Lewisham Local Care Partners Strategic Board
Date: 23 March 2023, 14.00-16.15 hrs
Venue: MS Teams (meeting to be held in public)
Chair: Dr Jacky McLeod

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 26 January 2023 (for approval)**	Verbal/ Enc 1	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**PEL Report**	Enc 2	Ceri Jacob	To Note	14.05-14.10 5 mins
	Delivery				
3.	**LCP Plan**	Enc 3/ PRES	Sarah Wainer	For Approval	14.10-14.25 15 mins
4.	**MHIS/SDF funding for Mental Health**	Enc 4	Kenny Gregory/ Simon Whitlock	For Approval	14.25-14.40 15 mins
5.	**Workforce**	Enc 5	Charles Malcolm-Smith/Meera Nair (LGT)	For Discussion	14.40-14.50 10 mins
6.	**Community Engagement: People's Partnership Proposals**	Enc 6	Charles Malcolm-Smith/Anne Hooper/PPL	For Discussion	14.50-15.10 20 mins
7.	**Digital Exclusion**	Enc 7	Ashley O'Shaughnessy	For Discussion	15.10-15.20 10 mins
8.	**Older People's Board**	Enc 8/ PRES	Kenny Gregory	For Discussion	15.20-15.30 10 mins
9.	**JTAI report & Action Plan**	Enc 9	Pinaki Ghoshal/Simon Whitlock	For Discussion/ To Note	15.30-15.40 10 mins
10.	**Primary Care Group Chair's Report**	Enc 10	Anne Hooper	To Note	15.40-15.45 5 mins
11.	**Risk Register**	Enc 11	Ceri Jacob	For Discussion/ To Note	15.45-15.55 10 mins
	Governance				

12.	**Finance update**	Enc 12	Michael Cunningham	For Discussion	15.55-16.05 10 mins
	Place Based Leadership				
13.	**Any questions from members of the public**				16.05-16.10 5 mins
14.	**Any Other Business** - Health Inequalities Funding		All		16.10-16.15 5 mins
	Papers for information				

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 26 January 2023 at 14.30 hrs

Via MS Teams

Present:

Pinaki Ghoshal (PG) (Chair)	Executive Director of CYP, LBL
Dr Jacky McLeod (JMc)	Clinical Care & Professional Lead
Ceri Jacob (CJ)	Place Executive Lead, Lewisham, SEL ICS
Michael Kerin (MK)	Healthwatch Lewisham representative
Anne Hooper (AH)	Community Representative Lewisham
Dr Simon Parton (SP)	Primary Care representative (LMC)
Dr Helen Tattersfield (HT)	Primary Care representative
Fiona Derbyshire (FD)	CEO Citizens Advice Lewisham, voluntary sector representative
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Sandra Iskander (SI)	Acting Chief Strategy, Partnerships & Transformation Officer, LGT
Vanessa Smith (VS)	Chief Nurse, SLaM

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Helen Eldridge (HE)	Head of Communications & Engagement Lewisham, SEL ICS
Steve James (SJ)	Comms & Engagement Manager, SEL ICS

Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Kate Moriarty-Baker (KMB)	Director of Transition SEL ICB
Amanda Lloyd (AL)	System Transformation & Change Lead, SEL ICS
Caroline Walker (CW)	Senior Quality Manager, SEL ICS
Sarah Wainer (SW)	Director of Transformation, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director of Primary Care Lewisham, SEL ICS
Michelle Barber (MB)	Programme Lead, SEL ICS

Apologies:

Tom Brown, Executive Director for Community Services (DASS), LBL

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 24 November 2022** Pinaki Ghoshal (Chair) welcomed everyone to the meeting. Housekeeping matters were given by the Chair. There were no questions submitted in advance from members of the public. Members of the public were advised they were welcome to ask any questions at the end of the meeting under agenda item 10. Apologies for absence were noted. Declaration of Interests – There were no new or amended declarations of interest. Board members were reminded to submit their online declaration for the SEL ICS if not already completed. Minutes of the Lewisham LCP Strategic Board meeting held on 24 November 2022 – these were agreed as a correct record.	

	The Board approved the Minutes of the Lewisham LCP Strategic Board meeting held on 24 November 2022.	
2.	**PEL (Place Executive Lead) update** Ceri Jacob presented the agenda item. The PEL update was taken as read. CJ updated assurance and quality will be a central focus. There is a Lewisham LCP seminar session in February 2023 to build on that work. This will give us the opportunity to improve quality. Partners will be asked to provide a single slide detailing the risks and opportunities. Will be back with an approach to a later LCP Board meeting. CJ also updated on other committees, including one commencing at the beginning of March. CJ noted back to more normal planning now. A number of plans are being developed to be ready by April 2023. CJ updated on plans and strategies; these will also include financial strategies as well. Operational Plan has been issued. This is a 1 year plan which focuses on first year of the strategy. Expectations of delivery for the 4 Lewisham priorities commented on as well. This will lead to the golden thread for SEL and Lewisham level to be articulated, outcomes to be achieved and the ability to track them. Board were asked to note managing pressures, this will be mentioned in the paper later on. Covid and flu numbers noted, down from December 2022. Strike action is being managed at an SEL ICB level, regular daily gold calls. The organisation is prepared for all eventualities. MK commented on Digital Exclusion and was advised this would be back to the March meeting. CJ advised work was ongoing in primary care and it will feed into a lot of our work this year.	
3.	**Primary Care Group report** Anne Hooper presented the agenda item. The paper was taken as read.	

	AH commented on the key updates from the December 2022 Primary Care Group meeting. There were two items for consideration by the Board. The **PMS premium** (personal medical services contract) is for work beyond normal medical services. There has been a 2022/23 review with stakeholders, minor alterations have supported time for review prior to the 2024/25 programme. **Injectables therapy services** commissioned in October 2022 to run until 31/03/2024. This will reimburse GP surgeries for diabetes services. The aim is to improve patient experience, deliver a local, cost effective service and to reduce health inequalities. The service had been endorsed by the primary care committee. Costs would be monitored by meds team and primary care group. CJ noted the PMS premium review had started early. The ask of the Board was to approve PMS commissioning intentions here. AOS advised the primary care team would include a formal chairs report to the LCP Board. This would be beneficial considering increasing delegation and GP services. It would be a good way to ensure a good link with primary care and the Board and provide oversight. Work on what delegation looks like is also underway. CJ commented the new Assurance and Quality group would have sight of the impact at the Board meetings, providing a natural link. JMc commented the direction of travel was more injectables in the community and not just for one year. Needs to be sustainable for the longer term. **After discussion both proposals were approved by the Lewisham LCP Board.**	
4.	**Diabetes outcomes improvement scheme** Michelle Barber presented the agenda item.	

	MB gave the background to the paper. Covid had affected targets. This work has been worked on by SEL ICB programme. It is a 2.5 year programme which has come down from NHSE. It has a PCN focus rather than practice focus. Want to reduce variation between PCN's. Noted sometimes call/recall of patients can be an issue. Money with targets element for this financial year. Variation of less than 20% between highest and lowest practices. For next year 25% of monies will be target driven. All data is in the pack. The proposal has already been to the LMC and Primary Care delivery group, who were both happy to endorse this. Seeking endorsement by the Lewisham LCP Board. Once approved, then paperwork to PCNs for them to sign up. KMB commented on the integrated quality and assurance group. Do not want to duplicate reporting but this is a good initiative, updates at that group could be given, will pick this up with MB. MB advised first quarter data has been sent to all PCN's. SI commented on the LGT population health work diabetes dashboard detailing the 3 treatment targets. It had not been used for some time, could be useful for the process. Covid issue changed incentives. MB commented had promoted those at a workshop a year ago. For the Eclipse system, need people to use it. There is a new dashboard from SEL ICB. It has the three treatment targets. HT mentioned community and difficulties with housebound patients. MB advised have got some funding for that with OHL, it is working well in Bexley. Can also flag up any concerns. SI also noted district nurses are seeing these patients. **The proposal was approved by the Lewisham LCP Board.**	
5.	**Winter pressures and discharge work programme** Sarah Wainer and Amanda Lloyd presented the agenda item. Presentation previously shared with LCP Board members. SW gave the background to the agenda item.	

	AL shared presentation on screen. Essentially it is non-recurrent funds, allocated at different times of the year. Never sure of the amount. It is amalgamated from a number of different sources. There are 2 separate sources of discharge funding this year. Main winter funding figures were: - Net amount to ICB Lewisham £726k - Local Authority £512k - LGT £1.2m - SLaM £279k (across 3 boroughs) - A further £466k provided to Lewisham ICB specifically for "bedded care" Task and finish groups have taken place to look at prioritisation and allocation. Priorities have been agreed and approved by UEC Board on 27 October 2022. **Discharge funds 1** - first announced on 17 November 2022, £1.27m for SEL ICB with £2.4m for Lewisham. The criteria wording was noted. Funding has to be spent in the current financial year. Fortnightly reports are sent to NHSE. **Discharge funds 2** - announced 13 January 2023. Lewisham £1.117m funds, payable against expenditure incurred. Timeline period for funds usage is 31/03/2023. Detailed daily reports are sent back to NHSE via SEL. Risks and Issues noted including, non-recurrent funding. The biggest risk is lack of bedded care. Staffing issues noted. Staffing and care homes costs are rising. This is an issue with short term intensive funding. Templates for reporting are subject to change as well. There are challenges but this is an opportunity to help with the flow from hospital into the community. Potential opportunity to have flexibility in discharge funding 2. SW commented additionally have fed back to NHSE about the reporting demands and staffing. CJ noted urgent care board work. Can use the money as a way of testing things out and capture learning.	

	AH queried longer term strategic plans over next 3-4 years for Lewisham? AL advised not sure, it is on the agenda for the UEC Board this afternoon. SI commented on a review of intermediate care beds. CJ said the issue with beds has been escalated to SEL. Will be more work on this keeping people in their own home is far more beneficial for the patient.	
6.	**Risk Register** CJ presented the agenda item. Acknowledged work is on-going with the risk register and there would be more detail for next time with regards to risk and direction of travel/links to the 4 Lewisham priorities. For risk R16, escalated to SEL risk register. Not just a Lewisham risk. Risk R19 was reviewed and closed. Copeland House hotel issues raised to safeguarding board. The risk will remain open at this time. Engagement is on-going. No red risks for Lewisham on SEL Board register. CHC cost of packages issue noted. Primary Care workforce update. Need to work with providers and PCN's and also ensure quality issues. Health checks recruitment issues, risk will be expanded. No new risks added to the Lewisham register. HT commented on ARRS. They have introduced physios, social prescribers etc. so no concern about using it. Wondered where the data was coming from. CJ noted it was not equally utilised across the patch. AOS commented on roles in the wider system, more work to do and make sure resources are fully optimised. CJ advised the risk is now amber.	
7.	**Quarter 3 report Safeguarding** CJ presented the agenda item. Margaret Mansfield on A/L and Dr Bola was in clinic. Paper was for information only and to update on some of the work the safeguarding team have been doing .	

	Expecting the publication of the JTAI report end of this month. It will brought back to a future Board. Also update on vaccination requirements in the report.	
8.	**Terms of Reference (ToR) LCP Strategic Board** CJ advised as per the July 2022 LCP Board meeting the ToR were here for review at this meeting, no changes proposed. **The Terms of Reference (ToR) were approved by the Lewisham LCP Board.**	
9.	**Finance update** Michael Cunningham presented the agenda item. The paper was taken as read. It detailed the Month 8 financial position for the ICS/ICB and the local authority position. The ICS has a deficit of £59.3m. Forecast out turn remains a breakeven position. A lot of work for mitigations is taking place. Issues have included under delivery of planned efficiencies, unfunded inflationary pressures and Covid spending. Pressures noted for delivery next year. ICB break even on BAU, there is a small overspend which is Covid related and should be reimbursed by NHSE. Break even for the year. Lewisham delegated budget has a £72k underspend. The only overspend is on prescribing, activity is 4% higher than the previous year, pressure from CatM as well. MC also updated on LA adults and children social care pressures, £0.9m for each of those, £1.9m adults £8.5m forecast out turn. Adult social care pressures, the position is being reviewed and looking at mitigations. LAC pressures noted. CJ noted it would be challenging next year and we must work together; prevention and early intervention spoken about. PG commented on demand through Covid and now the cost of living crisis.	

	MC agreed with CJ regarding 2023/24 funding. Two year allocation being worked through, savings and efficiencies commented on. Requirement to deliver savings and bring expenditure in line. Working on budget process over next few weeks, will update in March 2023.	
10.	**Any questions from members of the public** No questions were submitted in advance from members of the public or raised during the meeting.	
11.	**Any other business** - Four priorities CJ commented on certain standing items, but also proposed to bring a theme on each priority in turn to the LCP Board meeting. Asked for an opinion on the approach. JMc commented she would be happy with that. PG felt it would give more structure to the meeting. CYP work for next meeting. - SI commented on thinking about sessions for the future, perhaps useful to extend invite list maybe. PG thanked everyone for their attendance. Meeting closed 15.45 hrs.	

Lewisham Local Care Partners Strategic Board

Item 2
Enclosure 2

Title:	**PEL Update Report**
Meeting Date:	**23 March 2023**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

Managing Pressures
Pressure across our provider partners remains high. In particular, providers are working to mitigate the impacts of ongoing strike action across the NHS. There have been high levels of collaboration across all partners in the Lewisham LCP and across South East London ICS to try and make the local system as resilient as possible. The SEL system response continues to be co-ordinated centrally by SEL ICB colleagues, working closely with Trust teams.

Discharge Summit
A Discharge Summit was held in early March. The drivers of our discharge delays are multi factorial and complex, with demand, capacity, workforce, financial and process/ care pathway challenges impacting on admission and length of stay once admitted. The purpose of the summit was to work collectively to ensure that, as a system, we are doing everything possible to identify and enact sustainable solutions and improvements. A range of ideas were surfaced and will be taken forwards across the ICS.

This follows a successful Mental Health Urgent Emergency Care summit in November 2022. This was in response to high numbers of patients with mental health issues attending through our Emergency Departments. Specific actions for Lewisham LCP were identified, alongside SEL wide actions. The Lewisham All Age Mental Health Alliance is responsible to implementing the Lewisham actions and reports progress regularly through the Place Executive Group. A fuller progress update will be provided at a future Lewisham LCP Strategic Board.

	Quality and Assurance Group The new Q&A Group had its first meeting earlier in the month. The LCP is trying to take a very different approach to that utilised when there was a commissioner / provider split in health. The intention is to use intelligence from providers and system data to identify quality issues that are having an impact across the system and require a system response to manage the issues. This will be used to foster a collaborative discussion and agreement on shared actions. The group will be Chaired by the Chief Nurse and Lewisham and Greenwich NHS Trust (LGT). **Integrated Programme Management** The LCP team and LGT have been working together to develop a shared approach to programme management. This will cover work to deliver the LCP and ICS priorities and Forward View Plan and builds on the existing programme management function within the Trust. This is a significant step and supports collaboration across the LCP and reduces avoidable duplication of process and costs. This will go live during April.				
Any Potential Conflicts of Interest	**Nil**				
Relevant to the following Boroughs	**Bexley**			**Bromley**	
	Greenwich			**Lambeth**	
	Lewisham		**x**	**Southwark**	
	Equality Impact	Nil			
	Financial Impact	Nil			
Other Engagement	Public Engagement	**Not required for this paper**			
	Other Committee Discussion/ Engagement	**NA**			
Recommendation:	**To note the update**				

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 3
Enclosure 3

Title:	**Lewisham Health and Care Partnership – Local Care Plan 2023-2028**
Meeting Date:	23 March 2023
Author:	Sarah Wainer
Executive Lead:	Ceri Jacob

Purpose of paper:	The attached Local Care Plan 2023 – 2028 for Lewisham sets out the key priorities and programme activity on which Lewisham Health and Care Partners will focus on over the next five years. The plan also sets out the priority actions for the first two years of the plan and the intended outcomes once the plan has been fully implemented. The plan is being presented to members of Lewisham's Health and Care Partnership Strategic Board for comment and agreement. Following approval, the final version of the plan will be included as part of the SEL ICB's Forward View.	Update / Information	
		Discussion	
		Decision	**X**
Summary of main points:	Lewisham's Health and Care Partnership (LHCP) brings together representatives from local organisations and groups who have committed to work together to help people of Lewisham live happier and healthier lives. Lewisham's Local Care Plan sets out the agreed direction of travel for Lewisham's health and care partnership and outlines the priority areas on which partners will focus and work together over the next five years. As part of the South East London Integrated Care System (ICS), Lewisham's local priorities align with the high level priorities set out the ICS strategy and with the priorities outlined in the South East London's Integrated Care Board's Joint Forward View. Delivery of the plan also support the aims of the current Lewisham Health and Wellbeing Strategy. The LHCP's Local Care Plan includes the planned activity within four priority areas through which partners aim to achieve a substantial improvement in health and care outcomes and address existing inequalities. These four priority areas sit alongside existing partnership programme plans, including those being actioned by		

	the Mental Health and Integrated Neighbourhood Network Alliances, and the Urgent and Emergency Care and Planned Care Boards and Children and Young People's programmes. Progress and performance against the plan will be monitored by existing partnership boards and the LHCP will receive regular updates.			
Potential Conflicts of Interest	None. The plan has been developed with programme leads and partners to reflect LHCP's commitment to the objectives and actions that will improve health and care outcomes and reduce health inequalities.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement	Building on earlier engagement activity, further engagement on the plan will take place to ensure continued buy-in from the public and communities.		
	Other Committee Discussion/ Engagement	Stakeholder events have informed the development of this local care plan. Through this engagement, stakeholders have suggested areas where, by working more collaboratively, partners across the health and care system can achieve better outcomes for residents, patients and service users.		
Recommendation:	Members of the Lewisham Health and Care Partnership are asked to approve the content of the plan and to agree further promotion of the plan across partnership and with other stakeholders. Members are asked to note that there may be further minor amendment of the wording in the plan to ensure its continued alignment with the SEL level programmes and Forward View.			

South East London
Integrated Care System

Lewisham Health and Care Partnership – Local Care Plan

Joint Forward View

Introduction

- The Lewisham Health and Care Partnership brings together representatives from local organisations and groups who are committed to working together to ensure that the people of Lewisham live happier and healthier lives.

- Lewisham's Local Care Plan sets out our direction of travel as a partnership and outlines the priority areas on which we will focus over the next 1 – 5 years. As part of the South East London Integrated Care System (ICS), our local priorities align with the high level priorities set out the ICS strategy and with the priorities outlined in the ICB's Joint Forward View.

- We have identified four priority areas which we will use to judge the success of our partnership working and through which we aim to achieve a substantial improvement in health and care outcomes and address existing inequalities. These four priority areas sit alongside existing partnership activity, including that around Mental Health, Urgent and Emergency Care, and Children's Community Health Services.

- We recognise that the way in which we work together is critical to our success. We have therefore signed up to a set of guiding principles and shared behaviours. In our work we will be open and transparent, collaborative and constructive, and supportive to others in everything we do. The principles will guide the delivery of our plans.

South East London Integrated Care System

NHS South East London

Lewisham borough

Our population

Lewisham currently has a population of 300,600. It is the 14th largest borough in London by population size and the 6th largest in Inner London. In the next five years our population is likely to rise to over 310,000 and to over 320,000 by 2032. 52.5% of the population are female; 23.5% 0-19 years of age; 9.5% aged 65 or over; 67% 20-64 years of age. The population of very young children aged 0 – 4 is larger in Lewisham than in England.

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

Health outcomes for our population

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

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

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

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

Inequalities within our borough

Lewisham is the 63rd most deprived Local Authority in England and within the 20% most deprived Local Authorities in the country. Bellingham, Downham, Rushey Green and New Cross are the most deprived local wards in the borough.
Lewisham's Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. In addition, Black, Asian and Minority Ethnic populations have higher prevalence rates of some mental health conditions, including psychotic disorder and Post-Traumatic Stress Disorder (PTSD), and experience inequalities in access to services. In borough we also see late presentations of lung and colorectal cancers.

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

South East London Integrated Care System

NHS South East London

What we've heard from the public

Lewisham Health and Care Partners have engaged with stakeholders on the development of this local care plan. Through this engagement, the following common themes emerged.

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

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

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

Our LHCP people's partnership will sit alongside and feed into the broader structures of the Lewisham Health and Care Partnership (LHCP) bringing patient and citizen voices and lived experience into supporting the strategy and delivery work of the LCP

South East London Integrated Care System

NHS South East London

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

We are committed to achieving a sustainable and accessible health and care system to better support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Our plan supports the aims of Lewisham's current Health and Wellbeing strategy which are:

1. **To improve health** – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
2. **To improve care** – by ensuring that services and support are of high quality and accessible to all those who need them, so that they can regain their best health and wellbeing and maintain their independence for as long as possible.
3. **To improve efficiency** – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.

Our plan also aligns with our commitment to make Community Based Care:

Proactive and Preventative – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;
Accessible – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children's access to community health services and early intervention support.
Co-ordinated – so that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

South East London Integrated Care System

NHS South East London

Our priorities

Going forward, our four priority areas for specific partnership focus and action are:

1. **Strengthening the integration of primary and community based care and achieving financial sustainability across the system** by working together and in collaboration as organisations and with the communities we serve.

2. **Working to build stronger, healthier families and providing families with** integrated, high quality, whole family support services.

3. **Addressing inequalities** throughout the Lewisham health and care system and tackling the impact of disadvantage and discrimination on health and care outcomes

4. **Being a compassionate employer and building a happier, healthier workforce** by creating a range of employment opportunities for local people and creating an environment that fosters wellbeing in our staff.

South East London Integrated Care System

NHS South East London

Our programmes

We aim to deliver a substantial improvement in health and care outcomes within our four priorities. These four new priority areas sit alongside other established programmes of work, including all age mental health, planned care and long term condition management, urgent and emergency care and children's community health.

Delivery of our plan is managed by the partnership's programme boards and associated delivery plans. These include the Family Hubs and Start for Life Programme, the Older People and Frailty Programme, the Mental Health Alliance and the Integrated Neighbourhood Network Alliance. Other programmes of work, including those on planned and unplanned care, workforce and estates also contribute to the achievement of our strategic aims and priorities.

The success of our partnership working and the progress we make against our agreed programme and delivery plans will be overseen by our partnership boards and health and care alliances.

We are also establishing a joint programme management approach to provide Lewisham Health and Care Partners with the assurance that our partnership programmes are being delivered effectively and to time and budget.

South East London Integrated Care System

NHS South East London

Our objectives

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

Lewisham remains focused on the recovery and stablisation of our local health and care system. As partners we have committed to work in partnership on the following objectives to achieve a substantial improvement in health and care outcomes, address existing inequalities, and to achieve financial stability.

1. To strengthen the integration of primary and community based care	2. To provide families with integrated, high-quality, whole-family support services	3. To address inequalities throughout Lewisham health and care system	4. To maximise our roles as Anchor Organisations	5. Working together to achieve financial sustainability
We want to design, plan and deliver our services with service users and our local community. We want teams to work as close to the patient as possible and for services to be delivered through integrated multi-disciplinary approaches with organisational barriers no longer getting in the way.	*We want to join up services and ensure all parents and carers can access support they need when they need it.* *We want to support and empower parents and carers in caring for and nurturing their children and to enable all children and young people to thrive.*	*We want to tackle the impact of disadvantage and discrimination on health and care outcomes and we will contribute fully to the delivery of the Lewisham's Health Inequalities and Health Equity Programme's objectives which includes improving system leadership and accountability for health equity; empowering communities; identifying and scaling up what works; and prioritising and implementing specific opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)*	*We want to create a range of employment opportunities for local people and create an environment that fosters wellbeing in our staff. We want to create more entry level roles and contribute to wider local economic development. We want to deploy resources more effectively and creatively to help address employment gaps.* *We want to improve the health and wellbeing of everyone who works for us.*	*The ongoing financial constraints are an impetus for change and we want to work together to overcome the financial hurdles ahead.* *By working more closely and smartly we want to alleviate the pressure on services across the system – enabling our budgets to be stretched in ways that support effective service delivery.*

Our priority actions

As partners we will take the following priority actions in support of our objectives. More detail on these actions are set out in the following pages and in LHCP's programme and delivery plans.

Strengthening the integration of primary and community based care	Our priority action is to establish the model, infrastructure and approach required to establish effective integrated working at a neighbourhood level. Through this approach we will establish local models of care for at least two long term conditions and to support older people. We will also expand the provision of early intervention and community support for mental health.
Providing families with integrated, high-quality, whole-family support services	Our priority action is to establish the integrated model for family hubs across Lewisham and to identify the integrated pathways that can be delivered through family hubs.
Addressing inequalities throughout Lewisham health and care system	Our priority action is to build and implement an agreed infrastructure through which initiatives to address health inequalities and achieve health equity in the borough can be delivered.
Maximising our roles as Anchor Organisations	Our priority action is to identify opportunities for joint apprenticeship programmes. We will also implement joint initiatives to promote health and care careers and develop tools and approaches to inform workforce planning and address workforce.
Achieving financial sustainability	In partnership we will work to optimise the use of resources, align our financial planning and maximise financial resilience to system pressures.

Strengthening the integration of primary and community based care

Integrated Neighbourhood Networks

Through our Integrated Neighbourhood Network programme we will build on existing work across the partnership to improve the delivery and integration of community based care at a neighbourhood level and will establish the model, infrastructure and approach required to deliver integrated neighbourhood working .

How we will secure delivery

Actions for 23/24

- Hold series of workshops to codesign the vision for neighbourhoods and phased approach to implementation, including digital and estates requirements
- Embed Health Equity Programme and Wellbeing Teams within Neighbourhoods
- Analyse Lewisham's population health and care data to identify neighbourhood priorities
- Review Standard Operating Procedures for multi-disciplinary working
- Identify and mprove opportunities for signposting across neighbourhoods

Actions for 24/25

- Review impact of 23/24 actions
- Update PCN data profiles
- Update neighbourhood plans to address priorities identified from data profiles
- Undertake evaluation of social prescribing platform
- Undertake evaluation of Waldron refurbishment and use by community

Intended outcomes in 5 years time

- Strong Neighbourhood Alliance(s) in place
- Integrated and coordinated neighbourhood teams in place
- Personalised health and care services coordinated around population needs
- Improved local awareness of services available
- Established social prescribing networks that support the needs of the Lewisham population
- Improved and timely referrals between services
- Effective multidisciplinary working/teams in place following best practice

Strengthening the integration of primary and community based care

Older People's programme

In partnership we will establish the model of care for Older People with an emphasis on Proactive Care

How we will secure delivery

Actions for 23/24

Develop, launch and embed the model of care for Older People through:

- Holding a series of workshops bringing together colleagues across the sector
- Ongoing engagement with professionals through fortnightly professionals group
- Active engagement with residents and Unpaid Carers
- Continue to build on learning from the frailty pilot and models in other areas
- Actively engage with regional and national colleagues
- Use the Population Health management approach to build the evidence base for the programme

Actions for 24/25

- Review impact of all 23/24 actions
- Evaluate impact on costs and outcomes of different models of support for Older People with moderate care needs through collaboration with LSE colleagues
- Increase Older Adults' participation in community via social prescribing

Intended outcomes in 5 years time

- An established model of care for older people is in place which specifically addresses: Proactive Care, Admission Avoidance, Integrated Discharge and Intermediate Care for this cohort
- A reduction to best benchmarked peer borough in unplanned admissions and attendances for Older People
- An increased proportion of Older Adults remaining at Home. This will result in a reduction in patients admitted to care homes

Strengthening the integration of primary and community based care

Long Term Condition management

In partnership we will establish models of care for the management of Long Term Conditions at a neighbourhood level.

How we will secure delivery

Actions for 23/24

- Review the Lewisham datasets for Long Term Conditions (LTC) including understanding our most prevalent conditions and patient locations across the borough.
- Examine existing pathways to maximise efficiencies and reduce duplication across system to release funding for investment
- Develop clear pathways from Primary, Community and Secondary Care
- Reduce the number of referrals for diagnostic procedures in secondary care as a result of activity being delivered in the community / early intervention.

Actions for 24/25

- Review current use of technology such as remote monitoring, telemedicine
- Take a whole system approach to identify the links and interdependencies between different pathways and services, particularly for those with 2+ LTCs.
- Work alongside the integrated neighbourhoods model to establish and embed a sustainable MDT approach for people with LTCs, including proactive identification, community-led risk assessment and pulling in support from the voluntary sector alongside other health and care partners

Intended outcomes in 5 years time

- Reduction in the number of people living with unidentified LTCs.
- Delivery of services and management of care for people with long-term conditions that are proactive, holistic, preventive and patient-centred.
- Patients have an active role with collaborative personalised care planning at the centre of everything we do.
- Clinicians and patients work together using a collaborative process of shared decision-making to agree goals, identify support needs, develop and implement action plans, and monitor progress.
- Care planning for local populations makes best use of local authority services (including social care and public health) and community resources, alongside more traditional health services.
- Increased ability of patients to self-manage and support, ensuring they access the most appropriate services in a timely and safe manner.
- Improved patient experience through early and accurate diagnosis of disease with effective treatment closer to home.

Strengthening the integration of primary and community based care

Early Intervention and Community Support

In partnership we will expand the provision of early intervention and community support for all-age mental health services.

How we will secure delivery

Actions for 23/24

- Delivery of the adult community mental health transformation programme.
- Development of a core offer for IAPT for people with long term conditions.
- In partnership with South London Listens Programme, and in collaboration with residents and VCSEs, to develop, build and test alternative models and opportunities for early intervention and support for mental health and emotional wellbeing, including for the Core20Plus population.
- Development of an integrated single point of access for CYP.

