

Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 23rd November 2023
Venue: Council Chamber, London Borough of Bexley, Civic Offices
2 Watling Street, Bexleyheath, Kent, DA6 7AT

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 28 th September 2023 and matters arising	B	Chair	14:04
Public Forum				
4.	<i>Public Questions</i>			14:05
Decision				
5.	<i>Roadmap to Health & Care in Bexley – Integrated Forward Plan</i>	C	Diana Braithwaite/Stuart Rowbotham	14:10
Assurance				
6.	Community & Mental Services – Oxleas NHS Foundation Trust Partnership Report	D	Iain Dimond/Sarah Burchell	14:20
7.	Month 6 Finance Report	E(i) – (ii)	Opeyemi Adetokunbo-Aina	14:35
8.	Place Risk Register	F	Rianna Palanisamy	14:50
Public Forum				
9.	<i>Let's talk about</i> Children and Young People			15:00
Closing Business				
10.	Integrated Forward Plan – Enablers Discussion	See Encl. C	Health Integration Partners	15:30
11.	Any other business			15:57
For Information				
12.	Glossary	G		
13.	Date of the next meeting: Thursday 25 th January 2024			

Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust
- Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Rianna Palanisamy, Corporate Governance Lead, NHS South East London Integrated Care Board

Let's talk about Children & Young People

- Madison Myers, Bexley Voluntary Service Council – Providing an overview of services and support in the borough.
- Case Study Services/Projects:
 - Kavita Trevena, Bromley Healthcare CiC Ltd – Bexley 0-19 Service
 - Alex Dubbey, Youth Worker, Blackfen Community Library – Mental Health sessions for teenage boys
 - Alex Cooke, Little Fish Theatre Company – Showing a film about work in Bexley schools.

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date: 23.11.2023

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Local Care Partnership Committee	<ol style="list-style-type: none"> 1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder of GP Federation – Financial interest 3. Shareholder Frogmed Limited - Financial Interest (Dormant company) 4. Chair - Frognal Primary Care Network GP Lead – Financial interest 5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director – Indirect interest 6. Non-financial personal interest in Inspire Community Trust; a) Wheelchair service; b) Joint Equipment Store; c) Personal Health Budgets; d) Information and service support for people with physical and sensory impairment. 7. Clinical Lead for Diagnostics (Bexley) – financial interest 8. Clinical Lead for Urgent Care (Bexley) – financial interest 9. Director, Bexley Health Neighbourhood Care CIC – financial interest 		
Stuart Rowbotham*	Bexley Executive Place Director, SEL ICS Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	<ol style="list-style-type: none"> 1. Working with Leeds University who are receiving sponsorship from the Pfizer Foundation – Non-Financial Professional Interest 		

		2. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Deputy Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> 1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest) 		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> 1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2 		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest) 		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, Bexley Group Practice (financial interest) 2. Clinical director, Clocktower PCN (financial interest) 		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, Northumberland Health Medical Centre (financial interest) 2. Co-director of BHNC (financial interest) 3. Co-clinical director, North Bexley PCN (financial interest) 		

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest 3. Clinical Lead for End-of-life work for ICS		
Diana Braithwaite (n)	Chief Operating Officer, NHS SEL ICB (Bexley)	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Sandra Iskander	Acting Chief Strategy, Partnerships & Transformation Officer Lewisham and Greenwich NHS Trust	Nothing to declare.		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	###		

Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	<ol style="list-style-type: none"> 1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest 6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest. 		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2023/24 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public

Minutes of the meeting held on Thursday, 28th September 2023, 14:00 hrs to 16:00 hrs
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name

Title and organisation

Dr Sid Deshmukh (SD)

Chair, Bexley Wellbeing Partnership Committee,
NHS South East London Integrated Care Board
(NHS SEL ICB)

Stuart Rowbotham (SR)

Place Executive Lead (Bexley), NHS SEL
ICB/Director of Adult Social Care, London Borough
of Bexley (LBB)

Jennifer Bostock (JD)

Chair, Independent Member, NHS SEL ICB (Bexley)

Yolanda Dennehy (YD)

Assistant Director of Adult Social Care, LBB

Iain Dimond (ID)

Chief Operating Officer, Oxleas NHS Foundation
Trust

Dr Nicole Klynman (NK)

Director of Public Health, London Borough of Bexley

Dr Surjit Kailey (SK)

Clinical Lead, North Bexley Primary Care Network

Dr Mehal Patel (MeP)

