

**Lewisham Local Care Partners Strategic Board**  
**Date: 26 January 2023, 14.30-16.00 hrs**  
**Venue: MS Teams (meeting to be held in public)**  
**Chair: Pinaki Ghoshal**

## AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	<b>Welcome, introductions, declarations of interest, apologies for absence &amp; Minutes of the previous LCP meeting held on 24 November 2022 (for approval)</b>	Verbal/ Enc 1	Chair	To Note/For Approval	14.30-14.35 5 mins
2.	<b>PEL (Place Executive Lead) update (incl. operational planning guidance)</b>	Enc 2	Ceri Jacob	To Note	14.35-14.40 5 mins
<b>Delivery</b>					
3.	<b>Primary Care Group report</b>	Enc 3	Ashley O'Shaughnessy	To Note/For Approval	14.40-14.50 10 mins
4.	<b>Diabetes outcomes improvement scheme</b>	Enc 4	Michelle Barber	For Approval	14.50-15.05 15 mins
5.	<b>Winter pressures and discharge work programme</b>	PRES	Sarah Wainer	For Discussion	15.05-15.15 10 mins
6.	<b>Risk Register</b>	Enc 5	Ceri Jacob	For Discussion	15.15-15.25 10 mins
7.	<b>Quarter 3 report Safeguarding</b>	Enc 6	<i>TBC</i>	To Note	15.25-15.35 10 mins
<b>Governance</b>					
8.	<b>Terms of Reference (ToR) – for review (LCP Strategic Board)</b>	Enc 7	Ceri Jacob/LCP Board	For Approval	15.35-15.40 5 mins
9.	<b>Finance update</b>	Enc 8	Michael Cunningham	For Discussion	15.40-15.50 10 mins
<b>Place Based Leadership</b>					
10.	<b>Any questions from members of the public</b>				15.50-15.55 5 mins
11.	<b>Any Other Business</b>		All		15.55-16.00 5 mins
<b>Papers for information</b>					

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**Lewisham Local Care Partners Strategic Board**

**Minutes of the meeting held in public on 24 November 2022 at 14.30 hrs**

**Via MS Teams**

**Present:**

Dr Jacky McLeod (JMc) (Chair)	Clinical & Care Professional Lead
Ceri Jacob (CJ)	Place Executive Lead, Lewisham, SEL ICS
Michael Kerin (MK)	Healthwatch representative
Anne Hooper (AH)	Community Representative
Dr Helen Tattersfield (HT)	Primary Care representative
Prad Velayuthan (PV)	One Health Lewisham (OHL)
Fiona Derbyshire (FD)	CEO Citizens Advice Lewisham, voluntary sector representative
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Tom Brown (TB)	Executive Director for Community Services (DASS), LBL

**In attendance:**

Lizzie Howe (LH)	Corporate Governance Lead, Lewisham, SEL ICS (Minutes)
Helen Eldridge (HE)	Head of Communications & Engagement Lewisham, SEL ICS
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Kate Moriarty-Baker (KMB)	Director of Transition SEL ICB
Kenny Gregory (KG)	Director of Adult Integrated Commissioning (Acting) SEL ICB & LBL

Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Dr Naheed Rana (NR)	Public Health Consultant LBL
Fiona Kirkman (FK)	System Transformation Lead, LHCP
Cordelia Hughes (CD)	Borough Business Support Lead Lewisham

**Apologies:**

Dr Pinaki Ghoshal, Executive Director CYP, LBL

Sarah Wainer, Director of System Transformation

Sandra Iskander, Acting Chief Strategy, Partnerships & Transformation Officer, LGT

Actioned by

1.	<p><b>Welcome, introductions, declarations of interest, apologies for absence &amp; Minutes from the previous meeting held on 29 September 2022</b></p> <p>Dr Jacky McLeod (Chair) welcomed everyone to the meeting.</p> <p>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 8.</p> <p>Apologies for absence were noted.</p> <p><u>Declaration of Interests</u> – 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.</p> <p><u>Minutes of the BBB/LHCP meeting held on 29 September 2022</u> – these were agreed as a correct record.</p> <p><b>The Board approved the Minutes of the BBB/LHCP meeting held on 29 September 2022.</b></p>	
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<p><b>2.</b></p>	<p><b>PEL (Place Executive Lead) update</b></p> <p>Ceri Jacob presented the agenda item.</p> <p>CJ updated on Digital Exclusion work, starting work with general practice first, will expand beyond that to other services. Will update further at future meetings.</p> <p>JTAI inspections had taken place over a three week period, finishing tomorrow. A narrative report will be issued in January 2023 and this will be shared this with the Board.</p> <p>Kate Moriarty-Baker is undertaking a review of the LCP quality processes, ensuring they are robust and are integral to local assurance work. KM-B is also looking at out of hospital delegated responsibilities and will be working across the LCP.</p> <p>MK said Healthwatch welcomed the work to address digital exclusion. They are also working on that and are happy to continue to support the LCP work. MK was also pleased to note KMB approach to quality work.</p>	
<p><b>3.</b></p>	<p><b>Lewisham Plan &amp; LCP Priority Setting report</b></p> <p>CJ presented the agenda item and reminded the group of the priorities agreed previously. Item here today was as an update and to seek approval for the proposed approach to finalising the plan.</p> <p>Slide 18 discussed; this set out the ambitions and success measures. Proposed timeline on slide 19 noted. Sarah Wainer is leading on this work.</p> <p>The plan will be presented at meetings in January and March for governance sign off.</p> <p>Slide 20 shared showing behaviours and principles agreed at 6 October workshop. These include equal voice and status around the table, openness and transparency, fair and proper share of risk and reward when making decisions.</p>	

	<p>Key deliverables in year one noted. Big focus on prevention. The Public health inequalities programme work was noted. The HI priority will build on this programme, utilising the Inequalities Toolkit and addressing low uptake of screening and immunisation .</p> <p>TB commented and noted the collaborative effort. LA Corporate Plan had been signed off last night and the overlap with this and the HWB strategy. TB welcome the approach, especially the focus on health equity. Need to move away from internal focus and use resources collectively, including taking risks together.</p> <p><b>The proposal was agreed by the LCP Board.</b></p>	
<p><b>4.</b></p>	<p><b>Integrated Primary Community Care</b></p> <p>CJ and FK presented the agenda item. CJ stated this was in response to the Fuller report earlier this year. It, fits with our direction of travel but is more than primary care.</p> <p>FK advised that a baseline assessment against the Fuller requirements had been undertaken in October 2022. This iteration of the plan has had input from all stakeholders, have shared the slides.</p> <p>The proposed governance was discussed. The work will be taken through three existing groups: Lewisham Primary Care Group, Lewisham UEC Board and the Lewisham Integrated Neighbourhood Alliance. A new task and finish group (Fuller Co-ordination Group) will oversee this work to ensure coherence across the programme.</p> <p>Next steps are workshops in the new year to start to agree the next phase of developing the neighbourhoods. FK is delivery lead programme for the neighbourhoods development specifically</p> <p>CJ commented on ensuring alignment with other LCP plans and working collaboratively together to ensure there is coherence.</p> <p>AH thanked all who had worked on it, noting it shows clarity and detail on how delivery plan will work alongside our communities.</p> <p>CJ stated KMB will ensure the quality voice is part of the plans.</p>	

	<p>MK stated he welcomed the intention to engage effectively with the community and understands the importance of good communications however, true engagement is not just through communications. It is by engaging with the seldom heard groups as well. CJ agreed and advised this had been discussed earlier that morning in another meeting.</p> <p>HT stated she agreed with MK. It is important to work together and it is not just about managerial boards. Commented on the number of boards and the need to ensure the right people are on the different groups so that the right conversation is had. CJ noted this was an important point.</p> <p>JMc noted some professional groups can be more engaged than others, so need to ensure we hear from more of the disciplines. We do work in different ways and have different work plans.</p> <p>FK stated delivery leads do work closely together and know who is on each board/attending each meeting.</p> <p>JMc asked about estates support, hub for community areas? Are we reimaging those? Lower level diagnostics example. CJ said they have had estates meetings and are looking at this sort of thing.</p> <p><b>The direction of planning was approved by the LCP Board.</b></p>	
<p><b>5.</b></p>	<p><b>Health Inequalities update</b></p> <p>Dr Catherine Mbema presented the agenda item. Slides previously circulated and also shared on screen.</p> <p>The board were updated on a two year development programme. The joint work with Birmingham Council was noted. CMB gave headlines on the review, BLACHIR. This has been presented at Health &amp; Wellbeing board and other boards. Black history month event also commented on. Hopefully this work will give reassurance to communities we are taking inequalities seriously.</p> <p>Programme is our statement of intent and there is a dedicated programme manager. CMB updated on the work and its eight</p>	

workstreams. Governance slide detailed how work fits together. There will be monitoring and reporting to measure impact as work progresses. New approaches and learning highlighted. Will be recruiting health equity fellows in each PCN area.

CMB also spoke about:

- Workstream 3: community development.
- Workstream 5: workforce toolbox
- Workstream 7: evaluation
- Workstream 8: programme enablement and oversight

CJ asked about data and breaking down information to neighbourhood level that can then be used with PCNs. CJ also noted that the system might have to commit for more than the current 2 year programme to really see the impacts in the population.

CMB, updated on data population health management system and that they are developing PCN packs. Work at PCN level will be channelled through the Health Equity Fellows. Funding is secured for 2 years but will need to work with partners on funding beyond that. Need to demonstrate it has been successful. Dr Naheed Rana said it also incorporated the 4 priorities of the LCP and there will be a strong case to support the longevity of the scheme.

JMc commented on investment for the longer term and the need to build on sustainable work for more equitable outcomes for the population we serve. The work needs to be embedded. These are important points.

TB noted the work and the need to make services more accessible. Resourcing this work should be a priority.

MK commented on timescale and the need to champion the initiative. This will help to set expectations.

AH acknowledged the system can also be hard to engage with and we need to think about how we make ourselves accessible to the local population. Need to make this financially sustainable for the future. The People's Partnership Committee could be an important link.



	<p>It was noted that the programme needs to demonstrate a focus on inequalities leads to a reduction in expensive acute care. The impact of economic inequalities and the link to health inequalities was noted.</p> <p>It was noted that the LCP needed to think about interim success measures and longer term funding. It was agreed this should be discussed in a future seminar.</p> <p>JMc noted conversations will be on-going.</p>	
<p><b>6.</b></p>	<p><b>Risk Register</b></p> <p>CJ presented the agenda item.</p> <p>The register had previously been to the Board. Effectively it had been CCG legacy risks and is now being reviewed and update. 19 risks have been closed.</p> <p>For presentation, risks have been split to show those updated, under review and closed.</p> <p>JMc commented on those where risk number had been reduced. CJ updated on primary care risks. None have remained as red risks and other risks are stable at the moment. One or two risks are reviewed in more depth the Place Executive Group. Important to note the register is evolving.</p> <p>JMc asked for the direction of travel for risks to be noted on future registers. It was agreed to add this to future reports.</p>	<p><b>CJ/LH</b></p>
<p><b>7.</b></p>	<p><b>Finance update</b></p> <p>MC presented the agenda item.</p> <p>Exec summary noted. Financial position of ICS, ICB/Lewisham, slide on LA position noted and details on adult and children’s services.</p> <p>ICS has five main NHS providers in SEL area. To month 6 for noting, the ICS YTD deficit is £49.9m (£40.9m adverse to plan). The main</p>	

drivers are under delivery of planned efficiencies, and higher than planned levels of expenditure due to Covid. The system has achieved a YTD £59.4m efficiency against a plan of £109m. The system forecast for efficiencies has improved by £6.8m. Expected delivery is now £201m against full year plan of £207m. Break-even position noted for remainder of this year for providers. Inflation and winter pressures noted.

ICB reporting small over spend £48k, all Covid related, BAU activities were break-even, expect NHSE to reimburse Covid overspend. Forecast break-even position, the key risk is prescribing position, £3.4m overspend forecasted

Lewisham £106k underspend, prescribing is a pressure for the whole of the ICB, £172k overspend for Lewisham, mitigated via underspends in other budget lines. Savings on plan for Month 6, savings target next year will be more difficult, likely to be 2-3%. Hope to receive planning guidance pre-Christmas. Lewisham delegated budget efficiency would be £2.6-3m based on 2 to 3% efficiency .

Local Authority finance, forecast efficiencies £2m adverse to plan, £0.7m adult services, £1.4 children's,, forecast outturn for the year noted. Adults is a key pressure, care packages, children transition to adulthood and hospital discharge. LAC (looked after children) costs, complexity of care and needs are increasing.

CJ stated we need to address our financial pressures as a system, seeking to work together. LA pressures, care package costs, new funding released to support adult social care, £2.5m for us locally, important piece of joint work. Also need to reduce people in hospital unnecessarily, this is better for the patient as well.

TB stated as a system we know the pressures, there is a bit of respite with this funding. Recognition of what we are dealing with and the complexity. Also probably reflected in primary care, those who are frail and with complex conditions. Need to make the funding work for our population, cannot be invested in stopping people going into hospital, need better value from the money and pull in the same direction with the best outcomes for our residents.

	JMc said it was welcoming to have additional funding. Noted it can be difficult to just focus on efficiencies. Must move towards delivery on our priorities and our plans. Shared approach is welcome.	
<b>8.</b>	<b>Any questions from members of the public</b>  No questions were submitted in advance from members of the public or raised during the meeting.	
<b>9.</b>	<b>Any other business</b>  No items raised.  JMc thanked everyone for their attendance. Meeting closed 16.05 hrs.	