Actions for 24/25

- Continue to embed delivery of community and primary care mental health and wellbeing services.
- Through Local Care Partnerships, and in collaboration with residents and VCSEs, to continue to develop and build alternative models and opportunities for early intervention and support for mental health and emotional wellbeing, including for the Core20Plus population.
- Expansion of the mental health and emotional wellbeing support available in schools

Intended outcomes in 5 years time

- For CYP, have implemented the i-Thrive Framework including joined-up approaches to deliver an integrated single point of access in place for mental health and emotional wellbeing support.
- Improved partnership working across health and children's services.
- 100% coverage mental health support in schools.
- Each PCN to have a fully established adult integrated community mental health teams bringing together health and social care and VCSE providers.
- Contacts through community mental health to have increased 5% on average every year, with contacts representing the demographics and need of our local population.
- Increases in the number of people accessing employment support.
- Increased access to IAPT (including for people with long term conditions) and equitable recovery outcomes for all population groups.
- Increased investment in VCSE providers with noted improvements in the diversity of the VCSE provider landscape for adults.
- Upskilling of at least 40 community leaders and volunteers as Be Well Champions, and establishing hubs providing regular wellbeing activities/spaces and signposting

South East London Integrated Care System

Providing families with integrated, high-quality, whole-family support services

NHS South East London

Family Hubs and Start for Life Programme

In partnership, we will establish five Family Hubs in Lewisham to provide accessible, physical and virtual points of contact for families, children and young people aged 0-19 (or aged up to 25 for young people with special needs) and to deliver integrated pathways.

How we will secure delivery

Actions for 23/24

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

Actions for 24/25

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

Intended outcomes in 5 years time

By joining up and enhancing services through our family hubs, parents and carers in Lewisham will be able to access the support they need when they need it. The family hubs will be supported by a network of other services and families will be able to access information on services virtually or via outreach work. Parents and carers will feel supported and empowered to care for and nurture their babies and children, ensuring they receive the best start in life.

This in turn will improve health and education outcomes for babies, children and young people and enable them to thrive. The planned outcomes for Family Hubs include:

- An increase in the number of parents accessing support for perinatal mental health
- An increase in the number of women from target groups accessing infant feeding support services
- An increase in the number of parents receiving structured support with parent-infant relationships
- An increase in uptake and completion of vaccinations
- A reduction in the number of children with excess weight at Reception and Year 6
- A reduction in waits for CAMHS referrals

Transforming Children's Health Programme

Integrated Child Health Model (ICHM) / Local Child Health Teams

Alongside our priority to establish Family Hubs, we will deliver an enhanced children's health offer in primary care that increases access and develops our primary care workforce to deliver more efficient care to children and young people.

How we will secure delivery

Actions for 23/24

- Engage and consult with children and young people, primary care and acute services to develop the ICHM for Lewisham
- Work with SEL leads to share knowledge and best practice from areas already providing an ICHM (Southwark and Lambeth)
- Identify a Lead Paediatrician at LGT
- Identify a PCN to deliver a pilot ICHM scheme and plan service model
- Pilot an ICHM in a PCN

Actions for 24/25

- Extend the ICHM to 50% of PCNs by June 2024 (SEL ICS deadline)
- Extend the ICHM to 100% of PCNs by March 2025 (SEL ICS deadline)

Intended outcomes in 5 years time

- Improve child health outcomes – a reduction in CYP follow up primary care appointments and admissions to hospital (ED and non-elective)
- Overall reduction in paediatric appointments as health needs addressed and managed efficiently in primary care
- Improvement in overall quality of care CYP receives
- Reduce inequalities in access to care – reach the local CYP population
- Strengthen the health system

Delivering Consistent Children's Community Services

Consistent and Sustainable Children's Community Services

To improve access, reduce variation and improve capacity in community care for children, young people and their families.

How we will secure delivery

Actions for 23/24

- Monitor core community services to identify areas of pressure across Therapies, Community Nursing and Community Paediatrics, Includes review waiting times for completion of assessments linked to ASD and EHCNA.
- Review core offer for Community Services to identify opportunities to reduce variations statutory assessments.
- Review Community Nursing and Therapy support for specialist schools to increased intake across sites in the borough..
- Finalise and implement ASD pre & post diagnostic support offer for CYP and families.
- Improved equalities reporting across all community services.
- Implementation of the Allergy Nurse and the Continence & Constipation Nurses within the Community Nursing Service.

Actions for 24/25

- Alignment of outcomes for Autism pathway with the All Age Autism Strategy.
- Review Continuing Care Standards to reduce variation in care and assessments.
- Review alignment of Community health services with Family Hub model, and identify services which would be appropriate to co-locate.
- Implement Community Paediatric Nursing post to support ASD diagnostic pathway and post-diagnostic support work.

Intended outcomes in 5 years time

- 90% of EHCNA health reports completed within the statutory timescale. Waiting times outside of the statutory timescales reduced.
- Reduction in waiting times for ASD assessments to within 3-5 months target.
- Improved access to community nursing for health needs and enteral feeding support in specialist schools.
- Reduction in referrals to Urology and Constipation out patient clinics from Primary Care.
- 80% of community services have a core offer attached specifying CYP outcomes to be delivered at place
- 70% of core offers are implemented at place
- Reduction of inequality in health outcomes
- Planned winter response and reduction in emergency attendance for CYP between December and February (annually)
- System capacity increased to meet the needs of approximately 300 additional places in specialist school over the next three years (impact capacity of Nursing and Therapy support services)

South East London Integrated Care System

Urgent and Emergency Care

NHS South East London

Urgent and Emergency Care Programme

Through our local programme we will support colleagues across SEL and Lewisham to reduce the need for ED attendances and acute admissions where these could have been prevented by earlier intervention. We will work closely with all system partners to ensure that appropriate attendances are quickly managed, and inappropriate attendances are minimised through referral away to suitable alternatives Our focus locally will ensure a good flow through the hospital and a reduction in Lengths of Stay. We will seek to fully embed the Home First approach and ethos in Lewisham, resulting in a high proportion of patients discharged home, with excellent follow up support where needed.

How we will secure delivery

Actions for 23/24

- Same Day Urgent Care mapped and interfaces improved
- Increase referrals to SDEC
- Improve use of Consultant Connect
- Pilot in place to trial referrals away from ED
- Data reliability achieved with ward/patient level dashboard
- Improve Pathway 0 discharges
- LLOS patients over 100 days reduced to max 1
- Therapies Capacity and Demand plan completed
- Care Homes proposed Trusted Assessor approach agreed
- Improve Weekend discharges

Actions for 24/25

- Review of performance against agreed actions for 23/24
- Further use of population health data to assess activity
- Agree new partnership actions

Intended outcomes in 5 years time

- Same Day Urgent Care model is well understood and provides access to same day urgent care for Lewisham residents
- Integrated model of hospital at home including UCR in place
- Attendances at UHL ED are more appropriate
- Attendance levels same as best benchmarked peer borough
- Reduced 7, 14 & 21+ day LOS to match best benchmarked peer Trust
- Increase discharges before 5pm
- Increase discharges before 2pm
- Reduction in patients discharged to care homes to best benchmarked peer borough
- Increase in number of patients not needing further care/support following enablement

Maximising our roles as Anchor Organisations

Workforce and Employment

Working together we will establish joint initiatives to attract and retain staff; provide opportunities for shared career pathways; promote health and care careers; establish staff health and wellbeing programmes and address workforce inequalities

How we will secure delivery

Actions for 23/24

- Complete programme to support health and social care staff wellbeing
- Develop and deliver 4 -6 week programme to introduce 16 – 17 year olds to potential careers in health and care
- Design Health and Care Jobs Fair to raise awareness of local employment opportunities in entry level and support roles
- Develop an entry level apprenticeship scheme for therapy support workers
- Pilot workforce planning tool

Actions for 24/25

- Deliver further careers insight and employment opportunities programmes
- Extend the apprenticeship programme
- Develop partnership BAME leadership development programme
- Implement outcomes of workforce planning tool analysis

Intended outcomes in 5 years time

Vacancy rates will be reduced by at least 50%
75% of posts will be filled after first advert
An increase in BAME representation at senior management level.

Addressing inequalities throughout Lewisham health and care system

Name of priority action

In partnership we will build and implement an agreed infrastructure through which initiatives to address health inequalities and achieve health equity in the borough can be delivered. The implementation of specific opportunities for action and recommendations from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) will have a fundamental thread throughout the Programme and each workstream will oversee the implementation of the BLACHIR themes and delivery of specific opportunities for action.

How we will secure delivery

Actions for 23/24

Embed the Health Inequalities Programme and associated partnership workstreams
Recruit Health Equity Fellows around which PCN Health Equity Teams will be built
Align community organisations and community champions to PCN Health Equity Fellows
Align the Lewisham Community Champions initiative to the PCN Health Equity Teams
Pilot workforce toolbox which articulates minimum standard of training for frontline staff
Pilot a targeted Tier 2 weight management service for Black African and Black Caribbean residents
Implement a Lewisham-wide targeted hypertension project
Improve awareness of BAME groups of symptoms of cancer and screening programmes through the Lewisham Cancer Awareness Network., linking with Community Champions, Faith and Community Groups.
Support Practices and PCN to deliver cancer components of the PCN DES , working with the SEL Cancer Alliance.

Actions for 24/25

Deliver community projects/initiatives through the PCN Health Equity Teams
Have an established preventative community-based outreach initiative in place for Lewisham
Start to evaluate the PCN Health Equity Fellows and Teams
Align the work of the Lewisham Cancer Awareness Network with the PCN Health Equity Teams
Refine and finalise the Lewisham Health Inequalities workforce toolbox for use across frontline health and care services in Lewisham
Evaluate the targeted Tier 2 weight management service for Black African and Black Caribbean residents

Intended outcomes in 5 years time

Established and sustainable PCN Health Equity Teams in the 6 Lewisham PCNs with active Community Champions supporting community preventative initiatives
Improved population coverage of Rapid Diagnostic Service
An increase in uptake for all three main cancer screening programmes to reach the regional (London) average uptake - breast, bowel and cervical
An increase in all childhood immunisation programmes to reach the regional (London) average uptake
Improved uptake of NHS Health Checks in Lewisham above the regional average

Enablers : Achieving financial sustainability

Name of priority action

In partnership we will work to optimise the use of resources, align financial planning and maximise financial resilience to system pressures across the local Health and Care System

How we will secure delivery

Actions for 23/24

- During 2023/24 we will work collaboratively across the LCP to better understand how improvements in outcomes and experience in defined population groups can support sustainability of services, individual organsiations and the system as a whole. We will link this in the first instance to our work being undertaken within our Older People and Frailty Programme.

Actions for 24/25

- Building on the work of 2023/24 described above, the LCP will aim to have agreed service improvement and associated service changes to achieve improvements in outcomes and experience and shared financial planning.
- Any contractual or financial arrangements that need to change will be agreed with local health and care partners and with SEL ICB.

Intended outcomes in 5 years time

The LHCP aims to have implemented plans for delivery of patient care which optimise the use of financial resources and ensure delivery of services which meet the needs of the local population, and are sustainable in the long term.

The LHCP aims to have maximised financial resilience to system pressures through sharing of information to underpin activity and financial planning, and to better inform timely decision making around deployment of resources.

Enablers

Workforce

Our workforce is our strongest asset but locally we continue to face recruitment challenges and staff shortages across the health and care system. Therefore, a programme of activity around workforce and employment is a key priority for Lewisham. We want to enable further collaboration and integration of workforce plans and aim to improve succession planning, increase the use of joint appointments, adopt joint recruitment approaches and have the flexibility to rotate roles across the local and SEL system.

We believe that there are opportunities to create more entry level roles into health and care and use the assets and resources we have as local organisations to benefit the communities around us.

As a partnership we are also committed to working together to improve the health and wellbeing of everyone who works within the partner organisations and to be a compassionate employer.

Digital

Across the partnership we will seek to use technology to best effect, improving communication between health and care professionals, supporting integrated record sharing and providing co-ordinated care to residents, patients and service users more effectively. We will work with the ICS Digital Programme to:

1. Improve interoperability between health and care data systems maximising the use of our population health and care data management system
2. Embed a consistent approach to data sharing across ICS and across local organisations, particularly when involving third party providers (VCS)
3. Increase the use of authorised health technology to promote self-care and to help manage long term conditions
4. Increase the use of technology and flexible approaches to consulting to enable same day urgent care access for those who can/will use technology and to free up traditional capacity for those who cannot
5. Explore digital platforms which can accommodate video conference capabilities to provide direct consultations to patients/service users
6. Work across the system to reduce digital exclusion

South East London Integrated Care System

Enablers

NHS South East London

Finance

The ongoing financial constraints across Lewisham are an impetus for change and we will work together to overcome the financial hurdles ahead.

By working more closely and transparently, we aim to better understand how improvements in outcomes and experience in defined population groups can support the sustainability of services, of individual organisations and of the system as a whole. We will link this in the first instance to our work being undertaken within our Older People and Frailty Programme.

Achieving financial stability is a key local care and health partnership priority.

Estates

As partners we want our estate to support service transformation and collaboration and integration across the health and care system. Our buildings should enable us to work smarter and more effectively in delivering community based care and contribute to the improvement of patient experience and satisfaction.

We will ensure that our estates plans align with the South East London Estates Strategy and the PCN estates reviews. This work will be supported by the Local Health and Care Partnership's estates forum which brings together partners across the system. We will work with our clinical colleagues to ensure alignment of estates plans with clinical strategies.

Our programme leads will identify the estates requirements within programme and to ensure successful achievement of delivery plans.

Enablers

Quality Assurance

As a partnership, we have adopted the quality principles from the National Quality Board's (NQB) shared commitment to quality NHS England » National Quality Board: Shared Commitment to Quality . These principles provide a framework to ensure we consider quality in all areas of out of hospital care, supporting a quality focus across all our priorities, services, and functions.

To support us in this work, we have established an Integrated Assurance & Quality Group (IA&QG) with membership drawn from organisations across our local health and care system.

Population Health Data Management System

Through our Population Health Management System, we use data from various health and care systems to improve the health of Lewisham's population, by understanding general trends and needs, and identifying individuals to target for improved care.

By interrogating this data we can better support individuals by identifying those who we believe are at risk of a particular illness or condition, or who appear to have a disease or condition but have not been diagnosed with it yet; by improving the way in which we plan services – now and into the future; and to address waiting lists by identifying people who are at particular risk, or finding alternative treatments that may be of help to them.

As we gather more data, we can interrogate and interpret the data further enabling us to improve and transform services and ultimately bring the benefits to the people of Lewisham.

Lewisham borough

Lewisham borough delivery of SEL pathway and population group priorities

Lewisham's Local Care Plan sets out our direction of travel as a partnership and outlines the priority areas on which we will focus over the next 1 – 5 years in support of the programmes, pathways and priority target groups identified in SEL ICB's Joint Forward View. Examples of how we are contributing at a local level to the overall aims of South East London are shown below.

Mental Health - The Bridge Cafe

The Bridge Café is a community based crisis diversion and resolution service in Lewisham that opened in Deptford on 1 November 2022. The service supports adults in Lewisham who are experiencing a crisis to help resolve matters of crisis before further deterioration and to help reduce presentations at Emergency Department. Access to the Café is through 111, who will connect the caller to SLaM Crisis line or through the Lewisham Hospital Liaison Team. The Bridge Café is provided by the 999 Club and is located at 21 Deptford Broadway, SE8 4PA. The opening hours are from 6pm – 11pm Monday to Friday and 12 noon to 11pm on weekends and bank holidays.

Population Health Management

We have used Lewisham's integrated Population Health Management System to identify people who appeared to have a lung disease called Chronic Obstructive Pulmonary Disease (COPD), but who had not been formally diagnosed with it.

By looking at patterns of GP and hospital visits, and other health information, people were contacted, invited in for a test, and, if they were diagnosed with COPD, began to receive the proper treatment.

Maternity – Mindful Mums

The ICS and local authority jointly commission Bromley, Lewisham and Greenwich Mind to deliver the Mindful Mums and Being Dads programmes, which are peer–led programmes of support with mental wellbeing and resilience for expectant and new parents. The programmes have been successful in improving wellbeing, increasing resilience and reducing isolation amongst parents with emotional wellbeing needs in Lewisham. Based on this success, the provider is currently piloting new programmes aimed at meeting the specific needs of new parents from ethnic minority backgrounds, young parents, and parents that identify as LGBTQ+. Additionally, Lewisham Maternity Voices Partnership, the ICS and Lewisham and Greenwich NHS Trust have recently been shortlisted for an award from the Royal College of Midwives for their partnership work on Cultural Humility in Maternity Care. They developed a Quality Standard which sets out six principles for good and safe maternity care from the perspectives of Lewisham women and birthing people of diverse cultural backgrounds, and aims to increase the involvement of Black, Asian and minority ethnic service users in quality assuring services. A short film was created which can be viewed here: Quality Standard for Cultural Humility in Maternity Care - YouTube

Urgent and Emergency Care - Home First

Since May 2022, participants from across health, social care and the voluntary sector in Lewisham have co-designed and started implementing a blueprint for change that will enable the Lewisham system to sustainably support people being discharged home.

By working together, the Home First programme has been broken down into 90 day sprints. Every 90 days the group come together to review the achievements of the previous 90 days, decode the collective learning, and plan for the next 90 day sprint.

By working in this way and developing joint actions and initiatives we aim to :

- Identify patients whose circumstances may delay discharge earlier on in their hospital stay
- Embed a Home First ethos across health and social care
- Develop a “one team” approach across our teams who support people being discharged home in Lewisham

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 4
Enclosure 4

Title:	**MHIS/SDF funding for Mental Health**
Meeting Date:	**23 March 2023**
Author:	Kenny Gregory / Simon Whitlock
Executive Lead:	Ceri Jacob

Purpose of paper:	Note the 2023-24 the Mental Health Investment Standard (MHIS) and Service Development Fund (SDF) allocations for mental health investment.	Update / Information	**x**
		Discussion	
		Decision	
Summary of main points:	The Lewisham Local Care Partnership has received the 2023-24 Place allocation of the Mental Health Investment Standard (MHIS) and Service Development Fund (SDF). This is a total of £3,119m investment for mental across children and young people and adult mental health. A total of £1.32m has been allocated to maintain and expand mental health investment priority areas within Lewisham's children and young people (CYP) mental health prevention and treatment system. The allocations supports continued investment within the Children and Adolescent Mental Health Service (CAHMS), school-based mental health support, and growing the voluntary and community section offer in Lewisham for CYP. A total of £1.799m has been allocated to maintain and expand the community core offer for adult mental health, which is in the third year of expansion. The allocations support continued investment in the statutory and voluntary community sector to grow the blended community mental health team offer. The report summarises the previously agreed priorities via the CYP Mental Health Transformation Plan priorities and the South East London Integrated Care System's 'Core Offer' requirement. These priorities have been developed in partnership with the all-age mental health alliance, and other key stakeholders to ensure allocations continue to optimise the Lewisham mental health treatment system to improve outcomes for our population. **NB**: at the time of drafting the report, the exact allocations against each priority area were not available for publication. The Board will be provided with a full breakdown of the 2023-24 MHIS and SDF spend against priority areas at a later date.		

Potential Conflicts of Interest	**None**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	There are no specific equality impacts arising from this report.		
	Financial Impact	None.		
Other Engagement	Public Engagement	Previous engagement with stakeholders has taken place to inform the Transformation Plan and Core Offer spending priorities.		
	Other Committee Discussion/ Engagement	Lewisham all-age mental health alliance leadership board.		
Recommendation:	<u>Note the 2023-24 allocation of MHIS and SDF and the planned priority areas of spend.</u>			

Children and Young People and Adult Mental Health

Funding Allocations 2023/24 and Core Offer Costings

CYP Mental Health Funding Allocations

New Place-based Financial Allocations for CYP Mental Health – 2023/24

Funding Source	SLaM	Lewisham	Total
MHIS	£527,000	£176,000	**£703,000**
SDF	£370,000	£247,000	**£617,000**
Totals	**£898,000**	**£423,000**	**£1,321,000**

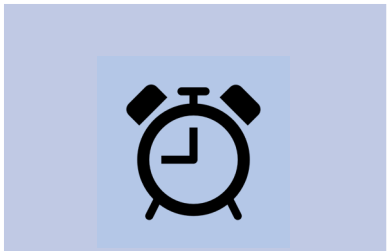
Lewisham as a Place will see an additional circa.£1.3m of investment.

Adult Mental Health Funding Allocations

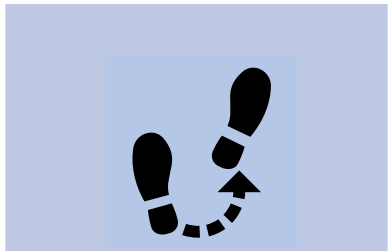
New Place-based Financial Allocations for Adult Mental Health – 2023/24

Funding Source	Lewisham
Mental Health Investment Standard (MHIS)	£1,278m
Service Development Fund (SDF)	£520K
Reducing inequalities	£201K
Totals	**£2M**

Ten Transformation Plan Priority Areas for CYP's Mental Health

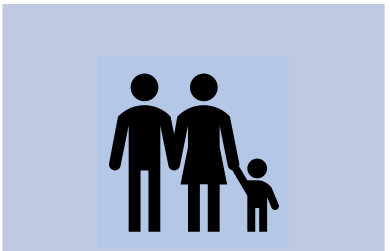


Managing Waiting Lists

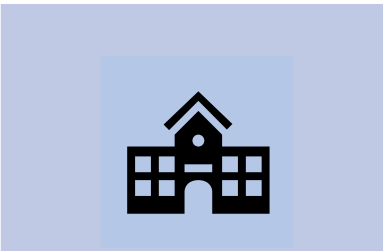


Transition to Adult Services

Inequalities in Access



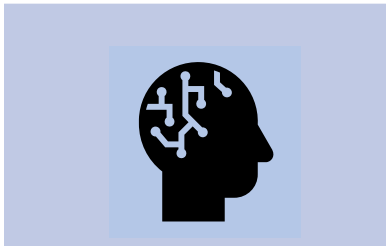
Parental Mental Health



Schools

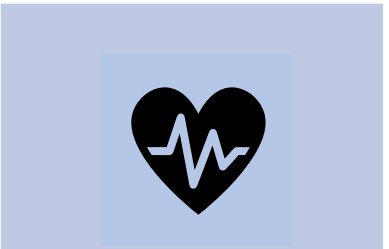
Responding to Trauma & Distress

Youth Offending



CYP Eating Disorders

A&E Presentations



Crisis Stepdown

CYP Core Offer - South East London ICB

Backlog Clearance

(no child waits 52 weeks)

- Invest in additional capacity to conduct assessments.
- Invest in additional capacity to support implementation of the access policy.

Reduce Wait Times

(no child waits 44 weeks)

- Invest in additional capacity to conduct assessments.
- Invest in additional capacity to support implementation of the access policy.
- Invest in additional capacity to support case flow.

Waiting List Support

- Invest in Evidence Based Sleep Intervention Programme to support those on the waiting list
- Invest in the 'Keeping in Touch' Volunteer Programme to support children and Families whilst they wait.
- Invest in CWP career pathway, to extend support offered, retain staff and build capacity.
- Invest in the GP Youth-led clinic, bridging together Primary Care and Mental Health and providing additional support pre-CAMHS

Single Point of Access

- Connecting the Place-based system with a 'no wrong door approach'
- Developing needs-led pathways
- A digital front door to make it easier for children and families to know where to get the help they need.
- Utilising existing spaces to provide physical access points.

Parental Mental Health

- Delivery of the Empower People, Empowering Communities Programme
- Investment in the development of an under 5's pathway, targeting those with adverse childhood experiences

Continued Investment into MHSTs

- Invest in the MHST career pathway, to extend support offered, retain staff and build capacity.
- Application to wave 10 of the national MHST programme roll out (note: not part of funding allocations)

NB: New investment will focus around the delivery of a 'core offer' across SEL ICB – offering system consistency, with Place-based flexibility.

Adults Transformation Core Offer – South East London ICB

For Lewisham specifically:

- Single referrals received via Primary Care Mental Health Team.
- SLaM having access to **EMIS community** for seamless referrals from Primary Care to the Primary Care Mental Health Team.
- Referrals accepted via 111, SLaM Crisis Line and Crisis Assessment Team (CAT) and MH Advice line for professionals
- **Mental Health Advice line**, managed by BLG Mind, to facilitate self-referral (not currently live)
- **Mental Health Practitioners** in each PCN to support Primary Care Networks
- **Blended community Teams**: Voluntary and Community and statutory sector posts including Peer Support and Community Engagement workers, Culturally Diverse Communities project manager, Welfare and Benefits workers, Clinical Associate Psychologists (CAP), Community Rehab Workers, Community Outreach workers (intensive case management), nurses to support Physical Health checks.
- **Single Assessment** carried out and seen within 4 weeks
- **MDT agreement** for onward referral to specialist interventions

CORE OFFER

Request for Support	Triage and Assessment of Needs	Core Community Services	Enhanced Service Offer
• Via a Single Point of Contact • Referrals from self (and families), primary care, secondary care, LAS/999, 111, local authorities and other professionals.	• Prompt response to all referrals and timely acceptance to the most appropriate services. • Identifying the right person/ organisation to offer an assessment of need and provide intervention and support.	• Single assessment of needs • Sign-post to other services • Facilitate rapid referral to specialist interventions • Access to primary care, peer workers, MH Professionals, housing, benefits support, employment, and counselling services.	• MDT agreement of onward referral for specialist interventions. • Specialist interventions may include DBT, IPS, EIP, Eating Disorder.

A **core offer** for new care models has been developed and agreed for delivery across all boroughs in SEL. This includes:

- A primary care 'generic' offer of triage and assessment.
- Support and intervention based on self-help, psychoeducation, counselling, lifestyle advice and guidance to improve mental health wellbeing.
- A multi-disciplinary and multi-agency approach to care, with regular MDT meetings to ensure the needs to individuals are appropriately met.
- Alignment of models of care to primary care networks and/or local care networks, according to the local demography and level of need.
- Ensure specialist care and support can be accessed via community services and building on the core service offer, including specialist interventions such as DBT, IPS, EIP and Eating Disorders.

Funding proposals to expand core offer

Areas of spend	Funding Source
Advanced Practitioner (Social Worker)	SDF
MH Support Worker in Older Adult CMHT	SDF
Increased capacity in Primary Care Mental Health teams	SDF
Peer Support workers in PCMHT and CMHT	SDF
Benefits Worker for Adults	SDF
Social Workers (NQSW)	MHIS
Lewisham Private Bed Overspill	MHIS
Mental Health Older Adults – expansion of CHIT	MHIS
Additional Consultants in adult mental health community teams	MHIS
Right Care flow/discharge planning leads	MHIS
Community beds (Q4)	MHIS
Personal Health budgets	MHIS

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Workforce Update**
Meeting Date:	**23 March 2023**
Author:	Charles Malcolm-Smith, People & Provider Development, SEL ICB Lewisham
Executive Lead:	Meera Nair, Chief People Officer, Lewisham & Greenwich NHS Trust

Purpose of paper:	This paper provides an update on the establishment of the LHCP Workforce Steering Group, and current and potential areas of work.	Update / Information	
		Discussion	**x**
		Decision	
Summary of main points:	A Workforce Steering Group for the partnership is being established to provide oversight, monitor progress, ensure co-ordination and identify new and emerging workforce needs. It will be accountable to the Place Executive Group. Current areas of work include a recruitment fair, career insight programme, integrated workforce planning pilot and apprenticeships		
Potential Conflicts of Interest	None identified		

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

	Equality Impact	The proposed initiatives aim to increase access to employment for local communities
	Financial Impact	None identified
Other Engagement	Public Engagement	None to date
	Other Committee Discussion/ Engagement	Previous updates to the Place Executive Group
Recommendation:	The Board is asked to support the Workforce Steering Group particularly in identifying its members, and to consider the areas of focus as well as progress of the initiatives that have already commenced.	

Lewisham Local Care Partnership Strategic Board

Workforce Update

23rd March 2023

1. Introduction

This paper provides an update on the establishment of the LHCP Workforce Steering Group, and current and potential workforce initiatives.

The Board is asked to support the Workforce Steering Group particularly in identifying its members, and to note the scope and progress of the initiatives.

2. Workforce Steering Group

Workforce is a critical area for the LHCP:

- Within the Lewisham LCP plan, workforce and employment is specified as one of the strategic priorities for the partnership: being a compassionate employer and building a happier, healthier workforce. Joint working on this priority area will support the members of the partnership to be able to optimise employment opportunities and meet their responsibilities as anchor institutions.
- Workforce issues are consistently identified as risks to ensuring high quality and safe health and care services which may be mitigated through co-ordinated plans and initiatives.
- Workforce developments are enablers to other service transformation and integration programmes, through new roles, skills or ways of working.
- The Workforce Programme for the South East London Joint Forward Plan will require close connection at place level to ensure effective delivery.

A Workforce Steering Group for the partnership is being established to provide oversight, monitor progress, ensure co-ordination and identify new and emerging workforce needs. The immediate priority of the group will be to develop the plans for delivering the workforce ambition, key deliverables and success measures of the LCP Plan.

The group will be co-chaired in the first instance by Meera Nair (Chief People Officer, LGT) and Charles Malcolm-Smith (People & Provider Development Lead, Lewisham System Transformation team). Nominations for membership of the group have been requested through the Place Executive Group, initially at its meeting in December 2022. The group will benefit from a diverse membership given the range of workforce needs and initiatives, membership that includes those who may be in a senior leadership role in the people/workforce function, or with service responsibility for professional or workforce development.

The Workforce Steering Group will be accountable to the Place Executive Group and will provide programme reports as required.

3. Current & Potential Workforce Initiatives

A copy of draft Terms of Reference for the group are enclosed in Appendix 1. These set out likely areas of work and focus. Initial conversations confirm the need for avoiding duplication and focusing on areas that add value for the partners.

There are several existing initiatives for which the Steering Group would have oversight.

- **Health & Care Partnership Recruitment Fair**

Planning is underway for a recruitment fair to be held in May or June this year for which the partnership has been awarded £15k funding from the SEL ICS Workforce Programme. The focus of the event will be to raise awareness of local employment opportunities in entry level and support roles, not just for those who are unemployed, but also for those who may be in precarious or low paid employment, and to highlight the purpose a career in health and care can provide.