Clinical Director, APL Primary Care Network

Dr Sonia Khanna-Deshmukh (SK-D)
(via MS Teams)

Clinical Director, Froggnal Primary Care Network

Dr Adefolake Davies (AD)

Clinical Director, Clocktower Primary Care Network

Dr Nisha Nair (NN)

Clinical Director, Clocktower Primary Care Network

Dr Pandu Balaji (PB)

Clinical Lead, Froggnal Primary Care Network

Raj Matharu (RaM)

Chief Officer, Local Pharmaceutical Committee

In attendance

Diana Braithwaite (DB)

Chief Operating Officer (Bexley) NHS SEL ICB

Keith Wood (KW) via MS Teams

Lay Member, Primary Care (Bexley), NHS SEL ICB

Graham Tanner (GT)

Associate Director – Primary Care (Bexley), NHS
South East London Integrated Care System

Sarah Burchell (SB)

Service Director Adult Community Physical Health
Services, Oxleas NHS Foundation Trust

Abi Mogridge (AM)

Chief Operating Officer (COO), Bexley Health
Neighbourhood Care CIC (GP Federation)

Sukh Singh (SS)

NHS Kent and Medway ICB

Dr Cheryl Leung (CL)

GP, The Westwood Surgery, Population Health
Associate - [The King's Fund](#), Joint Primary Care
Lead, S.E. London ICS Respiratory Network
Clinical Lead for Pathology, S.E. London Integrated
Care Board, Clinical Lead for Long Term Conditions
(Bexley) & Clinical Lead for Clinical Effectiveness
(Bexley)

Rikki Garcia (RG)

Chair, Healthwatch, Bexley

Michelle Barber (MB)

Programme Lead, NHS South East London (Bexley
and Greenwich Boroughs)

Pipper Ashford (PA)

Lead Diabetes Nurse, Oxleas NHS Foundation Trust

Aysha Awan (AA)

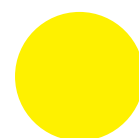
Head of Comms & Engagement (Bexley), NHS SEL
ICB

Opeyemi Adetokunbo-Aina (OA-A)	Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Steven Burgess (StB)	Policy and Strategy Officer Strategy, Performance and Complaints, London Borough of Bexley Council
Matthew Duckworth (MD)	Scrutiny Committee Officer, London Borough of Bexley (LBB)
Patrick Gray (PG)	Communications & Engagement Manager (Bexley), NHS SEL ICB
Daniel Rattigan (DR)	Associate Director of Strategy, Lewisham & Greenwich NHS Trust
Ellie Thomas (ET)	Associate Director, Planning & Partnerships, Dartford & Gravesham NHS Trust
Simon Beard (SiB)	Associate Director of Corporate Operations Governance, NHS SEL ICB
Rianna Palanisamy (RP) (<i>Presenter</i>)	Corporate Governance Lead (Bexley), NHS SEL ICB

Apologies

Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Dr Clive Anggiansah (CA)	Clinical and Care Professional Lead - Primary & Community Care (Bexley)
Dr Sushanta Bhadra (SuB)	Clinical Director, North Bexley Primary Care Network
Dr Miran Patel (MiP)	Clinical Director, APL Primary Care Network
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Sarah Birch (SaB)	Head of Primary Care (Bexley), NHS SEL ICB
Dr Mike Robinson (MR)	Interim Consultant in Public Health, London Borough of Bexley
Julie Witherall (JW)	Director of Financial Management, NHS SEL ICB
Stephen Kitchman (SK)	Director of Children's Services, LBB

The minutes of the BWP Committee (in public) meeting held on 28th September 2023 have been typed by Nazima Bashir, Corporate Business Manager, Primary Care (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB).