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## Lewisham Local Care Strategic Board

Item 2  
Enclosure 2

<b>Title:</b>	<b>PEL Update Report</b>
<b>Meeting Date:</b>	<b>26 January 2023</b>
<b>Author:</b>	Ceri Jacob
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	<b>To provide a general update to the Lewisham Care Partnership Strategic Board</b>	Update / Information	<b>x</b>
		Discussion	
		Decision	
<b>Summary of main points:</b>	<p>This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.</p> <p><b>Quality</b> In December we began a conversation on assurance requirements regarding assurance focussed on the ICB delegated responsibilities which cover out of hospital care. At our February board seminar, we are planning to build on the work we have started but to broaden this out to consider our Lewisham approach to quality. The aim of the seminar will be for the LCP Strategic Board to develop a joint and shared understanding of our quality issues, risk and most importantly our LCP opportunities to improve the quality of care for our Lewisham residents. We have asked each of our LCP partners to produce and present a single slide for this seminar, outlining current quality issues, risk and opportunities that would benefit from an LCP approach and offer an opportunity for us to work together to consider joint solutions to ensure improvements. These opportunities for quality improvement will inform the work of the Integrated Quality &amp; Assurance Group which we are aiming to establish in March 2023.</p> <p><b>Planning</b> Work is underway across SEL to meet planning requirements. There are three interlinked planning outputs:</p> <ul style="list-style-type: none"> <li>• Integrated Care Strategy – A high level plan with a 3 to 5 year time frame. It will set out the ICP vision, mission and 5 priorities. It will be published by the end of January with final details on the priorities by the end of June.</li> <li>• Joint Forward Plan (JFP) - Sets out ICB response to the integrated care strategy plus plans for meeting wider population needs, securing the key objectives of the ICB, delivery of national and local priorities and allocative</li> </ul>		

<p>approaches (Medium Term Financial Strategy). ICBs are expected to engage upon the plan, with a clear expected read across to local HWB Plans. A draft is due by the end of March with the final version at the end of June.</p> <ul style="list-style-type: none"> <li>Operating Plan – Includes an ICB plan along with plans for the ICB’s major NHS providers. It is a short term 2023/24 focussed plan with actions to secure year 1 of the integrated care strategy and JFP and national planning priorities. It will include a financial plan for 2023/24, inclusive of agreed allocations plus detailed activity and workforce planning and performance trajectories.</li> </ul> <p>Partners within Lewisham have ongoing involvement in development of the ICS strategy and the JFP through SEL workshops and meetings. The ask of LCPs in relation to the 2023/24 Operating Plan is focussed on the community based care system and the development of clear borough based plans across primary care, community services (physical and MH), inclusive of LCP contributions to SEL care pathway objectives e.g. for UEC. The Lewisham LCP contribution will be based on work that has already commenced on the draft LCP priorities and local population needs. Discussions have commenced locally on how these will need to be reflected in contracts for 2023/24.</p> <p><b>Managing Pressures</b></p> <p>The health and care system has been under significant pressure due to increased rates of flu and Covid-19 and the ongoing need to deal with backlogs caused by the Covid pandemic. Whilst rates of flu and Covid-19 appear to have reduced from a December peak, pressure remains high. Information on the local response is included in the main agenda.</p> <p>In addition, there is ongoing strike action by staff within the NHS. The response locally is being managed at an SEL ICB wide level to secure mutual aid if needed and at individual Trust level. The focus for LCP partners is on maximising discharges safely to support maximum resilience within our local providers.</p>				
<b>Any Potential Conflicts of Interest</b>	<b>Nil</b>			
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>	
	<b>Greenwich</b>		<b>Lambeth</b>	
	<b>Lewisham</b>	<b>x</b>	<b>Southwark</b>	
	Equality Impact	Nil		
	Financial Impact	Nil		
<b>Other Engagement</b>	Public Engagement	<b>Not required for this paper</b>		
	Other Committee Discussion/ Engagement	<b>NA</b>		

**Recommendation:**

**To note the update**

## Lewisham Local Care Partners Strategic Board Cover Sheet

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

<b>Title:</b>	<b>Lewisham Primary Care Group – Chairs’ Report</b>
<b>Meeting Date:</b>	26 January 2023
<b>Author:</b>	Chima Olugh, Primary Care Commissioning Manager (Lewisham).
<b>Primary Care Group Chair</b>	Anne Hooper
<b>Executive Lead:</b>	Ceri Jacob, Lewisham Place Executive Lead.

<b>Purpose of paper:</b>	<p>The purpose of the Primary Care Group is to provide leadership, challenge and oversight for the delivery of primary care services in Lewisham, focused on, and working with, the local population and providers.</p> <p>The Group also provides guidance to the Lewisham Local Care Partnership on key primary care priorities.</p> <p>This report contains key highlights from the Group’s December 2022 meeting.</p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	

<b>Summary of main points:</b>	<p><b>Locally Commissioned Services</b></p> <p><b>PMS Premium Commissioning Intentions</b></p> <p>The PMS Premium is reviewed annually and following a review of the 2021/22 offer approval was given to roll the Specifications and Key Performance Indicators forward unchanged into 2022/23.</p> <p>Options for 2023/24 commissioning intentions were presented to the Primary Care Group for review.</p> <p><b>The Group formally endorsed the option to review the current commissioning intentions, retire some and redistribute funding across the remaining areas.</b></p> <p><b>Injectable Therapy Initiation Service</b></p> <p>The Injectable Therapy Initiation scheme will reimburse practices that initiate injectables in primary care for patients with Type 2 diabetes. Expected outcomes from the service include:</p> <ul style="list-style-type: none"> <li>▪ Improve access and clinical outcomes for patients.</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Improve patients' experience of diabetes services in the borough.</li> <li>▪ Deliver a local service that is cost effective.</li> <li>▪ Reduce inequality and variation in quality of service provision.</li> </ul> <p><b>The Group formally endorsed the commissioning of the Injectible Therapy Initiation Service.</b></p>		
<b>Potential Conflicts of Interest</b>	<b>Not Applicable</b>		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	<b>X</b>	<b>Southwark</b>
	Equality Impact	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.	
<b>Other Engagement</b>	Public Engagement	None	
	Other Committee Discussion/ Engagement	Lewisham Primary Care Group – October and December 2022. Lewisham Local Medical Committee – January 2023.	
<b>Recommendation:</b>	<b>The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.</b>		



## Lewisham Primary Care Group – Chairs’ Report

### 1. Introduction

The purpose of the Lewisham Primary Care Group (PCG) 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 PCG meetings are held once a month. The purpose of this report is to provide some key updates from the December 2022 meeting, specifically areas where formal discussions and decisions have been made.

### 2. Locally Commissioned Schemes

#### 2.1 PMS Premium Commissioning Intentions

In line with NHS England requirements of delegation, South East London CCG agreed to equalise access to PMS premium funding such that GP practices are able to deliver the same schemes and services to their registered patients, regardless of the contract they hold.

All Lewisham practices are signed up to provide the PMS Premium.

The annual value of the PMS Premium is approximately £3.2 million.

The additional investment from the Lewisham PMS Premium is used to commission;

- services that go beyond core general practice
- services that help reduce health inequalities
- equality of opportunity for all Lewisham practices.

Local commissioners monitor practice performance on a quarterly basis via the PMS Premium dashboard.

Commissioners have a responsibility to review the options available for the PMS Premium to ensure local people and practices have access to quality and equitable services in a safe manner. As a result the PMS Premium is reviewed annually and following a review in 2021/22 PMS it was agreed to roll the service forward into 2022/23 unchanged.

This approach ensured the focus remained on the key priority areas and aimed to restore local primary care services following the Covid-19 pandemic. It also ensured practices could dedicate sufficient time and focus on delivering improved patient outcomes.

*Table 1: 2022/23 PMS Premium Commissioning Intentions*

## Current Commissioning Intentions

National Diabetes Prevention Programme

End of Life Care

Risk Profiling & Multidisciplinary Working

Bowel Cancer screening

Childhood Obesity

Wound care management

Drug monitoring in primary care

Referral Management

Serious Mental Illness

Patient Experience

Alcohol intervention

Childhood immunisation 5-in-1 or 6-in-1 Vaccine by 1 Year

### 2.12 2023/24 PMS Premium Commissioning Intentions

As part of the 2023/23 review commissioners have carried out wide reaching engagement with local stakeholders and colleagues.

A range of options were formally presented to and discussed with the PCG.

- a) Do nothing: Maintain the status quo and roll over the current specifications and KPIs.
- b) Major modifications: Review commissioning intentions, retire some, identify new areas and redistribute funding accordingly.
- c) **Preferred option - Minor modifications: Review commissioning intentions, retire some and redistribute funding across the remaining areas.**

**This option will provide adequate time for a full review of the PMS Premium to be carried out in preparation to implement in 2024/25.**

### 2.13 Steps taken by the PCG

- **The PCG formally endorsed the preferred option (c).**
- The PCG supported the approach used to arrive at the recommended option and will oversee the operational and contract management framework and the review.

- The PCG agreed to continue to provide leadership and oversight for the commissioning and assurance of the PMS Premium services.

*Table 2 outlines the rationale underpinning the decision to endorse option c.*

Specification	Suggestion	Rationale
National Diabetes Prevention Programme – Identifying those at Risk.	Retire and redistribute funding within the PMS Premium.	Practices are incentivised to refer into the diabetes prevention programme In 2022/23 QOF.
Enhancing the patient experience and outcomes for those at the End of Life.	Retain	A local priority
Delivering Co-ordinated Care.	Retain	A local priority
Bowel Cancer Screening	Retain	A national and local priority and low uptake
Childhood obesity	Retain	A local priority
Post-operative wound and suture removal in general practice	Retain	Supports access, convenience, and choice of location for patients.

Specification	Suggestion	Rationale
Drug monitoring in primary care	Retain	Local priority
Referral Management	Retain	National and local priority. Promotes patient choice and professional autonomy/responsibility.
Serious Mental Illness	Retain	National and local priority
Patient Experience - GPPS	Retain	Priority – intrinsically linked to access. Propose the use of other local reports.
Alcohol Intervention	Retain and change from a Key Performance Indicator to a service specification.	Local priority - Lewisham has high rates of hospital admissions and mortality related to alcohol.
Childhood Immunisation: 6-in-1 Vaccine.	Retire and redistribute funding within the PMS Premium.	The 6-in-1 vaccine is given to babies when they're 8, 12 and 16 weeks old. This area is covered in the QOF vaccination and immunisations domains.

## 2.14 Next steps:

- Engagement with SE Lewisham LMC.
- Update the Lewisham Local Care Partnership.
- Formally notify practices of changes to commissioning intentions.
- Notify the finance team of the changes.
- Host engagement workshops for practices.
- Continue service monitoring, support and evaluation.

## 2.2 Injectable Therapy Initiation Service

The Injectable Therapy Initiation Service was formally presented to the December 2022 Primary Care Group.

The new service which will start from 1<sup>st</sup> October 2022 to 31 March 2024 will reimburse practices that initiate injectables (insulin / GLP1) in primary care for patients with Type 2 diabetes who is clinically assessed and are likely to benefit from this form of medication

The budget for the service for 2022/23 is £31,250.00.

Funding will be a payment of £255.00 per patient, per annum. This payment reflects the number of appointments (approximately 4 – 6 consultations required per initiation) that practices/PCNs will need to have with patients to complete initiation.

### 2.21 By commissioning the delivery of this service, it is anticipated that the following outcomes will be achieved:

- Improve access and clinical outcomes for patients.
- Improve patients' experience of diabetes services in the borough.
- Deliver a local service that is cost effective.
- Reduce inequality and variation in quality of service provision.

Commissioned practices/PCNs will need to demonstrate their compliance as set out in the Lewisham Competency Framework.

Practices/PCNs may provide the service to patients from another practice or PCN if this has been agreed in advance.

Practices must be signed up to the SELICS data sharing agreement so that data is included in the SEL Diabetes & Obesity Outcomes Dashboard.

### 2.22 Steps taken

- **The PCG formally endorsed the commissioning of the Injectable Therapy Initiation Service.**
- Lewisham Medicines Optimisation team will monitor practice prescribing spend of the service.
- The PCG will provide leadership and oversight for the commissioning and assurance of this service.

## 3. The Lewisham Local Care Partnership is asked to note the updates from the Chairs Report.

## Lewisham Local Care Partners Strategic Board Cover Sheet

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

<b>Title:</b>	<b>Outcome Improvement Programme – Type 2 Diabetes: 8 Care Processes &amp; 3 Treatment Targets</b>
<b>Meeting Date:</b>	<b>26 January 2023</b>
<b>Author:</b>	Michelle Barber, Programme Lead, System Development Team
<b>Executive Lead:</b>	Ceri Jacob

<b>Purpose of paper:</b>	To provide the detail of the NHS England (NHSE) Diabetes Improvement Scheme for Primary Care – a 2.5 year programme.	Update / Information	
	The paper enclosed is the agreement document for PCNs to sign up to the scheme and provides full details of the requirements, improvement targets and remuneration.	Discussion	
	To agree with the Lewisham Local Care Partners that the enclosed documentation and programme can be launched with the PCNs.	Decision	<b>X</b>

<b>Summary of main points:</b>	<p>This is an NHS England funded national programme – the delivery of the programme and the outcomes it needs to achieve have been agreed through the SELICB Primary Care and Long Term Conditions’ Teams, including clinicians associated with these programmes of work.</p> <p>Officially the programme was launched by NHSE in October 2022, however it has taken a few months for the terms of the programme to be agreed centrally, therefore being presented to Boards in January 2023.</p> <p>The aim of the programme is to provide funding to PCNs to support them to increase the number of patients with Type 2 diabetes having an annual review for all 8 care processes, as well as to help patients to improve their 3 treatment targets to be in normal range (blood glucose, cholesterol &amp; hypertension). The impact of Covid has meant that for the majority of PCNs in SE London, their achievement levels have dropped to lower than pre-Covid times, therefore the initial benchmark to achieve in 2023/24 is to regain the levels of 2019/20.</p> <p>This is a PCN focused programme, rather than individual Practices. PCNs must aim to achieve the targets as laid out in Appendix A of the main document, with less than 20% variation between the highest and lowest performing Practices. The intention is to reduce variation and inequality within a PCN footprint and to improve the long term health outcomes for patients with type 2 diabetes through early identification and treatment of any risk factors.</p>
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<b>2022/23 – There are no targets associated with the payments (see Appendix B in main document for full financial breakdown) – this funding should be focused on identifying the challenges within primary care and recruiting/commissioning to deliver solutions.</b>	<p>2022/23 – There are no targets associated with the payments (see Appendix B in main document for full financial breakdown) – this funding should be focused on identifying the challenges within primary care and recruiting/commissioning to deliver solutions.</p> <p>2023/24 – The aim in this year is for PCNs to deliver 2019/20 levels (or greater) of 8 care processes and reduce the variation to less than 20% between the highest and lowest performing Practices.</p> <p>2024/25 – The aim in this year is for PCNs to deliver 2019/20 levels (or greater) of 3 treatment targets and reduce the variation to less than 20% between the highest and lowest performing Practices. There is also a stretch target to deliver for 8 care processes in the final year of the programme:</p> <ul style="list-style-type: none"> <li>○ 10% improvement on 19/20 8CPs levels = 50% payment</li> <li>○ 15% improvement on 19/20 8CPs levels = 70% payment</li> <li>○ 8CPs achievement between 70 – 74% 8CPs levels = 90% payment</li> <li>○ 8CPS achievement 75% 8CPs levels or more = 100% payment</li> </ul> <p>Years 2 and 3 of the programme provides the PCN with a split financial breakdown of block payment and target driven payments – therefore there is guaranteed funding available to invest in staffing, resources, training for each of the years through the block payment.</p> <p>There is flexibility for PCNs regarding how they choose to spend this funding, as long as the focus is on achieving the outcomes required. PCNs can join their funding together if it makes sense to deliver something on a joint PCN or borough wide scale – as part of the sign up documentation, PCNs are asked to outline their intended approach to delivery.</p>		
<b>Potential Conflicts of Interest</b>	General Practice representatives whose PCN will receive payment following sign up to the programme.		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
	Equality Impact		
	Financial Impact		
<b>Other Engagement</b>	Public Engagement	Patients with lived experience have been engaged with this forthcoming programme through the Diabetes Programme Boards for Lewisham, Greenwich & Bexley	
	Other Committee Discussion/ Engagement	<p>Lewisham Diabetes Project Board – 8<sup>th</sup> September 2022, 13<sup>th</sup> October 2022, 10<sup>th</sup> November 2022</p> <p>Lewisham Primary Care Group Meeting – 20<sup>th</sup> October 2022</p> <p>Lewisham Diabetes Workshop – 8<sup>th</sup> December 2022</p> <p>Lewisham Planned Care Board – 13<sup>th</sup> December 2022</p>	

		Primary Care Group (19 <sup>th</sup> January 2023) LMC (18 <sup>th</sup> January 2023)
<b>Recommendation:</b>	To approve the decision to launch this NHSE funded Outcome Improvement Programme with PCNs in Lewisham.	