A suitable venue is being sourced by the council's Jobs and Skills Programme Lead. Other members of the project group include representatives from LGT, SLaM, primary care, council HR and social care teams, and Lewisham College.

- **Career Insight Programme**

The viability of a programme to support widening participation in health careers is being explored with LGT, SLaM and primary care, with probable financial support from the SEL ICS Workforce Programme if confirmed to proceed. This will be targeted at year 12 school students in Lewisham to provide them with wider understanding of the range of careers within the health care sector. A similar successful programme in Bromley is a potential model: held over 4-6 weeks, for one evening per week, and including on-line sessions and site visits to a range of health care settings, with talks and demonstrations from medical, nursing and allied health professionals.

- **Integrated Workforce Planning**

Supported by Health Education England, the SEL ICS is initiating a project to support the development and of an integrated approach to the planning and provision of care in the community with a specific focus on integrated neighbourhood and place based teams. This is being piloted in Lewisham, with an initial focus on frail elderly and building on the learning from the Frailty Pilot as it has the potential for us to model future operating models, the approach will be to

- Start with defined population and their health needs
- Define optimum service to be delivered by the integrated neighbourhood team for that population
- Identify skills/competencies needed to deliver that service
- Leads to workforce plan (include skills and competencies and roles required)

- **Apprenticeships**

Extending the range of apprenticeships provided in the partnership has already been identified as an action for 2023/24. This would also support the widening participation priority and help to establish new roles, for instance in AHP or therapy support. While partner organisations are running their own apprenticeship programmes there may be scope for new joint roles or to incorporate rotations or placements between services. This project will be launched through a summit or workshop with partnership representatives to identify and agree approach and areas of focus.

Lewisham Health & Care Partners

Workforce Steering Group

TERMS OF REFERENCE - DRAFT

1. Introduction

1.1 The Lewisham Local Care Partnership Strategic Board has agreed four strategic priorities for Lewisham Health and Care Partners' (LHCP):

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

1.2 Each partnership organisation has responsibilities for its own workforce, for instance through legal or policy requirements, and the Workforce Steering Group will take account of this so that identified workplan areas are those where there is maximum advantage from partnership working.

1.3 The South East London People Board sets the strategic direction for South East London and is accountable SEL ICS Executive and also to the London People Board. The Lewisham Workforce Steering group does not report to the SEL People Board but through networks and where there is commonality of membership the group will endeavour as appropriate to co-ordinate and ensure alignment with goals at a SEL level, and avoid duplication of activity.

1.4 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Workforce Steering Group.

2. Purpose

2.1 The Workforce Steering Group is responsible for the development and delivery of plans for the partnership to achieve its priorities, specifically '*being a compassionate employer and building a happier, healthier workforce*'

2.2 The core priorities of the LHCP are delivered through work programmes. The Workforce Steering Group will link to these programmes to ensure that workforce plans and initiatives are in place to progress their priorities.

2.3 The group will work to avoid duplication of work that has already been completed, will prioritise areas that add value to the partners and aim to create equity of access to programmes and opportunities across the partnership.

3. Areas of Focus

We believe our people will be happier and healthier if they believe that they have opportunities to grow in their careers, work in organisations that are diverse and that care for their

health and wellbeing. To this end, the following are the main areas of focus for the group that will be delivered through a prioritised workplan:

3.1 Identifying workforce gaps within partner organisations that would benefit from jointly designed roles and careers
3.2 Creating career pathways and opportunities that would attract new entrants (including school and college leavers, returners, apprentices etc) into and allow health and care professionals to be retained within partner organisations
3.3 Establishing a core wellbeing offer available to all people employed in partner organisations and identifying areas of need
3.4 Identifying areas of excellence on equality diversity and inclusion within partners and developing programmes that deliver further improvements in staff experience
3.5 Develop other programmes jointly between partner organisations where there are common needs and where there are other benefits such as closer working and understanding between staff groups

4. Meeting Schedule

4.1 The Group will meet sufficiently to fulfil its work plan or no fewer than four times per year as a minimum.

4.2 The agenda and supporting papers will be circulated five days prior to the meeting.

5. Accountability and Reporting Arrangements

5.1 The Workforce Steering Group is accountable to the Place Executive Group.

5.2 The Workforce Steering Group will report directly on its activities through the production of a report after each meeting.

6. Committee Membership

Core members of the Workforce Steering Group will include nominated representatives from each of the Lewisham Health & Care Partner organisations.

The meetings will be co-chaired by the Chief People Officer, Lewisham & Greenwich NHS Trust and the System Transformation Team – People & Provider Development Lead.
The group may establish task and finish and/or other groups to carry out discrete pieces of work, where required and appropriate.

7. Quorum Rules and Responsibilities of Members

7.1 The meeting will be quorate when at least 50% of members are present. This must include one member from each of the ICB, LBL and a NHS provider organisation.

7.2 Members should make every effort to attend meetings. A member who cannot attend will be expected to arrange and brief a nominated deputy to attend.

7.3 The Committee shall conduct its business in accordance with national guidance and relevant codes of practice.

8. Confidentiality

8.1 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Workforce Steering Group. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair.

8.2 The minutes of the Workforce Steering Group will be non-confidential except when specific confidentiality requirements exist.

8.3 Confidential minutes shall be maintained, where necessary, for considerations of confidentiality, including commercial confidentiality. Matters specifically agreed to be confidential by the Committee must be treated as entirely confidential.

9. Conflicts of Interest

9.1 As members of different organisations will be jointly developing new ways of working careful consideration will need to be given to potential conflicts of interest.

9.2 Members of the Workforce Steering Group are expected to conduct themselves in an appropriate manner. They must refrain from actions that are likely to create any real or perceived conflict of interest.

10. Review

10.1 These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the LCP Strategic Board for approval.

11. Resources and support

11.1 The Group will be supported by officers from the System Transformation Team

11.2 Meeting dates will be agreed on an annual basis and will not be changed without the permission of the Chair.

11.3 Agendas and Papers for the meeting will be distributed no less than five days before the meeting.

Version Control

Version:	Date	Changes made
0.1	30/11/22	Document initiation CMS
0.2	2/12/22	Incorporate comments from CJ
1.0	8/12/22	Agreed by Place Executive Group

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 6

Title:	Lewisham People's Partnership Simulation - Update
Meeting Date:	23 March 2023
Author:	Charles Malcolm-Smith, South East London ICS (Lewisham) and Victoria Stanway, PPL
Executive Lead:	Ceri Jacob

Purpose of paper:	Update the Lewisham Health and Care Partnership on the outcome of the Lewisham Peoples Partnership Committee simulation exercise and provide recommendations for the structure and mode of working for the group to go live in April 2023.	Update / Information	*x*
		Discussion	
		Decision	*x*

Summary of main points:

We have completed a broad programme of engagement with members of the LHCP and 30 representatives of Lewisham's diverse communities to co-develop an approach for how communities can be equal partners in LHCP decision-making prior to the formal launch of the new People's Partnership in April 2023.

We have applied Lewisham's new Model for Citizen and Community Engagement, wherever possible, to co-develop and deliver three simulation sessions to explore and learn how the new forum could work in practice.

The three meetings were themed to reflect the different types of decision-making the new forum would be part of as an equal partner in the LHCP: prioritisation, planning and co-delivery.

Key recommendations for the group include:

- That it should be called the (Lewisham) People's Partnership.
- That it should meet every two months for two hours.
- That it should rotate its time, day and location to maximise accessibility for a range of participants.
- That papers are shared one month in advance.
- That it should be attended by a member of the LHCP.
- That it should take place in the community, using community assets.
- That it should take a 'hub and spoke' approach.
- That it should have a payment policy.
- That it should have an open membership but proactively seek attendance from networked representatives for Lewisham's diverse communities.
- That it should be funded for a minimum of two years.

Potential Conflicts of Interest	None			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	✓		
	Financial Impact	✓		
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:	**Approve the formal launch of the Lewisham Peoples Partnership from April 2023 in accordance with the recommendations.**			

PPL

Lewisham Health and Care Partners Board

Lewisham People's Partnership – Recommendations for launch

23/03/2023

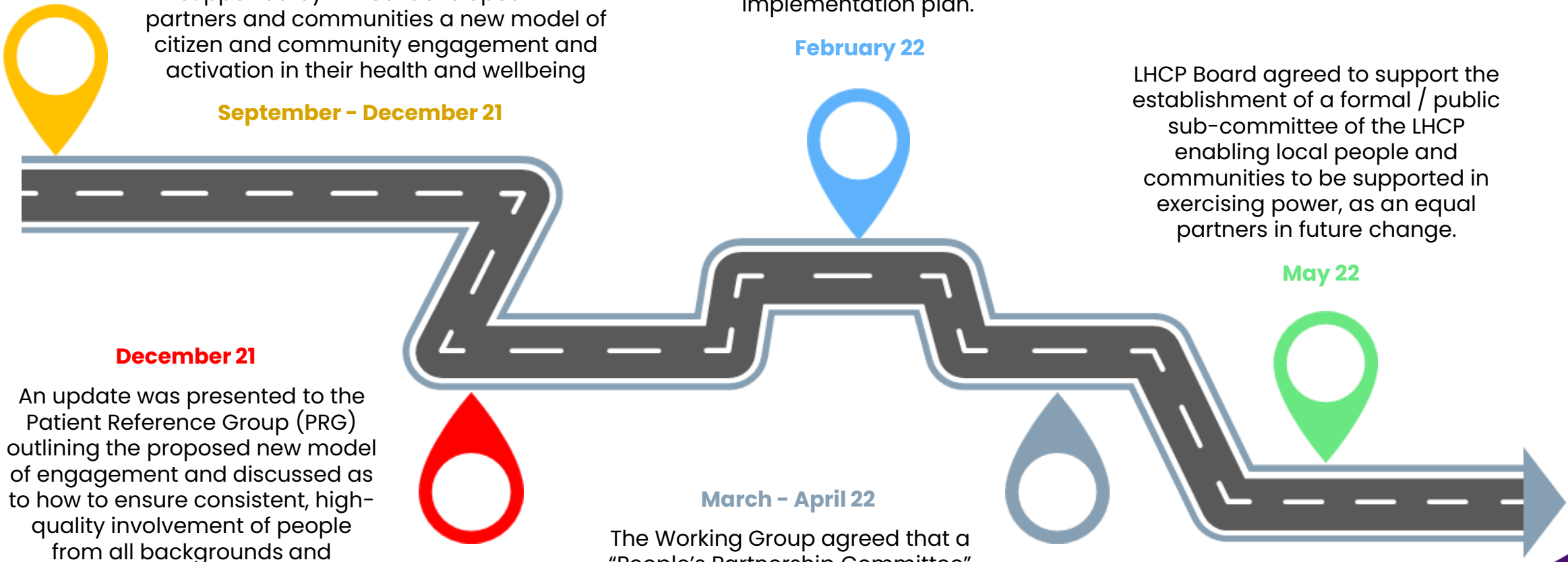
Background and context

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

Our journey

Lewisham Health & Care Partners (LHCP) supported by PPL co-developed with partners and communities a new model of citizen and community engagement and activation in their health and wellbeing

September - December 21



December 21

An update was presented to the Patient Reference Group (PRG) outlining the proposed new model of engagement and discussed as to how to ensure consistent, high-quality involvement of people from all backgrounds and communities.

March - April 22

The Working Group agreed that a "People's Partnership Committee" would be the most effective way of ensuring that, within the new local partnership structure, the Lewisham voice was heard.

The LHCP Board reviewed and approved the recommendations, and a working group for senior leaders was created to establish the foundations for the longer-term implementation plan.

February 22

LHCP Board agreed to support the establishment of a formal / public sub-committee of the LHCP enabling local people and communities to be supported in exercising power, as an equal partners in future change.

May 22

Our engagement approach - purpose

Our leaders are committed to delivering the overall purpose of our shared model of engagement, which is to:

Support citizens and communities to exercise power by creating the conditions where all individuals can contribute equally.

Build trust through purposeful and consistent efforts to foster relationships and act on the feedback received.

Enable participation by focusing on reducing current barriers (including around language, resources and cultures) to engagement.

Work together to achieve more with what we have recognising limits on the funding, time and capacity available

Some of the contributors so far

Lewisham

Young Mayor of Lewisham

YLP
YOUNG LEWISHAM PROJECT

apax

citizens uk

Artful Dodgers Cardiac Support Group

/LEAN
Lewisham Education Arts Network

StChristopher's
More than just a hospice

360 LIFESTYLE SUPPORT NETWORK CIC

NHS
South East London
Clinical Commissioning Group

up THIS WAY WELLBEING

PARKINSON'S UK
CHANGE ATTITUDES. FIND A CURE. JOIN US.

quo vadis trust

NIHR | National Institute for Health and Care Research

LEWISHAM LOCAL

VSL
VOLUNTARY SERVICES LEWISHAM

South London and Maudsley NHS
NHS Foundation Trust

NHS
SE London CCG: Lewisham Patient Reference Group

COMMUNITY CHAMPIONS
COVID-19

METRO
Embrace Difference

LRMN

Lewisham and Greenwich NHS
NHS Trust

Lewisham & Southwark age UK

AHOY

Bromley, Lewisham & Greenwich | mind
for better mental health

NORTH LEWISHAM PCN

three Cs

Lewisham Positive Ageing Council

IRIE! dance theatre

healthwatch Lewisham

Lewisham Dementia Support Hub

South Lewisham Patient Participation Group

KINARAA

modality Partnership

PPL

Our first step

‘Deciding to do it together’

Lewisham Health & Care Partners agree that we need governance that is reflective of the different cultures, approaches, and the resources available to participants.

Lewisham People’s Partnership (LPP)
a formal / public sub-committee of the LHCP

Group objectives – from April 2023

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

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

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

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

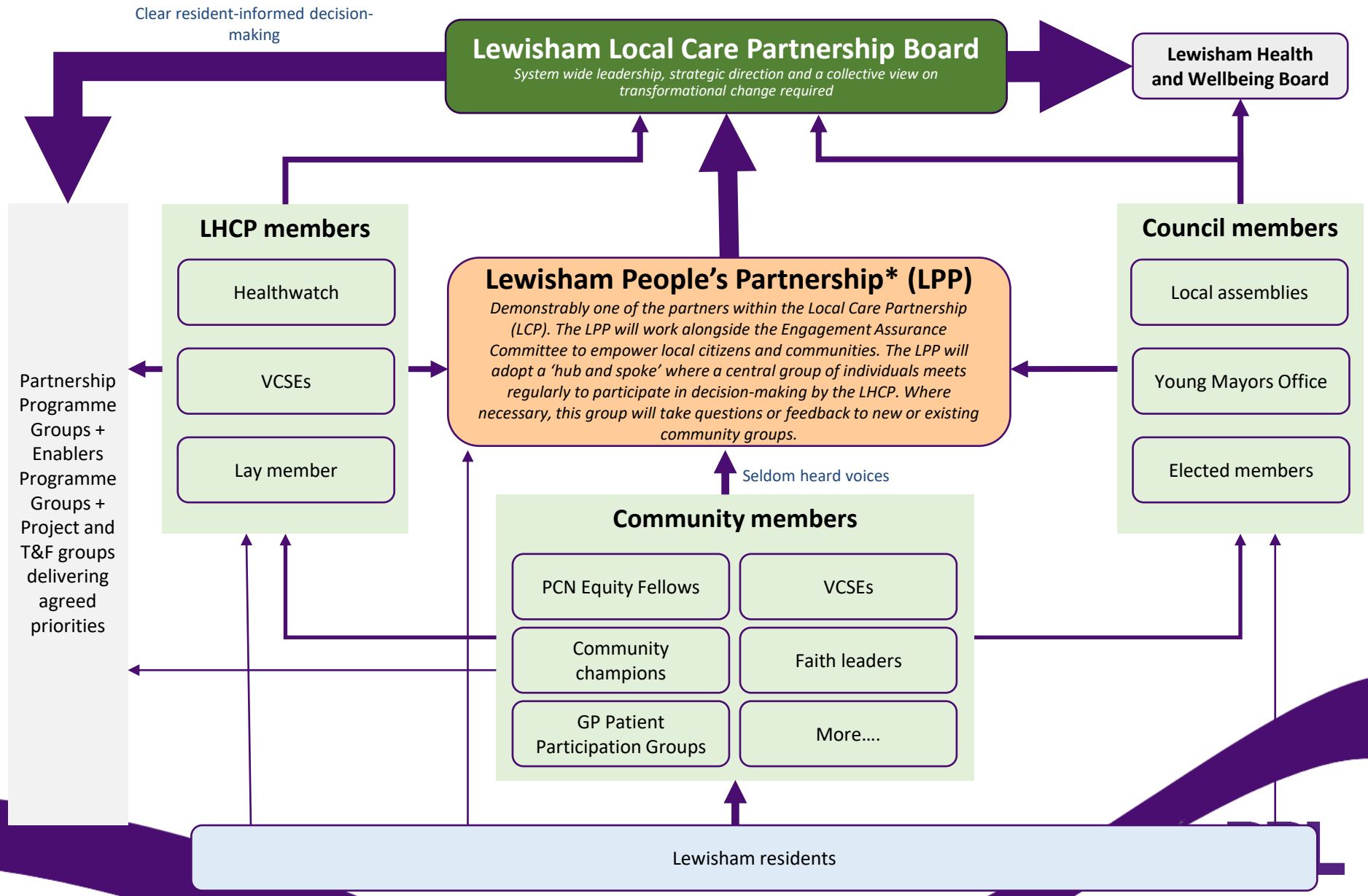
Lived experiences and needs of Lewisham residents drive local partnership decision-making.

How the LPP will amplify resident voices

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

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

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



The approach we have taken to learn

We have run three simulation sessions to **learn by doing**.

We have completed a broad programme of engagement with members of the LHCP and 30 representatives of Lewisham's diverse communities to co-develop an approach for how communities can be equal partners in LHCP decision-making prior to the formal launch of the new People's Partnership in April 2023.

We have applied Lewisham's new Model for Citizen and Community Engagement, wherever possible, to co-develop and deliver three simulation sessions to explore and learn how the new forum could work in practice.

The three meetings were themed to reflect the different types of decision-making the new forum would be part of as an equal partner in the LHCP:

1) Session one focused on exploring **what is important** and what should be prioritised by the health and care partnership.

2) Session two focused on **planning and co-designing** effective solutions with communities.

3) Session three focused on **co-delivering changes** with communities, with a special exercise on **participatory budgeting** for business cases.

Using a model of continuous learning we identified potential risks and barriers and were able to co-develop mitigating strategies to support the future People's Partnership to have representative participation, build trust, and enable Lewisham communities to exercise their power.

Learning Meeting Session Structure

Session 1: prioritisation

Exploration of what is important

Thursday 19th January 2023, 1 – 4 pm

Session 2: planning

Co-designing solutions with communities

Wednesday 8th February 2023, 1 – 3 pm

Session 3: delivering

Co-delivering with communities

Tuesday 7th March 2023, 1 – 3 pm

Some key practical recommendations

IDENTITY	• The name should reflect the people of Lewisham and not be statutory based. There was strong opposition to the term 'committee'. • We recommend the group be called **Lewisham People's Partnership.**
STRUCTURE AND SET-UP	• Meet **every 2 months** for **2 hours**. • **Agenda and meeting notes** are required and **papers should be shared 1 month in advance** • The agenda should include **standing agenda items** for recent **LHCP activity and live decisions**, an **introductions and representation** exercise e.g., "I can represent the views of…" and reflection. • **The meeting time should be rotated:** morning, afternoon and possibly after hours. • **The meeting day should be rotated:** Tuesday, Wednesday and Thursday were trialled in the simulation and well received. • **Online and offline meeting options** must be offered. Either by alternating the meeting format or with a combined hybrid set-up supported by adequate technology (hand-held microphone, tracking video and/or multiple video angles). • **The meeting location should be rotated**, using community assets and not statutory buildings. • The room should be set-up with **chairs in a semi-circle** to encourage group discussion, with **no on-screen slides**. • **There should be continuous learning and a personalised and flexible approach** taken to enable representative participation.
MODEL OF WORKING	• **Adopt a hub and spoke model**, where the LPP is the 'hub' and is primarily comprised of **networked representatives** for Lewisham's diverse communities; however, **membership for 'hub' should be open** to all Lewisham residents. • **A payment policy is essential to enable representative participation** and should cover time spent preparing for and attending the meeting. We **recommend further engagement to test our recommended option**: **£25 pp/ph paid to volunteers and smaller VCSEs (with an annual income of less than £100,000).** Middle modelling estimates suggest a budget of **£3,009.51 per meeting** with an additional budget of at least £112.50 for expenses would support a meeting of up to fifty participants, requiring an **annual budget of £18,057.07** with an additional £675 for reimbursement of reasonable expenses (see assumptions on slide 11). • A minimum **2 year funding commitment is** required. • **An LHCP representatives should be supported to attend each meeting**, to build relationships, share information, listen and respond. • **Consistency in leadership and management** of the LPP is required for continuous learning and the development of interpersonal relationships and trust.

A full set of recommendations and handover materials are in development.

Modelling assumptions

For the purpose of developing cost estimates for the payment policy, the following assumptions were made:

1. **The LPP hub membership will comprise 45% volunteers, 45% VCSE employees and 10% employees of statutory organisations e.g., Healthwatch.** During the learning sessions 27% of the participants were volunteers, 33% were VCSE employees and 40% were employees of statutory organisations; however, we would expect the proportion of statutory organisations to be significantly lower in the formal group due to the implementation of the learning group recommendations for group membership and the launch of the Lewisham Engagement Assurance group.
2. **Low, medium and high estimates for the LPP hub size are 30, 50 and 70 respectively.** With extensive effort the learning sessions were attended by on average 17 people. We would expect more attendants at the future LPP due to i) the group being formalised, ii) advanced notice of meeting date/times, iii) greater system awareness and trust, and iv) the introduction of a payment policy; however, we hypothesise that there will be diminishing returns as time goes on and there will be a natural 'ceiling' to attendants' numbers.
3. **Size of VCSE's in attendance.** Based on national data on the proportion of VCSEs in different income bands (available here), we have estimated the number of VCSE attendants for each meeting size. For example, VCSEs with an income of between £5,000 and £10,000 represent 10% of all VCSEs nationally. Where we estimate that 14 VCSE members will attend (for a meeting size of 30, see assumptions 1&2) we estimate that approximately 1 of these will be attending from a VCSE of this size.
4. **All meetings are held in working hours or VCSE and/or statutory organisation employees attend under their own flexible working arrangements.** These costings are based on the principle common to co-production payment policies (see examples from the Co-Production Collective, Social Work England, and NHS Patient & Public Voices (PPV) here, here and here) that payment will only be made to individuals attending who are not otherwise receiving a salary e.g., within office hours.
5. **No payment will be made to individuals attending from large VCSE or statutory organisations, with an exception made for smaller VCSEs where the payment is made directly to the attendant's employer.** This principle is borrowed from the payment policy of G-HIVE (Greenwich Voice for Influence, Voice, and Engagement) and is designed to ensure that employees of smaller VCSEs are able to attend in recognition of their trusted relationships with and specialist knowledge of the experiences of seldom heard groups.
6. **Funding is provided for the 'hub' only, and no additional funding is available to support engagement with wider groups or 'spokes'.**
7. **There is no difference in the value of the payment made to children, young people or adults.**
8. **The budget estimates the cost of the payment; however, the exact medium for the payment could differ e.g., supermarket vouchers or credits.**
9. **Reimbursement where given includes time for preparation and attendance, but excludes travel**; although, reasonable expenses may be reimbursed on a case-by-case basis to support participation.
10. **That reasonable expenses will be considered for reimbursement on a case-by-case basis for volunteers only**, including travel where travel will exceed one hour or additional caring costs.

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Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 7
Enclosure 7

Title:	Lewisham Primary Care Digital Inclusion Plan
Meeting Date:	23 March 2023
Author:	Ashley O'Shaughnessy, Associate Director of Primary care
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	To outline the initial Primary Care digital inclusion plan and update on the latest position and to also consider how the work in primary care can support the development of a wider programme plan across all system partners	Update / Information	
		Discussion	x
		Decision	

Summary of main points:

- Digital first primary care has the ability to enhance patient experience through digital interactions with their practices including online communication, the management of appointments and repeat prescriptions and being able to view their medical record.
- There has been a rapid shift to digital primary care over the last few years, driven by both national policy and the pandemic.
- This has however highlighted the health inequalities and wider social inequalities that persist and which disproportionately affect groups that already face disadvantage and discrimination in our communities including in relation to 'digital exclusion.
- An initial action plan has been compiled to capture the work that is already underway in primary care to support digital inclusion and suggested areas to further progress.
- An update against this plan for primary care has also been provided.
- Recommendations for how these actions might be taken forward across the wider local partnership have also been made.

Potential Conflicts of Interest	None identified

	Equality Impact	Programme seeks to positively address inequalities resulting from digital exclusion
	Financial Impact	Requirements for funding/resource to support programme/projects of work to be scoped and confirmed
Other Engagement	Public Engagement	Healthwatch Lewisham and place lay member have commented on the plan as part of Lewisham Primary Care Group discussion
	Other Committee Discussion/ Engagement	Lewisham Primary Care Group – 17/11/22 Lewisham Place Executive Group – 8/12/22
Recommendation:	**Partnership wide programme plan for digital inclusion to be developed, building on plan for primary care**	

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NHS South East London

Lewisham Primary Care Digital Inclusion Plan

Reducing The Gap
Updated March 2023
Version 0.5

Introduction

- Digital first primary care has the ability to enhance patient experience through digital interactions with practices including online communication, the management of appointments and repeat prescriptions and patients being able to view their medical record.

- The impact of the Covid-19 pandemic (from early 2020) rapidly accelerated the shift to digital/telephone consultations and was implemented to protect both staff and patients from the risk of infection.

- This shift and ‘total triage’ approach, which is in practice often a combination of online triage, telephone triage and telephone consultation, means the way that patients access care at their GP practice has changed in the past 30 months.

- The pandemic also highlighted the health inequalities and wider social inequalities that persist and which disproportionately affect groups that already face disadvantage and discrimination in our communities including in relation to ‘digital exclusion’.

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Strategic Context

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The NHS Long Term Plan, published in January 2019, commits to every patient having the right to be offered digital-first primary care by 2023/24.

The five-year framework for GP contract reform published to implement the NHS Long Term Plan, introduced a bold set of commitments related to digital services in general practice. These commitments have been introduced gradually every year through the GP contract since 2019-2020.

In June 2022, the Department of Health and Social Care released a new plan for the digital transformation of services on GOV.UK.

What we mean by ‘Digital Inclusion’ and what are some of the barriers

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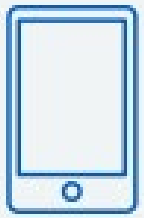
Definition of digital inclusion

Digital inclusion covers:

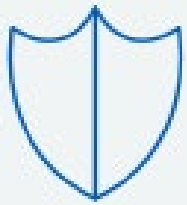


Digital skills

Being able to use digital devices (such as computers or smart phones and the internet. This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.

Connectivity

Access to the internet through broadband, wi-fi and mobile. People need the right infrastructure but that is only the start.



Accessibility

Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

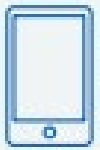
Barriers to digital inclusion

Research for the UK digital strategy suggests that there are a number of important barriers, and more than one may affect individuals at any one time.

They are:

access - not everyone has the ability to connect to the internet and go online

confidence - some people fear online crime, lack trust or don't know where to start online



skills - not everyone has the ability to use the internet and online services

motivation - not everyone sees why using the internet could be relevant and helpful

As access, skills and confidence improve, it is increasingly important to tackle other barriers, including:

- **design** - not all digital services and products are accessible and easy to use
- **awareness** - not everyone is aware of digital services and products available to them
- **staff capability and capacity** - not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service users

Extracts from “Digital inclusion guide for health and social care (Revised version July 2019)”

Benefits of Digital Inclusion for Patients

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There are a range of benefits to patients and carers associated with digital health inclusion including:

- Improved self-care for minor ailments
- Improved self-management of long-term conditions
- Improved take up of digital health tools and services
- Time saved through accessing services digitally
- Reduced loneliness and isolation

Evidence shows that the shift towards digital care can however create inequalities in access to health care, by making it more difficult for some patients – often those already in poorer health – to get access to the care they need. Those who are digitally excluded risk missing out on the benefits.

Although there are benefits to digital inclusion, it should be acknowledged that some people actively do not want to be ‘’digitally included’ and so we need to provide alternative options.

Approach to address digital exclusion

Lewisham is committed to taking a systematic approach to ensure digital inclusion.

We will ensure inclusive access choice, flexibility and personalisation are at the centre of care, recognising that ‘one size doesn’t fit all’.

Lewisham will focus on:

- Building on the model of the right care delivered to the right person, in the right place, at the right time.
- Data-driven analysis to better understand the needs of the local population and use of practice services.
- Tackling barriers to equitable access and co-designing inclusive access pathways.
- Maintaining non-digital access pathways alongside new digital access routes.
- Targeting care to those who need it most, and actively building this into access, triage and service delivery models.
- Empowering patients and promoting patient autonomy.

