed there is a lot of work and challenges but good that PMO support is available to support with project initiation. Also, the recent protected learning time (PLT) sessions for primary care colleagues was well attended and included the cardiology team so there were some good debates and a follow up session is due. JA stated that a MSK business case was being developed locally redesigning the clinical model and in terms of LTC that community clinics are being piloted for 6 months across boroughs and led by SEL colleagues is currently ongoing and will bring an update on this at the next delivery forum. AOS added that hypertension is low in Lewisham so this also needs to be considered and Public Health in term of diabetes and weight management. CJ added that a quality approach is required throughout any co-production. BB said that quality improvement (QI) training is taking place at LGT and all welcome to attend. **Action:** BB to share QI training dates.	**BB**
5.	**AOB** JA asked members for any agenda items for future PEG meetings to let both JA and CH know for inclusion.	
Date of Next Meeting Monday 4th December 11:00-12:30pm, via MST		