**Primary Care Long Term Conditions Outcome Improvement  
Programme (OIP)**

**Type 2 Diabetes: 8 Care Processes (8CPs) and 3 Treatment Targets  
(3TT) Improvement Programme  
(NHSE Funded Programme)**

**PCN Submission Template – January 2023**

**South East London Borough of : .....**

**PCN Name : .....**

**Nominated Project Lead & Contact: .....**



## **Key Principles of the Programme**

SELICB has NHSE diabetes funding to prioritise a specific set of diabetes outcome measures, which builds on our SEL shared standards but with a local delivery approach. This funding runs from October 2022 to March 2025.

- This is a national scheme – NHSE has directed that this funding must support outcome improvements in recovery of 8 Care Processes and 3 Treatment Targets for people with Type 2 diabetes
- The scheme will run across 3 financial years. The first 6 months (Oct 22 - Mar 23), payment will be on a capitation/block basis to support enabling actions
- Funding will be apportioned (both the capitation and indicative outcome related elements) on the basis of Type 2 diabetes populations of PCNs (£26.79 per diabetic head of population over 2.5 years)
- For 22/23, there will be no targets associated with the payment, although funding will be released contingent on a satisfactory plan being submitted that demonstrates how this funding will be utilised to deliver improvements in 8CPs and 3TT for the PCN population (see Appendix B)
- For 23/24, PCNs will receive 75% of the payment automatically as a block payment, the other 25% will be based upon improvements being achieved as outlined in Table B, or where PCNs are already performing to a high level, the status quo being maintained.
- The payment scheme in 23/24 is on 8CPs improvements only.
- The payment scheme in 24/25 is both 8CPs and 3TT improvements - 3TT recovery to return to 2019/20 achievement levels and <20% variation between top and bottom practices within the PCN. 8CPs achievement and variation targets to be based upon achievement of 19/20 levels in 2023/24 and then the targets set out below, maintaining <20% variation between top and bottom practices in the PCN:
  - 10% improvement on 19/20 8CPs levels = 50% payment
  - 15% improvement on 19/20 8CPs levels = 70% payment
  - 8CPs achievement between 70 – 74% 8CPs levels = 90% payment
  - 8CPS achievement 75% 8CPs levels or more = 100% payment

If by making a 10% or 15% improvement on 19/20 8CPs levels this results in a PCN achieving over 70%, this will mean either 90% or 100% payment (depending on exact percentage achieved).

For example, if in 2023/24 the target for a PCN is to achieve their 19/20 level of 60% 8CPs achievement. If this PCN achieved a further 10% improvement in 24/25 they would receive 90% of the payment available. (See Appendix B)

- PCNs must achieve both elements of the outcomes targets (i.e. recovery of achievement and reducing variation) to achieve the outcome related payment in 2023/24 and 2024/25.
- The outcome scheme will recognise different current baseline achievement levels – where a PCN is already doing well, the ask will be less.

### **Additional CESEL and PCN Quality Improvement Support**

In order to support PCNs and associated member practices to improve on 8CPs achievement, PCNs will have access to facilitated CESEL meetings and additional CESEL support. These meetings could include:

- Sharing their 8CPs and 3TT data
- Identifying areas for potential improvement at PCN level
- Identifying a QI Project using PDSA (Plan, Do, Study, Act) methodology
- Setting clear review periods

Some PCNs may have already had an initial meeting with CESEL. PCNs will be supported to use searches which are available to prioritise patients according to need and to benchmark their achievement. CESEL teams will support PCNs to use whichever tools best suit their needs. CESEL teams will share and discuss data at PCN level in a trusted and supportive facilitation environment.

### **How to Sign Up and Submit your Delivery Plan**

- All SE London PCNs are eligible to sign up to this Outcome Improvement Programme (OIP), the following principles will need to be met:
  - If a PCN wishes to participate in this OIP, **all** practices within that PCN are required to engage
  - Payment of the outcomes based elements of this programme are conditional to PCNs achieving the dual ask outcomes, as described within this document
  - The data source for the baseline will be the SELICB Diabetes & Obesity Outcome Dashboard.

- PCNs to work with and support member practices to deliver the key standards applicable to all patients with Type 2 diabetes aged 18 and over
- Payment will be structured under a 2 Part process e.g. an upfront block payment for the final 6 months of 2022-23 (to enable reviewing and delivery actions) as well as both block and outcome based improvement payments from April 2023, dependent on outcomes achieved –see **Appendix B** for breakdown of payment structure.

Funding will be apportioned between PCNs on the basis of the registered Type 2 diabetes population in SE London. **Expected outputs by participating PCNs from this block payment will be:**

- Review of diabetes register to ensure all diabetes patients are coded as either T1 or T2 (this scheme excludes T1, however some patients are yet to be coded for type of diabetes)
- Review of current diabetes management pathway, admin and call/recall systems in all practices
- Support practices within the PCN to update pathway / call-recall systems
- Reviewing any PCN clinical and non-clinical staff training requirements needed to support delivery of the scheme
- Learning from other boroughs who have made considerable improvements in their 8CPs and 3TT

### **Year 1 – 2022-2023 – Set-up Period (October 2022-March 2023)**

- PCNs will receive a block payment for October 2022 to March 2023 under the Outcome Improvement Programme upon sign up to the scheme.
- Examples of outputs by participating PCNs for this block payment could be:
  - Review of diabetes register to ensure all diabetes patients are coded as either Type 1 or Type 2 (this scheme excludes Type 1, however some patients are yet to be coded for type of diabetes)
  - Review of current diabetes management pathway, administrative and call/recall systems in all practices
  - Supporting practices within the PCN to update pathway/call-recall systems
  - Reviewing any PCN clinical and non-clinical staff training requirements needed to support delivery of the scheme.

### **Year 2 – 2023-2024 – Focus on 8 Care Processes**

- Payment to PCNs will include a **75%** block payment, plus an outcome-related **25%** payment, to be made to the PCN if 2023/24 achievement meets the required dual ask:
  - Recovery of PCN 8 Care Process achievement to 2019/20 achievement levels (or, if less than 40%, to a de minimus level of 40% achievement) **and**
  - Reduction of intra-PCN variation of achievement to <20% variation between top and bottom practice
- 2019/20 8CPs achievement levels and intra-PCN levels of variation, are set out in **Appendix A** to this document, *including the expected reduction of intra-PCN variation needed to achieve the outcome-related payment*
- An Arden's search, using the NDA methodology (rather than QOF) for 8 care processes, will be available for all practices in Q4 2022/23, to review their current achievement levels

### **Year 3 – 2024-2025 – Focus on both 8 Care Processes and 3 Treatment Targets**

- For 2024-25, there will be a dual focus and the outcome-based payment element will **be split equally** between 8 Care Processes and 3 Treatment Targets
- Payment to PCNs will include a 50% block payment, plus an outcome-related 50% payment, to be made to the PCN if 2024/25 achievement meets the required outcome asks relating to both 8CP and 3TT measures
- **For 8 Care Processes:**
  - *For PCNs which in 2023/24 recovered (or nearly recovered, to less than 2% points from target) to their 2019/20 levels of 8CP achievement, the target and payment structure for 8CPs 2024-25 is as follows:*
    - 10% improvement on 19/20 8CPs levels = 50% payment
    - 15% improvement on 19/20 8CPs levels = 70% payment
    - 8CPs achievement between 70 – 74% 8CPs levels = 90% payment
    - 8CPS achievement 75% 8CPs levels or more = 100% payment
  - *For PCNs which in 2023/24 failed to recover to their 2019/20 achievement levels (by greater than 2% points from target), a meeting will be organised with primary care colleagues to discuss and agree an improvement plan for 24/25*

- **To note: for those PCNs who met their variation reduction target, while not meeting their recovery target, they will still be expected to maintain or improve on their 2023/24 variation reduction target**
- **For 3 Treatment Targets, there will be a dual ask of PCNs:**
  - Recovery of 3TT achievement to 2019/20 achievement levels **and**
  - Reduction of intra-PCN variation of achievement to <20% variation between top and bottom practice
- 2019/20 3TT achievement levels and intra-PCN levels of variation improvement targets, are set out in **Appendix A** to this document
- An Arden's search, using the NDA methodology (rather than QOF) for 3TT, will be available for all practices in Q4 2022/23, to review their current achievement levels

### **Tracking / Data**

As noted above, historic and current achievement against both 8CP and 3TT measures will be available through the SELICB Diabetes & Obesity Outcome Dashboard. The Dashboard follows the National Diabetes Audit (NDA) methodology and metrics for both 8CP and 3TT. Where a PCN has not signed up to the required data sharing agreements to enable data to flow to the SELICB dashboard, PCNs will need to agree arrangements with LCPs for submission of data.

**APPENDIX A**

**PCN Breakdown of outcomes to be achieved – Lewisham**

**2023/24 8 Care Processes Target Achievement**

Primary Care Network	Borough	Type 2 Diabetic cohort	8CP Achievements				8CP Variation			
			2019/20 Achievement (NDA data)	2021/22 Achievement (NDA methodolog)	Difference 2019/20 2020/21	8CP Achievement Target 2023/24	2019/20 Variation	2021/22 Variation	8CP Variation Difference 2019/20 2020/21	8CP Variation Target
Aplos Health PCN	Lewisham	2283	61.4%	37.9%	-23.5%	61.4%	40.6%	69.0%	28.4%	20.0%
Modality Lewisham PCN	Lewisham	1951	66.1%	39.6%	-26.5%	66.1%	0.0%	23.0%	23.0%	20.0%
Lewisham Alliance PCN	Lewisham	2274	61.6%	38.6%	-23.0%	61.6%	42.1%	32.0%	-10.1%	20.0%
Lewisham Care Partnership PCN	Lewisham	2448	50.9%	38.6%	-12.3%	50.9%	0.0%	NA		20.0%
Sevenfields PCN	Lewisham	3441	46.1%	53.5%	7.4%	46.1%	59.9%	39.0%	-20.9%	20.0%
North Lewisham PCN	Lewisham	3292	67.5%	37.8%	-29.7%	67.5%	29.5%	29.0%	-0.5%	20.0%

**2024/25 3TT Target Achievement**

Primary Care Network	Borough	Type 2 Diabetic cohort	Achievement Targets				Variation
			2019/20 Achievement	2021/22 Achievement	Difference between 2019/20 & 2020/21	3TT Achievement Target for 2024/25	2019/20 Variation
Aplos Health PCN	Lewisham	2283	34.8%	33.2%	-1.6%	34.8%	12.6%
Modality Lewisham PCN	Lewisham	1951	37.0%	26.4%	-10.6%	37.0%	0.0%
Lewisham Alliance PCN	Lewisham	2274	43.4%	35.5%	-7.9%	43.4%	19.4%
Lewisham Care Partnership PCN	Lewisham	2448	35.0%	31.9%	-3.1%	35.0%	0.0%
Sevenfields PCN	Lewisham	3441	38.2%	41.7%	3.5%	41.7%	21.9%
North Lewisham PCN	Lewisham	3292	37.8%	31.5%	-6.3%	37.8%	15.2%

If you wish to sign up to this national scheme, please complete and sign the template below. Please send your completed copy to Kirsty Ayton at [Kirsty.ayton@selondonics.nhs.uk](mailto:Kirsty.ayton@selondonics.nhs.uk)

**Please nominate your diabetes lead within your PCN for this project**

<p><b>PCN Name/ Associated Practices</b></p>	<p>Please list all practices within the PCN who form part of this scheme</p>
<p><b>PCN Project Lead Name/Email Address:</b></p>	

**Project Information:**

Please give a summary outlining how your PCN intends to/proposes using the annual funding to ensure your PCN achieves / makes improvements to 8 Care Processes in 2023-24 and 8 Care Processes and 3TT in 2024-25. Please give an indication how this will be spent e.g. staffing, resources, training etc.

**Signed:**

**Dated:**



**APPENDIX B**

**Funding Breakdown, 2022 – 2025, based on £26.79 per diabetic patient**

Aplos Health Total Funding over 2.5 years £61,161, broken down as outlined in the Table below.

APLOS Health	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment based on 8CPs achieved	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment based on 3TT achieved
	<b>£12,232.22</b>	<b>£14,678.64</b>	<b>£4,892.88</b>	<b>£14,678.64</b>	<b>£7,339.32</b>	<b>£7,339.32</b>

Modality Total Funding over 2.5 years £52,267, broken down as outlined in the Table below.