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Plan & Progress

Plan (1/2)

Action	Update (March 2023)	Category	Partnership links
Set up PCN Digital Hubs to build skills and increase confidence *Offer a free, safe space, for all patients to feel welcome to drop in as they wish to ask questions and seek support with the use of digital health tools.*	Digital Inclusion Hubs have been established in North Lewisham, Aplos, Lewisham Alliance, Sevenfields and The Lewisham Care Partnership PCNs and a plan to implement a hub has been agreed with Modality PCN. Working with the Lewisham Digital Changer Manager *(post currently vacant but due to be filled in early April 2023)* we will evaluate the efficacy of these hubs and consider the approach for 23/24 and beyond.	Skills	Need to confirm if wider partners are offering similar support services and if any opportunity to align/collaborate
Practices to continue to operate a hybrid consultation model of face to face and digital appointments	All practices have re-established the option of face to face appointments alongside digital offers to ensure patient choice and equity of access. The local borough primary care team continue to work with practices to review this offer and appropriate mix of appointments. *(See appendix A for a detailed breakdown of appointment types)*	Accessibility	Work with wider partners to understand their offer of digital/non-digital access options so that primary care are aware of these and can signpost as needed
Free public Wi-Fi and NHS Guest	NHS Wi-Fi has been installed in all Lewisham practices which patients can use for free. Coverage of this WI-FI is currently being reviewed and additional access points are being installed as needed. We will need to make sure this facility is clearly advertised and promoted to patients.	Connectivity	Need to confirm what wider partners are offering to support connectivity and if any opportunity to align/collaborate i.e. single sign-on

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Plan (2/2)

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Action	Update (March 2023)	Category	Partnership links
Standardisation of GP practice websites	20 out of our 27 practice's websites are currently at level 3 standardisation. Work will continue with the remaining practices to achieve level 3 compliance and we will look to implement a regular review process to ensure websites remain up to date and useful for patients.	Accessibility	Need to work with wider partners to ensure consistent information is presented on our respective websites including clear links between them as appropriate.
Investment in improved telephone systems which are fit for purpose	Over the last few years we have directly funded 8 practices to implement new and improved telephony systems including the ability to monitor call volumes, dropped calls etc so that workforce can be aligned to periods of high demand. We will continue to work with practices in this area including the move to cloud based telephony systems.	Accessibility	Work with wider partners to understand if any best practice that can be shared.
Social prescribing	All 6 PCNs have social prescribing link workers who can link patients up with services/organisations that provide digital inclusion support, where needed.	Skills	Work with wider partners to understand all local digital support offers and signpost to these as appropriate
Identification of digital support needs	No work yet started in this area but consider scoping what can be recorded in EMIS to capture patient needs/preferences in relation to digital tool utilisation. Would then need to confirm a process to routinely collect, review, update and act on this information.	Accessibility	Need to work with wider partners to consider how any needs/preferences recorded in primary care might be shared and visa versa so this only needs to be done once.
Training for front line staff about digital tools / digital exclusion	No work yet started in this area but consider training for front line staff about promoting digital tools, how to identify digital exclusion and options for support.	Skills	Link with local Training Hub to consider options for this and if any opportunities across partners.

Opportunities to drive further improvement

- Joint working with system partners to identify needs and co-design the best approaches to digital inclusion support
- Consider options for residents to easily access the necessary equipment to allow them to fully utilise digital services (i.e. hardware/software/internet connectivity)
- Focussed support for vulnerable groups
  - Asylum Seekers and refugees
  - Homeless
  - Those especially at risk of poor health outcomes
- Establish a network of volunteer digital champions to help others develop their digital skills
- Consider coordinated public communications campaign to raise awareness and share benefits of digital tools and signpost to support options
- Include Digital Poverty in the Population Health Management tool to support risk profiling
- Review what other SEL and/or London boroughs are doing to ascertain whether something similar could be implemented in Lewisham
- Scope requirements and confirm funding/resource for identified programmes/projects of work

Suggested monitoring, evaluation & review

Outputs	Method	Frequency
Feedback from patients and PPGs	This can be collated from patient questionnaires, verbal feedback and PPG feedback with support from HWL.	Annually
Feedback from GP practices	Systematic follow up with GP practices.	Quarterly
Updates from Healthwatch Lewisham	Anecdotal feedback and HWL reports.	Quarterly/Annually
Oversight by the local Primary Care Group	Progress reports to the Group – to include implementation, development and delivery.	Quarterly
Updates to the Place Executive Group	Progress reports.	Quarterly
Evaluation	This could include activity measures such as numbers engaged, surveys, user interviews, stakeholder interviews, observation, and case studies.	Throughout the cycle

Resources

- Lewisham Speaking Up. Research on Digital Exclusion since the Covid-19 pandemic 2020.
- Healthwatch Lewisham Patient Experience Report - Quarter 1 (2022-23).
- Healthwatch Lewisham Digital Exclusion report - December 2021 - https://www.healthwatchlewisham.co.uk/report/2021-08-01/digital-exclusion-infographic-report-december-2021
- A plan for digital health and social care - https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care
- Digital inclusion guide for health and social care (Revised version July 2019) - https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/digital-inclusion

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Appendix A - General practice appointment types

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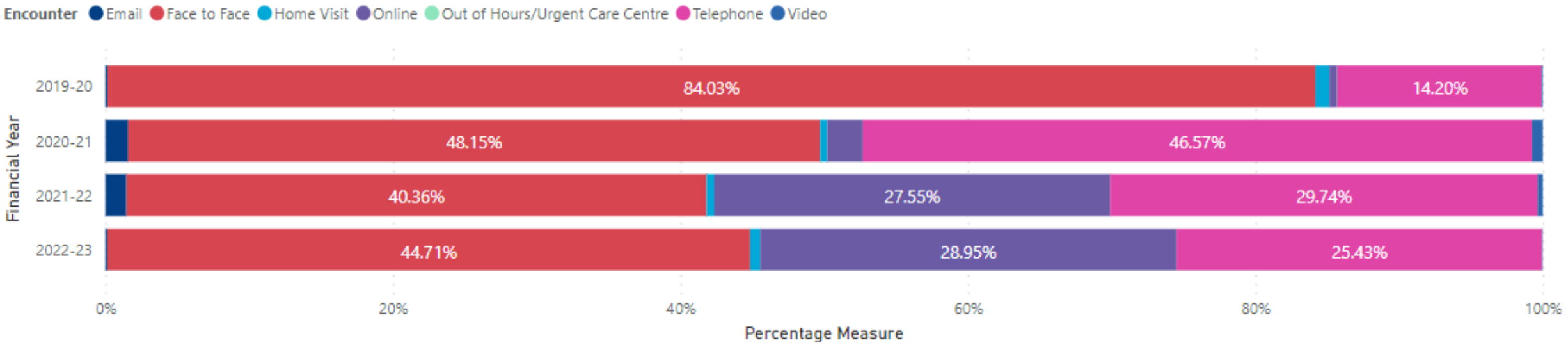

Lewisham GP practices are delivering appointments in a variety of different ways including face to face, online, telephone and as home visits.

There has been a marked shift from face to face to online/telephone appointments during the pandemic which has been sustained. We will need to work with practices and patients to ensure the mix of appointment types is appropriate taking into account patient preferences and also digital exclusion.

Data source: Primary Care Data (Discovery Data Service), 1st April 2019 – 31st January 2023

Caveats: This GP appointment data is directly related to the completeness and accuracy of practice coding and does not currently include all extended/enhanced access appointment data

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 8

Title:	**Older Adults Transformation Programme**
Meeting Date:	**23 March 2023**
Author:	Tristan Brice
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update on the current progress of the Older Adults Transformation Plan	Update / Information	**X**
		Discussion	
		Decision	

Summary of main points:	The report is intended to provide the following; • Highlight the main policy drivers for transformation forum • Summarise the initial scoping phase of the programme including feedback from initial workshop • Outline key principles that underpin the delivery and our agreed approach to the programme • Outline our 4 key workstreams • Provide and update on progress thus far and outline next steps.			
Potential Conflicts of Interest	**N/A**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	TBD at the next development phase of the programme		
	Financial Impact	TBD at the next development phase of the programme		
Other Engagement	Public Engagement	TBD at the next development phase of the programme		
	Other Committee Discussion/ Engagement	Older People Transformation Board		

Recommendation:	To note progress made and provide feedback and/or insight to support the development or enhancement of the programme.

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NHS South East London

Older People Transformation Board

- Programme scope and focus
- 2023 – 2025

Contents

- National context
- Why healthy ageing matters
- Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults (Key findings)
- Why Older Adults has been identified as an NHSE priority
- Using frailty identification to balance care
- National approach
- Principles
- National context: Ageing Well
- Lewisham context (including summary of work that is ongoing within the borough)
- Aim
- Objectives
- How we know wea re making an impact – 'I' statements
- Outline the project statement of work.
- Identify major deliverables
- Identify annual savings
- Key milestones
- Identify major constraints
- List scope exclusions
- Resources

National context

Ageing Well

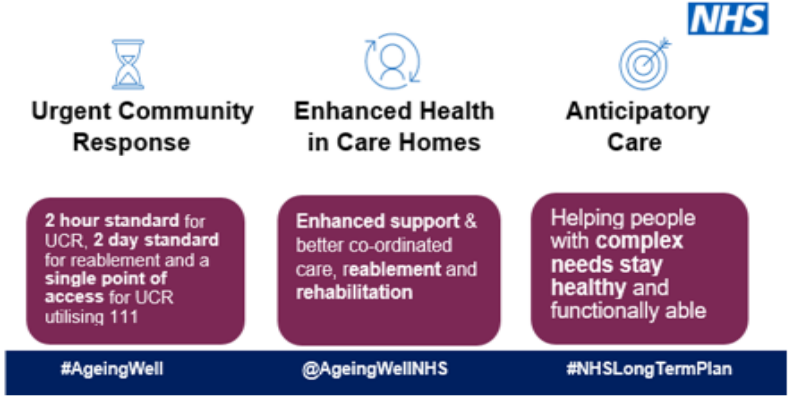
Three national priorities for older people:

1. Change in approach to health & social care nationally
2. Preventing poor outcomes through active ageing
3. Quality improvement in existing acute & community services

Two key outcomes:

1. Care that makes sense to people (and their carers and families)
2. People get what they need, when they need it.

An overview: Ageing Well Programme



Why healthy ageing matters

- There were 59,597,300 people living in England and Wales on 21 March 2021, the day of the latest census. This is over 3.5 million more (6.3%) than in 2011 and is the largest census population ever recorded. In Lewisham, the population size increased by 9.0%, from around 275,900 in 2011 to 300,600 in 2021.
- The increased overall population has also continued to age. Across England, more than one in six people (18.4%) were aged 65 years and over on Census Day in 2021, which equates to an increase of 9.8% in people aged 65 years and over in Lewisham.
- Although people in England can now expect to live for far longer than ever before – unfortunately these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. There are also huge inequalities in healthy and disability-free life expectancy across the country. These years spent in ill health are not inevitable, and many of the factors that cause people to age differently can be prevented or the impact mitigated through public health interventions.

Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults *(Key findings)*

- 32% of older people were inactive (did either no activity or less than 30 minutes of moderate activity per week) between March to May 2020. This has increased from 27% in the corresponding period in 2019
- Average duration of strength and balance activity decreased from 126 to 77 minutes per week in March to May 2020 compared to the corresponding period in 2019
- Inequalities in physical activity have persisted, older people in the most deprived group (defined by Index of Multiple Deprivation) were more likely to be inactive than those in the least deprived group in both 2019 and 2020
- Older people experienced a considerable reduction in strength and balance activity between March to May 2020, with the greatest change in the 70 to 74 age group with a 45% (males) and 49% (females) decrease observed in activity
- Without mitigation, modelling predicts that:
  - 110,000 more older people (an increase of 3.9%) are projected to have at least one fall per year as a result of reduced strength and balance activity during the pandemic
  - the total number of falls could increase by 124,000 for males (an increase of 6.3%) and 130,000 for females (an increase of 4.4%)
  - for each year that the lower levels of strength and balance activity observed during the pandemic persist, there is projected to be an additional cost to the health and social care system as a result of the change in predicted related falls of £211 million (incurred over a 2 and half year period)

Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults *(Recommendations)*

Key recommendations for the whole population are:

- Promotion and increased availability of strength and balance activity for older adults, involving a gradual increase in activity in order to reduce falls risk and to enable safe and confident participation on other forms of exercise and physical activity
- Ensuring that physical activity recovery measures reach those who stand to benefit most from them, including older adults who shielded, with multimorbidity, with dementia, in social care settings and from more deprived backgrounds
- Identifying locally which older adults have reduced their levels of physical activity during the COVID-19 pandemic, with a focus on populations where the largest reductions are likely to be found. The largest reductions in strength and balance activity identified in this report were seen in males aged 65 to 74 and females aged 65 to 84

Key recommendations for the targeted population are:

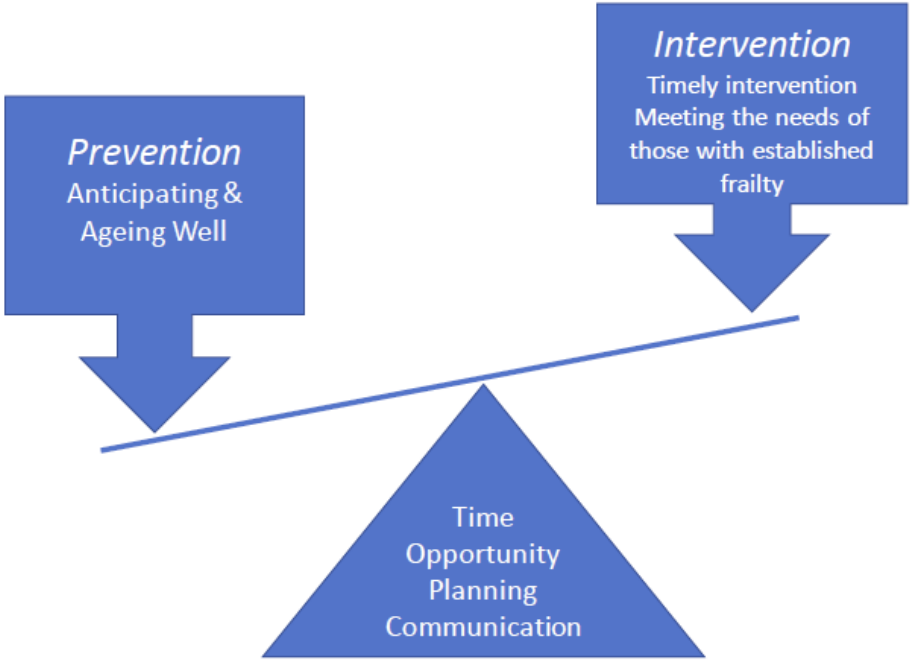
- Referral of older adults with functional loss, transition towards frailty or fear of falls resulting from deconditioning to appropriate rehabilitations services
- Raising awareness amongst health and social care staff of post-COVID-19 syndrome, communicating the risks of building up levels of activity levels too rapidly and the need to refer to post-COVID-19 syndrome clinics where symptoms are severe, in order that clinical judgement can be used about whether graded exercise therapy should be recommended

Why Older Adults has been identified as an NHSE priority

In a study by Préville et al., (2002) in Canada (n=664), findings identified that Frailty is associated with distress with:

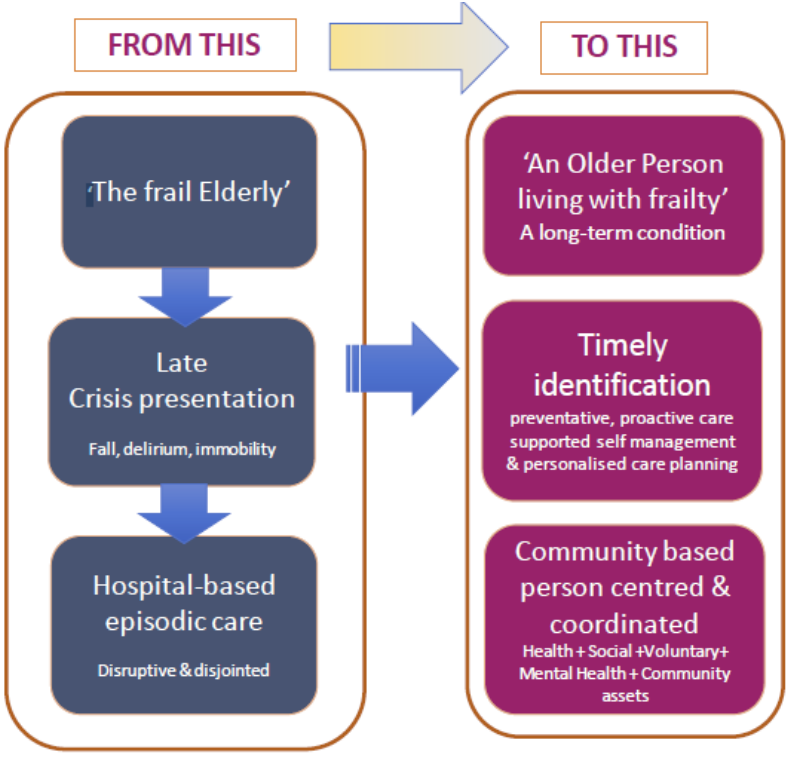
- **48.2 per cent of the older adults living at home** displayed severe psychological distress symptoms
- **34.3 per cent of elderly adults were living in residential or nursing homes**
- Probability of reporting severe psychological distress associated with:
  - **Level of social support needed**
  - **Cognitive status**
  - **Functional status**
- No significant association between the respondents' level of their psychological distress and:
  - Age
  - Gender
  - Marital status
  - Education or income
- 77.9 per cent of respondents with severe distress were still severely distressed 12 months after first interview

Using frailty identification to balance care



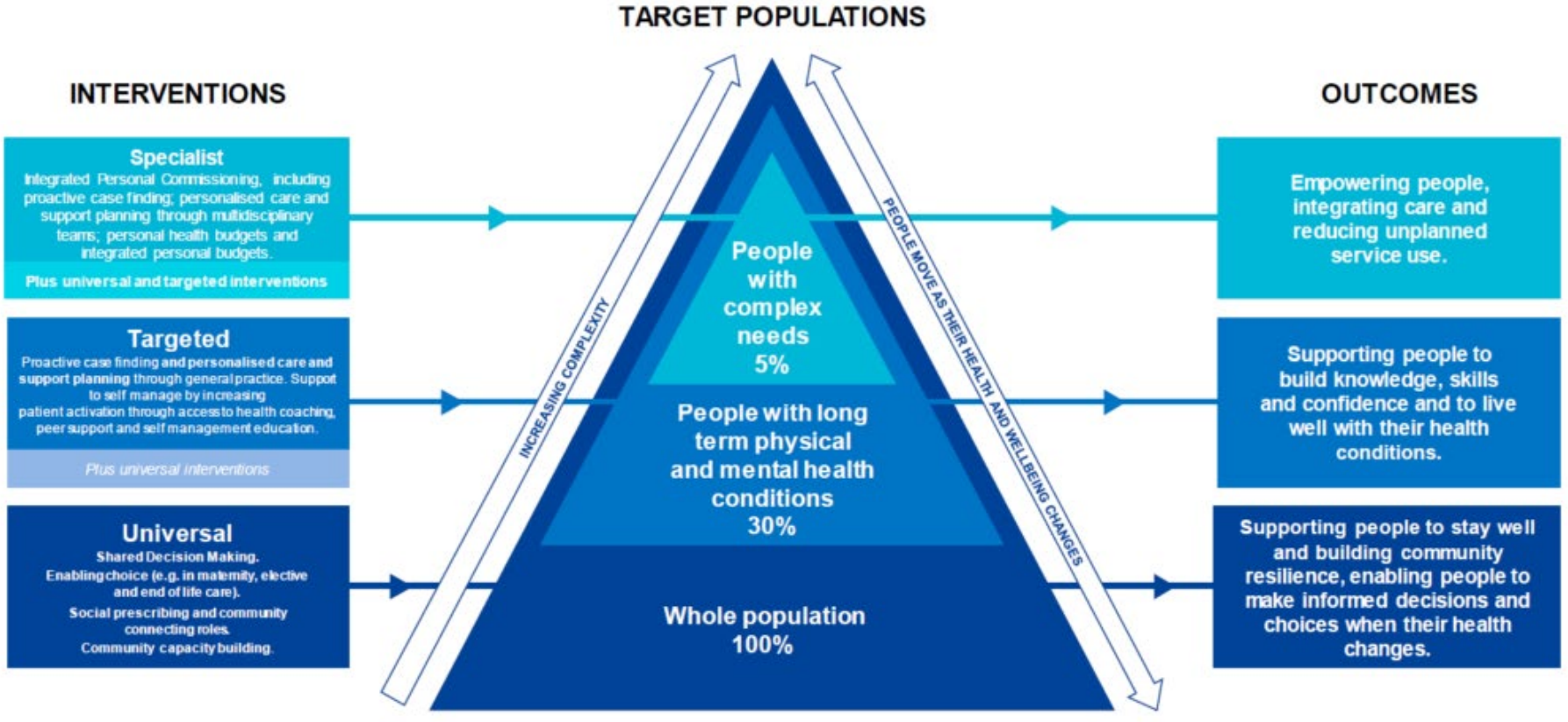
National approach

'The frail Elderly'



Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care



Personalised Care Operating Model

NHS England

WHOLE POPULATION
When someone's health status changes

30% of POPULATION
People with long term physical and mental health conditions

Cohorts proactively identified on basis of local priorities and needs

Shared Decision Making

People are supported to a) understand the care, treatment and support options available and the risks, benefits and consequences of those options, and b) make a decision about a preferred course of action based on their personal preferences and, where relevant, utilising legal rights to choice.

(All tiers)

Personalised Care and Support Planning

People have proactive, personalised conversations which focus on what matters to them, delivered through a six-stage process and paying attention to their clinical needs as well as their wider health and wellbeing

Review

A key aspect of the personalised care and support planning cycle. Check what is working and not working and adjust the plan (and budget where applicable).

LEADERSHIP, CO-PRODUCTION AND CHANGE ENABLER

COMMISSIONING, CONTRACTING AND FINANCE ENABLER

WORKFORCE ENABLER

DIGITAL ENABLER

Optimal Medical Pathway

Social Prescribing and Community-based Support

Enables all local agencies to refer people to a 'link worker' to connect them into community-based support, building on what matters to the person, and making the most of community and informal support.

(All tiers)

Supported Self Management

Support people to develop the knowledge, skills and confidence (patient activation) to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education.

(Targeted and Specialist)

Personal Health Budgets and Integrated Personal Budgets

An amount of money to support a person's identified health and wellbeing needs, planned and agreed between them and their local CCG. May lead to integrated personal budgets for those with both health and social care needs.

(Initially Specialist)

Principles

A consensus on healthy ageing[1]

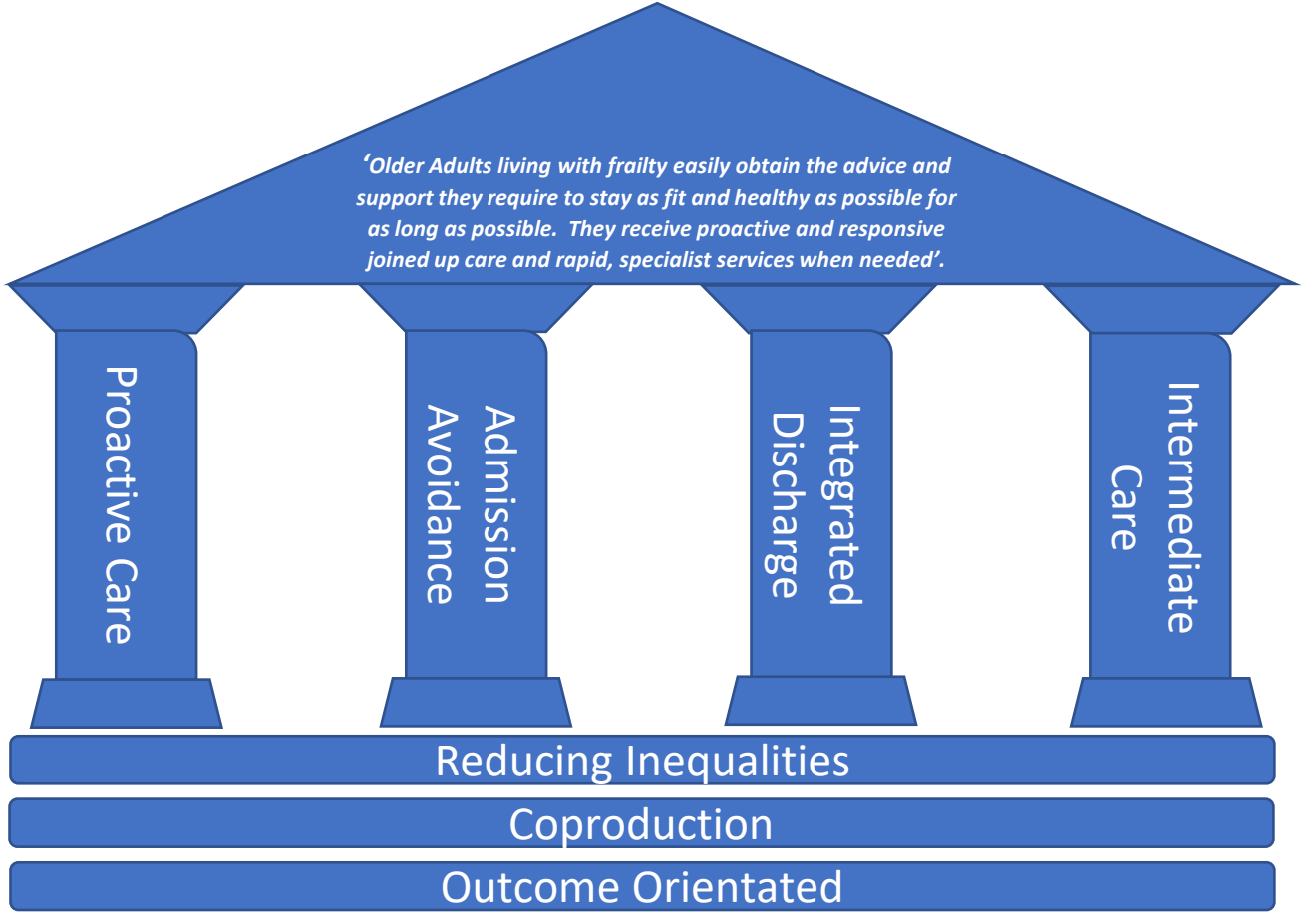
- Putting prevention first and ensuring timely access to services and support when needed
- Removing barriers and creating more opportunities for older adults to contribute to society
- Ensuring good homes and communities to help people remain healthy, active and independent in later life
- Narrowing inequalities
- Challenging ageist and negative language, culture and practices wherever they occur, in both policy and practice

Older People Transformation Board priorities

Vision

Initial Work streams

Principles



Strengthening the integration of primary and community based care

Older People's Transformation programme

In partnership we will establish the model of care for Older People with an emphasis on Proactive Care

How we will secure delivery

Actions for 23/24

Develop, launch and embed the model of care for Older People through:

- Holding a series of workshops bringing together colleagues across the sector
- Ongoing engagement with professionals through fortnightly professionals group
- Active engagement with residents and Unpaid Carers
- Continue to build on learning from the frailty pilot and models in other areas
- Actively engage with regional and national colleagues
- Use the Population Health management approach to build the evidence base for the programme

Actions for 24/25

- Review impact of all 23/24 actions
- Evaluate impact on costs and outcomes of different models of support for Older People with moderate care needs through collaboration with LSE colleagues
- Increase Older Adults' participation in community via social prescribing

Intended outcomes in 5 years time

- An established model of care for older people is in place which specifically addresses: Proactive Care, Admission Avoidance, Integrated Discharge and Intermediate Care for this cohort
- A reduction to best benchmarked peer borough in unplanned admissions and attendances for Older People
- An increased proportion of Older Adults remaining at Home. This will result in a reduction in patients admitted to care homes

Approach

Building on what works in other areas:

- Ensuring Board meetings are decision making forums
- Circulating presentations for information sharing
- Running workshops looking at specific areas
- Develop online forum for information sharing and networking
- Continue to provide an overview of national, regional and sub-regional developments

Older People Transformation Board Scoping Workshop – 19 January 2023

Starting from a strong base:

- Experienced & diverse workforce that is supportive & collaborative
- Keen to build on the excellent UCRT work which is going from strength to strength, with good and strong links in with GPs and Hospital
- Good partnership working between the third sector and ASC.

However, there are key challenges that we need to address including:

- Greater numbers of old, and particularly very old, people due to the larger post-war birth cohorts and the steady increase in life expectancy over the last decades.
- Shifting our focus to improving admission avoidance as well as focusing on discharge
- Improving the support offer to Unpaid Carers as the current offer is insufficient and needs to be improved as a critical part of supporting older adults in Lewisham
- Access to rehabilitation as and when required
- Care home capacity
- Meaningful engagement with Unpaid Carers & Residents in service redesign

Where we want to get to:

- Long term commitment for early intervention and management of older adults with multiple needs.
- A system that is easy for all patients and carers to navigate and that is inclusive based on our population demographic
- Sustainable funding given the projected increased demand
- More effective embedding of digital resources

Progress to date: Identification of those with moderate needs

Key actions:

- Generating a model / dashboard with population health
- Testing the model

Progress to date:

- Learning from other areas including: Richmond and Kingston; North East London and Haringey in relation to local models of for Proactive Anticipatory Care through the proactive care regional network facilitated by NHS England.
- Ongoing engagement with population health colleagues to develop Lewisham model
- Working with colleagues at the London School of Economics who will are evaluating 'models of support for moderate needs in older people'. The findings will inform Lewisham about the circumstances of older people with moderate care needs and their carers, the support they receive the consequences for their wellbeing of different support and the implications of different care arrangements for costs and value for money of the care system.