		Actioned by
1.	<p>Introductions and apologies</p> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Apologies, noted on page 2.</p>	SD
2.	<p>Declarations of Interest</p> <p>The Chair, SD, addressed the group and confirmed that no new declarations of interests for this meeting were reported. Attendees were reminded that if their declarations required updating, they should promptly contact the organisation's meeting organiser.</p> <p>It was noted that the chairing of Agenda item 7 will be handed over to Jennifer Bostock (JB), Independent Member for the NHS SEL ICB (Bexley), due to the conflict of interest for GPs as holders of PMS and GMS contracts and PCN representatives.</p> <p>For clarification despite the conflict of interest for the GPs and the PCN representatives they would <u>not</u> be asked to leave the room during the discussion of the agenda item, as their expertise and work were directly related to the item that will be presented.</p>	SD
3.	<p>Minutes from 27th July 2023 and matters arising.</p> <p>The minutes of the meeting held on 27th July 2023 were NOTED. The only correction needed was the inclusion of Abi Mogridge (AM) in the voting members section on page 1, as she attended the BWP Committee meeting, and this has now been addressed.</p> <p>Matters Arising</p> <p>The Chair, SD invited attendees to raise any matters arising from the previous meeting that were not included in the current agenda. No additional matters were raised.</p>	SD
4.	<p>Public Questions</p> <p>No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.</p>	SD
5.	<p>Bexley Better Care Fund Plan (BCF) 2023-25</p> <p>Steven Burgess, Policy and Strategy Officer, London Borough of Bexley, talked the group through the salient points of the agenda item 5.</p> <p>The purpose of this agenda item is to consider and endorse the proposal to update the schedules and appendices to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).</p>	StB

	<p><u>Key Points:</u></p> <ul style="list-style-type: none"> • The Bexley Better Care Fund (BCF) Plan 2023-25 has been authorised and includes additional grant allocations. • The plan accounts for additional grant allocations and is connected to the Section 75 agreement. • The financial impact indicates a significant increase in funding for 24/25. • A deadline of 31st October 2023 is set for getting the Section 75 agreement signed off. • Consultation with the Cabinet Member for Adults' Services and Health is planned. • The plan's progress has been communicated to the Bexley health and well-being board. <p>KW inquired about the reporting procedures for performance against the BCF plan. StB explained that monitoring would intensify in the second quarter, with a deadline of 31st October 2023. He specified that reporting schedules might not always align with BWP committee meetings, but delegated sign-off arrangements are in place. StB assured that performance progress would be regularly reported to the BWP committee for information and comments, including performance data and metrics within the plan. KW stresses the importance of financial and operational performance reports to ensure value for money. StB mentions alignment with Section 75 agreements and acknowledges data availability challenges, aiming to provide information based on the best available data.</p> <p>SR highlighted the Bexley organisations strong performance in keeping people at home after reablement. YD stated Bexley's successful model for supporting independence. JB congratulated the group and encouraged collaboration between academics and healthcare professionals to share successful models and evidence.</p> <p>The agenda item concludes with the committee's endorsement of the Bexley Better Care Fund Plan 2023-25, even though it's not a formal decision point. It acknowledges the importance of the partnership and the internal approval process.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>i) ENDORSED the proposal to update the schedules and appendices to the section 75 Agreement between the London 3 CEO: Andrew Bland Chair: Richard Douglas CB Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).</p>	
6.	<p>Place Executive Lead</p> <ul style="list-style-type: none"> • Autum Report • System Winter Plan 2023/2 	SR

	<p>Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Health & Social Care, NHS South East London Integrated Care Board and London Borough of Bexley, presented the agenda item 6, providing an overview of the salient points to the group.</p> <p>The purpose of this paper is to provide the BWP Committee with information and assurance regarding Bexley system-wide preparations for Winter 2023/24.</p> <p>SR talked the group through recent Bexley healthcare events, challenges, and preparations for the upcoming winter in Bexley. Emphasis was placed on the significance of cooperation and effective communication in addressing these challenges. The healthcare system holds a legal obligation to provide temporary shelter for homeless individuals during severe weather conditions. Dedicated endeavours are being undertaken to assist patients leaving hospitals without stable housing. These initiatives include a strong focus on aiding marginalised populations, notably those experiencing homelessness. The Bexley healthcare system is actively striving to ensure the welfare of the community throughout the winter months.</p> <p><u>Other Key Points no note:</u></p> <p>Bexley's inclusion in the ULEZ (Ultra Low Emission Zone) raises concerns about the potential adverse health implications. The expansion of the ULEZ is under scrutiny for its potential adverse effects on home care with low paid carers unable to visit and care for those in need in the community. There is also a potential impact upon the wider workforce with the increase in costs imposed by ULEZ. JB appealed to management to assess and review the impact over time.</p> <p>Oxleas NHS Foundation Trust recently initiated a homeless mental health programme, and a small team is currently operational across the three boroughs under their coverage. They have plans to expand this initiative over time, addressing a previously unmet need in service provision.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> (i) NOTED the Autumn update. (ii) REVIEWED and ENDORSED the 2023/24 Bexley System Winter Plan. 	
7.	Primary Care Business Report – Q2 2023/24	GT

Graham Tanner, Associate Director Primary Care (Bexley), NHS South East London Integrated Care Board, talked the group through the salient points of agenda item 7.