Modality	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment based on 8CPs achieved	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment based on 3TT achieved
	<b>£10,453.40</b>	<b>£12,544.08</b>	<b>£4,181.36</b>	<b>£12,544.08</b>	<b>£6,272.04</b>	<b>£6,272.04</b>

Lewisham Alliance Total Funding over 2.5 years £60,290, broken down as outlined in the Table below.

Lewisham Alliance	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment based on 8CPs achieved	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment based on 3TT achieved
	<b>£12,058.00</b>	<b>£14,470</b>	<b>£4,823</b>	<b>£14,469.60</b>	<b>£7,234.80</b>	<b>£7,234.80</b>

Lewisham Care Partnership Total Funding over 2.5 years £65,582, broken down as outlined in the Table below.

Lewisham Care Partnership	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment
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			based on 8CPs achieved			based on 3TT achieved
	<b>£13,116.40</b>	<b>£15,739.68</b>	<b>£5,246.56</b>	<b>£15,739.68</b>	<b>£7,869.84</b>	<b>£7,869.84</b>

Sevenfields Total Funding over 2.5 years £92,184, broken down as outlined in the Table below.

Sevenfields	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment based on 8CPs achieved	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment based on 3TT achieved
	<b>£18,436.80</b>	<b>£22,124.16</b>	<b>£7,374.72</b>	<b>£22,124.16</b>	<b>£11,062.08</b>	<b>£11,062.08</b>

North Lewisham Total Funding over 2.5 years £88,192, broken down as outlined in the Table below.

North Lewisham PCN	22/23 Block payment	2023/24 75% Block payment	2023/24 25% Payment based on 8CPs achieved	2024/25 50% Block Payment	2024/25 25% Payment based on 8CPs achieved	2024/25 25% Payment based on 3TT achieved
	<b>£17,638.40</b>	<b>£21,166.08</b>	<b>£7,055.36</b>	<b>£21,166.08</b>	<b>£10,583.04</b>	<b>£10,583.03</b>

## Lewisham Local Care Partners Strategic Board Cover Sheet

Item 6  
Enclosure 5

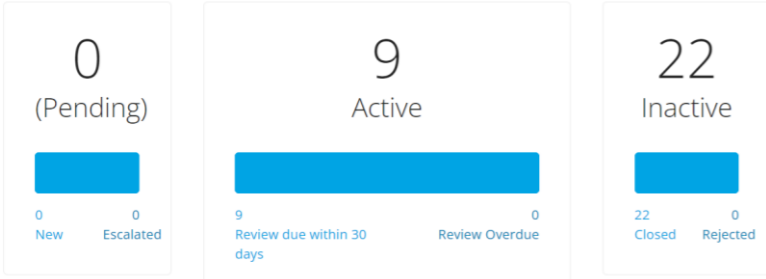
<b>Title:</b>	<b>Risk Register</b>
<b>Meeting Date:</b>	Thursday 26 January 2023
<b>Author:</b>	Cordelia Hughes
<b>Executive Lead:</b>	Ceri Jacob

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

<b>Summary of main points:</b>	<p><b>Current Status:</b></p> <table border="1" style="width: 100%;"> <tr> <td>9 Active risks on Lewisham risk register</td> </tr> <tr> <td>22 Inactive / closed</td> </tr> <tr> <td>0 Pending</td> </tr> </table> <p>3 risks that were escalated to SEL ICB Risk register and the outcome:</p> <ol style="list-style-type: none"> <li>1) <b>R16/346</b> – Safeguarding Training – risk may impact all designated colleagues and is a statutory function and needs to be escalated to SEL ICB risk register (all boroughs). <b>This has been ESCALATED</b> onto SEL ICB risk register – agreed by Angela Helleur.</li> <li>2) <b>R19/348</b> - Court of Protection – there is no smooth pathway for COPs and a potential financial risk. Angela Helleur reviewed risk and <b>agreed to CLOSE</b>.</li> <li>3) <b>R22/377</b> - Pentland House (asylum seekers) – issues raised at Adult Safeguarding Board. <b>This risk will remain OPEN</b> on Lewisham risk register. This risk also needs to be discussed at Adult Safeguarding Board and added onto SEL ICB Issue Log.</li> </ol> <p><b>Risks of concern:</b></p> <p><b>Risk 5</b> - Financial risk in 2022/23 of high-cost packages through transition. Inherent risk- starting (16) and residual risk – current total of (12). Overall trajectory of risk has decreased slightly. Risk has been discussed with risk owner. Aim to report at next LCP meeting with an update on assurances and control mitigations.</p>	9 Active risks on Lewisham risk register	22 Inactive / closed	0 Pending
9 Active risks on Lewisham risk register				
22 Inactive / closed				
0 Pending				

	<p><b>Risk 8</b> - 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. Inherent risk- starting (16) and residual risk – current total of (12). Overall trajectory of risk has decreased slightly. In discussion with risk owner. Aim to report at next LCP meeting with an update on assurances and control mitigations.</p> <p><b>Risk 29</b> - 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. Inherent risk- starting (16) and residual risk – current total of (12). Overall trajectory of risk has decreased slightly. Need to obtain an update from Lewisham Council.</p> <p><b>New Risks:</b></p> <p>No new risks to report on.</p> <p><b>Key Themes:</b></p> <p>The key themes from the risk register relate to finance/budgetary impact and quality of care around successful delivery of services.</p>		
<b>Potential Conflicts of Interest</b>	N/a		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
Equality Impact	Yes		
Financial Impact	Yes		
Public Engagement	Yes		
<b>Other Engagement</b>	Other Committee Discussion/ Engagement	<p>The Risk Register is discussed at Place Executive Group (PEG) meeting and bimonthly at Lewisham SMT.</p> <p>Review meetings in place with recurrence on 3<sup>rd</sup> February 2023, to ensure continuity of updating and maintaining register. Monthly Risk Forum – where risk snapshots are provided to central governance team for further discussion.</p>	
<b>Recommendation:</b>	<p>The Lewisham Health &amp; Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL.</p> <p>The Board will be taking more of an interest in the risk process 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. The first review is scheduled to take place in January 2023.</p>		

Risk Register Summary (in accordance with Datix)



Likelihood	Consequence				
	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

Updated	Status	STR	Closed
Finance	R1 & R2		
Commissioning	R4 & R5		
Primary Care	R8		
Comms			
Q&S	R18, R22		
System Transformation			
Children and Young People	R29 & R30		
<b>Total</b>	<b>9</b>	<b>0</b>	<b>22</b>

Key Notes:-

- The key themes from the risk register relate to finance/budgetary impact and quality of care around successful delivery of services
- Risks - 16/346, 19/348 are now on the SEL ICB Risk Register. Risk 22/377 - reassigned to Lewisham Risk Register as risk applicable to Lewisham only.

Ref	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk sponsor	Risk Owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps	
<b>Finance</b>											
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	Carl Jacob	Medicine Commission	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.	<ul style="list-style-type: none"> <li>Monthly budget meetings.</li> <li>Monthly financial closedown process.</li> <li>Monthly financial reports for ICS and external reporting.</li> <li>Review financial position at CHC Executive meeting.</li> <li>Lewisham Senior Management Team Review.</li> </ul>	The impacts of controls will be assessed in light of budgetary positions and in particular achievement of efficiency targets during 2022/23.	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 CATAMCSO 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	Carl Jacob	Medicine Commission	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.	<ul style="list-style-type: none"> <li>Monthly budget meetings.</li> <li>Monthly financial closedown process.</li> <li>Monthly financial reports for ICS and external reporting.</li> <li>Implement efficiency plans to maximise part year effect on expenditure run rates in 2022/23.</li> <li>Review of prescribing position at Planning and Delivery Group.</li> <li>Review of individual budget lines continues to be undertaken by Medicine Mgt team and finance and remedial action taken where possible.</li> </ul>	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.	
<b>Commissioning</b>											
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	Henry Gregory	Healthcare/Healthcare Substantive	<ul style="list-style-type: none"> <li>Outcomes framework measure for Community Mental Health Transformation (CMHT) being produced across SEL ICB.</li> <li>Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board from April 2023.</li> <li>Understand the need of people not being admitted after attending A&amp;E to understand what interventions could be accessed instead of A&amp;E, and what the gaps in the system are.</li> <li>Continue to implement the CMHT transformation plan and local at priorities for year 3 (2023/24).</li> </ul>	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).	<ul style="list-style-type: none"> <li>Mitigation plans formulated for Red rated measures i.e. Physical Health Checks for SMH.</li> <li>Increased scrutiny on recruitment process for CMHT workforce expansion at both place and SEL.</li> <li>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.</li> </ul>	
R5	Financial risk in 2022/23 of high cost packages through transition.	4x4=16	4x3=12	4x2=8	Henry Gregory	Healthcare/Healthcare Substantive	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 viability of transitioning plans.	Strengthen reporting processes and reporting documents undertake Root Cause Analysis of high cost transition joint funded packages not identified through existing controls. Add High cost Joint Funded packages as a standing agenda item at monthly CHC Executive	
<b>Primary Care</b>											
R6	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.	4x4=16	4x3=12	2x4=8	Carl Jacob	Primary Care/Primary Care	<ul style="list-style-type: none"> <li>PCNs have developed and submitted their indicative workforce plans for 22/23.</li> <li>Links made with PCN social prescribers and borough social prescribing programme.</li> </ul>	<ul style="list-style-type: none"> <li>High level discussions had at Lewisham Primary Care Group</li> <li>ICB regularly attend the PCN forum where the ARRS is discussed</li> </ul>	<ul style="list-style-type: none"> <li>Multiple ARRS roles already recruited.</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate local resources need to be identified and confirmed to lead and support the programme.</li> <li>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)</li> <li>The employment of several ARRS roles is currently in transition from the GP Federation to individual PCNs - this may lead to some short term impact on 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.</li> </ul>	
<b>Quality and Safeguarding</b>											
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	Carl Jacob	Child Protection/Child Protection	<ul style="list-style-type: none"> <li>The Designated Doctor and medical colleagues undertake all the IHAs.</li> <li>named nurse for CLA, role is being covered once a week on interim by Specialist Nurse for Care Leavers. Recruitment ongoing.</li> <li>KPIs and data set in place.</li> <li>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</li> <li>Team have developed SOP for process and discussion for training package</li> <li>Designated Professionals are part of the Partnership CLA Steering Group for service improvement.</li> <li>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).</li> <li>The Steering Group set up by local authority and health will also look at initial health assessments and out of Borough placed children.</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	Statutory guidance in place.	This is a gap in service and has been escalated.	Gap in service provision. Escalated to Lewisham Place Executive Director.
R22	Initial accommodation centre Pentland House 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. <b>REASSIGNED TO LEWISHAM RISK REGISTER</b>	3x3=9	3x3=9	1x1=1	Carl Jacob	Home Office/Home Office	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 Kris 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.	
<b>Children and Young People</b>											
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 Bohman	Paediatric/Child Protection	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. 3) Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are reviewing the applications. 4) Therapists continue to work weekends to clear the back-log of reviews. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 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.	Increase in EHCPs health assessments being completed on time.	Families not attending appointments. Appointments changed. Delayed paperwork (service user end). Brevit 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.	4x3=12	3x3=9	2x3=6	Sara Bohman	Paediatric/Child Protection	There is a recovery plan in place to support the ASD pathway. 1) Quarterly review of ASD assessments with LCO, SEND and the DCO. 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.	Monitoring ongoing to gauge impacts of controls.	Reduction in waiting times for assessments.	Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.	

**Key**

<b>Inherent risk</b>	is current risk level given the existing set of controls rather than the hypothetical notion of an absence of any controls.
<b>Residual risk</b>	would then be whatever risk level remain after additional controls are applied.
<b>Target risk</b>	the desired optimal level of risk.
<b>What is a risk</b>	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.

**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

**Likelihood Matrix**

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

**Severity Matrix**

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



## Lewisham LCP Strategic Board Cover Sheet

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

<b>Title:</b>	<b>Safeguarding Children and Young People</b>
<b>Meeting Date:</b>	26.01.2023
<b>Author:</b>	Margaret Mansfield, Designated Nurse Safeguarding and Interim Designated Nurse Children Looked After  Dr Bola Adeyemi, Consultant Community Paediatrician and Designated Doctor for Safeguarding Children
<b>Executive Lead:</b>	Ceri Jacob, Lewisham Place Executive Lead

<b>Purpose of paper:</b>	The report is provided to the Board to update on the progress and activities of Safeguarding Children and Young People during quarter 3.	Update / Information	<b>X</b>
		Discussion	
		Decision	
<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>Designated Professionals continue to maintain collaborative working to deliver the LSCP agenda together with Named professionals across the health economy.</li> <li>The Local Safeguarding Children underwent a Joint Targeted Area Inspection with the final report expected by the end of January.</li> <li>There have been no new Child Safeguarding Practice Reviews (CSPR) commissioned. The existing CSPR remains ongoing.</li> <li>Children and Young People’s Forum has been introduced bringing together safeguarding professionals for CYP to share good practice and innovation.</li> <li>Safeguarding GP Lead Forum remains ongoing covering a range of topical issues and is well attended by primary care.</li> </ul>		
<b>Potential Conflicts of Interest</b>	<b>None.</b>		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	<b>X</b>	<b>Southwark</b>
	Equality Impact	N/A	
	Financial Impact	None	

<b>Other Engagement</b>	Public Engagement	None
	Other Committee Discussion/ Engagement	
<b>Recommendation:</b>	For noting.	

## **Safeguarding Children and Young People: Quarter 3 Report January 2023**

**Designated Professionals:** The Designated Professionals are continuing to maintain collaborative working to deliver the Local Safeguarding Children Partnership (LSCP) activities and functions. Partnership working remains strong and effective across both the LSCP and wider health economy.

**Joint Targeted Area Inspection (JTAI):** The LSCP had a JTAI in November 2022. The focus of the inspection was on Front Door / Multi-Agency Safeguarding Hub (MASH) to assess how all agencies are working together to safeguard children. The final report is expected at the end of January and will be presented at the next Lewisham LCP Strategic Board in March.