Progress to date: Taking forward learning from Lewisham and Greenwich frailty pilots

Key actions:

- Reviewing the evaluation from Lewisham pilot (when completed) and Greenwich pilot
- Embedding the learning to support design of a new service model

Progress to date:

- Updates on the emerging findings have been presented to the Older People Transformation Board meetings
- Greenwich colleagues presented their findings at a workshop on the 03 March 2023. Currently working with Greenwich commissioners to understand the key ingredients underpinning their impressive findings
- Professionals group set up that meet fortnightly to support embedding learning from the Lewisham and Greenwich pilots

Progress to date: Coproduction

Key actions:

- Map existing engagement / service user groups
- Agree 'I' statements
- Agree method(s) of engaging and updating regarding progress

Progress to date:

- Initial meeting with colleagues to map out existing engagement / service user groups for older adults using the following methodology:

Key areas	Existing older adult coproduction group
Date established	
What is the focus?	
Chair	
Average attendance	
Demographic of attendees	
Frequency of meetings	
ToR	
Means of communicating with attendees	
Means of communicating with residents	

Other areas to progress over the coming months

Resources
- Agree terminology across the system
- Co-produce a summary document explaining the programme including key outcomes
- Develop suite of resources e.g. Frailty e-learning

Remote monitoring
- Map existing technology

Information sharing
- Map IT systems to identify how information is currently shared
- Identify key blockers and solutions
- Complete Data Protection Impact Assessment (DPIA)where necessary

Resources

- Frailty: An excellent recent (2021) e-learning resource on frailty - including tier 1 suitable for general public, tier 2 for professionals. Freely accessible https://www.e-lfh.org.uk/programmes/frailty/
- Frailty iCare https://frailtyicare.org.uk/
- Anticipatory Care Series. British Geriatrics Society. https://www.bgs.org.uk/AntCare5
- HSJ Commission on Hospital Care for Frail Older People (November 2014) https://www.hsj.co.uk/download?ac=1292263
- The Acute Frailty Network and is a multi-professional initiative that seeks to optimise secondary care of frail older people in England. https://www.acutefrailtynetwork.org.uk/
- The Royal College of Physicians partnered three NHS organisations across England and Wales with the specific aim of improving the care of frail older patients as part of its Future Hospital programme. www.rcplondon.ac.uk/projects/future-hospital-programme
- National Voices, Age UK and UCL Partners produced I'm still me- a narrative for co-ordinated support for older people https://www.nationalvoices.org.uk/publications/our-publications/im-still-me
- Skills for Health, NHS England, and Health education England are developing a core capabilities framework to support development of the workforce caring for older people living with frailty http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 9
Enclosure 9

Title:	**JTAI Report**
Meeting Date:	**23 March 2023**
Author:	Simon Whitlock
Executive Lead:	Pinaki Ghoshal

Purpose of paper:	To provide the LCP strategic board with a summary of the Joint Targeted Area Inspection (JTAI) of the Council's multi-agency safeguarding hub and social care assessment service, which took place in November 2022.	Update / Information	**x**
		Discussion	
		Decision	
Summary of main points:	The Council's multi-agency safeguarding hub and social care access service received an inspection in November 2022. The inspection was carried out by the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire and Rescue Services. The inspection highlights some areas for improvement and noted several areas of strengths and improvements since the last inspection. A full report is available online (published 31 January 2023): https://files.ofsted.gov.uk/v1/file/50206436		
Potential Conflicts of Interest	**None**		

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

	Equality Impact	There are no specific equality impacts arising from this report or the inspection. The inspection report highlights the partnership's work to address inequality and use of culturally approach responses when working with families.
	Financial Impact	None.
Other Engagement	Public Engagement	The inspection report is public and has been added to the Council's and SEL ICS's websites.
	Other Committee Discussion/ Engagement	N/A.

Recommendation:	**<u>To note the contents of the report and the inspection's findings</u>**

Joint Targeted Area Inspection of the multi-agency identification and response to initial need and risk

(Published 31 January 2023)

Background

Lewisham received an inspection in November 2022. We received notification of this on Monday 7 November and inspection activity, including interviews with leaders across the area started on Tuesday 8 November. The inspection team were physically on site in Lewisham between 21 and 25 November.

There were 9 inspectors in total from the Care Quality Commission, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, and Ofsted. Ofsted were the lead inspectorate. The report published is a narrative judgement without a score. Council children services inspected were previously inspected in 2019 and at that time were judged to Require Improvement to be Good. The previous year, in 2018 Lewisham received a short inspection called a Focussed Visit, which looked at our Multi-Agency Safeguarding Hub and the Council's social care Assessment Service. Both inspection reports were highly critical of council services and since then there has been an improvement programme in place

The Judgement

The inspection report notes some areas for improvement. These were in the main already identified by the three statutory safeguarding partners: Council, ICS and Police. There were very many more strengths noted than areas for improvement, and no priority areas for improvement. A response to this will be required by Ofsted in May. The areas for improvement were as follows:

- The length of time children spend in police stations out of hours.
- Staffing capacity in the emergency duty team, the police missing persons unit and the referral and assessment teams.
- The inclusion of all relevant professionals in meetings and their access to pertinent information about children and their families.
- Internal and external information-sharing systems in all agencies, so that appropriate individuals and organisations receive the correct reports and decisions following the outcome of referrals, strategy meetings, child protection investigations and assessments.
- Systems to track the invitations, attendance and contributions of all partners at strategy meetings.
- Timeliness of completion and sharing of multi-agency hospital discharge and protection plans prior to the birth of vulnerable babies.
- Adult mental health services' child safeguarding and risk-assessment practice.
- The LSCP's understanding about the impact of multi-agency training.

Overall the report is very positive about the quality of support provided by the local partnership. Below are some key highlights:

- Stability of leadership since 2019 and a shared ambition and determination to drive forward continuous improvement are key factors positively influencing the partnership's progress in strengthening their 'front door' services
- The partners know their services well and have an accurate understanding of the collective local and national challenges they face
- Targeted support in the newly reconfigured multi-agency early help 'Family Thrive' service means that multidisciplinary early help is starting to be prioritised for the most vulnerable families
- There is a resolute focus on protecting children living with neglect
- There is a tangible culture of professional accountability and respectful challenge and collaboration between services in Lewisham is impressive
- Committed staff, managers and multi-agency teams are working proactively in a complex and multi-faceted environment and display a resolute focus on protecting children living with neglect
- Skilled and committed frontline early help, social care and health practitioners, police officers and school staff work hard to provide effective support to vulnerable children and their families and to prevent risk and harm escalating and staff morale is good
- Despite increased demand pressures, leaders' continuous and strenuous efforts to collectively drive forward improvement are making a positive difference to the quality of front door practice with their most vulnerable children and residents
- The process of accessing the Multi-Agency Safeguarding Hub (MASH) is swift and simple for professionals involved in safeguarding
- Schools are valued and respected safeguarding partners
- All partners contribute to a holistic picture of the child's lived experience, with school information in particular helping to articulate the voice of the child
- There is evidence of persistent child-centred social work and a diverse workforce that reflects the local community is a real strength
- The positive impact of child and adolescent community mental health and youth offending services is highlighted and children's social workers respond effectively to risks when children go missing from home and that there is tenacious child-centred practice with children and young people by skilled practioners
- The safeguarding partnership has the components in place to drive the improvements needed to ensure that children consistently receive the right level of help and protection

31 January 2023

Pinaki Ghoshal, Executive Director for Children and Young People, Lewisham Council
Ceri Jacobs, Place Executive lead, South East London Integrated Care Board
Sir Mark Rowley, Commissioner of the Metropolitan Police Service
Sophie Linden, Deputy Mayor for Policing and Crime
David Goosey, Independent Scrutineer, Lewisham Safeguarding Children Partnership

Dear Lewisham Local Safeguarding Partnership

Joint targeted area inspection of London Borough of Lewisham

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency identification and response to initial need and risk in the London Borough of Lewisham.

This inspection took place from 21 to 25 November 2022. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

Lewisham's Safeguarding Children Partnership (LSCP) arrangements are well established and are becoming increasingly effective. Stability of leadership since 2019 and a shared ambition and determination to drive forward continuous improvement are key factors positively influencing the partnership's progress in strengthening their 'front door' services.

The partners know their services well and have an accurate understanding of the collective local and national challenges they face. Shared priorities that are informed by the experiences of local children and their families are communicated across the partnership and inform renewed strategic and operational plans. Committed staff, managers and multi-agency teams are working proactively in a complex multi-faceted and demanding environment. A resolute focus on protecting children living with neglect and parental domestic abuse and children who are criminally and sexually exploited or missing from home is beginning to ameliorate children's circumstances before risk of harm escalates.

Leaders are fully aware that they have more to do together to ensure that children receive consistently effective help and protection. In particular, further work is needed to resolve a significant shortfall in capacity out of hours, to develop child safeguarding practice and multi-agency engagement with adult mental health services, and to address barriers to effective communication systems across teams and within agencies.

What needs to improve?

- The length of time children spend in police stations out of hours.
- Staffing capacity in the emergency duty team, the police missing persons unit and the referral and assessment teams.
- The inclusion of all relevant professionals in meetings and their access to pertinent information about children and their families.
- Internal and external information-sharing systems in all agencies, so that appropriate individuals and organisations receive the correct reports and decisions following the outcome of referrals, strategy meetings, child protection investigations and assessments.
- Systems to track the invitations, attendance and contributions of all partners at strategy meetings.
- Timeliness of completion and sharing of multi-agency hospital discharge and protection plans prior to the birth of vulnerable babies.
- Adult mental health services' child safeguarding and risk-assessment practice.
- The LSCP's understanding about the impact of multi-agency training.

Strengths

- Despite increased demand pressures, leaders' continuous and strenuous efforts to collectively drive forward improvement are making a positive difference to the quality of front door practice with their most vulnerable children and residents. Leaders know their services well. They are unwavering in their efforts to drive improvement but acknowledge that practice is not consistently strong enough.
- Good engagement by partners in LSCP multi-agency sub-groups ensures that their work is aligned to shared partnership priorities and strategies. Together, the partners are focusing on improving how they analyse, evaluate and report on their impact on children's experiences. Joint working is augmented by the objective challenge provided by the independent scrutineer.
- Targeted support in the newly reconfigured multi-agency early help 'Family Thrive' service means that multidisciplinary early help is starting to be prioritised for the most vulnerable families. Action by local authority leaders to reintegrate early help into children's services is helping to accelerate the requisite multi-agency improvements.
- Partnership leaders provide effective guidance and training to help practitioners identify children in need of help and protection. Consequently, professionals understand thresholds for statutory interventions and how to refer concerns about children.

- The voice of children and their families is captured and analysed effectively in hospital emergency departments, in police and school referrals and in subsequent safeguarding meetings and assessments.
- Children who are at immediate risk of significant harm receive a prompt, proportionate and, in most cases, effective response across the partnership through the multi-agency safeguarding hub (MASH).
- Multi-agency partners are sensitive to pressures on parents who are living with poverty, food and fuel debt, and homelessness, but this does not detract from them being curious about the impact on children's well-being or from making child-centred decisions based on their assessment of needs, risk and harm.
- Most strategy meetings are timely and include relevant agencies, although multi-agency attendance is not consistent enough.
- The incidence of knife crime and serious youth violence is high and supporting children at risk of extra-familial harm is a key priority for the LSCP. Black Caribbean and African boys and young men are disproportionately represented as victims and perpetrators of serious youth violence in the borough. Professionals across agencies work conscientiously to understand children's cultural heritage and diverse needs and to challenge discrimination.
- Practitioners from across all agencies increasingly benefit from effective safeguarding supervision, case direction and support.

Main findings

Thresholds of risk and harm are understood well by professionals in Lewisham. Most children who need a statutory service are referred promptly to the MASH. A revised early help pathway through the MASH supports a team around the family multi-agency approach to early intervention to address families' needs.

The quality of police referrals is improving, with the voice of the child and their family's needs captured well. Safeguarding children and maternity safeguarding teams provide valuable support and consultation to all health staff employed by Lewisham and Greenwich NHS Trust, helping to ensure that children's and parents' vulnerabilities are identified earlier and referred appropriately. Schools are valued and respected partners and are an integral part of the decision-making process. Their involvement adds a richness to referrals and strengthens the focus on the voice and needs of the child.

Staff in the emergency duty team routinely share information with day services but, despite their endeavours, they do not have the capacity needed to respond effectively and consistently to increasing demand out of hours. A single social worker is responsible for covering referrals for children at risk, adults' social care and approved mental health assessments. Consequently, children who are subject to

police protection are too often left for long periods of time in the police station. This has a negative impact on the work of police officers, who are routinely diverted to support these children while they are waiting for suitable accommodation. The situation is exacerbated by insufficient placement availability.

Diligent and collaborative work undertaken by co-located MASH professionals is highly valued across the LSCP and leads to effective and timely information-sharing and child-centred decisions. Prompt and extensive checks and historical information inform analysis of harm and current risk to vulnerable children and their families. Consent to share information is routinely sought, or appropriately overridden when necessary to safeguard children.

MASH staff work together to understand the impact on children of domestic abuse, child exploitation, physical, sexual and emotional abuse, and poor mental health and neglect. Professional curiosity and respectful challenge when consulting parents help families to understand concerns for their children.

Management direction and analysis about next steps guide practice and are clearly recorded. Daily MASH information-sharing meetings are an effective multi-agency forum, helping professionals understand and share known risks for children or families. Professionals quickly prepare useful summaries of key risk and protective factors to inform the course of action to be taken. All partners contribute to a holistic picture of the child's lived experience, with school information in particular helping to articulate the voice of the child and the impact on the child of known concerns.

The process of accessing the MASH is swift, simple and easy for health, police and school leaders. Where they identify concerns, maternity services use a safeguarding notification MASH information request form when booking newly pregnant women. Women are informed about any referral, which is also shared with health visitors and GPs. Maternity services report that the police are responsive to escalating risk and they have a good working relationship with them. Leaders accept that hospital discharge plans following the birth of vulnerable babies are not being compiled and shared early enough.

Headteachers and designated safeguarding leads in schools are actively involved in LSCP sub-groups. They have effective systems to identify children in need of help or protection and they make timely referrals to early help or children's social care when appropriate. Children receive good support within schools and from external agencies. Operation Encompass is embedded within the MASH, ensuring that most police information about domestic abuse incidents is shared with schools. This helps to ensure that vulnerable children can be identified and supported within their education settings. School leaders highly value the role of school police officers, whose bespoke support across schools and direct support for pupils are preventing escalation of harm. Action by school leaders is reducing the disproportionately high

number of Black boys who are being excluded from school. Arrangements for children electively home educated and children missing education are managed well. Levels of risk are prioritised appropriately and the rationale for decisions is recorded clearly. Professionals respond quickly to children at immediate risk of harm. Police staff understand vulnerability and use risk-assessment tools that support their role in protecting children. Cumulative risk is identified, recorded and shared. Health practitioners within the MASH make good use of information about parents' mental health to inform decision-making for children. Particular consideration is given to the potential impact of deteriorating mental health and how this may influence parenting capacity and the child's lived experience.

Most strategy discussions take place promptly. Most include information from partners and result in appropriate multi-agency action. However, the referral and assessment teams are not consistently including some agencies in these discussions or giving them updates following meetings. This means that some services that are actively supporting a child may not be aware of the current safeguarding concerns, which limits their ability to keep them safe.

Child protection investigations are mainly thorough. Most children are seen alone and there is evidence of persistent child-centred social work to engage the child and parents across teams and services. Proportionate action is taken to safeguard and prevent harm escalating for most children. A diverse workforce that reflects the local community is a real strength, leading to better engagement by children and their parents. Consideration of family identity, diversity and inequality is integral to assessments.

Knowledgeable workers use a range of tools, including games, to understand and evaluate children's unique and diverse needs. Although the quality does vary, analysis using children's services social work motivational practice tool is assisting practitioners to identify harm and risk. The tool also helps parents understand what professionals are worried about, although the written records involved can be formulaic and repetitive. Gaps in training have limited the extent to which frontline practitioners and their managers across the wider partnership are able to use this tool in child protection conferences to measure risk and harm.

More work is required by partners to strengthen communication internally within their agencies to ensure that the right people receive the right information. For example, the outcomes of strategy discussions are not consistently being recorded on police systems; therefore, officers attending future crime incidents may not know about the family history when assessing current risk or harm. School record-keeping is not always ensuring that key information is immediately put on children's files; therefore, school professionals may not have access to up-to-date safeguarding information.

Adult mental health services' oversight of safeguarding children practice is underdeveloped. This is compounded by an electronic patient records system that does not assist in capturing children's details. Leaders were able to speak about safeguarding conversations that had been held with practitioners. However, no evidence was seen of adult mental health practitioners identifying a safeguarding concern for a child and making a referral to the MASH. There are currently limited processes in place in adult mental health teams to proactively monitor child safeguarding practice. Leaders are aware that this requires improvement.

The LSCP has identified supporting children at risk of extra-familial harm and missing from home and care as key priorities, due to high rates of knife crime and incidents of serious youth violence in the local area. Black Caribbean and African boys and young men are disproportionately represented as victims and perpetrators of serious youth violence in the borough. The partnership revised and strengthened multi-agency child exploitation (MACE) arrangements in early 2022, having identified that previous arrangements were ineffective. More work is needed by strategic leaders to embed and evaluate these changes across teams and services.

The partnership supports vulnerable adolescents well, providing a variety of specialist services that meet their needs. Tenacious child-centred practice with children and young people by skilled practitioners in the child exploitation safe space teams is making a real difference to reducing risks and protecting them from further harm. Decision-making when children are at risk is positive and timely. Prioritising the immediate deployment of officers to arrest perpetrators and make appropriate use of police protection powers prevents children's needs and risk from escalating.

Effective engagement with children and their families in the hospital emergency department helps to identify children who are exploited and those with emotional and mental health difficulties. Staff in the hospital have good access to commissioned services that provide swift help to young people, helping to disrupt the cycle of violence. Young people who have experienced trauma benefit from co-located child and adolescent community mental health and youth offending services, enabling opportunities to work with vulnerable young people to reduce violence and aggression. Weekly multi-agency joint meetings enhance case discussion and ensure that concerns are escalated promptly.

Children's social care responds effectively to risks to children who go missing from home and care. Two dedicated missing persons coordinators complete return home interviews to assess risk. Strategy meetings are convened when a child has been missing for over 48 hours or earlier if the risks are assessed to be high. Police notifications and a missing persons list are shared through the MASH, but these are sometimes delayed. The police response when children go missing regularly is adversely affected by high volumes of work. Staffing capacity within the police

missing persons unit limits the impact police officers can have on preventing future episodes of children going missing.

Performance information and quality assurance processes are improving, and they are increasingly informing LSCP priorities. A shared multi-agency database is in development to improve the analysis reported to the LSCP executive. Muti-agency and single-agency audits accurately identify strengths and areas for improvement. However, auditors are not consistently detailing how improvements can be achieved, and actions are not always tracked and the impact evaluated to inform future priorities.

A wide spectrum of training is available across the LSCP partnership, but uptake of training is not consistent. Leaders have responded to this issue, moving towards a more focused approach to make training more relevant to local needs. Through the LSCP learning sub-group, the partners have created training packs to make analysis and themes from learning reviews more accessible. Leaders recognise that there is more to do to evidence the impact of training on practice.

Skilled and committed frontline early help, social care and health practitioners, police officers and school staff work extremely hard to provide effective support to vulnerable children and their families and to prevent risk and harm escalating. Staff morale is good, despite high demands and complexity in the work, and capacity issues. There are staff shortages out of hours, in the referral and assessment teams and across some health services. Nevertheless, staff report that they feel well supported in their work and professional development by leaders who listen to them and work to ensure that their personal well-being is prioritised, for example if they are subjected to racism and discrimination. Regular safeguarding supervision is available across teams and services, and it is mostly effective.

Working relationships across the partnership at all levels are very positive and productive. A tangible culture of professional accountability and respectful challenge and collaboration between services in Lewisham is impressive. LSCP leaders know their services well. They have the components in place to drive the improvements needed to ensure that children consistently receive the right level of help and protection.

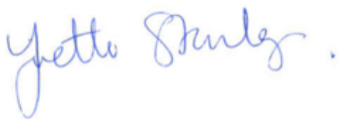
Next steps

We have determined that the London Borough of Lewisham is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local

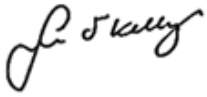
safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

Lewisham should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 11 May 2023. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely



Yvette Stanley
National Director Regulation and Social Care, Ofsted



Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA
Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Wendy Williams, CBE
His Majesty's Inspector of Constabulary and Fire & Rescue Services

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 10
Enclosure 10

Title:	**Lewisham Primary Care Group – Chairs' Report**
Meeting Date:	23 March 2023
Author:	Chima Olugh, Primary Care Commissioning Manager (Lewisham).
Primary Care Group Chair	Anne Hooper.
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead.

Purpose of paper:	The purpose of the Primary Care Group is to provide leadership, challenge and oversight for the delivery of primary care services in Lewisham, focused on, and working with, the local population and providers. The Group also provides guidance to the Lewisham Local Care Partnership on key primary care priorities. This report contains key highlights from the Group's January 2023 meeting. The Group did not hold a meeting in February 2023.	Update / Information	X
		Discussion	
		Decision	

Summary of main points:

NHS England Diabetes Outcomes Improvement Scheme

- The Diabetes Outcomes Improvement Scheme was presented to the group for endorsement.
- This is an NHS England (NHSE) funded national programme.
- The delivery and expected outcomes of the programme have been agreed through the SELICB Primary Care and Long Term Conditions' group, including clinicians associated with these programmes of work.
- The aim of the programme is to fund PCNs and support them increase the number of patients with Type 2 diabetes who have an annual review for all the 8 care processes, as well as to help patients to improve their 3 treatment targets to be in normal range (blood glucose, cholesterol & hypertension).

	▪ The impact of the Covid pandemic meant that for majority of PCNs in SE London, achievement levels dropped to lower than pre-Covid times, therefore the initial benchmark to achieve in 2023/24 is to regain the levels of 2019/20. ▪ In 2023/24 the scheme will focus on the 8CPs with the aim to get them back to pre-covid levels. ▪ The following year, 2024/25, the scheme will focus on both the 8CPs and 3TTs. ▪ Oversight responsibility for the scheme will sit with the group. **The Group formally endorsed the decision to launch the Diabetes Outcomes Improvement Scheme.** **Lewisham Community Anticoagulation Service:** ▪ NHSE have undertaken a national procurement exercise recommending 1st line Direct Oral Anticoagulants (DOACs) for Atrial Fibrillation (AF) and Venous Thromboembolism. ▪ The intent of the recent procurement exercise (concluded in October 2021) was that any savings released (from switching patients from non-preferred DOACs or warfarin to first line options) would allow more patients with AF and other cardiovascular disease (CVD) to be diagnosed and treated. ▪ The national procurement exercise presented Lewisham with an opportunity to review its community anticoagulation service which was commissioned over 14 years ago. ▪ The current Lewisham service was commissioned over 14 years ago and the national procurement exercise has presented an opportunity for the service to be reviewed with the aim to improve quality. ▪ The aim is for the new anticoagulation service to be comprehensive and of high quality. ▪ The new service will include the monitoring and dose-adjustment for patients who remain on warfarin. ▪ It is expected that the new service will go out for tender shortly.
Potential Conflicts of Interest	**Not Applicable**

	Bexley		**Bromley**	

Relevant to the following Boroughs	**Greenwich**		**Lambeth**		
	Lewisham	**X**	**Southwark**		
	Equality Impact	No direct impact identified.			
	Financial Impact	There will be no financial impact as budgets are not changing and the payment schedule will remain in line with current arrangements.			
Other Engagement	Public Engagement	None			
	Other Committee Discussion/ Engagement	**NHS England Diabetes Outcomes Improvement Scheme.** ▪ Lewisham Diabetes Project Board: 8th September 2022, 13th October 2022 and 10th November 2022. ▪ Lewisham Primary Care Group Meeting: 20th October 2022. ▪ Lewisham Diabetes Workshop: 8th December 2022. ▪ Lewisham Planned Care Board: 13th December 2022. ▪ SE Lewisham LMC: 18th January 2023. ▪ Lewisham Primary Care Group: January 2023.			
Recommendation:	**The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.**				

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item: 10
Enclosure: 10a (supplementary paper)

Title:	**Lewisham APMS Care Homes Business Case**
Meeting Date:	23rd March 2023
Author:	Ashley O'Shaughnessy, Associate Director of Primary care
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	The purpose of this paper is to seek approval of the Lewisham APMS Care homes business case to allow procurement to commence during 2023/24 with a service start date of 1st April 2024. Service delivery will continue in 2023/24 with the incumbent provider under a contract variation.	Update / Information	
		Discussion	
		Decision	X

Summary of main points:

This section should be read in conjunction with the attached Business Case

- SEL ICB is seeking approval of the attached business case for procurement of a new care home APMS contract with a duration of 5 years with the option to extend for a further 5 years twice by agreement between the parties (maximum total contract duration of 15 years) with an indicative annual contract value of £500k per annum (total contract value including extension option(s) over 15 years of £7.5m).

- If approved by the Lewisham Strategic board on the 23rd March, the business case will then be submitted (by the 13th April) to the NHS England & Improvement's Commercial Executive Group (CEG) (to be held on the 9th May) for endorsement which will allow the procurement process to continue.

- In terms of background, an NHS Standard Contract was awarded to One Health Lewisham GP Federation in April 2017 for an initial period of 2 years to support care homes and which brought together a number of disparate historic LES arrangements with individual practices. The contract allowed for an extension of a 1-year period. This extension option was taken up and the contract, was extended until we received the National Care Home PCN DES and further extensions to 31st March 2023 were subsequently approved in light of the Covid pandemic.

- In order to secure high quality and continuity of care for our care home residents, Commissioners intend to now procure the service as a new, single APMS contract, intended to start on 1st April 2024 for all older adult care home residents.

- The service will provide GP services to a cohort of 637 Older People residing in Nursing and Care Homes and 180 Residents of Extra Support Housing with the addition of 310 from mental health and Learning disability care homes for the advice and support pilot service.

- It is envisaged that the service will in addition, pilot the delivery of a remote advice and support service to residents and staff of mental health and learning disability residential homes within the borough, The pilot will be scoped and co-developed by the provider working in collaboration with key stake holders and service users.

- A single Tender Waiver has been submitted for a period of 12 months with the current incumbent provider between 1st April 2023 and 31st March 2024 to allow the current service to continue whilst a procurement exercise is undertaken.

- The contract itself does not generate any cost savings as the contract price is aligned to that offered to all providers of primary medical services in the ICB area however a small potential saving could be recognised from the commissioning of a 5 + 5 + 5 contract period reducing some future procurement costs.

- Whilst the contract does not produce any direct cost savings it is expected to provide better quality, improved health outcomes and consistency to care home residents and likely support a reduction in emergency activity and costs.

<u>Aims and objectives.</u>
The aims of the service are to:

- deliver a proactive patient centred model of integrated case management adopting a multidisciplinary approach to case management.
- provide a responsive service which adapts over time to patient feedback and to changes in evidence concerning medical care for the Nursing Home resident;
- provide clinical leadership to improve the overall quality of care for patients in Nursing Homes;
- develop effective working relationships with Nursing Homes, acute hospitals and other stakeholders which will allow the provider to effectively deliver against the objective of this service;
- Improve consistency and remove variation across the borough in quality of care.
- improve the quality of medical support to the patient;
- improve patient satisfaction and outcomes;
- improve end of life care and deliver Gold Standard Framework for Nursing Homes (GSFCH)
- improve management of long-term conditions, frailty and dementia;
- improve the wider wellbeing of all residents;
- support delivery of the Enhanced Health in Care Homes PCN DES service requirements

<table>
<tr><td>Potential Conflicts of Interest (COI)</td><td colspan="4">There is a potential CoI for primary care providers on the board (GPs and One Health Lewisham) as both current providers of the existing service (directly and/or indirectly) and also as prospective providers of the newly procured service.</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2">Impact</td><td>Equality Impact</td><td colspan="3">The service is available for all older people residing in nursing and care homes and extra support housing. The commissioning to a single provider will ensure equity in access and continuity in service quality and delivery to all care home residents in Lewisham.</td></tr>
<tr><td>Financial Impact</td><td colspan="3">Approximately £500k per annum</td></tr>
<tr><td rowspan="3">Other Engagement</td><td>Service User Engagement</td><td colspan="3">Service User Engagement is currently being undertaken with care home providers and service users to assist in development of the service specification.

A strategic review of the contract has been carried out and options for long term commissioning arrangements discussed with stakeholders who subsequently supported the procurement of a single care home provider practice.</td></tr>
<tr><td>Public Engagement</td><td colspan="3">No direct patient engagement has been undertaken however will be reviewed as part of the specification development.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">• Care homes Provider Forum
• Care Homes Operational Group
• Practice Manager Forum
• PCN Forum
• Primary care Group (endorsement given at the 16/3/23 meeting)</td></tr>
<tr><td>Recommendation:</td><td colspan="4">Approval for the business case to be submitted to the NHS England & Improvement's Commercial Executive Group (CEG) (by 13th April) for endorsement on 9th May 2023 is sought from the Board to allow the procurement process to continue.</td></tr>
</table>

SEL ICS – Lewisham Care Home APMS Procurement

Clinical Business Case

Revision History

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked
V 0.1	N/A	First draft	N/A
V 0.2	January 2023	Final draft	
V 0.3	March 2023	section 3.4 market engagement and section 7 procurement support amended	

Approvals

This document has been approved by:

Name	Title	Date of Issue	Version
Ashley O'Shaughnessy	Associate Director of Primary Care (Lewisham)	January 2023	V 0.2

Endorsed for NHSE London Region:
Richard Jeffery, Director of Commissioning Finance
Signature:
Date:

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
Ashley O'Shaughnessy	Associate Director of Primary Care (Lewisham)	January 2023	V 0.1

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Clinical Business case for
Procurement of Lewisham Care Home APMS contract.

Executive Summary

The Commissioner, South East London Integrated Care Board (SEL ICB, Lewisham place) is asking CEG to approve a new care home APMS contract with a duration of 5 years with the option to extend for a further 5 years twice by agreement between the parties (maximum total contract duration of 15 years) with an indicative annual contract value of £576,924 (total contract value including extension option(s) over 15 years of £8,653,860).