The Primary Care Business Report aims to offer a comprehensive business update on the activities of the Bexley Primary Care Delivery Group (PCDG) during the second quarter of the fiscal year 2023/24. This report provides insight into the PCDG functions, recent decisions, and adjustments to its Terms of Reference. Furthermore, it offers recommendations for the consideration of the Bexley Wellbeing Partnership Committee.

Key Points:

The business of the PCDG is reported quarterly to the BWP committee, and decisions may be required for specific items.

Work on primary care system development and estate planning is ongoing. The discussion emphasised the importance of external expertise for estate projects and provided reassurance that costs were centrally covered, not from local budgets.

During the discussion, RaM inquired about the inclusion of other primary care healthcare professionals into the PCDG and sought information about a specific integration timeline. He also stressed the importance of maximising available resources. GT explained that the delegation of dental, ophthalmology, and community pharmacy services to ICBs is an ongoing process, with the North East London ICB now hosting these roles and functions on behalf of the region. GT highlighted the potential for addressing health inequalities through unallocated and clawback funding. Both participants acknowledged the pervasive workforce challenges in healthcare, which demand nationwide attention.

Action: The proposed action is to add RaM to future meetings of the PCDG.

RaM expressed significant concerns about the proposed 30% budget cut for the Integrated Care Board (ICB) and the potential adverse effects on both commissioning capabilities and the pool of expertise within the organisation. In response to the concerns, both GT and SR acknowledged the pressing workforce challenges. Additionally, they highlighted the ongoing management cost reviews currently in progress. SR underscored the critical need for enhanced visibility and transparency in performance reporting.

Furthermore, SR drew attention to the noteworthy achievement of Bexley in terms of GP access performance. He also elaborated on the concept of local care networks and their pivotal role in promoting integrated care at a community level. SR emphasised the significance of fostering collaboration and trust among partners within the healthcare system, recognising the potential for competing interests and the importance of maintaining a strong, cooperative relationship.

In the previous BWP (in public) meeting, ID expressed concerns about the generic nature of access and recovery plans and their lack of clarity on improvement measures. He's keen to understand how improvements are being gauged and how these plans align with the broader health and social care vision and other providers' plans.

GT clarified that detailed plans were condensed for presentation, acknowledged the feedback on fund accountability, and mentioned ongoing assurance work. Specific actions, like implementing cloud telephony and online consultations, are being monitored, along with improvements in patient experiences. Local patient surveys are being conducted to gather contemporary data. GT stressed the importance of up-to-date information to demonstrate the impact of investments, he stated that this information would be brought back to the BWP committee later in the year to provide assurance.

It was noted that in terms of assuring the primary care access and recovery plans, there is an additional layer of oversight through a Member Enquiries Board and the Adult Health Overview and Scrutiny Committee, set to meet next year. They will conduct a comprehensive review, with a focus on the impact on patient experience. Both committees will regularly receive reports on the progress of the recovery plans.

The Bexley Wellbeing Partnership Committee:

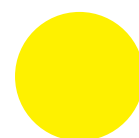
- (i) **NOTED** the report.
- (ii) **NOTED** the items recommended for formal approval emanating from the Primary Care Delivery Group meeting held on 5th July 2023 but that these items were considered and approved at the Bexley Wellbeing Partnership Committee on 27th July 2023.
- (iii) **APPROVED** the minor amendments to the approved Terms of Reference for the Primary Care Delivery Group on 6th September 2023.