**Child Safeguarding Practice Reviews:** During this reporting period, there were no new Child Safeguarding Practice Reviews commissioned by the LSCP. The Designated Professionals have been supporting Learning from Practice Panel towards progression of a Child Safeguarding Practice Review for Child FB (17-year-old who died from a fatal stabbing). The overview report remains in progress.

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

**Sudden Unexpected Death in Infant (SUDI):** In response to the volume of sudden unexpected deaths in infants, the Designated and Named professionals are continuing to work in partnership with other agencies to develop and sustain a programme for prevention of SUDI. A Task and Finish group has been progressing and funding was obtained from Public Health to purchase thermometers (high

temperature being a contributory factors to SUDI). This will be integral to the launch of the 'Safer Sleeping for Babies' campaign in February 2023.

**Partnership Working:** Designated and Named professionals are working in tandem in development of protocols and guidance. The designated professionals are also leading on the development of the LSCP Neglect Strategy.

National Referral Mechanism (NRM): Lewisham has been successful in a bid to the Home Office pilot for decision making on NRM to be carried out locally. This removes the decision making for NRM's from the single competent authority, which can take up to 500 days, and enables decisions to be made more locally (within 45 days). Designated professionals have contributed for the bid and continue to be involved in the pilot.

Within SEL ICB, Lewisham recruitment to Designated Nurse for Children Looked has been completed and the appointee will be in post in March 2023. There continues to be interim cover in place to ensure business continuity. Primary care and SLaM do not have vacant safeguarding children posts. Lewisham and Greenwich Trust have recruited to their vacant safeguarding children posts, and recruitment is ongoing for a Named Nurse Children Looked After. There is interim cover across all.

**Safeguarding Children and Young People Forum:** Designated professionals have introduced a Safeguarding CYP Forum. The forum brings together safeguarding professionals for CYP in all Lewisham health partners to share information about work relating to safeguarding, showcase of good practice, innovation, areas for development and connectivity.

#### **Children Looked After and Care Leavers Steering Group:**

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

**Safeguarding GP Leads Forum:** The joint adults and children Safeguarding GP lead forum continues to progress with good attendance. In the last quarter, the forum received training on the following topics: Online Gambling and Gaming Safety, Role of the Independent Gender-Based Violence Advocate and 'Family Thrive' model. A case discussion on vulnerable families and changes to the Standard Operating Procedures for multi-disciplinary vulnerable families' meetings was also covered in the session.

**Child Death Reviews:** The Designated Nurse has continued to support Child Death Review processes to assist in identifying where there are safeguarding concerns. In this reporting period, there was one child death referred for consideration of Child Safeguarding Practice Review (CSPR). However, this notification did not meet the criteria for CSPR.

A serious incident notification for consideration of CSPR was also made. This notification did not meet criteria. Ongoing work involving learning and themes identified are being addressed.

**Authors:**

Margaret Mansfield – Designated Nurse for Safeguarding Children and Young People and Interim Designated Nurse Children Looked After

Dr Abimbola Adeyemi – Designated Doctor for Safeguarding Children

16<sup>th</sup> January 2023

## Lewisham Local Care Partnership Strategic Board Cover Sheet

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

<b>Title:</b>	<b>Terms of Reference: Lewisham Local Care Partnership Strategic Board</b>
<b>Meeting Date:</b>	<b>26 January 2023</b>
<b>Author:</b>	Charles Malcolm-Smith, People & Provider Development Lead, Lewisham System Transformation Team
<b>Executive Lead:</b>	Ceri Jacob, Lewisham Place Executive Lead

<b>Purpose of paper:</b>	The committee is asked to reconfirm their agreement of the approved terms of reference for the Lewisham Local Care Partnership Strategic Board.	Update / Information	
		Discussion	
		Decision	<b>x</b>
<b>Summary of main points:</b>	<p>The attached terms of reference are presented to the Local Care Partnership (LCP) Strategic Board again for review and approval.</p> <ul style="list-style-type: none"> <li>The reason the ToRs are being presented now is that the board has been in place for 6 months and it is timely to consider whether the ToRs reflect the needs of the board</li> <li>Recommendation that there are no changes at this point</li> </ul> <p>(The draft terms of reference were approved by the LCP Strategic Board at the meeting held on 28 July 2022 and agreed amendments were submitted to the South East London ICB Board. The LCP is a committee of the ICB and the ICB Board have approved these terms of reference).</p>		
<b>Potential Conflicts of Interest</b>	None identified		
<b>Relevant to the following Boroughs</b>	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	<b>x</b>	<b>Southwark</b>
<b>Equality Impact</b>	None identified		
	Challenging inequality has been identified as a key part of being an effective place-based partnership in Lewisham		
<b>Financial Impact</b>	None identified		

<b>Other Engagement</b>	Public Engagement	No public engagement to date
	Other Committee Discussion/Engagement	Shadow Strategic Board/Strategic Board ICB Board BBB/LHCP seminar
<b>Recommendation:</b>	To reconfirm agreement of the approved terms of reference for the Lewisham Local Care Partnership Strategic Board	

## NHS South East London Integrated Care Board

### Lewisham Local Care Partnership Strategic Board

#### Terms of Reference

**Approved 28 July 2022**

#### **1. Introduction**

- 1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership Strategic Board [the “board”] is established as a committee of the ICB and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2. These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the Local Care Partnership Strategic Board.

#### **2. Purpose**

- 2.1. The board is responsible for the effective discharge and delivery of the place-based functions<sup>1</sup>. The board is responsible for ensuring:
  - a. The place contribution to the ICB’s agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the

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<sup>1</sup> As defined by the South East London Integrated Care Board



Local Care Partnership to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

- b. The Local Care Partnership can secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.
- c. The Local Care Partnership plays a full role in securing at place the four key national objectives of ICSs, aligned to ICB wide objectives and commitments as appropriate.
- d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

### 3. Duties

- 3.1. **Place-based leadership and development:** responsibility for the overall leadership and development of the Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. The LCP also needs to support the Place lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.
- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement as required. The LCP must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Local Care Partnership.

- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.
- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.
- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across the Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the LCP complies with all legal requirements, that risks are proactively identified, escalated and managed

#### **4. Accountabilities, authority and delegation**

- 4.1. The LCP Strategic Board is accountable to the Integrated Care Board of the SEL Integrated Care System.
- 4.2. Through the Place Executive Lead, this board will have delegated responsibility for the commissioning of local services including:
- Primary care commissioning
  - Community services commissioning
  - Client group commissioning
  - Medicines Optimisation related to community based care
  - Continuing Healthcare

- 4.3. The committee will be the prime committee for discussion and agreement for its agreed specific local delegated funding and functions and will work as part of South East London ICS.
- 4.4. The Place Executive Lead will have responsibility for the management of delegated local budgets and will be held accountable for ensuring budgets are delivered on plan.

## **5. Membership and attendance**

- 5.1. Core members of the board will be the following]:
  - a. Local Care Partnership Place Executive Lead
  - b. Executive Director for Community Services (DASS), London Borough of Lewisham
  - c. Executive Director for Children & Young People, London Borough of Lewisham
  - d. Director of Public Health, London Borough of Lewisham
  - e. Healthwatch representative
  - f. Voluntary, community and social enterprise (VCSE) representation x 2
  - g. South London & Maudsley NHS FT – Executive organisational representative
  - h. Lewisham & Greenwich NHS Trust – Executive organisational representative
  - i. Primary Care x 2 representatives (of which 1 is representative from PCNs)
  - j. Social care provider representative
  - k. Community/public representative
  - l. Clinical & Care Professional Lead
  - m. One Health Lewisham – Executive organisational representative

Primary care core members will be drawn from Lewisham practices and PCNs, of which one by agreement may be from the Local Medical Committee (LMC). If LMC is not proposed as a core member by primary care then the LMC would be given observer status as a non-voting member.

## **6. Chair of meeting**

The chair and deputy chair of the board will be appointed by the board from the core membership. These appointments will be made in keeping with the aim of ensuring a balance of leadership from across the partnership.

- 6.1. At any meeting of the board the chair or deputy chair if present shall preside.
- 6.2. If the presiding chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

## **7. Quorum and conflict of interest**

- 7.1. The quorum of the board is at least 50% of members of which the following must be present
  - Local Care Partnership Place Executive Lead
  - Executive Director for Community Services (DASS), London Borough of Lewisham
  - Executive Director for Children & Young People, London Borough of Lewisham
  - Director of Public Health, London Borough of Lewisham
  - Voluntary, community and social enterprise (VCSE) representation x 1
  - South London & Maudsley NHS FT – Executive organisational representative
  - Lewisham & Greenwich NHS Trust – Executive organisational representative
  - Primary Care x 1 representatives
  - Healthwatch representative or Community/public representative
- 7.2. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- 7.3. The board will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.

- 7.4. The board agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

## **8. Decision-making**

- 8.1. The aim of the board will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the Local Care Partnership. Any decision made by vote will be passed by a simple majority of those in attendance. In the event of a tie the chair of the meeting may cast a second vote. Core members are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

## **9. Frequency**

- 9.1. The board will meet once every two months (in public) with ability to have closed session as Part B in addition to this.
- 9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the board Chair and meeting secretariat.
- 9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

## **10. Reporting**

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 10.2. The board will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the board; and any actions agreed to be implemented.
- 10.3. The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

## **11. Committee support**

- 11.1. The LCP will provide business support to the board. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

## **12. Review of Arrangements**

- 12.1. The board shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

## Lewisham Local Care Partners Strategic Board Cover Sheet

Item 9  
Enclosure 8

<b>Title:</b>	<b>Month 8 Finance Report</b>
<b>Meeting Date:</b>	<b>26 January 2023</b>
<b>Author:</b>	Michael Cunningham
<b>Executive Lead:</b>	Ceri Jacob

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

<b>Summary of main points:</b>	<p><b>Finance Position – ICS</b></p> <ul style="list-style-type: none"> <li>At month 8 the ICS is reporting a YTD deficit of (£59.3m); £53.6m adverse to plan (M7 £46.9m adverse to plan).</li> <li>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.</li> <li>The system has delivered £83.1m of efficiency YTD against a plan of £136.1m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.9m of efficiencies (against a plan of £207.2m), with 35% forecast to be non-recurrent.</li> <li>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.</li> <li>There is significant risk to the breakeven forecast. Current assessment of risks and mitigations indicates a net unmitigated year end challenge to the breakeven plan of circa £16m, after factoring in potential mitigations of £19m. The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.</li> </ul> <p><b>Finance Position – ICB</b></p> <ul style="list-style-type: none"> <li>The ICB is reporting an overall £48k overspend to Month 8. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.</li> </ul>
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	<ul style="list-style-type: none"> <li>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 September 2022. Year to date, the prescribing budget is overspending by £3,121k. This overspend is driven by activity and price pressures. Activity for the first 6 months of 2022/23 compared to the same period for last year, has increased by around 3.1%. 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 £6,000k before mitigations. This is set out in detail in the report.</li> <li>As at Month 8, and noting the risks outlined in the report, the ICB is forecasting a break-even position for the 2022/23 financial year.</li> <li>The ICB – Lewisham Borough is reporting an <b>underspend of £40k</b> to Month 8 and is also forecasting a <b>small underspend</b> position of £72k for the 2022/23 financial year against the borough delegated budget.</li> </ul> <p><b>Finance Position – Lewisham Council</b></p> <p>At month 8 Lewisham Council is reporting an <b>overspend</b> of £0.9m against Adult Care Services budgets and an <b>overspend</b> of £0.9m against Children Care Services budgets. The forecast outturn for the 2022/23 financial year shows an overspend of £1.9m for Adult Care Services and £8.5m for Children’s Care Services.</p>		
Potential Conflicts of Interest	Not applicable		
Relevant to the following Boroughs	<b>Bexley</b>		<b>Bromley</b>
	<b>Greenwich</b>		<b>Lambeth</b>
	<b>Lewisham</b>	✓	<b>Southwark</b>
	Equality Impact	Not applicable	
	Financial Impact	The paper sets out the borough financial position as at Month 8	
	Public Engagement	Not applicable	
Other Engagement	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 <b>note</b> the borough financial position as at Month 8.		



# **Lewisham Local Care Partners**

## **Strategic Board - Finance Report**

### **Month 8 2022/23**

# Contents

1. Executive Summary
2. Financial Position – ICB Lewisham
3. Savings - ICB Lewisham Summary
4. Financial Position – Lewisham Council

## Appendices

- A. SEL ICB Finance Report

## Finance Position – ICS

- At month 8 the ICS is reporting a YTD deficit of (£59.3m); £53.6m adverse to plan (M7 £46.9m 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 £83.1m of efficiency YTD against a plan of £136.1m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.9m of efficiencies (against a plan of £207.2m), with 35% 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.
- There is significant risk to the breakeven forecast. Current assessment of risks and mitigations indicates a net unmitigated year end challenge to the breakeven plan of circa £16m, after factoring in potential mitigations of £19m. The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.

## Finance Position – ICB

- The ICB is reporting an overall £48k overspend to Month 8. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.

# 1. Executive Summary

- 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 September 2022. Year to date, the prescribing budget is overspending by £3,121k. This overspend is driven by activity and price pressures. Activity for the first 6 months of 2022/23 compared to the same period for last year, has increased by around 3.1%. 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 £6,000k before mitigations. This is set out in detail in the report.
- As at Month 8, and noting the risks outlined in the report, the ICB is forecasting a break-even position for the 2022/23 financial year.
- The ICB – Lewisham Borough is reporting an **underspend of £40k** to Month 8 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 8 Lewisham Council is reporting an **overspend** of £0.9m against Adult Care Services budgets and an **overspend** of £0.9m against Children Care Services budgets. The forecast outturn for the 2022/23 financial year shows an overspend of £1.9m for Adult Care Services and £8.5m for Children’s Care Services.