In terms of background, an NHS Standard Contract was awarded to One Health Lewisham GP Federation in April 2017 for an initial period of 2 years to support care homes and which brought together a number of disparate historic LES arrangements with induvial practices. The contract allowed for an extension of a 1-year period. This extension option was taken up and the contract, was extended until we received the National Care Home PCN DES and further extensions to 31st March 2023 were subsequently approved in light of the Covid pandemic.

In order to secure high quality and continuity of care for our care home residents, Commissioners intend to now procure the service as a new, single APMS contract, intended to start on 1st January 2024 for all older adult care home residents.

The APMS form of contract will be used for the procurement as, unlike PMS and GMS, it is open to the whole market. This allows for greater competition and a larger bidder pool, which in turn foster quality service provision.

The contract to be offered will be for a single practice to provide GP services to older adult care home residents through a bespoke locally equalised APMS contract which is based on the standard national APMS contract and includes a range of local premium services. These align in service specification, contract management arrangements and price with those of GMS and PMS contracts within Lewisham so creating equity of opportunity for providers and consistent service provision for all eligible patients within the Borough.

The standard APMS contract term in London was amended in 2019 following commissioner and market engagement in order to align to national and local strategic priorities regarding Primary Care Network working and the development of longer-term provider relationships. It is proposed that this contract will be offered for a period of five years with the option to extend for a further 5 years twice by agreement between the commissioner and the provider (5+5+5). This enables commissioners to remain flexible by not committing to anything beyond 5 years yet allows for a contract of up to 15 years should performance and strategic alignment allow.

An APMS risk premium of £5 per weighted patient will be offered in addition to the ICB equalised price in recognition of the additional costs and risks to the provider of a time-limited contract.

The contract does not generate any significant cost savings as the contract price is aligned to that offered to all providers of primary medical services in the ICB area. A small potential saving results from the 5 + 5 + 5 contract period reducing some future procurement costs.

Whilst the contract does not produce any direct cost savings it will provide better quality, health outcomes and consistency to care home residents and likely support a reduction in emergency activity and costs.

The commissioning decisions for this contract has been and will be subject to the appropriate local and national governance arrangements, including an evidence-based decision to procure by the Lewisham place Local Care Partnership Strategic Board (LCPSB); endorsement of the Business Case by the relevant NHSE London Region panel/signatory; and submission of this Business Case to NHS England & Improvement's Commercial Executive Group (CEG) for endorsement. The LCPSB will also be asked to agree to the contract award recommendation following bid evaluation.

SEL ICS (Lewisham place) requests the approval of CEG to let the above contract for 5 years with the option to extend for a further 5 years twice by agreement between the parties and at the discretion of the commissioner (i.e. a maximum contract duration of 15 years).

1. Purpose

The purpose of this Business Case is to:

- explain the requirement to address contractual arrangements for this expiring care home contract in Lewisham whose GP services are commissioned by SEL ICB.
- set out the proposal to procure a new national APMS contract which is bespoke to have some alignment with the ICS's agreed commissioning objectives and equalisation plans
- describe the local governance and approvals undertaken in support of the proposal
- request approval to award a 5-year contract with the option to extend for a further 5 years twice at the discretion of the commissioner (5+5+5)

2. Background

This Business Case relates to the Lewisham Care Home GP Contract within the area covered by South East London Integrated Care System (SEL ICS) which is responsible for the commissioning of primary care GP services for the local population.

The contract currently provides GP services to 637 Older People residing in Nursing and Care Homes and 180 Residents of Extra Support Housing

The NHS contract for delivery of services was awarded to One Health Lewisham (OHL) GP Federation on 1st April 2017 following a procurement process. The contract length was 2 years with an option to extend for up to a further 1 year. The contract was extended until we received the National Care Home PCN DES and to enable PCNs develop and also because of the Covid Pandemic a further extension to 31st March 2023 was subsequently approved.

The 2020/21 Network contract DES introduced the new service to be delivered by PCNs from October 2020.

In light of this, a strategic review of the contract has been carried out and the following options were considered:

a. Maintain the status quo – with a procurement for a NHS Standard contract
b. Procurement of a single care home provider practice as has been done in other South East London Boroughs
c. Do nothing, let the contract expire and let each home and GP Surgery make their own arrangements

After consideration with stakeholders, it was decided to go with the second option of the Procurement of a single care home provider practice.

In April 2020, in light of the Covid -19 pandemic and the consequent NHS national approach that only business critical procurements should be conducted during the pandemic crisis, commissioners extended the contract until March 2023.

3. Project Overview

3.1. Objectives/Outcomes

The key objectives of the Project in SEL are:

- To ensure that the 637 older people currently residing in Nursing or Care Homes and the 180 Residents of Extra Supported housing continue without interruption to receive primary medical services following the expiry of the contract.
- To offer an additional service of advice and support to our 310 residents of Mental Health and Learning Disability care Homes
- To maintain equalisation between PMS, GMS, and APMS contracts, such that regardless of where patients register, they receive the same high-quality services.
- To ensure that patients are involved in determining the future of their GP services through engagement in the procurement process.
- To ensure that newly procured service commences on time.
- To ensure that the appointed Service Providers are properly integrated into the local health community.

3.2. Scope of the project

The scope of the project is limited to the procurement by SEL ICS of a single APMS contract in the Borough of Lewisham. The procurement is necessary to ensure the continuing provision of GP services to the existing patients that fall under the current contractual arrangements when the existing contract expires and to also improve quality and outcomes.

All those involved in this procurement process are required to complete a conflict of interest form. As of the date of this business case, no conflicted persons have been identified yet but as Lewisham completes its processing of employing clinical leads this will be revisited.

It is envisaged that TUPE will not apply to most staff employed by the existing provider as the current contract mechanism allows the current provider to subcontract the service to Lewisham GP practices,

However the scope of the project will include gathering of the necessary anonymised staffing details to be available to potential bidders for the contract.

3.3. Deliverables

The existing contract terminates on 31st March 2023 and so the principle key deliverable is the letting, by competitive tendering, of a new APMS contract to ensure the continuing delivery of essential and premium primary medical services to care home patients.

The new contract with a current annual value of approximately £576,924 will be cost neutral in terms of contract price per patient, but it is expected that there will be no list size growth unless a new Care Home provider opens in the area. These figures are based on current number of care home beds, however, will be broken down further by bed occupancy.

As a result of using a competitive tendering process, patients will benefit from enhanced quality standards through the identification and selection of the most capable potential provider. In addition, the proposed 5+5+5 contract duration will support continuity of provider which is key to patient satisfaction and outcomes.

The provider will be required to provide the local relevant Premium services, to be core members of the local Primary Care Network, and to deliver the services of the Network Directed Enhanced Services in line with local and national commissioning intentions.

3.4. Market Assessment

The APMS form of contract for GP practice procurements has been chosen as, unlike PMS and GMS, APMS are open to the whole market. As a result, the bidder pool for previous tranches of the London APMS programme has been comprised of a mixture of GPs, GP Co-operatives, partnerships, social enterprises, medium-sized GP-led companies and large private organisations.

As a result of these actions, the contract term, the size of the contract, it is expected that there will be moderate interest in this contract as this contract list size will always remain around the same and is a specific type of patient.

Initial engagement has already taken place at the following forums: 1) Care homes Provider Forum 2) Care Homes Operational Group 3) Practice Manager Forum 4) PCN Forum.

Additional engagement is also planned with existing stakeholders i.e., service users, service providers and GPs.

Initial discussions with current providers and the above forums is favourable in order to provide a consistent service to all residents/patients.

It is recognised that is advantageous for a 5-year contract with the option to extend twice by five years (5+5+5) as the preferred contract term. This duration would retain the flexibility of the tried and tested standard London 5+5 term, whilst simultaneously allowing for a further contract extension should provider performance and strategy allow. At the same time, it wouldn't commit commissioners to anything beyond the original proposal as contracts can still be terminated either at the end of the initial 5-year term or at the end of either of the two allowable extensions. The 15-year contract term would also have the potential to reduce the burden of re-procurement from once every 10 years to once every 15 years (assuming good performance and continued strategic relevance) - thus reducing patient and practice staff anxiety, which have been a feature of procurements throughout all 7 tranches of London's APMS programme and allowing commissioners and providers to focus on service delivery. This approach also provides alignment with recently published paper titled "Busting bureaucracy: empowering frontline staff by reducing excess bureaucracy in the health and care system in England" from the Department of Health & Social Care as the longer contract term will allow the provider to consider investment and innovation opportunities not previously available, or viable, due to the shorter contract term.

The paper recommending a change in the standard operating procedure for London's APMS contracts was taken to the London Primary Care Management & Transition Board in April 2019. It recommended that the standard contract term for London's newly procured APMS contracts be changed from 5 years with an option to extend for a further 5 years at the discretion of the commissioner (5+5), to a standard term of 5 years with an option to extend for a further five years twice at the discretion of the commissioner (5+5+5). The paper was agreed and 5+5+5 was adopted as the standard London APMS term and is proposed for this Lewisham Care Homes GP Contract.

The NHS England Commercial Executive Group (CEG) approved the 2019 request for the revised standard contract duration based on the engagement undertaken for the "T7" procurement and we request that the same approval is applied for this proposed contract.

A Prior information Notice was published on Contracts Finder and Find a Tender on Friday 10 March 2023. The purpose of the notice was to inform the market about the upcoming procurement process as well to request market feedback from potentially interested providers. To assist the Commissioners with testing its assumptions and proposed service requirements, a market engagement questionnaire (MEQ) was published to explore the market's feedback on the following areas:

- Outline of service requirements and KPI's
- timescales for procurement and mobilisation of the new contract
- proposed contract duration and financial model.

Potential interested providers have until Monday 03 April 2023, 12 noon to submit their MEQ response via an Microsoft Forms questionnaire.

Although, this pre-market engagement does not form any part of the formal procurement process, it will inform how the new service is commissioned. Information gained from this exercise will be used to inform the final service specification and expected outcomes from the procurement process.

3.5. Key Assumptions and Dependencies

This procurement project is not dependent on delivery of any other programme.

A key assumption is that there will be hardly any increase on list size unless any new care homes open.

Linked to the above is the question of finance for any list size growth. Although this would appear to be a cost pressure for the commissioner, it is assumed that the increase will be covered by central allocations.

3.6. Risk Assessment Analysis

3.6.1 Continuity of care - High Risk

Political:

- Patients / patient groups / other stakeholders may challenge any disruption to patient services as a result of possible change in service provider.

Mitigation:

- Involve patients and representatives in procurement.
- Long 3-month mobilization period to ensure smooth transition for any change of provider
- Successful bidder to develop detailed mobilization plans including handover arrangements.

Operational

- Delay in completion of procurement with need to continue existing arrangements

Mitigation:

- Clear project timetable in place.
- Key stage reports.
- Monitoring of projected timescales
- Financial agreement to extend current contract.

Economic

- As Operational – need to continue existing arrangements but costs will not be increased but will impact new provider start dates.

Mitigations:

- Project management is an operational risk

Legal

- Extension of existing contract beyond 30th March 2023 leads to legal challenge.
- Allegation that procurement process has been unfair.

Mitigation:

- Any extensions to contract is approved by committee.
- Covid- 19 is an extenuating circumstance that causes other time pressures and priorities.
- Adherence to established procurement procedures.

Bidder Pool

- Contract offer price and/or term is not attractive to market.

Mitigation

- Price is dictated by PCN DES in addition to current contract value.
- Contract term of 5+5+5 is in line with T7 market engagement outcome.

3.2 Stakeholders Analysis

3.2.1 Proposed service is based on national policy developed in consultation with clinical representatives.

3.2.2 Principal stakeholder interest includes:

- Commissioners
  - Have been kept informed of and involved in service development.
  - Commissioning decisions are made via the LCPSB (Lewisham). Some members may be potential bidders so have conflicts of interest. LCPSB

require members to declare conflicts. Conflicted members may be able to contribute to discussions but would not be involved in decisions.

- Existing Providers
  - Are aware of plans to procure and will be invited to give feedback.
- Existing patients
  - Patients and Carers will be engaged.
- Local Medical Committees
  - Are aware of plans.
- Local patient representative groups e.g., Healthwatch.
  - Are aware of the plans.

3.7. Stakeholder Analysis

All practices that cover care home residents will be sent letters advising them of the procurement and will be invited to provide feedback. All Care Home staff will also be invited to provide feedback Patients and/or carers will also be invited to provide feedback.

Existing provider practice staff are aware of the upcoming procurement and are encouraged to express concerns to the employer.

The primary care and communications teams will ensure clear and timely communication with other stakeholders such as local councillors and Healthwatch.

Findings from the engagements will be used to augment commissioning plans (where necessary and possible), to alert bidders to the expressed wants and needs of patients, and to support evaluators in evaluating the submitted bids.

The procurement requires all those involved in developing the procurements and evaluating the bids to complete and sign a non-disclosure and conflict of interest declaration. Any conflicts of interest will be considered independently by the procurement and contracting hub as the organisation managing these procurements.

Patient representatives, subject matter experts and commissioners will all be involved in evaluating bids and many well inevitably have prior knowledge of some of the bidders. Real or perceived bias will be mitigated by ensuring that each bidder response is independently evaluated by more than one evaluator and by using a system of moderation.

4. Strategic Alignment

In order that commissioning intentions can align more closely with local strategy. The APMS contract on offer aligns with the South East London ICS Lewisham Borough's offer to its PMS and GMS providers where applicable.

The APMS contract being procured supports national initiatives to improve patient access by requiring APMS contractors to be an active part of local capacity initiatives through, for example, access hubs. The move to a 5+5+5 contract term will also support the development of long term relationships within local health economies as required by the Long Term Plan and its associated five-

year Framework for GP Contract Reform. They also support local ICS initiatives through the continuation of local PMS Premium (Equalisation) services and KPIs.

5. Business and Patient Impacts

The procurement process is designed to ensure that the contract is awarded to a suitably high quality provider who will continue to improve the quality of services offered. It is possible, however, that patients may be negatively impacted by the loss of favoured members of the practice team should the contract be awarded to a new provider. Although it is expected that any eligible staff will TUPE transfer across to any new provider organisation, this cannot be guaranteed and is particularly unlikely where, for example, a GP is a director of the current contract-holder. In partial mitigation, the longer length of the replacement contract will enable continuity of provider and stability for patients registered with these practices, which are issues raised by patients when conducting patient engagement

Patients will partially influence the outcome of the procurements. Feedback from both the patient surveys and engagement events will be published and made available to bidders. Bidders will be required to take into account this feedback when outlining their plans for service provision within their bids, and the ITT is designed in such a way that bidders will be unable to achieve the highest marks available if they do not do so. Patient representatives will also be involved in the development of the ITT and in evaluating the bids.

6. Financial Cost/Benefits Analysis

The ICS's APMS contract uses a standard pricing method including the funding of premium services to ensure that the contracted services are funded in the same way as their GMS and PMS counterparts - thus promoting equity amongst providers across the ICS. Offering a set price also enables procurements to be based upon quality rather than price.

The core contract price per patient is made up of the elements is shown in the table below.

Item	2022-23 Price
PCN DES per pt/bed	£120
PMS Premium	£8.36 pwp
APMS Risk Premium	£5.00 pwp
Plus London Adjustment	£2.18 prp
Global Sum	£99.70 pwp

The cost of the contract to the ICS over the maximum 15-year contract period, based on the standard pricing model, has been calculated and compared with estimated costs for running the contract. The financial analyses upon which the above figures are based are embedded here:

Lewisham%20Care%20Home%20APMS%2

Procuring the contract at a fixed core price per patient aligned to the ICS's Premium Services offer, as is the case in this procurement represents value for money in a number of ways:

- By offering a set price, this element is removed from the bidding process. Typically, where bidders are required to bid on price, prices are either forced upwards by bidders' desire to make a profit, or an unrealistically low bid is submitted in order to win the contract. In the former case, this results in the commissioner paying too much for the contract, and in the latter case this results in poor quality service provision and an unstable contract. Either way, a fixed price determined by the commissioner offers better value for money.
- The 5+5+5 London APMS contract term model is a cost-effective offering. It provides commissioners with flexibility around future commissioning by restricting the initial contract term to 5 years, whilst encouraging potential providers to bid for the contract and invest in services with the prospect of two potential extensions which should future-proof the contract in terms of national and local strategies for integrated working and building longer term working relationships.
- The cost to procure one contract for 5 years is the same as procuring the same contract for 5 years and extending twice. However, in the former case, the contract will have to be re-procured before the end of the 5 years. Thus offering a 5+5+5 contract (instead of 5 years) reduces the cost of procurement by at least two thirds - there would be one procurement in 15 years, instead of three procurements over a 15 year period, thus avoiding the costs associated with re-procurement inside 5 years.

In addition we would also include the local funding already associated with our existing care home contract (£220,000) as an annual block payment to support delivery of locally agreed outcomes.

7. Procurement Support

7.1 Procurement Support

The Procurement and Contracting Hub (Hosted by NHS North East London) is managing the procurement process on behalf of NHS England (The Authority) and NHS South East London (The Commissioner).

It is proposed to adopt an "Open" Procurement model, as adapted under the prevailing "Light Touch Regime" governing procurement of Health, of Health, Social and related services, (PCR 2015). This approach will ensure all capable bidder organisations are able to submit an ITT response, simultaneously enlarging the available bidder pool, and enhancing potential quality, competition and choice. Moreover, the recommended procurement process is also perceived to offer benefits in terms of time and process efficiencies, reducing the overall time required to undertake the procurement.

The ITT itself will be available for 5-6 weeks and procurement outside a pan-STP tranche means that the ICB can ensure that documentation will focus strongly on the needs of the individual practice population. The ITT will also contain standard financial[1]and general management questions to

[1] Bidders will be required to complete and submit a comprehensive Financial Model Template, (FMT) enabling full visibility and assessment of cost composition, affordability and viability pertaining to the relevant contract.

determine the bidders' suitability to hold an APMS contract for the provision of primary medical services.

Evaluation teams will be comprised of commissioners, clinicians, patients and subject matter experts as necessary to ensure sufficient knowledge and coverage across specialist areas such as finance, estates, HR etc. Following moderation of scoring, the highest scoring bidder for each contract will be offered the contract following conclusion of a standstill period. In cases whereby a number of bids are assessed to be of sufficient quality, a first and second reserve bidder will also be identified.

Table 1: Project Timetable

Key Milestones	Date
CEG Business case approval	Tuesday 09 May 2023
Invitation to Tender (ITT) issued	Monday 19 June 2023
Deadline for receipt of ITT submissions	Friday 28 July 2023
ITT Evaluation & Moderation	Thursday 03 August to Friday 06 October 2023
Bidder Presentations/Interviews	Wednesday 18 to Friday 20 October 2023
ICS PCCC Approval	Monday 27 November to Friday 01 December 2023
Inform bidders of outcome and observe standstill period	Monday 18 December to Thursday 28 December 2023
Contract award	Friday 29 December 2023
Mobilisation	Monday 01 January to Sunday 31 March 2024 (three months mobilisation)
Service Go-Live	Monday 01 April 2024

7.2 Legal Support

Due to the similarities of previous APMS tranches and our relevant experience of the cohort of providers, it is agreed within the project team that legal support is not required therefore legal support has not been obtained at this stage of the procurement process. However should this be required further on in the process, the NHS England Legal Team will be contacted for advice or support will be obtained through the ICS.

8. Conclusions/Recommendations

The Business Case has highlighted the requirement to progress the Lewisham Care Home APMS procurement on the basis of a 5 year contractual offer with the potential to extend for a further 5 years twice at the commissioner's discretion. Consequently, NHS England & Improvement is requested to authorise the Business Case, and thereby enable NHS England & Improvement and SEL ICS Commissioners in Lewisham to progress with the project in alignment with the proposed project plan and timelines.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 11
Enclosure 11

Title:	**Risk Register**		
Meeting Date:	Thursday 23 March 2023		
Author:	Cordelia Hughes		
Executive Lead:	Ceri Jacob		
Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health & Care Partners Strategic Board regarding the Lewisham Risk Register.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

1.Current Status and Direction of Risk

Risk (header only)	Direction of Risk
R1. The ICB - Lewisham has a savings target of £2.623m for 2022/23.	⟺
R2. The ICB Lewisham is at significant risk of exceeding the annual budget set for prescribing.	⟺
R4. Inability to deliver revised Mental Health Long Term Plan trajectories.	⟺
R5. Financial risk in 2022/23 of high-cost packages through transition.	⟺
R8. New and expanding primary care workforce supported through the PCN DES ARRS funding is not optimised.	⟺
R18. There is a risk that IHAs will not be completed for Children Looked after within the 20 work-days due to delays in timely notifications	⟺
R22. Initial Accommodation Centres - Pentland House and Stay City Aparthotel have high levels of vulnerable adults & children (asylum seekers) and to date no safeguarding adult referrals into MASH, ATHENA or PREVENT	⟺
R29. Failure to deliver on statutory timescales for completion of EHCP health assessments.	⟺
R30. Failure to deliver on statutory timescales for completion of ASD health assessments.	⟺
Key - Direction of Risk	

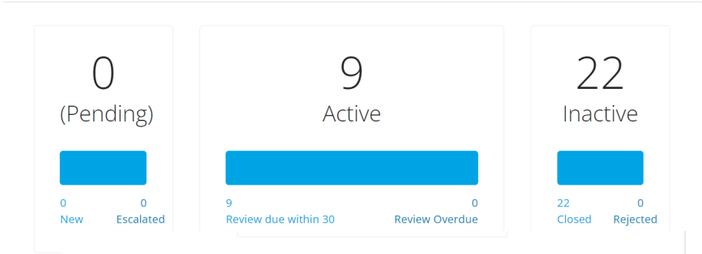
	 Risk has become worse. Risk has stayed the same Risk is improving **2.Process** Met with risk owners in March 2023 to review and update their risks. Next set of reviews scheduled for April 2023. **3.New Risks:** No new risks to report on. **4.Key Themes:** The key themes from the risk register relate to finance/budgetary impact and quality of care around successful delivery of services.
Potential Conflicts of Interest	**N/a**

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

	Equality Impact	Yes
	Financial Impact	Yes
Other Engagement	Public Engagement	Yes
	Other Committee Discussion/ Engagement	The Risk Register is discussed at the monthly Place Executive Group (PEG) meeting and bimonthly at Lewisham SMT/Extended SMT. The Risk Forum has been formalised and will operate with representatives from all ICB directorates and LCPs, and the ICB's risk specialists. It will be chaired by the Chief of Staff with the aim of ensuring a consistent approach to the identification and management of risk across the ICB. It will also support the smooth escalation of risks from LCP to SEL levels and vice-versa. In addition, changes have been implemented to the risk management framework which summarises the key changes proposed to the ICB's risk management framework for 2023/24. Changes reflect recommendations included in the internal auditor's report following from their December 2022 review of ICB risk processes.

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.

Risk Register Summary (in accordance with Datix)



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

Ref	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Direction of Risk	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance											
R1	The ICB - Lewisham has a savings target of £2.623m for 2022/23. Whilst currently on plan to being achieved, the prescribing element which is the largest part at £0.944m is weighted towards the latter part of the year unlike other planned budget savings which are equally profiled throughout the year. There is a risk the delegated borough budget will be exceeded if the actual prescribing savings achieved in the latter part of the year are not achieved as planned and in full.	3x2=6	3x2=6	2x2=4	↔	Ceri Jacob	Michael Cunningham	1) A careful and detailed budget setting process has been conducted to ensure efficiencies are deliverable and the delegated budget for 2022/23 has been signed off by budget holders as achievable. 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 Medicines Optimisation Plan (MOP) is aligned to the efficiency opportunities identified and aims to incentivise the prescribing behaviour required to deliver identified efficiencies. 4) The medicines management lead for the ICS and the local medicines management team are engaged in ensuring identified savings are delivered in 2022/23. 5) The ICS's Planning and Delivery Group receives regular updates on the prescribing position across the ICS. 6) In addition to sound budgetary control on prescribing budgets in total, a separate template is being maintained to track delivery of identified efficiencies as well as a risk dashboard that RAG rates each opportunity and records mitigations where appropriate. 7) A programme of GP practice visits is ongoing and all OptimiseRx messages have been reviewed including adding OTC deprescribing messages.	• 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 light of budgetary positions and in particular achievement of efficiency targets during 2022/23. Mitigations after review on 01.03.23 - to reduce the impact probability of a risk due to the timeframe (end of March 2023), however the risk will remain the same but will be reviewed in new financial year.	There are no currently identified control gaps.
R2	The ICB Lewisham is at significant risk of exceeding the annual budget set for prescribing. The current forecast outturn spend shows the budget will be exceeded by c.£1m without further mitigation even if the savings target referenced in risk R1 above is fully achieved. This reflects the impact of CATM/NCSO drug pricing which is an issue impacting nationally. There is a consequential risk that the delegated borough budget as a whole will be exceeded unless the forecast prescribing expenditure can be mitigated from within the prescribing budget or from achieving further savings from other delegated budgets.	3x2=6	3x2=6	2x2=4	↔	Ceri Jacob	Michael Cunningham	In addition to the ongoing controls referenced above specific to identifying mitigations from within the prescribing budget, all other borough expenditure budgets are also being reviewed to identify potential mitigations if required to minimise the risk of the delegated borough budget as a whole being exceeded.	• Monthly budget meetings. • Monthly financial closedown process. • Monthly financial reports for ICS and external reporting. • Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23. • Review of prescribing position at Planning and Delivery Group. • Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible.	The impacts of controls will be assessed in light of budgetary positions during the second half of 2021/22.	The Place medicines management team did not start the year fully established but plans are in place to rectify this as soon as possible.
Commissioning											
R4	Inability to deliver revised Mental Health Long Term Plan trajectories as a result of limited access, increased demand, insufficient workforce or delivery sites, as well as digital solutions may not meet a proportion of local demand.	3x3=9	2x3=6	3x2=6	↔	Kenny Gregory	Natalie Sutherland	• Outcomes framework measure for Community Mental Health Transformation (CMHS) being produced across SEL ICB. • Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board from April 2023. • Understand the need of people not being admitted after attending A&E to understand what interventions could be accessed instead of A&E, and what the gaps in the system are. • Continue to implement the CMHS transformation plan and local at priorities for year 3 (2023/24).	Alliance data/performance review process to be established to provide local oversight and improvement actions.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	• Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMI. • Increased scrutiny on recruitment process for CMHS workforce expansion at both place and SEL. • 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.
R5	Financial risk in 2022/23 of high cost packages through transition.	4x4=16	4x3=12	4x3=12	↔	Kenny Gregory	Heather Hughes	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 CYP (1) from the CYP DSR meeting to the adult DSR meeting and (2) from children already joint funded so where there is likely demand for joint funding in adulthood. Quarterly review of ongoing requirement for joint funding funding of packages previously agreed.	Compliance with the Joint Funding Protocol. Monthly reporting at the Joint Commissioning Finance Group.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	Strengthen reporting processes and reporting documents undertake Root Cause Analysis of high cost transition joint funded packagers not identified through existing controls. Add High cost Joint Funded packages as a standing agenda item at monthly CHC Executive
Primary Care											
R8	There is a risk that the new and expanding primary care workforce supported through the PCN DES ARRS funding is not optimised because a locally agreed strategy across all partners is not in place and appropriate local resource to support the programme needs to be confirmed. This will cause an impact on delivery of the PCN DES specifications and potential duplication and missed opportunity across the local system.	4x3=12	4x3=12	4x2=8	↔	Ceri Jacob	Ashley O'Shaughnessy	• PCNs have developed and submitted their indicative workforce plans for 22/23. • Links made with PCN social prescribers and borough social prescribing programme.	• High level discussions had at Lewisham Primary Care Group (internal) . • ICB regularly attend the Primary Care Leadership Forum (PCN) where the ARRS is discussed	• Multiple ARRS roles have already recruited. Recruitment still ongoing.	• Appropriate local resources need to be identified and confirmed to lead and support the programme. • Clear strategy (agreed by all local partners) needs to be in place to maximise impact of ARRS workforce and avoid unnecessary duplication - to be led via Lewisham Health and Care Partners and to be aligned with Primary Care Development plan (currently being drafted) • The employment of several ARRS roles have transitioned from the GP Federation to individual PCNs - this has lead to some short term impact on recruitment and delivery and also present challenges in coordinating a borough wide approach. Borough primary care team to work with GP Federation and PCNs to ensure a smooth transition.
Quality and Safeguarding											
R18	There is a risk that IHAs will not be completed for Children Looked after within the 20 work days due to delays in timely notifications. This means that there is a delay in identifying the health needs for CLA which may have an impact on the health outcomes for individual CLA.	4x3=12	3x3=9	3x1 =3	↔	Ceri Jacob	Christiane Nitsch	• The Designated Doctor and medical colleagues undertake all the IHAs. • KPIs and data set in place. • Currently quarterly Steering Group has been set up (first meeting in Jan 23) - monthly meeting previously in place to where discussion took place around Social Workers completing forms for IHAs • Team have developed SOP for process and discussion for training package - ongoing. • Designated Professionals are part of the Partnership CLA Steering Group for service improvement. • Director of Quality and designated professionals together with Commissioners will review service specification and requirements in 6 weekly meetings. Benchmarking tool completed and shared with Commissioners and Directors (Quality and Place DRs). • The Steering Group set up by local authority and health will also look at initial health assessments and out of Borough placed children.	Statutory guidance in place. IHA reviews are being completed but assessments are delayed as forms are not being completed in a timely manner. Currently D Dr and adoption medical officer as well as other 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 D Dr and adoption medical officer as well as other medics are completing IHAs in the interim. Also, on the workplace for CLA steering group.	Gap in service provision. Escalated to Lewisham Place Executive Director.
R22	Initial Accommodation Centres - Pentland House and StayCity Aparthotel have high levels of vulnerable adults & children (asylum seekers) and to date no safeguarding Adult referrals into MASH, ATHENA or PREVENT. Impact: data implies that referral pathways are not being followed according to safeguarding referral pathways:- gateway Lewisham MASH.	3x3=9	3x3=9	1x1=1	↔	Ceri Jacob	Fiona Mitchell	Escalated to Helen Edwards (Head Safeguarding), Susie Barker (Director of Quality), Fergus Downie (Housing and Refugee Resettlement Manager) and LSAB. Meetings arranged with Fergus Downie and Idris Gobir (Clear Springs) monthly to discuss embedding referral pathways into organisation. Clear Springs Ready Homes Ltd commission accommodation services for Pentland House and Home Office commissions Clear Springs. All pathway information and safeguarding resources for training has been forwarded to Clear Springs, however no engagement. ICB Programme Board made aware.	As outlined in controls.	Embedding safeguarding into Pentland House (capability, knowledge and referral).	Hotels not commissioned by ICS but Home Office. ICS has no contractual service agreement.
Children and Young People											
R29	Failure to deliver on statutory timescales for completion of EHCP health assessments. This is being driven by challenges in recruitment of community paediatricians and therapists.	4x4=16	3x4=12	2x3=6	↔	Sara Rahman	Paul Creech	There is a recovery plan in place back-fill staffing gap: 1) GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. 2) Paediatric Nurse in place to support medical work which does not require a Paediatrician - no uptake for the role. 1 Nurse, no scope for another at this time. 3) Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are revieing the applications. Some success in Europe - mitigated against therapies not paeds. 4) Therapists continue to work weekends to clear the back-log of reviews. Ongoing. Monthly Recovery meetings held with Head of Integrated SEND & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 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.	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.	Families not attending appointments. Appointments changed. Delayed paperwork (service user end). Brexit has led to loss of staffing (therapists). COVID has also had an impact on staffing levels. Increase in EHCP requests.
R30	Failure to deliver on statutory timescales for completion of ASD health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians and increase in the number of referrals for autism assessments.	4x3=12	3x3=9	2x3=6	↔	Sara Rahman	Paul Creech	There is a recovery plan in place to support the ASD pathway. 1) Quarterly review and reporting of ASD assessments with LGT, SEND and the DCO. There is a clinical audit in Q2 monitoring meeting in 2023. 2) 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. 3) International recruitment ongoing (x2 Paediatricians recruited). New adverts in place to attract more applications. being carefully considered to inspire applicants. Band 6 Associate Specialist has been recruited and locum Consultant Paeds. Advert out for another Paeds and AS Dr - closing in February 2023, interviews in March.	Monitoring ongoing to gauge impacts of controls via Quarterly monitoring meetings.	Reduction in waiting times for assessments.	Availability of partners to undertake joint ASD assessments. Ongoing increase in requests for assessments due to childhood anxiety in some kids.