	<p>(iv) HIGHLIGHTED any of the other reported items requiring further clarification and/or future consideration by the Bexley Wellbeing Partnership Committee</p>	
8.	<p>Supplementary Integrated Performance Report</p> <p>Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board, talked the group through the salient points of the agenda item 8.</p> <p>The "Bexley Wellbeing Partnership Supplementary Performance Data Report" is produced by the SEL ICB assurance team for Local Care Partnerships, with the aim of assessing local performance against key areas. It emphasises achievement against national targets, agreed trajectories, and other comparators. The report is designed to help the Bexley Wellbeing Partnership identify areas of subpar performance and ensure issues are addressed either locally or within a broader system approach.</p> <p>The report includes various areas of performance, including talking therapy services, personal health budgets, and the management of hypertension.</p> <p>The discussion touches upon the challenges of increasing demand for mental health services, the need for better communication and early intervention, and the role of local providers like Mind in Bexley. The report acknowledges shifts in targets and the importance of adapting to changing expectations.</p> <p>A specific concern is raised about physical health checks for people with severe mental illness, as performance in this area lags and contributes to health inequalities. The report highlights efforts to incentivise better performance, share best practices, and improve data sharing among primary care providers and Oxleas.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) NOTED the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	GT
9.	<p>Month 4 Finance Report</p> <p>At month 4 (July 2023/24), Bexley Place overspent by £1 million year-to-date and forecasted a £3.5 million overspend. The ICB overspent by £5,177k against a budget of £4,738,176k. South East London ICS had a system deficit of £58.1 million, much higher than the planned £14.2 million deficit but was aiming for a</p>	OA-A

	<p>break-even forecast out-turn position, improving from a £32.5 million adverse variance at month 3.</p> <p>In summary Bexley is facing significant financial challenges primarily related to prescribing and continuing healthcare costs, compounded by increased demand and population growth. Efforts are underway to address these challenges and ensure that patient care remains largely unaffected. The BWP committee aims to provide more detailed information on their financial recovery plans in the future.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) DISCUSSED & NOTED the Month 04 (July 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Place.</p>	
10.	<p>Place Risk Register</p> <p>Rianna Palanisamy, Borough Governance Lead for Bexley in the NHS South East London Integrated Care Board, presented the summary of the Bexley Place risk register to the group.</p> <p>The Place (Bexley) risk register underscores key risks, including a correlation with existing risks on the register. These include:</p> <ol style="list-style-type: none"> 1. Concerns about meeting community needs and managing demand effectively. 2. The risk of exceeding delegated budgets in certain areas. 3. Insufficient capacity within internal teams. <p>These risks are regularly reviewed and updated by the borough senior management team monthly.</p> <p>The Chair, JB suggested to the group that they share mitigation suggestions offline, if applicable, and then provide feedback to RP.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) REVIEWED the risks and CONSIDERED the mitigations detailed.</p> <p>(ii) ASSESED whether, in the committee's view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken.</p> <p>(iii) NOTED that work on identification and management of risks is ongoing.</p>	RP
11.	Let's talk about self-care and management support	

	<p>The public forum focused on self-care and management support for individuals with long-term health conditions, was initiated by Dr. Leung. During this forum, Dot, formally known as Dorothy Green Head, shared her personal journey. Her story provided invaluable insights into the struggles and experiences faced by those managing multiple long-term health conditions.</p> <p>Dot, who is both a caregiver and a patient, confronted significant hurdles at the onset of the COVID-19 pandemic. Her spouse, who had dementia and was diagnosed with cancer, became unwell and eventually passed away. Dot herself contracted COVID-19 but managed to recover. Subsequently, she received a diagnosis of pulmonary fibrosis and received medical care from Dr. Cheryl Leung. Dot expressed profound gratitude for the unwavering support she received from the NHS. Remarkably, despite her numerous health challenges, Dot maintains an active and positive outlook, actively participating in activities such as aqua aerobics and art classes.</p> <p>In addition, MB and PA presented an overview of the services available for diabetes management and highlighted the critical role of peer support in the Bexley borough. Furthermore, they emphasised the advantages of having various long-term condition services conveniently located within the same facility, which greatly enhances patient care.</p> <p>The discussion covered a range of healthcare services in Bexley, emphasising peer support. Attendees discussed specialised care for different conditions and the potential for expanding local diagnostics. SR confirmed new diagnostic services in SEL, especially in Eltham, and expressed hope for a similar service at Queen Mary's.</p> <p>Speakers praised Dot for sharing her personal story, emphasising the significance of real-life experiences in contrast to theoretical discussions. Dot was seen as a role model for managing health conditions and reducing the healthcare burden. Dr. Cheryl Leung's contributions were appreciated, and they emphasized the importance of spreading Dot's inspiring message.</p>	
<p>12.</p>	<p>Any Other Business</p> <p>DB proposed expanding the BWP committee's focus beyond primary care. The suggestion is to add assurance items related to their delegated areas: community services for adults, children, and mental health. This aims for a more balanced agenda while maintaining transparency. The chair, SD, expressed his approval of the suggestion.</p> <p><i>Meeting concluded at 16.15hrs.</i></p>	<p>DB</p>