### Overall Position

	YTD Budget	YTD Actual	YTD Variance	Q2 to Q4 Budget	Q2 to Q4 Forecast	Q2 to Q4 Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	816	785	31	1,469	1,413	56
Community Health Services	10,663	10,597	66	19,193	18,966	228
Mental Health Services	2,617	2,400	217	4,710	4,710	0
Continuing Care Services	8,407	8,391	15	15,373	15,346	27
Prescribing	16,007	16,472	(465)	28,812	29,369	(557)
Other Primary Care Services	513	513	0	923	923	-
Other Programme Services	138	49	89	248	88	160
Delegated Primary Care Services	22,804	22,804	-	41,315	41,315	-
Corporate Budgets	1,806	1,719	87	3,251	3,094	157
<b>Total Year to Date Variance</b>	<b>63,770</b>	<b>63,730</b>	<b>40</b>	<b>115,296</b>	<b>115,223</b>	<b>72</b>

- At month 8, the borough is overall reporting an underspend of £40k against the delegated budget. However, there is a significant prescribing overspend at month 8 of £465k reflecting 6 months to September PPA data. The position continues to be driven by activity with prescribed items per day 4.1% higher than in the same period last year, and also price pressures impacting from CAT M and NCSO drugs. All other budgets are showing underspends which together mitigate the prescribing over spend.
- The forecast outturn overall is a £72k underspend. With the exception of prescribing all budgets are forecast to be breakeven or better at the end of the year and where underspends are forecast these are being utilised to offset the forecast prescribing overspend. The forecast outturn is broadly in line with run rate at month 8 for most budget areas. The exceptions to this are prescribing where greater utilisation of non PPA mitigations will be applied in the remaining months of the year, mental health where as referenced in earlier reports investment is weighted to the latter part of the year and is forecast to breakeven to support the MHIS standard and community where investment will be restricted to help offset the prescribing over spend.
- Although the prescribing budget is overspending, actual savings achieved are broadly on target, a small under achievement of £20k showing at month 8. Actual savings have been recorded on a very prudent basis and only reported when confirmed by PPA data. The borough has achieved £393k of savings over the first six months of the year April to September compared to a YTD target of £413k. Prescribing savings and planned actions to achieve have been weighted to the latter part of the year and based on achievement for the first six months, the borough is expecting to achieve its full year savings target.
- The overall savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 8 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently).

### 3. Savings – ICB Lewisham Summary

- The table below shows the delivery of savings by budget area for Lewisham at month 8.
- The savings programme is on track to being delivered with a small under achievement of £20k 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 8

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	313	313	0	313	-	469	0	469	-
Community Services	197	131	131	0	131	-	197	0	197	-
Continuing Care Services	501	334	334	0	334	-	501	0	501	-
Corporate/Running Cost	194	129	129	0	-	129	194	0	-	194
Mental Health Services	61	41	41	0	41	-	61	0	61	-
Other Acute Services	23	15	15	0	15	-	23	0	23	-
Other Primary Care Services	234	156	156	0	156	-	234	0	234	-
Other Programme	-	-	-	0	-	-	-	0	-	-
Prescribing	944	413	393	-20	393	-	944	0	944	-
<b>Total</b>	<b>2,623</b>	<b>1,532</b>	<b>1,512</b>	<b>-20</b>	<b>1,383</b>	<b>129</b>	<b>2,623</b>	<b>0</b>	<b>2,429</b>	<b>194</b>

- The savings requirement for 2023/24 has not yet been confirmed but is likely to be on a similar scale to the current year. The borough will be working up savings plans for 2023/24 as part of the planning and budgeting process during quarter 4.

## 4. Financial Position – Lewisham Council

### Overall Position

2022/23 Efficiencies	Year-to-date Month 8			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	3.4	2.5	-0.9	5.1	3.7	-1.4
Public Health Services	0.1	0.1	0.0	0.2	0.2	0.0
<b>Total</b>	<b>6.2</b>	<b>5.8</b>	<b>-0.4</b>	<b>10.8</b>	<b>8.7</b>	<b>-2.0</b>
LBL Managed Budgets	Year-to-date Month 8			Full-year 2022/23		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	31.7	32.7	0.9	63.4	65.3	1.9
Childrens Care Services	26.0	26.9	0.9	52.0	60.5	8.5
Public Health Services	-0.4	-0.4	0.0	-0.8	-0.8	0.0
<b>Total</b>	<b>57.3</b>	<b>59.1</b>	<b>1.8</b>	<b>114.6</b>	<b>125.0</b>	<b>10.4</b>

**Adult Social Care:** A pressure of £1.9m is reported 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 on Controcc at Period 6 with adjustments made for anticipated further in year demand and inflationary increases, as well as adjustments for any health funding or savings delivered over the course of 2022/23

**Children's Social Care:** A £8.5m pressure is reported on the service, an additional £6.8m compared to Period 7. Work continues between finance and the service to fully validate the accuracy of the tracker as well as to explore opportunities to reduce expenditure and improve the forecast position between now and the end of the financial year. There are currently 458 Children Looked After (CLA) at the end of November 2022, compared to 465 CLA's in November 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 in 2021/22 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 8 2022/23



# Contents

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

## Appendices

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

# 1. Executive Summary

- This report sets out the Month 8 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 (as the predecessor organisation) 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 **£3,039,523k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,040,570k**. As at Month 8, the ICB is reporting a **break-even position** against its recurrent (BAU) allocation and expenditure of **(£48k)** on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating a **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£3,121k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to September 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 6 months of 2022/23 compared to the same period for last year, **has increased by circa 3.1%**. 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 **£3,640k** 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 **£6,000k** before mitigations. This is set out in greater detail later in this report in section 5. A second risk relates to Continuing Healthcare (**£1,086k overspent**) that has seen an increase in cost driven by additional clients. The underlying drivers of the increase are detailed later in this report. These financial pressures mean that three boroughs (**Bromley, Greenwich and Lambeth**) are reporting **overspend** positions at Month 8, for which recovery plans have been produced.
- In reporting this Month 8 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 8, 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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Annual Start Budget</b>	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
<b>CCG Final Budget</b>	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
<b>ICB Start Budget</b>	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
<b>M4 Budget</b>	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
<b>M5 Budget</b>	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
<b>M6 Budget</b>	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
<b>M7 Budget</b>	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
<i>M8 Internal Adjustments</i>								
Delegated Primary Care (Locum budgets)				93	41	20	(154)	-
SDF Allocations		294	13				(307)	-
<i>M8 Allocations</i>								
Discharge Funding							2,968	2,968
Primary Care Transformation							1,356	1,356
Diabetes							545	545
DOAC Rebates (Prescribing)							469	469
Historic Surplus							8,933	8,933
Other Allocations							638	638
<b>M8 Budget</b>	99,830	171,554	129,540	146,812	115,297	113,437	2,264,099	3,040,570

- The table sets out the Revenue Resource Limit at Month 8. 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 £14,909k of allocations, giving the ICB a **total allocation of £3,040,570k** at Month 8. 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

- 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 on plan as at Month 8, aside from £48k of expenditure relating to the Covid vaccination programme. We are expecting Covid expenditure will be fully reimbursed by NHSE as per national funding arrangements. **Once received a balanced (green rated) position will be reported.**
- All other financial duties have been delivered for the year to Month 8 period.** A balanced financial 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 Deficit	-	(1,095)	-	
Expenditure not to exceed income	1,693,897	1,694,992	3,052,969	3,054,064	
Operating Under Resource Revenue Limit	1,681,464	1,682,559	3,030,590	3,031,685	
Not to exceed Running Cost Allowance	15,140	14,587	27,251	26,271	
Month End Cash Position (expected to be below target)	3,963	919	4,125	3,918	
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%	98.1%	95.0%	98.1%	
Mental Health Investment Standard (Annual)	221,871	224,839	399,368	404,710	

# 4. Budget Overview



South East London

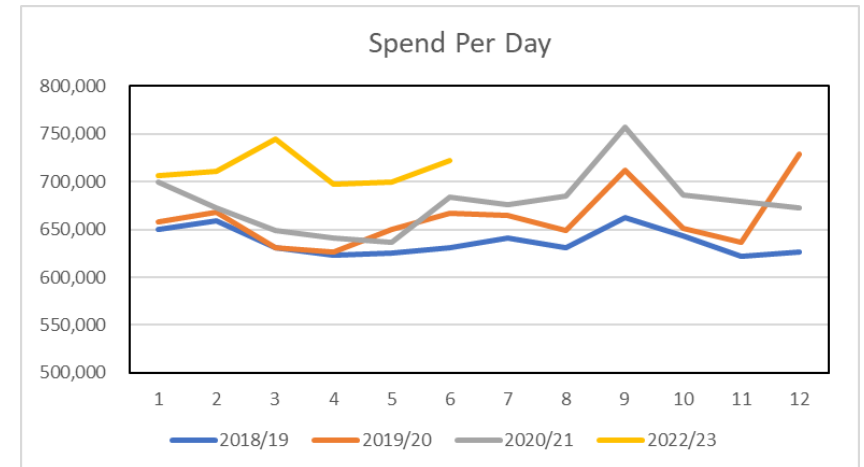
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	CCG Surplus brought forward	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>											
Acute Services	1,951	2,727	9,960	652	816	409	917,091	933,606	-	-	933,606
Community Health Services	7,245	32,388	11,237	9,621	10,663	12,112	92,612	175,878	-	-	175,878
Mental Health Services	4,382	5,439	3,533	8,279	2,617	2,533	188,031	214,813	-	-	214,813
Continuing Care Services	9,874	10,031	10,715	12,380	8,407	8,062	-	59,469	-	-	59,469
Prescribing	13,804	18,855	13,604	15,826	16,007	13,103	771	91,970	-	-	91,970
Other Primary Care Services	1,129	1,163	959	1,191	513	207	9,395	14,557	-	-	14,557
Other Programme Services	10	15	19	142	138	143	29,100	29,567	-	-	29,567
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,473	1,963	1,999	2,590	1,806	1,881	13,037	24,750	-	-	24,750
<b>Total Year to Date Budget</b>	<b>55,183</b>	<b>94,985</b>	<b>71,622</b>	<b>81,150</b>	<b>63,770</b>	<b>62,687</b>	<b>1,252,067</b>	<b>1,681,464</b>	<b>-</b>	<b>-</b>	<b>1,681,463</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	CCG Surplus brought forward	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Actual</b>											
Acute Services	1,984	2,660	9,979	336	785	399	916,878	933,020	-	-	933,020
Community Health Services	7,249	32,343	11,202	9,497	10,597	11,965	92,631	175,485	-	-	175,485
Mental Health Services	4,247	5,407	3,150	8,328	2,400	2,703	188,121	214,356	-	-	214,356
Continuing Care Services	9,668	9,851	11,763	12,990	8,391	7,891	-	60,556	-	-	60,556
Prescribing	14,280	19,787	14,355	16,108	16,472	13,313	775	95,091	-	-	95,091
Other Primary Care Services	1,129	1,162	959	1,191	513	207	9,712	14,871	-	-	14,871
Other Programme Services	15	15	19	167	49	196	26,870	27,331	1,047	48	28,426
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,263	1,851	1,833	2,473	1,719	1,650	13,111	23,901	-	-	23,901
<b>Total Year to Date Actual</b>	<b>55,151</b>	<b>95,481</b>	<b>72,856</b>	<b>81,559</b>	<b>63,730</b>	<b>62,561</b>	<b>1,250,127</b>	<b>1,681,465</b>	<b>1,047</b>	<b>48</b>	<b>1,682,559</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	CCG Surplus brought forward	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Variance</b>											
Acute Services	(33)	67	(19)	316	31	11	213	586	-	-	586
Community Health Services	(4)	44	35	125	66	147	(18)	394	-	-	394
Mental Health Services	134	32	383	(49)	217	(169)	(90)	457	-	-	457
Continuing Care Services	206	180	(1,048)	(610)	15	171	-	(1,086)	-	-	(1,086)
Prescribing	(476)	(932)	(751)	(282)	(465)	(210)	(4)	(3,121)	-	-	(3,121)
Other Primary Care Services	0	1	0	0	0	(0)	(316)	(315)	-	-	(315)
Other Programme Services	(6)	(0)	(0)	(25)	89	(53)	2,230	2,235	(1,047)	(48)	1,140
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	210	112	166	117	87	230	(74)	849	-	-	849
<b>Total Year to Date Variance</b>	<b>32</b>	<b>(496)</b>	<b>(1,234)</b>	<b>(408)</b>	<b>40</b>	<b>126</b>	<b>1,940</b>	<b>(0)</b>	<b>(1,047)</b>	<b>(48)</b>	<b>(1,096)</b>

- At Month 8, the ICB is reporting an overall **balanced position** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care (CHC).
- The ICB is reporting a **£3,121k overspend** against its **prescribing position**. This position is based upon M01-06 2022/23 data and represents a like for like **deterioration of the position in-month** of £796k. Prescribing activity has increased by 3.1% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to largely national issues including the availability of unbranded drugs (NCSO – No Cheaper Stock available), 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 detail later in this report.
- Across the ICB’s Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,437k** relating to non-block activity. **This is partially offsetting the overspend in prescribing highlighted above.**
- The overall **continuing care** financial position is **£1,086k overspent** and the underlying pressures are variable across the boroughs. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An Increase in the client base for Greenwich and Lewisham coupled with higher package prices for these two boroughs are driving their adverse position. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The Other Primary Care services overspend of £315k relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£849k** 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

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 8 prescribing position is based upon M01-06 2022/23 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£3,121k 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 3.1%**. On a borough basis, the increase range from Lewisham (2.5%) to Bexley (4.4%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	-	12,703	-	13,883	-	11,880	-	15,659	-	10,799	-	12,647	-
November	79,855	-	12,873	-	14,021	-	12,078	-	16,371	-	11,556	-	12,954	-
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	-
<b>Average</b>	<b>79,298</b>	<b>80,786</b>	<b>12,704</b>	<b>13,018</b>	<b>13,719</b>	<b>13,959</b>	<b>12,303</b>	<b>12,542</b>	<b>16,187</b>	<b>16,475</b>	<b>11,324</b>	<b>11,451</b>	<b>13,059</b>	<b>13,338</b>
<b>YTD Average Comparison</b>	<b>77,805</b>	<b>80,786</b>	<b>12,380</b>	<b>13,018</b>	<b>13,345</b>	<b>13,959</b>	<b>12,100</b>	<b>12,542</b>	<b>15,964</b>	<b>16,475</b>	<b>11,090</b>	<b>11,451</b>	<b>12,923</b>	<b>13,338</b>



- If this increase in activity and high acuity continues, then the full year forecast impact would be circa **£5,973k**, before mitigations. The table to the right is showing the borough level impact. This is circa **£855k** 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	25,511,699	(889,704)
BROMLEY	33,645,508	35,404,672	(1,759,164)
GREENWICH	24,144,054	25,513,413	(1,369,359)
LAMBETH	28,540,306	28,989,126	(448,820)
LEWISHAM	27,822,713	28,917,007	(1,094,294)
SOUTHWARK	23,472,795	23,876,979	(404,184)
SOUTH EAST LONDON	0	7,723	(7,723)
<b>Total</b>	<b>162,247,371</b>	<b>168,220,619</b>	<b>(5,973,248)</b>



## 5. Prescribing – Key Drivers of Growth and Mitigations

- 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 **£3,121k YTD**. The table below shows that of this, **£3,640k** is the impact of national pressures on Cat-M and NCSO drugs. In addition, the prescribing QIPP is currently under-delivering by **£890k**. This is as set out later in this report.