Key - Direction of Risk

- ⬇ (red) Risk has become worse.
- ↔ (orange) Risk has stayed the same
- ⬆ (green) Risk is improving

Key

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

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

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

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

Likelihood Matrix

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

Severity Matrix

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

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 12
Enclosure 12

Title:	**Month 10 Finance Report**
Meeting Date:	**23 March 2023**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the financial position of the ICS in Lewisham at Month 10.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Finance Position – ICS

- At month 10 the ICS is reporting a YTD deficit of (£53.9m); £51.1m adverse to plan (M9 £56.3m adverse to plan).
- The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £122.7m of efficiency YTD against a plan of £171.6m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £200.9m of efficiencies (against a plan of £207.2m), with 39% forecast to be non-recurrent.
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year.
- The main risks to the forecast are continued under-delivery against planned efficiencies, use of agency/bank and winter pressures.

Finance Position – ICB

- At month 10 the ICB is forecasting a **break-even** position against its allocation for 2022/23, noting the risks outlined in this report in particular relating to prescribing as summarised below.

- The key risk within the ICB financial position relates to the prescribing budget. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. **Year to date, the prescribing budget is overspending by £6,472k.** This overspend is driven by activity and price pressures. Activity for the first 8 months of

	2022/23 compared to the same period for last year, has **increased by around 3.3%.** The ICB is also being impacted by increases in price driven by issues outside of its direct control, including the **short supply of specific drugs and the price of Category M drugs** which are nationally set. All ICBs are being similarly impacted. If this trend continued into future months, the full year forecast impact would be an **overspend of circa £9,271k** before mitigations. This is set out in detail in the report. • The ICB – Lewisham Borough is reporting an **underspend of £64k** to Month 10 and is also forecasting a **small underspend** position of £72k for the 2022/23 financial year against the borough delegated budget. **Finance Position – Lewisham Council** • At month 10 Adult Social Care Services is forecasting an overspend of £1.4m and Children Social Care Services an overspend of £6.7m. The drivers of these forecast overspends are detailed in this report.
Potential Conflicts of Interest	Not applicable

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

	Equality Impact	Not applicable
	Financial Impact	The paper sets out the borough financial position as at Month 10
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 borough financial position as at Month 10.	

NHS
South East London

Lewisham Local Care Partners

Strategic Board - Finance Report

Month 10 2022/23

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1. Executive Summary

NHS South East London

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- The system has delivered £122.7m of efficiency YTD against a plan of £171.6m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £200.9m of efficiencies (against a plan of £207.2m), with 39% forecast to be non-recurrent.
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year.
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- The key risk within the ICB financial position relates to the prescribing budget. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. **Year to date, the prescribing budget is overspending by £6,472k.** This overspend is driven by activity and price pressures. Activity for the first 8 months of 2022/23 compared to the same period for last year, has **increased by around 3.3%.**

1. Executive Summary

NHS South East London

- The ICB is also being impacted by increases in price driven by issues outside of its direct control, including the **short supply of specific drugs and the price of Category M drugs** which are nationally set. All ICBs are being similarly impacted. If this trend continued into future months, the full year forecast impact would be an **overspend of circa £9,271k** before mitigations. This is set out in detail in the report.
- The ICB – Lewisham Borough is reporting an **underspend of £64k** to Month 10 and is also forecasting a **small underspend** position of £72k for the 2022/23 financial year against the borough delegated budget.

Finance Position – Lewisham Council

- At month 10 Adult Social Care Services is forecasting an overspend of £1.4m and Children Social Care Services an overspend of £6.7m. The drivers of these forecast overspends are detailed in this report.

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	1,143	987	155	1,469	1,269	200
Community Health Services	15,879	15,340	539	20,416	19,542	873
Mental Health Services	3,706	3,684	23	4,765	4,765	0
Continuing Care Services	11,890	12,142	(252)	15,373	15,859	(486)
Prescribing	22,410	23,279	(869)	28,812	29,930	(1,118)
Other Primary Care Services	964	905	59	1,235	1,159	76
Other Programme Services	193	89	104	248	114	134
Delegated Primary Care Services	32,270	32,270	0	41,547	41,547	0
Corporate Budgets	2,529	2,223	306	3,251	2,859	393
Total	**90,982**	**90,918**	**64**	**117,117**	**117,046**	**72**

- At month 10, the borough is overall reporting an underspend of £64k. However, there is a significant prescribing overspend at month 10 of £869k reflecting 8 months to November PPA data offset by some non PPA budget mitigations. This position continues to be driven by prescribing activity which is 4.1% higher than in the same period last year, and also price pressures impacting from Cat M and NCSO drugs.
- Continuing care services is also showing an overspend of £252k driven by an increase in the number and value of packages approved mainly relating to funded nursing care.
- The forecast outturn overall remains a £72k underspend as forecast at month 9. Whilst prescribing and continuing care services are showing material forecast overspends, there are sufficient mitigations from other budgets being applied to offset these pressures. The largest is within community health service budgets reflecting community equipment underspends and changes to community investment.
- The corporate forecast is showing an underspend of £393k reflecting the vacancies position in the borough and the management of some other corporate contracts which is also contributing to manage the overall borough position.
- The borough is largely on plan against its YTD savings target, with the exception of prescribing showing a small under achievement of £31k.
- The YTD savings position at month 10 shows the target of £2,623k for the year is on track to being delivered (£2,429k recurrently and £194k non recurrently).

3. Savings – ICB Lewisham Summary

NHS South East London

- The table below shows the delivery of savings by budget area for Lewisham at month 10.
- The savings programme is on track to being delivered with a small under achievement of £49k driven by prescribing savings.
- The savings are largely achieved on a recurrent basis, with the exception of corporate pay costs currently on track to being delivered but on a non recurrent basis.
- The forecast outturn for the year shows that the savings programme of £2,623k is expected to be achieved in full.

Lewisham Savings Month 10

Budget Area	Target £'000	Year to Date plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Additional System Savings Requirement	469	430	430	0	430	-	469	0	469	-
Community Services	197	181	181	0	181	-	197	0	197	-
Continuing Care Services	501	459	459	0	459	-	501	0	501	-
Corporate/Running Cost	194	178	178	0	-	178	194	0	-	194
Mental Health Services	61	56	56	0	56	-	61	0	61	-
Other Acute Services	23	21	21	0	21	-	23	0	23	-
Other Primary Care Services	234	215	215	0	215	-	234	0	234	-
Other Programme	-		-	0	-	-	-	0	-	-
Prescribing	944	812	763	-49	763	-	944	0	944	-
Total	**2,623**	**2,352**	**2,303**	**-49**	**2,125**	**178**	**2,623**	**0**	**2,429**	**194**

- The savings requirement for 2023/24 will be at least 4% to be met through embedded tariff reduction 1.1%, convergence adjustment 0.71% and non-cash releasing savings of 2.19%. The budget for 2023/24 is currently being finalised and will be presented at the May meeting of this Board including an update on the savings position.

4. Financial Position – Lewisham Council

South East London

Overall Position

2022/23 Efficiencies	Year-to-date Month 10			Full-year 2022/23		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	2.7	3.2	0.5	5.5	4.8	-0.7
Childrens Care Services	4.3	3.1	-1.2	5.1	3.7	-1.4
Public Health Services	0.1	0.1	0.0	0.2	0.2	0.0
Total	**7.1**	**6.4**	**-0.7**	**10.8**	**8.7**	**-2.1**

LBL Managed Budgets	Year-to-date Month 10			Full-year 2022/23		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	52.7	68.6	15.9	63.2	64.6	1.4
Childrens Care Services	43.3	46.9	3.6	52.0	58.7	6.7
Public Health Services	-0.7	-0.7	0.0	-0.8	-0.8	0.0
Total	**95.3**	**114.9**	**19.5**	**114.4**	**122.5**	**8.1**

Adult Social Care: A pressure of £1.4m is forecast at month 10.This is due to the delayed delivery of savings related to care packages as well as pressures from children transitioning to Adulthood and hospital discharges. This is based on the level of commissioned care at period 10 with adjustments made for anticipated further in year demand and inflationary increases, as well as adjustments for savings delivered over the course of 2022/23.

Children's Social Care:

A £6.7m pressure is reported on the service, an improvement of £1.4m since Period 9 due to a reduction in the value of commitments on the service placement tracker, as well as a reduction in the expected value of growth/further demand between now and the end of the financial year. There are currently 448 Children Looked After (CLA) at the end of January 2023, compared to 470 CLA's in January 2022. Placements is a demand led budget, with the cost of placements dependent on the needs of the child. However, it is important to note that whilst edge of care preventative interventions helps to manage placement demand, the children who do enter care are the most complex and require higher cost placements. The expenditure forecast is comparable with the level of expenditure incurred during the covid period suggesting that additional costs incurred due to Covid remain within the system or have been replaced by costs at a similar level.

Appendix A

SEL ICB Finance Report

Month 10 2022/23

Contents

Appendices

1. Executive Summary

NHS South East London

- This report sets out the Month 10 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.

- The ICB financial allocation for the Month 4 to 12 period is **£3,059,854k.** Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,060,901k.** As at Month 10, the ICB is reporting a **£7,500k surplus** against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of **£9,000k** in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.

- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£6,472k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 8 months of 2022/23 compared to the same period for last year, **has increased by circa 3.3%.** The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£6,823k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£9,271k** before mitigations. This is set out in greater detail later in this report in section 5. A second area of overspend relates to Continuing Healthcare **(£1,286k overspent YTD, primarily in Greenwich and Lambeth).** SEL wide two boroughs **(Bromley £1,038k and Greenwich £1,777k)** are reporting material **overspend** positions at Month 10, for which recovery plans are being implemented.

- In reporting this Month 10 position, the ICB has delivered the following financial duties:
  - 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 10, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	**125,212**	**215,006**	**162,769**	**187,409**	**146,255**	**144,257**	**2,922,170**	**3,903,078**
CCG Final Budget	**31,009**	**53,434**	**40,344**	**46,467**	**36,064**	**35,407**	**721,525**	**964,249**
ICB Start Budget	**94,203**	**161,573**	**122,426**	**140,942**	**110,191**	**108,850**	**2,200,645**	**2,938,829**
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	**4,220**
M1-3 Carry Forward (Allocated)							1,047	**1,047**
M4 Budget	**95,777**	**164,687**	**124,535**	**142,301**	**111,535**	**109,909**	**2,195,351**	**2,944,096**
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	**-**
M5 allocations	-	-	50	26	33	30	7,741	**7,880**
M5 Budget	**96,485**	**165,452**	**125,347**	**143,287**	**112,406**	**110,740**	**2,198,259**	**2,951,976**
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	**-**
M6 allocations	373	1,453	646	470	241	110	66,675	**69,968**
M6 Budget	**98,320**	**169,206**	**127,759**	**144,234**	**113,304**	**111,367**	**2,257,754**	**3,021,944**
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	**-**
M7 allocations	-	-	-	-	-	-	3,717	**3,717**
M7 Budget	**99,830**	**171,260**	**129,527**	**146,719**	**115,256**	**113,417**	**2,249,651**	**3,025,661**
M8 Internal Adjustments	-	294	13	93	41	20	(461)	**-**
M8 allocations	-	-	-	-	-	-	14,909	**14,909**
M8 Budget	**99,830**	**171,554**	**129,540**	**146,812**	**115,297**	**113,437**	**2,264,099**	**3,040,570**
M9 Internal Adjustments	477	641	581	758	667	676	(3,799)	**-**
M9 allocations	-	-	-	-	-	-	4,729	**4,729**
M9 Budget	**100,307**	**172,194**	**130,121**	**147,570**	**115,964**	**114,113**	**2,265,028**	**3,045,299**
M10 Internal Adjustments								
Delegated Primary Care (Locum)		61	39	5	89	22	(216)	**-**
Other	(53)	50		(190)		12	181	**-**
M10 Allocations								
Discharge Funding	566	793	679	899	765	751		**4,453**
Winter Capital GPIT & Access DES	256	256	256	256	256	256	483	**2,022**
NHS 111 Capacity funding							1,595	**1,595**
H1 Independent Sector ESRF							3,742	**3,742**
Pensions additional 6.3% contribution							1,585	**1,585**
DOAC rebates							505	**505**
Primary Care - N365 licences/Waterloo Health Centre							534	**534**
Prevention - Tobacco							217	**217**
Other Allocations			57	19	41	133	700	**950**
M10 Budget	**101,076**	**173,355**	**131,152**	**148,559**	**117,116**	**115,287**	**2,274,355**	**3,060,901**

- The table sets out the Revenue Resource Limit at Month 10. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations are received in-year.
- In month, the ICB has received an additional £15,603k of allocations, giving the **ICB a total allocation of £3,060,901k** at Month 10**.** An assessment will be made in-month in respect of forecasted spend against additional allocations. The ICB has received an allocation of **£8,933k** in respect of the brought forward surplus from the CCG. This is a technical adjustment, in that it is highly unlikely that the ICB will be able to drawdown against this funding.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting a surplus of **£7,500k** as at Month 10. The surplus at Month 10, is after the agreed release of reserves held by the ICB, and the full year release **(£9,000k)** is the ICB's contribution to the wider ICS financial position.
- All other financial duties have been delivered for the year to Month 10 period.
- A break-even position is forecasted for the 2022/23 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	-	7,500	-	-	
Expenditure not to exceed income	2,388,691	2,381,191	3,073,936	3,073,936	
Operating Under Resource Revenue Limit	2,370,792	2,363,292	3,050,921	3,050,921	
Not to exceed Running Cost Allowance	22,428	22,317	28,836	28,693	
Month End Cash Position (expected to be below target)	7,550	509	8,500	-	
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	98.6%	95.0%	98.2%	
Mental Health Investment Standard (Annual)	314,774	314,889	404,710	404,857	

4. Budget Overview

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,093	3,818	14,331	913	1,143	573	1,290,242	**1,314,113**
Community Health Services	10,511	46,367	16,144	14,614	15,879	17,940	129,901	**251,356**
Mental Health Services	6,095	7,666	4,999	11,593	3,706	3,552	261,946	**299,558**
Continuing Care Services	13,963	14,167	15,155	17,523	11,890	11,406	-	**84,104**
Prescribing	19,317	26,397	19,046	22,156	22,410	18,344	1,472	**129,143**
Other Primary Care Services	1,780	1,828	1,640	1,952	964	652	14,016	**22,832**
Other Programme Services	14	21	26	199	193	200	40,421	**41,074**
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	**192,570**
Corporate Budgets	2,063	2,749	2,798	3,478	2,529	2,633	19,793	**36,042**
Total Year to Date Budget	**78,476**	**134,684**	**101,848**	**115,354**	**90,982**	**89,521**	**1,759,927**	**2,370,792**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	3,025	3,801	14,430	494	987	554	1,290,446	**1,313,737**
Community Health Services	10,351	46,263	15,944	14,021	15,340	17,663	129,655	**249,235**
Mental Health Services	5,971	7,697	4,531	11,410	3,684	3,945	261,962	**299,200**
Continuing Care Services	13,670	13,782	16,404	18,425	12,142	10,966	-	**85,390**
Prescribing	20,413	28,280	20,381	22,884	23,279	18,832	1,545	**135,614**
Other Primary Care Services	1,680	1,828	1,666	1,952	905	637	14,512	**23,180**
Other Programme Services	26	43	9	247	89	281	30,501	**31,197**
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	**192,570**
Corporate Budgets	1,744	2,355	2,550	2,998	2,223	2,256	19,041	**33,168**
Total Year to Date Actual	**78,521**	**135,721**	**103,625**	**115,355**	**90,918**	**89,355**	**1,749,797**	**2,363,292**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	69	16	(99)	420	155	19	(204)	**376**
Community Health Services	160	105	200	593	539	278	247	**2,121**
Mental Health Services	124	(31)	468	183	23	(393)	(16)	**358**
Continuing Care Services	292	385	(1,249)	(901)	(252)	439	-	**(1,286)**
Prescribing	(1,096)	(1,883)	(1,335)	(728)	(869)	(488)	(73)	**(6,472)**
Other Primary Care Services	100	(0)	(26)	0	59	15	(496)	**(349)**
Other Programme Services	(13)	(22)	18	(48)	104	(81)	9,920	**9,877**
Delegated Primary Care Services	-	-	(0)	-	-	-	-	**(0)**
Corporate Budgets	318	394	248	480	306	377	753	**2,874**
Total Year to Date Variance	**(45)**	**(1,038)**	**(1,777)**	**(1)**	**64**	**166**	**10,130**	**7,500**

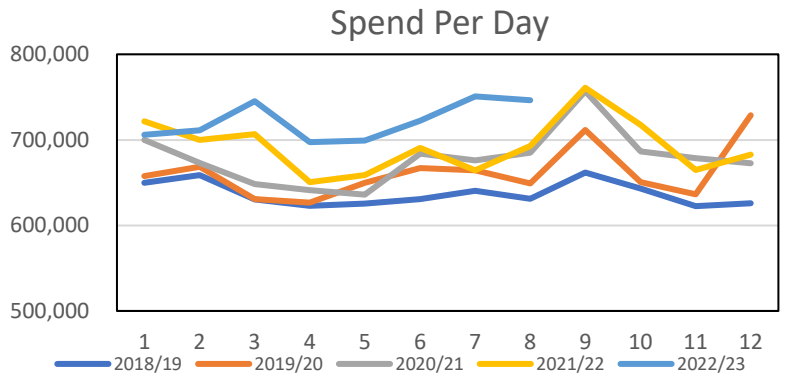
- At Month 10, the ICB is reporting an overall **a £7,500k surplus** against its **22/23 BAU budgets.** Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£6,472k overspend** against its **prescribing position**. This position is based upon M01-08 data and represents a like for like **deterioration of the position in-month** of £2,047k. Prescribing activity has increased by 3.3% compared to the same period in 2021/22. The underlying drivers relate to national issues including the availability of unbranded drugs (No Cheaper Stock available), the price of Cat M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in Section 5.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£2,855k**. In-month there have been reductions in spend with Urgent Care Centres, community services with NHS and non-NHS Providers and mental health cost per case activity. This underspend is partially offsetting the overspend in prescribing highlighted above.
- The overall **continuing care** financial position is **£1,286k** overspent, although the underlying pressures are variable across the boroughs. Whilst boroughs have seen a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An increase in the number of clients in Greenwich, Lambeth and Lewisham coupled with higher package prices are driving their adverse positions. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The Other Primary Care services overspend of **£349k** relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£2,874k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 10 prescribing position is based upon M01-08 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£6,472k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase in items of around 3.3%**. On a borough basis, the increase range from Southwark (2.2%) to Bexley (4.8%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	81,568	12,703	13,561	13,883	14,403	11,880	12,568	15,659	16,526	10,799	11,467	12,647	13,037
November	79,855	81,572	12,873	13,588	14,021	14,297	12,078	12,449	16,371	16,824	11,556	11,508	12,954	12,896
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Average	**79,298**	**80,982**	**12,704**	**13,157**	**13,719**	**14,057**	**12,303**	**12,533**	**16,187**	**16,525**	**11,324**	**11,460**	**13,059**	**13,245**
YTD Average Comparison	**78,032**	**80,982**	**12,482**	**13,157**	**13,497**	**14,057**	**12,070**	**12,533**	**15,977**	**16,525**	**11,112**	**11,460**	**12,892**	**13,245**



- If this increase in activity and high acuity continues, then the full year forecast impact would be circa **£9,271k**, before mitigations. The table to the right is showing the borough level impact. This is **£1,363k** higher compared to last month's forecast as a result of increased spend on NCSO and Cat-M drugs. This is a national cost pressure and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley.

Borough	Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	26,151,147	(1,529,152)
BROMLEY	33,645,508	36,422,283	(2,776,775)
GREENWICH	24,144,054	25,982,910	(1,838,856)
LAMBETH	28,540,306	29,560,003	(1,019,697)
LEWISHAM	27,822,713	29,391,879	(1,569,166)
SOUTHWARK	23,472,795	24,010,033	(537,238)
SOUTH EAST LONDON	0	(0)	0
Total	**162,247,371**	**171,518,255**	**(9,270,884)**

5. Prescribing – Key Drivers of Growth and Mitigations

NHS South East London

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas and predominantly in NCSO (No Cheaper Stock available) and Cat-M. The latter consists of a group of drugs for which prices are managed and controlled by central government. These have a direct impact on branded product usage, availability and consequently on NCSO. The local system has no control over the aforementioned.
- There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- The total Prescribing overspend is **£6,472k YTD**. The table below shows that, **£6,823k** is the impact of national pressures on Cat-M and NCSO drugs, **£5,527k** above budget. As a consequence, the prescribing QIPP is forecasting annual under-delivery of **£1,650k**.
- The second table below shows the change in expenditure for the top 10 drugs impacted by Cat-M and NCSO. For these drugs, the increase in expenditure in 22/23 over the same period for 21/22 is **£4,342k**.

2022/23 M10 YTD Cat-M & NCSO spend

Borough	M10 YTD Budget £	M10 YTD Actuals £	M10 Variance £
BEXLEY	186,275	1,105,045	(918,769)
BROMLEY	274,542	1,451,136	(1,176,594)
GREENWICH	185,548	1,117,900	(932,352)
LAMBETH	223,650	1,105,713	(882,063)
LEWISHAM	228,240	1,097,745	(869,505)
SOUTHWARK	198,183	945,820	(747,637)
Total	**1,296,438**	**6,823,358**	**(5,526,920)**

Impact of Cat-M and NCSO by BNF Paragraph (July to January)

BNF Paragraph	Difference between YTD 21/22 vs YTD 22/23 £
Antihistamines	801,841
Bisphosphonates and other drugs	702,794
Antipsychotic drugs	697,107
Proton pump inhibitors	600,928
Penicillins	386,008
Selective serotonin re-uptake inhibitors	358,395
Mucolytics	225,637
Aminosalicylates	209,309
Other antidepressant drugs	191,609
Male sex hormones and antagonists	168,313
Total	**4,341,940**

6. NHS Continuing Healthcare - Overview

NHS South East London

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.

- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).

- The overall CHC financial position at Month 10 is an overspend of **£1,286k**, although underlying financial and activity pressures are variable across the individual boroughs. The pressures are primarily in Greenwich **(£1,249k)** and Lambeth **(£901k)**. Both the Greenwich and Lambeth teams are continuing to implement their local recovery plans. The Lambeth team is making progress in most elements of their recovery plan and aim to increase the pace further over February and March 2023. The Lambeth CHC team is also working on improving business as usual activities including arranging new training on Broadcare. The Greenwich forecast as at Month 10 assumes a breakeven run-rate position for the Q4 period to align with the embedding of workstreams within the financial recovery plan, with the initial benefits being noted within PHB clients.

- Generally, boroughs are experiencing some increase in activity in year, although this currently being offset by lower than anticipated price pressures. However, with price negotiations on-going with providers there is a risk that costs will increase in Q4. As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of £1,800k to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough has now been completed.

- The result of analysis of CHC expenditure across the Boroughs on a price and activity basis is set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

	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	**587**	**3,334**	**741**	**2,613**	**481**	**4,391**	**469**	**5,342**	**388**	**4,277**	**356**	**4,538**
Month 2	650	2,912	723	2,522	461	4,879	377	6,875	422	3,824	340	4,517
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	600	3,153	865	2,122	498	4,331	590	4,525	449	3,739	406	3,760
Month 5	805	2,380	919	1,980	521	4,417	617	4,516	427	3,976	421	3,618
Month 6	689	2,756	954	1,903	527	4,315	577	4,732	448	3,770	446	3,392
Month 7	755	2,550	999	1,794	556	4,792	585	4,684	465	3,607	490	3,087
Month8	817	2,360	1055	1,732	585	4,476	628	4,266	481	3,523	527	2,897
Month9	862	2,252	1105	1,665	607	3,957	742	3,696	522	3,296	553	2,715
Month10	932	2,091	1162	1,603	665	3,684	759	3,561	532	3,271	590	2,540

	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
Month 4	64	49	81	123	71	62
Month 5	59	47	77	129	73	65
Month 6	65	49	76	132	75	64
Month 7	64	47	80	137	71	62
Month 8	69	53	85	139	77	66
Month 9	71	59	87	142	78	68
Month 10	69	62	92	146	78	71

- The tables set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The second table shows the number of care packages > £1,500 per week per borough for year to Month 10.
- In month there was a small overall increase (13) in number of clients whose packages cost more than £1,500 per week. The table shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high-cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- For Lambeth, the increase in number of clients relates to FNC packages identified as part of the ongoing reconciliation on Broadcare, hence a reduction in the average price per client. A similar position for Greenwich whereupon new FNC clients at a fixed national rate of £209/week has driven down the average care package costs.

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.

- In year, the ICB is forecasting to spend circa **£2,893,3795k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£696,578k**
    - Kings College Hospital **£749,370k**
    - Lewisham and Greenwich **£592,185k**
    - South London and the Maudsley **£277,814k**
    - Oxleas **£212,555k**

- In month, the ICB position is showing an overspend of **£376k** on Acute services. This is primarily due to a rise in activity with independent sector providers. The acute team are implementing recovery actions that will bring the year end position back to **break-even**.

8. QIPP - Overview

NHS South East London

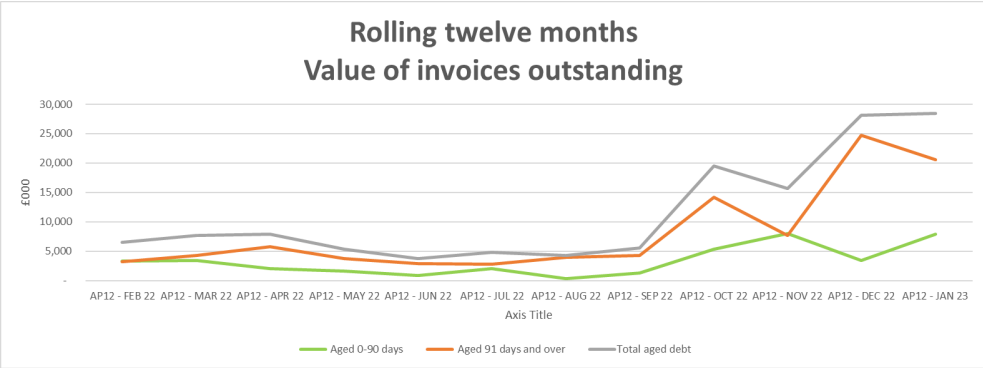
- The ICB has a total QIPP savings ask of **£29,305k** for 2022/23. The table below shows the latest position as at Month 10 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.

- Overall, the ICB savings plan is reporting an adverse variance of circa **£1,536k** at Month 10. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. Currently of the **£22,598k** delivered as at Month 10, **£17,032k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£20,815k**. Borough and central teams have been asked to recurrently identify savings which will have a full year recurrent effect of circa £29,000k going into 2023/24.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,644	1,318	-327	1,217	101	1,581	-432	1,460	121
Bromley	3,841	3,133	2,838	-295	2,637	201	3,448	-393	3,207	241
Greenwich	2,891	2,386	1,834	-552	1,603	231	2,201	-690	1,924	277
Lambeth	2,555	2,096	1,946	-150	1,811	135	2,475	-80	2,340	135
Lewisham	2,623	2,078	2,047	-31	1,885	162	2,623	0	2,429	194
Southwark	1,963	1,614	1,433	-181	1,312	121	1,712	-251	1,574	138
SEL Central	13,419	11,183	11,183	0	6,568	4,615	13,419	0	7,881	5,538
Total	**29,305**	**24,134**	**22,598**	**-1,536**	**17,032**	**5,566**	**27,453**	**-1,846**	**20,815**	**6,644**

- The forecast outturn is an **under-delivery of £1,846k**, mainly due to prescribing **(£1,650k)**. The savings position has deteriorated slightly this month due to the further slippage in the prescribing savings plans. Whilst work is being undertaken by boroughs to mitigate slippage and maximise savings potential it is unlikely these will be delivered in full by the end of the year. Where boroughs are showing slippage on savings and reporting a deficit position, financial recoveries have been implemented and other plans either through non-recurrent measures or further QIPP plans are being actioned to ensure that each borough minimises financial overspends by March 2023.