### 2022/23 M08 YTD Cat-M & NCSO spend

Borough	M8 YTD Budget £	M8 YTD Actuals £	M8 Variance £
BEXLEY	133,054	736,077	(603,023)
BROMLEY	196,102	964,265	(768,163)
GREENWICH	132,534	767,856	(635,322)
LAMBETH	159,750	746,233	(586,483)
LEWISHAM	163,028	718,154	(555,125)
SOUTHWARK	141,559	633,507	(491,948)
<b>Total</b>	<b>926,027</b>	<b>4,566,092</b>	<b>(3,640,065)</b>

- Actions being implemented to best mitigate the growth in prescribing activity include:
  - Implementation of PCN medicines optimisation plans;
  - Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan;
  - Borough medicines optimisation teams working with overspending practices to identify and implement recovery actions.

## 6. NHS Continuing Healthcare - Overview

### 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 8 is an overspend of **£1,086k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth and Greenwich are reporting overspends of **£610k** and **£1,048k**, respectively. Both boroughs have recently implemented recovery plans with a focus to both minimise year-end overspends but also to ensure recurrent run-rate balance in the Q4 period.
- Generally, boroughs are experiencing some increase in activity in year, although this is currently being offset by lower than anticipated price pressures. 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 was completed in the Q2 period.
- A piece of work is ongoing to analyse CHC expenditure across the Boroughs on a price and activity basis. Results from this are set out on the following slide.



## 6. NHS Continuing Healthcare – Benchmarking

	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
Month 8	817	2,360	1055	1,732	534	4,476	628	4,266	481	3,523	527	2,897

- The tables to the left, 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 the 4 months – July to October 2022.
- The tables 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 the highest. Both boroughs had average prices greater than £4,000 in November. 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.
- Lambeth and Greenwich have produced recovery plans to mitigate the overperformance. Key actions include:
  - Reviewing the conversion rate of applications to funded cases, and the operation of the panels
  - Targeting robust reviews of high-cost packages
  - Ensuring that internal procedures are reviewed and tightened where needed

	Active Number of clients cost > £1,500/WK					
	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	65	49	81	123	71	62
Month 5	65	47	77	129	73	65
Month 6	62	49	76	132	75	64
Month 7	64	47	80	137	71	62

## 7. Provider Position

### Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.
- In year, the ICB is forecasting to spend circa **£2,842,079k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
  - Guys and St Thomas **£689,770k**
  - Kings College Hospital **£748,046k**
  - Lewisham and Greenwich **£591,427k**
  - South London and the Maudsley **£277,760k**
  - Oxleas **£212,181k**
- In month, the ICB position is showing a **£586k** underspend overall on Acute services, with activity lower than anticipated with the ICB's acute independent sector providers and in the community position due to a slight underperformance against minor eye condition (MECs) activity. This position is anticipated to be driven by seasonal factors, with the year end position likely to be at **break-even**.

## 8. QIPP - Overview

- The ICB has a total QIPP savings ask of **£29,305k** for 2022/23. The table below shows the latest position as at Month 8 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 **£1,208k** at Month 8. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. The main causes of the slippage are set out in the following slide. Currently of the **£17,757k** delivered as at Month 8, **£13,388k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£21,335k**. 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	1,275	1,054	-220	973	81	1,581	-432	1,460	121
Bromley	3,841	2,431	2,218	-212	2,057	161	3,523	-318	3,282	241
Greenwich	2,891	1,881	1,467	-414	1,282	185	2,367	-524	2,090	277
Lambeth	2,555	1,636	1,378	-258	1,378	-	2,555	0	2,555	-
Lewisham	2,623	1,532	1,512	-20	1,383	129	2,623	0	2,429	194
Southwark	1,963	1,264	1,180	-84	1,059	121	1,776	-187	1,638	138
SEL Central	13,419	8,946	8,946	0	5,254	3,692	13,419	0	7,881	5,538
<b>Total</b>	<b>29,305</b>	<b>18,965</b>	<b>17,757</b>	<b>-1,208</b>	<b>13,388</b>	<b>4,369</b>	<b>27,844</b>	<b>-1,461</b>	<b>21,335</b>	<b>6,509</b>

- The forecast outturn is an **under-delivery of £1,461k**, mainly due to prescribing. 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 slippages on savings and reporting a deficit position, financial recoveries are being implemented to identify plans either through non-recurrent measures or further QIPP plans to ensure that each borough minimises financial overspends by March 2023.

## 8. QIPP – Update on Prescribing and Continuing Care Savings

- The table below shows the delivery of savings by budget areas. Current slippage in the YTD savings plan is **£1,208k**, driven primarily by Prescribing and Continuing Healthcare. Additional narrative is provided below and to the right.

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Delivery Variance £'000
Additional System Savings Requirement	7,000	4,667	4,666	-1	7,000	0
Central budgets	491	327	327	-0	491	0
Community Services	2,541	1,880	1,880	0	2,820	279
Continuing Care Services	3,429	2,000	1,519	-481	3,264	-165
Corporate/Running Cost	2,727	1,818	1,982	164	2,727	0
Mental Health Services	601	351	351	0	601	0
Other Acute Services	812	543	543	0	813	1
Other Primary Care Services	194	267	267	0	401	207
Other Programme	8,349	5,240	5,240	0	7,861	-488
Prescribing	3,161	1,535	645	-890	1,865	-1,296
<b>Total</b>	<b>29,305</b>	<b>18,628</b>	<b>17,420</b>	<b>-1,208</b>	<b>27,843</b>	<b>-1,461</b>

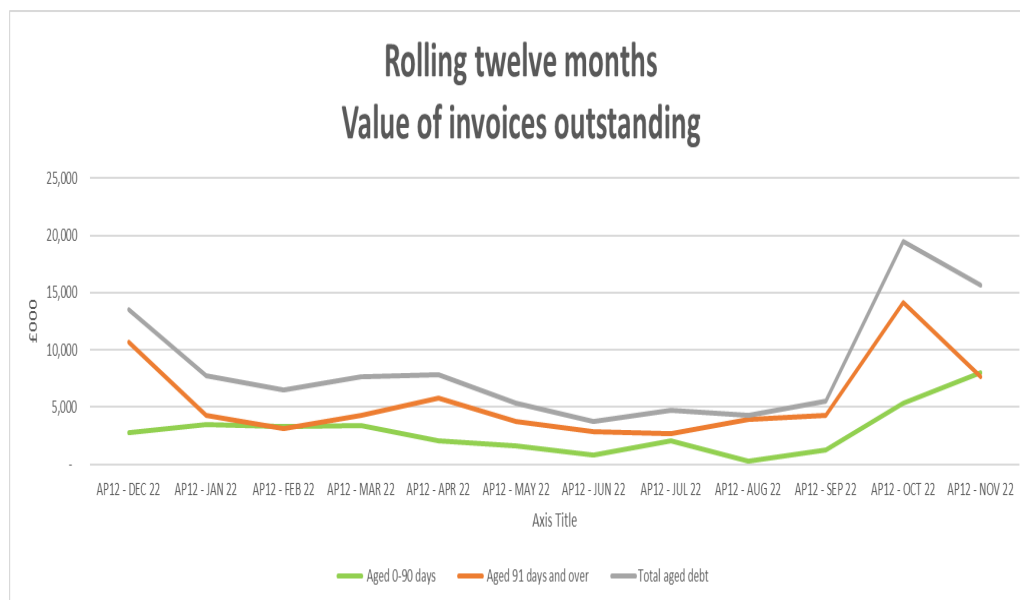
### Continuing Care

- Continuing Healthcare under delivery (**£481k**) is primarily in Lambeth and Greenwich. Deep dive exercises have been completed in both boroughs. Within Lambeth a review of all care packages to assess eligibility, value of care input and end date is being undertaken. Within Greenwich a review of the database at client level is being done. Recovery plans have been developed to ensure cost increases can be kept within budget.

### Prescribing

- Current under delivery is **£890k**. There is a risk to one of the high impact QIPP areas of reducing spend in self care medicines. The intention of this savings plan is that people manage their own medical condition and buy any medications they require to treat their symptom's instead of being given a prescription. Due to cost of living crisis and more patients on low income/ receiving free prescriptions this savings plan is not delivering in full. 57% of the SEL QIPP plan was across self care and low priority prescribing.
- A number of actions have been implemented since last month and further actions planned are shown below:
- Implementation of PCN medicines optimisation plans – these are in progress with the majority of practice/PCN visits completed. Second visits are being undertaken over the coming months for key overspending practices to identify and implement recovery actions.
- Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan:
  - Continuing to ask practices to engage with the medicines incentive schemes in borough
  - Southwark Borough targeting all those who are projected to be overspent by >1% of allocated budget
  - Launch PCN/GP Pharmacist forum for added engagement
  - Collaboration with acute and mental health pharmacy colleagues on primary care QIPP areas to ensure system working
  - Promoting GP-CPCS
  - Working with trusts to co-design dry eye pathway and vitamin D guidelines and explore most cost effective options
  - Q2 deep dive reports being written and communicated to practices
  - Reminder articles in GP Bulletin on high areas of spend on low value medicines
  - Continued promotion of NHS Community Pharmacy BP Check Service and Healthier You
  - NHS Diabetes Prevention Programme to improve prevention of LTCs
  - Actions around miscoded prescribers

## 9. Debtors Position



### Overview:

- The ICB has an overall debt position of **£15,600k** at Month 8 that is **£3,900k** lower compared to last month. Of the current debt circa £200k or 1.2% 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 assisting in the collection of debt, with a focus on debt over 90 days which is continuing to reduce.
- 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 Southwark local authorities, Health Education England (HEE) and other local NHS ICB organisations (largely relating to pan-London levies hosted by SEL ICB). These are being actively chased on a weekly basis by ICB finance colleagues.

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	4,666	3,077	56	20	23	139	7,981
Non-NHS	750	2,236	3,318	1,347	22	6	7,679
Unallocated	0	(22)	0	0	0	0	(22)
<b>Total</b>	<b>5,416</b>	<b>5,291</b>	<b>3,374</b>	<b>1,367</b>	<b>45</b>	<b>145</b>	<b>15,638</b>

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
HEALTH EDUCATION ENGLAND	4,317	3	4,300	17	2	1
CIRCLE CLINICAL SERVICES LTD	4,193	4	4,193	-	4	-
NHS NORTH WEST LONDON ICB	1,324	5	1,324	-	5	-
LONDON BOROUGH OF BROMLEY	1,232	8	1,224	8	6	2
NHS NORTH CENTRAL LONDON ICB	911	6	911	-	6	-
SOUTHWARK LONDON BOROUGH COUNCIL	905	9	905	-	9	-
NHS SOUTH WEST LONDON ICB	828	7	827	1	6	1
GREENBROOKS HEALTHCARE (HOUNSLOW) LTD	407	2	407	-	2	-
LEWISHAM LONDON BOROUGH COUNCIL	293	5	293	-	5	-
KINGS COLLEGE LONDON	264	1	264	-	1	-

# 10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 8, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,844k**.
- As at month 8, the ICB had drawn down 55.13% of the available cash compared to the budget cash figure of 55.6%. In November, 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 6 was **£919k**, 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 is met the BPPC 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	2022/23	2022/23
	AP8 - NOV 22	AP7 - OCT 22	Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	3,030,590	3,020,897	9,693
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation			
Less:			
Prescription Pricing Authority	(147,773)	(128,380)	(19,393)
Other Central / BSA payments-HOT	(1,626)	(1,426)	(200)
Pension uplift 6.3%	(454)	(454)	0
Add back PCSE			0
System Error			0
<b>Remaining Cash limit</b>	<b>3,844,740</b>	<b>3,854,640</b>	<b>(9,900)</b>

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
<b>CCG</b>							
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%
<b>ICB</b>							
Jul-22	295,000	15,000	310,000	10.51%	3,688	253	0.09%
Aug-22	310,000	0	620,000	21.03%	3,875	197	0.06%
Sep-22	335,000	0	955,000	32.39%	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	55.13%	3,963	919	0.29%
Dec-22							
Jan-23							
Feb-23							
Mar-23							

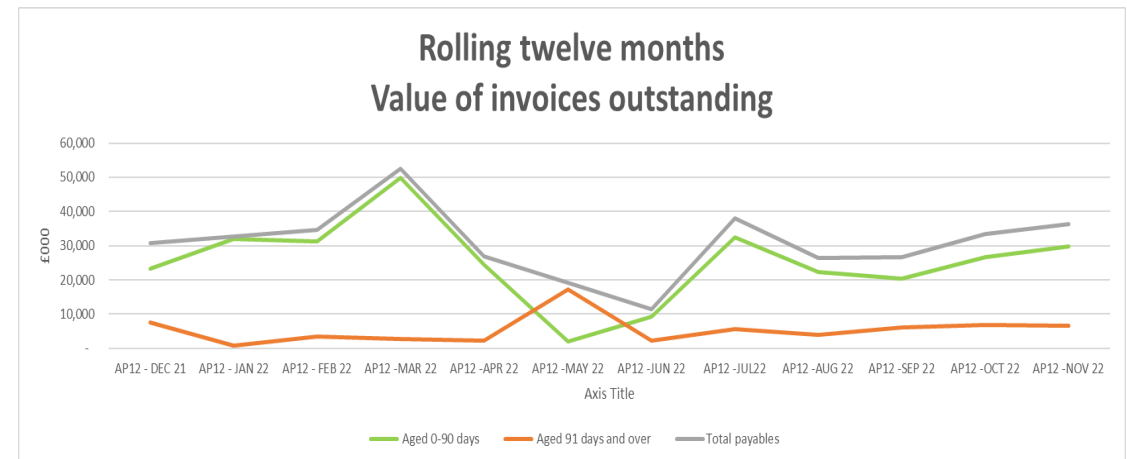
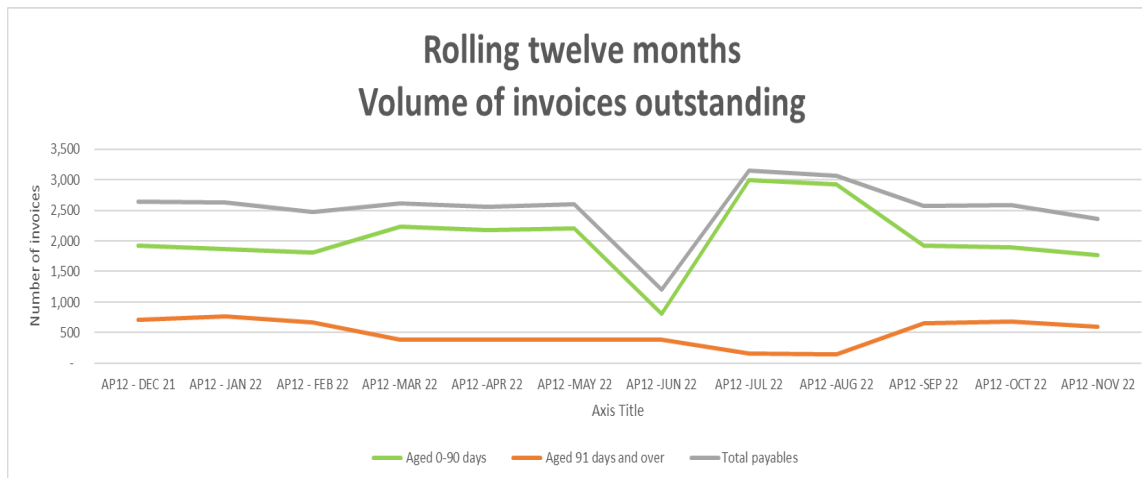
# 11. Aged Creditors

Following the implementation of the new financial ledger for the ICB, there was an 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.

The volume of outstanding invoices decreased in November 2022, whilst the value of invoices increased. The proportion of items over 91 days has decreased since last month and now accounts for a sixth of all outstanding invoices in terms of volume and a fifth in terms of value.

Work is ongoing to clear all the items over 91 days and to maintain a reduced level of outstanding invoices following the good work undertaken in the lead up to the transition to the new ICB ledger.

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.



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# **SEL ICB Finance Report**

## **Updates from Boroughs**

### **Month 8**



## Appendix 1 - Bexley

### Overall Position

	Year to date budget	Year to date actual	Year to date variance	Bexley Budget	Forecast Out-turn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,951	1,984	(33)	3,511	3,571	(60)
Community Health Services	7,245	7,249	(4)	13,041	13,041	0
Mental Health Services	4,382	4,247	134	7,887	7,687	200
Continuing Care Services	9,874	9,668	206	18,051	17,751	300
Prescribing	13,804	14,280	(476)	24,831	25,721	(890)
Other Primary Care Services	1,129	1,129	0	2,032	2,032	0
Other Programme Services	10	15	(6)	18	18	0
Delegated Primary Care Services	15,316	15,316	0	27,810	27,810	0
Corporate Budgets	1,473	1,263	210	2,652	2,369	283
<b>Total</b>	<b>55,183</b>	<b>55,151</b>	<b>32</b>	<b>99,832</b>	<b>100,000</b>	<b>(167)</b>

- At month 8, Bexley is reporting a £32k underspend year to date, which is a positive movement of £24k in month. This position is made up of underspends on Mental Health and CHC which are offset by overspends on Prescribing and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been another material increase in month which has been offset by income from NHS England for DOAC rebates. 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 to see how the position can be recovered, 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.
- Given the prescribing pressures, there is a significant risk that Bexley will not achieve a break-even position at the year end. Meetings have taken place with budget holders to establish if there are any mitigations which can be enacted to achieve year end breakeven and these actions will be enacted in the ledger when required. However, they are not expected to fully mitigate the prescribing overspend. A review of the balance sheet is being undertaken.
- In respect of savings, plans are in place for both the initial and additional savings targets on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget as per above. The prescribing QIPP is resulting in additional costs due to the self care project not delivering and Bexley has advised that limited prescribing QIPP will be delivered in year. The schemes will continue but it is unlikely that material savings will be able to be attributed in year.

## Appendix 2 – Bromley

### Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,727	2,660	67	4,908	4,788	120
Community Health Services	32,388	32,343	44	58,298	58,218	80
Mental Health Services	5,439	5,407	32	9,789	9,766	23
Continuing Care Services	10,031	9,851	180	18,303	17,979	324
Prescribing	18,855	19,787	(932)	33,939	35,115	(1,176)
Other Primary Care Services	1,163	1,162	1	2,093	2,093	1
Other Programme Services	15	15	(0)	27	27	0
Delegated Primary Care Services	22,404	22,404	0	40,661	40,661	0
Corporate Budgets	1,963	1,851	112	3,534	3,365	169
<b>Total</b>	<b>94,985</b>	<b>95,481</b>	<b>(496)</b>	<b>171,553</b>	<b>172,013</b>	<b>(460)</b>

- The borough is reporting an overspend of £496k at Month 8. The position includes a £932k overspend on prescribing. This is offset by underspends in Acute, Community, Mental Health, Continuing Healthcare and Corporate budgets.
- The Prescribing position is £932k overspent year to date and the unmitigated forecast overspend is £1,759k (compared to £1,556k last month), based on the Month 6 PPA data. Within this position the cost of Cat M & NCSO drugs for the period from July to November 2022 is £940k. The cost of these drugs in the same period last year was £153k. This is a year-on-year increase of £787k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year are planned to reduce the overspend. The mitigations relate to QIPP, DOAC rebates, other rebates and drug patents, however the impact of these have now reduced. The mitigated overspend is forecast to be £1,176k.
- Within the Community budget the AQP contract for hearing is over performing and is overspent by £398k, this is currently being offset by other underspends within community budgets. Within the Mental Health budget there has been a significant increase in cost per case spend, compared to last year, due to an increase in the number of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated and 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 8 all schemes are on target except for prescribing which is reporting both a year to date (£212k) and forecast overspend (£318k).
- The likely year end forecast position is now an overspend of £460k compared to the previous forecast breakeven position last month. The key movements in the position relate to the deteriorating prescribing position, as set out above. The forecast has been adjusted to reflect the increased costs and reduced rebates and savings. Best and worst-case forecast scenarios have also been modelled and the variances range from breakeven at best case to £872k overspent as worst case.

## Appendix 3 - Greenwich

### Overall Position

Greenwich	Year to Date Budget	Year to Date Actual	Year to Date Variance	Ledger Forecast	Borough Forecast
	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	9,960	10,000	(19)	(34)	-
Community Health Services	11,237	11,202	35	62	40
Mental Health Services	3,533	3,150	383	393	260
Continuing Care Services	10,715	11,685	(1,048)	(1,886)	(1,000)
Prescribing	13,604	14,355	(751)	(1,369)	(1,253)
Other Primary Care Services	959	959	0	-	0
Other Programme Services	19	19	(0)	-	(0)
Delegated Primary Care Services	19,597	19,597	-	-	-
Corporate Budgets	1,999	1,879	166	298	200
<b>TOTAL</b>	<b>71,622</b>	<b>72,846</b>	<b>(1,234)</b>	<b>(2,536)</b>	<b>(1,753)</b>

- The overall borough position is £1,234k adverse, with an underspend in Mental Health and Corporate Budgets partially mitigating the significant pressures reported within Prescribing and Continuing Care Services (CHC). The unmitigated forecast overspend is £1,753k.
- 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 £1,048k overspent to date, with the pressure focussed in Adults. The in-month movement is due to additional clients appended to the Care Track database within the scope of commissioned care, but with significant retrospective costs for prior periods. An initial database review had been undertaken, and this is now being re-examined at individual client level to ensure the robustness of reported numbers. In parallel, a financial recovery plan has been finalised with actions ongoing to identify and implement the recovery actions to bring CHC back to plan. The following additional measures are being implemented – review of frequency in reviews of existing care packages, AQP framework compliance and the assessment of personal health budgets (PHB) at individual case level to ensure the recovery of unspent funds from clients can be implemented.
- 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 M8 include the initial tranche of non recurrent allocations for Mental Health (SDF/CMH), Winter Pressures and Virtual Wards.

# Appendix 4 - Lambeth

### Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	652	336	316	1,174	604	570
Community Health Services	9,621	9,497	125	17,319	17,094	225
Mental Health Services	8,279	8,328	(49)	14,903	14,913	(10)
Continuing Care Services	12,380	12,990	(610)	22,667	23,765	(1,098)
Prescribing	15,826	16,108	(282)	28,487	28,936	(449)
Other Primary Care Services	1,191	1,191	0	2,143	2,143	-
Other Programme Services	142	167	(25)	256	301	(45)
Delegated Primary Care Services	30,468	30,468	-	55,202	55,202	-
Corporate Budgets	2,590	2,473	117	4,663	4,452	211
<b>Total</b>	<b>81,150</b>	<b>81,559</b>	<b>(408)</b>	<b>146,813</b>	<b>147,410</b>	<b>(598)</b>

- The borough is reporting an overall year to date position of £408k overspend and forecast of £598k at Month 8. The reported position includes overspends on Continuing Healthcare, Prescribing and Mental Health, offset by underspends in Acute, Community, 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 Continuing Healthcare position is driven by increase in the number of clients (38 additional clients in month) and cost of care packages. Fortnightly meetings have been arranged to monitor actions and progress against the recovery action plan and on how cost can be kept within budget on a recurrent basis.
- The Prescribing month 8 position is based upon M01-06 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 8 the borough is reporting an under delivery of £258k driven by Continuing Healthcare position (£261k) and Prescribing (£132k) and forecasting a break-even outturn 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.

### Overall Position

	YTD Budget	YTD Actual	YTD Variance	Q2 to Q4 Budget	Q2 to Q4 Forecast	Q2 to Q4 Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	816	785	31	1,469	1,413	56
Community Health Services	10,663	10,597	66	19,193	18,966	228
Mental Health Services	2,617	2,400	217	4,710	4,710	0
Continuing Care Services	8,407	8,391	15	15,373	15,346	27
Prescribing	16,007	16,472	(465)	28,812	29,369	(557)
Other Primary Care Services	513	513	0	923	923	-
Other Programme Services	138	49	89	248	88	160
Delegated Primary Care Services	22,804	22,804	-	41,315	41,315	-
Corporate Budgets	1,806	1,719	87	3,251	3,094	157
<b>Total Year to Date Variance</b>	<b>63,770</b>	<b>63,730</b>	<b>40</b>	<b>115,296</b>	<b>115,223</b>	<b>72</b>

- At month 8, the borough is overall reporting an underspend of £40k against the delegated budget. However, there is a significant prescribing overspend at month 8 of £465k reflecting 6 months to September PPA data. The position continues to be driven by activity with prescribed items per day 4.1% higher than in the same period last year, and also price pressures impacting from CAT M and NCSO drugs. All other budgets are showing underspends which together mitigate the prescribing over spend.
- The forecast outturn overall is a £72k underspend. With the exception of prescribing all budgets are forecast to be breakeven or better at the end of the year and where underspends are forecast these are being utilised to offset the forecast prescribing overspend. The forecast outturn is broadly in line with run rate at month 8 for most budget areas. The exceptions to this are prescribing where greater utilisation of non PPA mitigations will be applied in the remaining months of the year, mental health where as referenced in earlier reports investment is weighted to the latter part of the year and is forecast to breakeven to support the MHIS standard and community where investment will be restricted to help offset the prescribing over spend.
- Although the prescribing budget is overspending, actual savings achieved are broadly on target, a small under achievement of £20k showing at month 8. Actual savings have been recorded on a very prudent basis and only reported when confirmed by PPA data. The borough has achieved £393k of savings over the first six months of the year April to September compared to a YTD target of £413k. Prescribing savings and planned actions to achieve have been weighted to the latter part of the year and based on achievement for the first six months, the borough is expecting to achieve its full year savings target.
- The overall savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 8 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently).

## Appendix 6 - Southwark

### Overall Position

	Year to Date Budget £'000	Year to Date Actuals £'000	Year to Date Variance £'000	ICB Budget £'000	Forecast Outturn £'000	SE Forecast £'000
Acute Services	409	399	11	737	718	19
Community Health Services	12,112	11,965	147	21,801	21,408	393
Mental Health Services	2,533	2,703	-169	4,560	5,033	-473
Continuing Care Services	8,062	7,891	171	14,750	14,443	307
Prescribing	13,103	13,313	-210	23,585	23,989	-404
Other Primary Care Services	207	207	-0	372	372	0
Other Programme Services	143	196	-53	258	352	-94
Delegated Primary Care Services	24,237	24,237	0	43,987	43,987	0
Corporate Budgets	1,881	1,650	230	3,385	3,013	372
<b>Total</b>	<b>62,687</b>	<b>62,561</b>	<b>126</b>	<b>113,435</b>	<b>113,315</b>	<b>120</b>

- The borough is reporting an underspend of £126k as at the end of month 8. The forecast outturn based on month 8 is expected to be an underspend of £120k. The key variances relate to Prescribing, Mental Health and Community Services with significant underspends reported in Corporate budgets which is absorbing other overspends.
- The Prescribing overspend has deteriorated significantly since previous month with current overspend of £210k. Latest data shows an even further deterioration expected. 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 medicine optimisation team continues to work to mitigate the overspend. Practices who are projected to be overspent by > 1% of allocated budget are being targeted.
- The Mental Health position is an overspend of £169k. Mental Health represents a key area of risk to the borough position. Cost and activity continues to increase for placements. Forecast outturn is expected to an overspend of £473k. MH placements has improved this month due to a reduction in activity. 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 £171k and this is a deterioration from month 7. The adverse movement is due new appeals on retrospective continuing care which have been included in the month 8 position. 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 significantly on its Interpreting budget – this is being reviewed to understand the key drivers.
- The Borough is required to deliver savings of £1,963k. As at month 8, the borough is reporting an under delivery on prescribing savings of £113k. The YTD target overall is an under delivery of £84k. The medicine optimisation team are targeting practices who are overspending. Forecast savings is an under delivery of £187k – this is entirely due to prescribing. .