9. Debtors Position



Overview:

- The ICB has an overall debt position of **£28.4m** at Month 10 that is **£0.3m** higher compared to last month. **£11.6m** of the debt relates to invoices raised to Lambeth Council at the end of the Month for community and mental health services. Of the current debt, **£1.4m (4.8%)** relates to debt over 3 months old. Following the work undertaken to resolve debt queries prior to the transition to the new ledger, the ICB has implemented a more BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. Regular meetings with SBS are also assisting.
- The top 10 aged debtors are provided in the table below, with the main balances remaining with Circle Clinical Services (MSK services in Greenwich), Bromley and Lambeth local authorities, Health Education England (HEE) and NHSE.

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	4,469	678	2,424	230	39	51	7,891
Non-NHS	4,289	12,920	898	1,156	1,334	(52)	20,545
Unallocated	0	0	0	0	0	0	0
Total	**8,758**	**13,598**	**3,322**	**1,386**	**1,373**	**(1)**	**28,436**

Number	Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	LAMBETH LONDON BOROUGH	11,570	15	11,611	- 41	12	3
2	NHS ENGLAND	4,093	11	4,093	-	11	-
3	HEALTH	2,338	4	2,321	17	3	1
4	CIRCLE CLINICAL	2,097	2	2,097	-	2	-
5	BROMLEY LONDON BOROUGH	1,995	11	1,526	469	8	3
6	LEWISHAM LONDON	1,220	1	1,220	-	1	-
7	GREENWICH LONDON	1,047	7	1,094	- 47	5	2
8	SOUTHWARK LONDON	671	11	302	369	7	4
9	GREENBROOKS HEA	620	3	213	407	1	2
10	KINGS COLLEGE LON	564	1	564	-	1	-

10. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at Month 10, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,824k**.

- As at Month 10, the ICB had drawn down 76.5% of the available cash compared to the budget cash figure of 77.8%. In January, there was no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end.

- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team to achieve the target cash balance. The actual cash balance at the end of Month 10 was **£509k**, well within the target set by NHSE.

- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met these targets each month and it is expected that these targets will be met in full at the end of the year.

Annual Cash Drawdown Requirement for	2022/23 AP10 - JAN 23	2022/23 AP9 - DEC 22	2022/23 Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	3,050,921	3,035,319	15,602
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation			
Less:			
Cash drawn down			
Prescription Pricing Authority	(187,214)	(167,594)	(19,620)
Other Central / BSA payments-HOT	(2,080)	(1,877)	(202)
Pension uplift 6.3%	(2,038)	(454)	(1,585)
Add back PCSE System Error			0
Remaining Cash limit	**3,823,592**	**3,829,397**	**(5,805)**

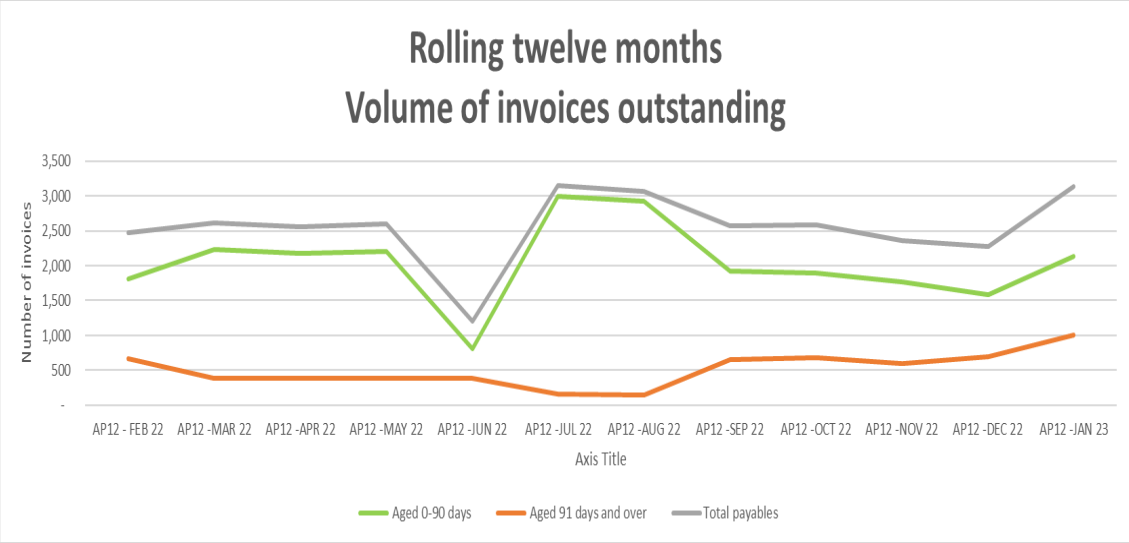
Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
CCG							
Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
ICB							
Jul-22	295,000	15,000	310,000	10.59%	3,688	253	0.09%
Aug-22	310,000	0	620,000	21.18%	3,875	197	0.06%
Sep-22	335,000	0	955,000	32.62%	4,188	690	0.21%
Oct-22	305,000	12,000	1,272,000	44.10%	3,813	1,918	0.63%
Nov-22	317,000	0	1,589,000	76.51%	3,963	919	0.29%
Dec-22	302,000	0	1,891,000	65.70%	3,775	185	0.06%
Jan-23	320,000	0	2,211,000	76.50%	4,000	509	0.16%
Feb-23							
Mar-23							
	3,053,000	**54,000**					

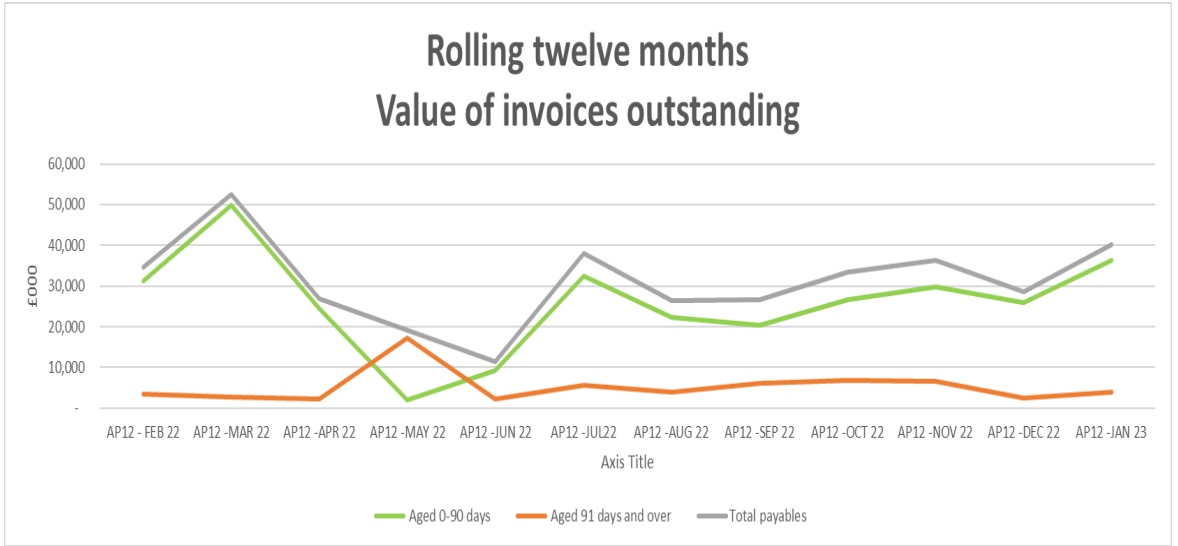
11. Aged Creditors

Following the implementation of the new financial ledger for the ICB, there was an initial increase in July in the volume of invoices outstanding. This was due to the work undertaken to reduce volumes for the end of June, followed by a period of no invoices being scanned and then, the opening of the new ledger for suppliers to submit invoices.

While the volume and value of overall outstanding invoices increased in January, in-month the ICB has made progress in clearing from the ledger significant creditors over 91 days old. This work is ongoing and will continue for the rest of the financial year.

As part of routine monthly reporting for 2022/23, high value invoices are being reviewed to establish if they can be settled quickly and budget holders are being reminded on a constant basis to review their workflows.





12. Mental Health Investment Standard (MHIS) Overview

South East London Integrated Care System

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 21/22 outturn by a **minimum of the growth uplift of 5.52%**. 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
- The MHIS target is measured for the financial year 2022/23 and therefore brings together the Q1 CCG 22/23 and the SEL ICB Q2-Q4 22/23 reported position
- Slide 3 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M10. The ICB is forecasting that it will deliver the target value of **£404,710k** with a forecast of **£404,856k** (£146k over delivery). Within this position, mental health prescribing is overspent by £1,155k (12.4%) with Cat M and No Cheaper Stock Obtainable (NCSO) drugs continuing to have a significant impact.
- Slide 4 sets out the position by ICB budgetary area.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this is not the case there is a risk that the target will not be delivered
- We are seeing an increase in spend in some boroughs on mental health, for example on S117 placements.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, we are seeing a significant cost pressure resulting from increasing demand of approximately £1.4m. This cost is managed within the overall mental health budgets. Work is underway to understand and manage the drivers for this demand.
- Prescribing spend is volatile within and across years – in 21/22 we saw a reduction in spend on Sertraline of approximately £2m on a total plan of approximately £11.7m (17%). In 22/23, spend is increasing as described above.
- As stated previously, delivery of the target relies on the current position being sustained and this needs to be taken into account as boroughs implement their local recovery plans.

12. MHIS – Summary Position at Month 10

South East London Integrated Care System

Mental Health Spend By Category	Category Reference Number	Total Mental Health (per recategorisation exercise) Plan 31/03/2023 Year Ending £'000	Mental Health - NHS Actual 31/01/2023 YTD £'000	Mental Health - Non-NHS Actual 31/01/2023 YTD £'000	Total Mental Health Actual 31/01/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2023 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2023 Year Ending £'000	Total Mental Health Forecast 31/03/2023 Year Ending £'000	Total Mental Health Variance 31/03/2023 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	38,119	29,043	3,271	32,314	34,851	3,920	38,771	(652)
Children & Young People's Eating Disorders	2	2,773	2,311	0	2,311	2,773	0	2,773	0
Perinatal Mental Health (Community)	3	8,790	7,325	0	7,325	8,790	0	8,790	0
Improved access to psychological therapies (adult and older adult)	4	31,824	21,122	5,378	26,500	25,345	6,470	31,815	9
A and E and Ward Liaison mental health services (adult and older adult)	5	15,786	13,155	0	13,155	15,786	0	15,786	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,035	10,029	0	10,029	12,035	0	12,035	0
Adult community-based mental health crisis care (adult and older adult)	7	30,014	24,628	335	24,963	29,553	403	29,956	58
Ambulance response services	8	942	785	0	785	942	0	942	0
Community A – community services that are not bed-based / not placements	9a	108,044	79,919	9,959	89,878	95,904	12,231	108,135	(91)
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	21,850	9,873	7,495	17,368	12,056	8,928	20,984	866
Mental Health Placements in Hospitals	20	6,331	4,849	601	5,450	5,620	740	6,360	(29)
Mental Health Act	10	6,341	0	5,073	5,073	0	6,131	6,131	210
SMI Physical health checks	11	743	435	39	474	522	39	561	182
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	107,601	89,668	0	89,668	107,601	0	107,601	0
Adult and older adult acute mental health out of area placements	14	3,631	2,357	449	2,806	2,828	534	3,362	269
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**394,824**	**295,499**	**32,600**	**328,099**	**354,606**	**39,396**	**394,002**	**822**
Mental health prescribing	16	9,345	0	8,750	8,750	0	10,500	10,500	(1,155)
Mental health in continuing care (CHC)	17	541	0	290	290	0	355	355	186
Sub-total - MHIS (inc CHC, Prescribing)		**404,710**	**295,499**	**41,640**	**337,139**	**354,606**	**50,251**	**404,857**	**(147)**
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	0	0	0	0	0	0	0	0
Learning Disability & Autism - not separately identified	18c	27,701	9,527	13,049	22,576	11,432	15,698	27,130	571
Dementia	19	13,852	10,012	1,251	11,263	12,015	1,533	13,548	304
Sub-total - LD&A & Dementia (not included in MHIS)		**41,553**	**19,539**	**14,300**	**33,839**	**23,447**	**17,231**	**40,678**	**875**
Total - Mental Health Services		**446,263**	**315,038**	**55,940**	**370,978**	**378,053**	**67,482**	**445,535**	**728**

12. Summary MHIS Position M10 – position by budgetary area

South East London Integrated Care System

Mental Health Investment Standard (MHIS) position by budgetary area

		Year to Date position for the nine months ended 31 January 2023						Forecast Outturn position for the financial year ended 31 March 2023					
		Year To Date	Planning Directorate 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	£31,766	£29,043	£3,271	£0	£32,314	-£548	£38,119	£34,851	£3,920	£0	£38,771	-£652
Children & Young People's Eating Disorders	2	£2,311	£2,311	£0	£0	£2,311	-£0	£2,773	£2,773	£0	£0	£2,773	£0
Perinatal Mental Health (Community)	3	£7,325	£7,325	£0	£0	£7,325	£0	£8,790	£8,790	£0	£0	£8,790	£0
Improved access to psychological therapies (adult and older adult)	4	£26,520	£21,122	£5,378	£0	£26,500	£20	£31,824	£25,345	£6,470	£0	£31,815	£9
A and E and Ward Liaison mental health services (adult and older adult)	5	£13,155	£13,155	£0	£0	£13,155	£0	£15,786	£15,786	£0	£0	£15,786	£0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	£10,029	£10,029	£0	£0	£10,029	£0	£12,035	£12,035	£0	£0	£12,035	£0
Adult community-based mental health crisis care (adult and older adult)	7	£25,012	£24,628	£335	£0	£24,963	£49	£30,014	£29,553	£403	£0	£29,956	£58
Ambulance response services	8	£785	£785	£0	£0	£785	£0	£942	£942	£0	£0	£942	£0
Community A – community services that are not bed-based / not placements	9a	£90,037	£79,919	£9,959	£0	£89,878	£159	£108,044	£95,904	£12,231	£0	£108,135	-£91
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	£18,208	£9,873	£7,324	£171	£17,368	£840	£21,850	£12,056	£8,723	£205	£20,984	£866
Mental Health Placements in Hospitals	20	£5,276	£4,849	£601	£0	£5,450	-£174	£6,331	£5,620	£740	£0	£6,360	-£29
Mental Health Act	10	£5,284	£0	£5,073	£0	£5,073	£211	£6,341	£0	£6,131	£0	£6,131	£210
SMI Physical health checks	11	£619	£435	£39	£0	£474	£145	£743	£522	£39	£0	£561	£182
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	£89,668	£89,668	£0	£0	£89,668	-£1	£107,601	£107,601	£0	£0	£107,601	£0
Adult and older adult acute mental health out of area placements	14	£3,026	£2,357	£449	£0	£2,806	£220	£3,631	£2,828	£534	£0	£3,362	£269
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**£329,020**	**£295,499**	**£32,429**	**£171**	**£328,099**	**£921**	**£394,824**	**£354,606**	**£39,190**	**£205**	**£394,002**	**£822**
Other Mental Health Services:													
Mental health prescribing	16	£7,787	£0	£0	£8,750	£8,750	-£963	£9,345	£0	£0	£10,500	£10,500	-£1,155
Mental health continuing health care (CHC)	17	£451	£0	£0	£290	£290	£161	£541	£0	£0	£355	£355	£186
Sub-total - MHIS (inc. CHC and prescribing)		**£337,258**	**£295,499**	**£32,429**	**£9,211**	**£337,139**	**£119**	**£404,710**	**£354,606**	**£39,190**	**£11,060**	**£404,856**	**-£146**
Learning Disability	18a	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Autism	18b	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Learning Disability & Autism - not separately identified	18c	£23,085	£9,527	£9,508	£2,744	£21,779	£1,306	£27,701	£11,432	£12,405	£3,292	£27,130	£572
Learning Disability & Autism (LD&A) (not included in MHIS) - total	**i**	**£23,085**	**£9,527**	**£9,508**	**£2,744**	**£21,779**	**£1,306**	**£27,701**	**£11,432**	**£12,405**	**£3,292**	**£27,130**	**£572**
Dementia	19	£11,544	£10,012	£902	£349	£11,263	£280	£13,852	£12,015	£1,114	£419	£13,548	£305
Sub-total - LD&A & Dementia (not included in MHIS)		**£34,628**	**£19,539**	**£10,410**	**£3,093**	**£33,042**	**£1,586**	**£41,554**	**£23,447**	**£13,519**	**£3,711**	**£40,677**	**£877**
Total Mental Health Spend - excludes ADHD		**£371,887**	**£315,038**	**£42,839**	**£12,304**	**£370,181**	**£1,705**	**£446,264**	**£378,053**	**£52,709**	**£14,771**	**£445,533**	**£730**

- Approximately 85% of MHIS spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of continuing health care

SEL ICB Finance Report

Updates from Boroughs

Month 10

Appendix 1 - Bexley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,093	3,025	69	3,977	3,927	50
Community Health Services	10,511	10,351	160	13,514	13,464	50
Mental Health Services	6,095	5,971	124	7,837	7,686	150
Continuing Care Services	13,963	13,670	292	18,051	17,751	300
Prescribing	19,317	20,413	(1,096)	24,831	26,234	(1,403)
Other Primary Care Services	1,780	1,680	100	2,288	2,188	100
Other Programme Services	14	26	(13)	18	18	(0)
Delegated Primary Care Services	21,641	21,641	0	27,910	27,910	(0)
Corporate Budgets	2,063	1,744	318	2,652	2,302	350
Total	**78,476**	**78,521**	**(45)**	**101,077**	**101,480**	**(402)**

- At month 10, Bexley is reporting a £45k overspend year to date, which is a positive movement in month of £89k. The main driver of this movement was a further in month deterioration of £234k in the prescribing position. This overall position is made up of underspends on Mental Health, Community, Acute, Other Primary Care and CHC which are offsetting the overspend on Prescribing. The majority of the underspend is non-recurrent and it is hoped that most of the prescribing Cat M and NCSO will be non recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- There has been some improvement in the community budgets this month due to some non recurrent mitigations being identified and the underspends in Mental Health CPC and CHC have continued this month. The main area of overspend is prescribing where there has been another material increase in month which it is believed is due to the Strep A outbreak and the antibiotics becoming an out of stock item. As in previous months, the main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related. This will need to be addressed as we move into next year.
- Bexley is now predicting a year end overspend of £402k which is £25k less than predicted last month due to some increases in underspends in community which have been identified as non recurrent mitigations. Budget holders continue to explore further mitigations to see if year end breakeven can be achieved or at least the position improved.
- In respect of savings, plans are in place for the savings targets. Generally, these schemes are largely on track except for prescribing which is currently underdelivering due to the self care project not delivering which is felt largely to be as a result of the cost of living crisis. The other prescribing schemes are delivering the required levels of QIPP. However, Bexley is not forecasting any net QIPP on prescribing schemes this financial year.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,818	3,801	16	4,908	4,887	21
Community Health Services	46,367	46,263	105	59,615	59,481	134
Mental Health Services	7,666	7,697	(31)	9,856	9,894	(38)
Continuing Care Services	14,167	13,782	385	18,303	17,740	563
Prescribing	26,397	28,280	(1,883)	33,939	36,312	(2,373)
Other Primary Care Services	1,828	1,828	(0)	2,350	2,350	(0)
Other Programme Services	21	43	(22)	27	56	(29)
Delegated Primary Care Services	31,671	31,671	0	40,822	40,822	(0)
Corporate Budgets	2,749	2,355	394	3,534	3,050	484
Total	**134,684**	**135,721**	**(1,038)**	**173,355**	**174,592**	**(1,237)**

- The borough is reporting an overspend of £1,038k at Month 10. The position includes a £1,883k overspend on prescribing. This is partially offset by underspends in Community, Continuing Healthcare and Corporate budgets.

- The Prescribing position is £1,883k overspent year to date and the forecast position is £2,373k based on the Month 8 PPA data adjusted for QIPP and mitigations. Within this position the cost of Cat M & NCSO drugs for the period from July 2022 to January 2023 is £1,451k. The cost of these drugs in the same period last year was £274k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year should help to reduce the overspend. The mitigations relate to QIPP, DOAC rebates and other rebates, however the impact of these has now reduced compared to the initial plan.

- Within the Community budget the AQP contract for hearing is over performing and is overspent by £465k, this is currently being offset by other non-recurrent underspends within community budgets. The Mental Health budget is £31k overspent as there has been a significant increase in cost per case spend, compared to last year. This is due to an increase in the numbers of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated as budget has been transferred within the directorate to resolve the issue.

- The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 10 all schemes are on target except for prescribing which is reporting both a year to date (£295k) and forecast overspend (£393k).

- The likely year end forecast position is now an overspend of £1,237k compared to the previous forecast position of £1,115k last month. The key movement in the position relates to the deteriorating prescribing position, as set out above. Best and worst-case forecast scenarios have also been modelled and the variances range from £892k overspent as best case to £1,584k overspent as worst case.

Appendix 3 - Greenwich

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	14,331	14,430	(99)	18,425	18,425	0
Community Health Services	16,144	15,944	200	20,756	20,756	(0)
Mental Health Services	4,999	4,531	468	6,428	5,978	450
Continuing Care Services	15,155	16,404	(1,249)	19,595	20,695	(1,100)
Prescribing	19,046	20,381	(1,335)	24,488	26,172	(1,684)
Other Primary Care Services	1,640	1,666	(26)	2,102	2,152	(50)
Other Programme Services	26	9	18	34	34	(0)
Delegated Primary Care Services	27,709	27,709	(0)	35,727	35,727	(0)
Corporate Budgets	2,798	2,550	248	3,597	3,397	200
Total	**101,848**	**103,625**	**(1,777)**	**131,151**	**133,336**	**(2,184)**

- The overall borough position is reported £1,777k adverse, with an underspend in Mental Health and Corporate Budgets partially mitigating the significant pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is unchanged from last month.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures are focussed on Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions.
- CHC is £1,249k overspent to date, with in-month pressures arising within Children cases. The improvement within Adults is attributable to the phased implementation of the actions outlined within the financial recovery line albeit mitigated with the occurrence of retrospective costs with the finalisation of appeals. An initial database review had been undertaken, and this is now being be re-examined at individual client level to ensure the robustness of reported numbers. In parallel, further intense work is continuing to include the assessment of personal health budgets (PHB) at individual case level to ensure the recovery of unspent funds from clients can be implemented where appropriate. The borough view of CHC forecast assumes a break even position for Q4 to align with the financial recovery plan.
- The £99k pressure in Acute Services is attributable to the recharge of costs for residents using UCC services within Bromley borough. No central budget alignment has been provided for this expenditure.
- The Corporate Budget underspend is due to vacancies within the staffing establishment. This trend is projected to continue due to the tightened controls in place on recruitment.
- The delegated budgets at M10 include the initial tranche of non recurrent allocations for Mental Health (SDF/CMH), Winter Pressures, Virtual Wards and the full complement of ASC funding.

Appendix 4 - Lambeth

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	913	494	420	1,174	635	539
Community Health Services	14,614	14,021	593	18,790	18,027	763
Mental Health Services	11,593	11,410	183	14,905	14,799	106
Continuing Care Services	17,523	18,425	(901)	22,667	23,950	(1,283)
Prescribing	22,156	22,884	(728)	28,487	29,356	(869)
Other Primary Care Services	1,952	1,952	0	2,496	2,496	0
Other Programme Services	199	247	(48)	256	318	(62)
Delegated Primary Care Services	42,924	42,924	0	55,314	55,314	(0)
Corporate Budgets	3,478	2,998	480	4,472	3,855	617
Total	**115,354**	**115,355**	**(1)**	**148,559**	**148,748**	**(188)**

- The borough is reporting an overall year to date position of £1k overspend and forecast overspend of £188k at Month 10. The reported position includes overspends on Continuing Healthcare and Prescribing, offset by underspends in Acute, Community, Mental Health and Corporate budgets.
- The Acute Services reported position reflects the level of borough's Urgent Care Centre spend and activity mainly due to services no longer commissioned from the Clapham Junction Walk In Centre. The Community Health Services underspend reflects actual payments and contractual commitments and Corporate budgets reflects level of vacancies during the reporting period.
- The CHC team are reinforcing mechanisms to ensure all CHC and FNC cases are accurately reflected on the database and continued to progress the recovery plan submitted in December 2022.
- The Prescribing month 10 position is based upon M01-08 2022/23 actual data and represents an adverse in-month movement as the PPA information is provided two months in arrears. The borough Medicines Optimisation team are undertaking visits to outlier practices. This is being linked with the wider SEL work being undertaken.
- The 2022/23 borough savings requirement is £2,555k. As at month 10 the borough is reporting an under delivery of £150k mainly driven by Continuing Healthcare position (£63k) and Prescribing (£223k) and forecasting £80k adverse variance against the overall target. Actions to mitigate under delivery of the savings requirement is linked in with the work being done to address the adverse variance on the Continuing Healthcare and Prescribing 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	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	1,143	987	155	1,469	1,269	200
Community Health Services	15,879	15,340	539	20,416	19,542	873
Mental Health Services	3,706	3,684	23	4,765	4,765	0
Continuing Care Services	11,890	12,142	(252)	15,373	15,859	(486)
Prescribing	22,410	23,279	(869)	28,812	29,930	(1,118)
Other Primary Care Services	964	905	59	1,235	1,159	76
Other Programme Services	193	89	104	248	114	134
Delegated Primary Care Services	32,270	32,270	0	41,547	41,547	0
Corporate Budgets	2,529	2,223	306	3,251	2,859	393
Total	**90,982**	**90,918**	**64**	**117,117**	**117,046**	**72**

- At month 10, the borough is overall reporting an underspend of £64k. However, there is a significant prescribing overspend at month 10 of £869k reflecting 8 months to November PPA data offset by some non PPA budget mitigations. This position continues to be driven by prescribing activity which is 4.1% higher than in the same period last year, and also price pressures impacting from Cat M and NCSO drugs.
- Continuing care services is also showing an overspend of £252k driven by an increase in the number and value of packages approved mainly relating to funded nursing care.
- The forecast outturn overall remains a £72k underspend as forecast at month 9. Whilst prescribing and continuing care services are showing material forecast overspends, there are sufficient mitigations from other budgets being applied to offset these pressures. The largest is within community health service budgets reflecting community equipment underspends and changes to community investment.
- The corporate forecast is showing an underspend of £393k reflecting the vacancies position in the borough and the management of some other corporate contracts which is also contributing to manage the overall borough position.
- The borough is largely on plan against its YTD savings target, with the exception of prescribing showing a small under achievement of £31k.
- The YTD savings position at month 10 shows the target of £2,623k for the year is on track to being delivered (£2,429k recurrently and £194k non recurrently).

Appendix 6 - Southwark

NHS South East London

Overall Position

	Year to Date Budget £'000	Year to Date Actuals £'000	Year to Date Variance £'000	ICB Budget £'000	Forecast Outturn £'000	Variance £'000
Other Acute Services	573	554	19	737	557	180
Other Community Health Services	17,940	17,663	278	23,066	22,630	436
Mental Health Services	3,552	3,945	-393	4,567	5,024	-457
Continuing Care Services	11,406	10,966	439	14,750	14,346	404
Prescribing	18,344	18,832	-488	23,585	24,172	-587
Other Primary Care Services	652	637	15	822	804	18
Other Programme Services	200	281	-81	258	362	-104
Delegated Primary Care Services	34,220	34,220	0	44,117	44,117	0
Corporate Budgets	2,633	2,256	377	3,385	2,901	484
Total	89,521	89,355	166	115,287	114,913	374

- The borough is reporting an underspend of £166k as at the end of month 10 The main movements from previous month are a further deterioration of Prescribing, and an improvement in the Mental Health position due to changes in placement costs. These variances are offset by underspends in Community Services, Continuing Care and corporate budgets The borough is expecting a forecast outturn underspend of £374k.

- The Prescribing overspend has deteriorated slightly from the previous month with a current overspend of £488k. It is expected that this trend will continue. The main reason for the overspend is medicine shortages - Cat M increases in costs and (NCSO) drugs in short supply. Non delivery of QIPP due to increased spend on self care drugs is also having an impact. The forecast Prescribing overspend is **£587k**. Within this **£447k** is the impact of national pressures on Cat-M and NCSO drugs. The medicine optimisation team continues to work to mitigate the overspend. Practices who are overspent by > 1% of allocated budget are being reviewed and all practice visits have been completed.

- The Mental Health position is an overspend of £393k. Forecast overspend has improved this month due to client movements and placements cost. The borough will be undertaking a review of all placements as part of its planning for 2023/24.

- The Continuing Health Care position is an underspend of £278k . The forecast underspend has deteriorated due to an increase in costs this month. Within community services, the borough is overspending significantly on its audiology budget, this is due primarily to an increase in activity. The borough is also overspending on its Interpreting budget – due in part to asylum seeker activity. Southwark has a significant number of contingency hotels for refugees and asylum seekers. The underspend in community is due to changes to investment throughout the year in order to mitigate risks within the borough in Mental Health & Prescribing.

- As at month 10, the borough is reporting an under delivery on prescribing savings of £187k. The YTD target overall is an under delivery of £181k. Medicine teams continue to monitor QIPP schemes and have put other mitigations in place.