13.	Glossary These glossary terms were noted.	
14.	Date of the next meeting: Thursday 23 rd November 2023, Council Chamber, London Borough of <i>Bexley</i> , <i>Civic Offices</i> , 2 Watling Street, <i>Bexleyheath</i> , Kent, DA6 7AT	SD



Bexley Wellbeing Partnership Committee

Thursday 23rd November 2023

Item: 5

Enclosure: C

Title:	Bexley Roadmap to Health & Care: DRAFT Integrated Forward Plan – Update		
Author:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board		
Executive Lead:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Health & Care, NHS South East London Integrated Care Board/London Borough of Bexley Council		
Purpose of paper:	The purpose of this paper is to provide an update on; (i) the development of the Draft Integrated Forward Plan and revised timetable; and (ii) consideration by the committee on how it will support successful implementation and delivery of the plan.	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	<p>The Bexley Wellbeing Partnership over the past 12 months commenced a process to; (i) Refresh its vision; and (ii) Develop a Roadmap of its intentions. At the same time Integrated Care Systems were required to develop a Strategy and Joint Forward Plan. The London Borough of Bexley Council during the same period also refreshed its Joint Local Health & Wellbeing Strategy.</p> <p>Consequently, there has been considerable work across the local health and care system to align and find synergies with all the above and ensure that Bexley as place has a credible response and deliverable plan.</p> <p>The attached Draft Integrated Forward Plan provides the actions that are required from the local health and care system to deliver on the Bexley Wellbeing Partnerships Vision and Roadmap, but importantly addresses the ambitions set out in the Joint Local Health & Wellbeing Strategy as presented to the committee on 22nd June 2023.</p> <p>The Draft Integrated Forward Plan has been developed in collaboration and partnership with local leaders, stakeholders, organisations, and officers from across the Bexley local health and care system. The next steps as part of the development and socialisation of the plan are as follows:</p> <ul style="list-style-type: none"> (i) Articulation and alignment of Primary Care enablers. (ii) Engagement with the Corporate Leadership Team, London Borough of Bexley Council – December 2023. (iii) Formal sign-off of the Roadmap & Integrated Plan by the Bexley Wellbeing Partnership Committee – 25th January 2024. (iv) Endorsement by the Health & Wellbeing Board – 14th March 2024. 		
Potential Conflicts of Interest	Not applicable.		
Other Engagement	Equality Impact	Not applicable.	

	Financial Impact	Not applicable.
	Public Engagement	Not applicable.
	Other Committee Discussion/Engagement	<ul style="list-style-type: none"> • Bexley Wellbeing Partnership Executive • Senior Management Team • Children's & Young People Programme Board • Mental Health Transformation Board • Home First Programme Board • Primary Care Delivery Group
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is to be recommended to:</p> <p>(i) Note the update on the development of the Draft Integrated Forward Plan; and</p> <p>(ii) In its deliberations consider the following: (a) How can the committee support the development of integrated teams in Local Care Networks to deliver the Integrated Forward Plan; and (b) What are the enablers that each partner organisation on the committee can bring to support mobilising the Integrated Forward Plan?</p>	

Integrated Forward Plan

Bexley Wellbeing Partnership
2023-2025





Contents

We Have Come a Long Way Together	4-5
Roadmap to Health and Wellbeing	6-7
Our Place, Our People, Our Partnership	8-9
Health and Wellbeing Priorities	10
Local Care Networks	11
Children and Young People: Supporting Children and Young People Throughout Life.....	14
Mental Health: Supporting People Living with Mental Health Challenges.....	15
Obesity: Supporting People to Maintain a Healthy Weight	16
Ageing well: Supporting Older People Living with Frailty	17
Bexley Wellbeing Partnership	18-19
A Refreshed Bexley Wellbeing Partnership Vision	20-21
Bexley Integrated Forward Plan - Children and Young People	23-31
Mental Health Operating	32-37
Obesity Operating	38-41
Older People Living with Frailty	42-47



Bexley is a place where...

“We have a tradition of working together for a better future”

We have come a long way **together.**

Our partnerships, relationships and collective ambition have helped support Bexley residents through difficult times.

The COVID-19 pandemic was a difficult period for all communities. However, it also spurred new ways of working between health, social care, the voluntary, community and social enterprise sector, and numerous community members in Bexley.

The pandemic also shone a harsh spotlight on the importance of addressing health and care inequalities to ensure we are resilient as individuals, families and communities.

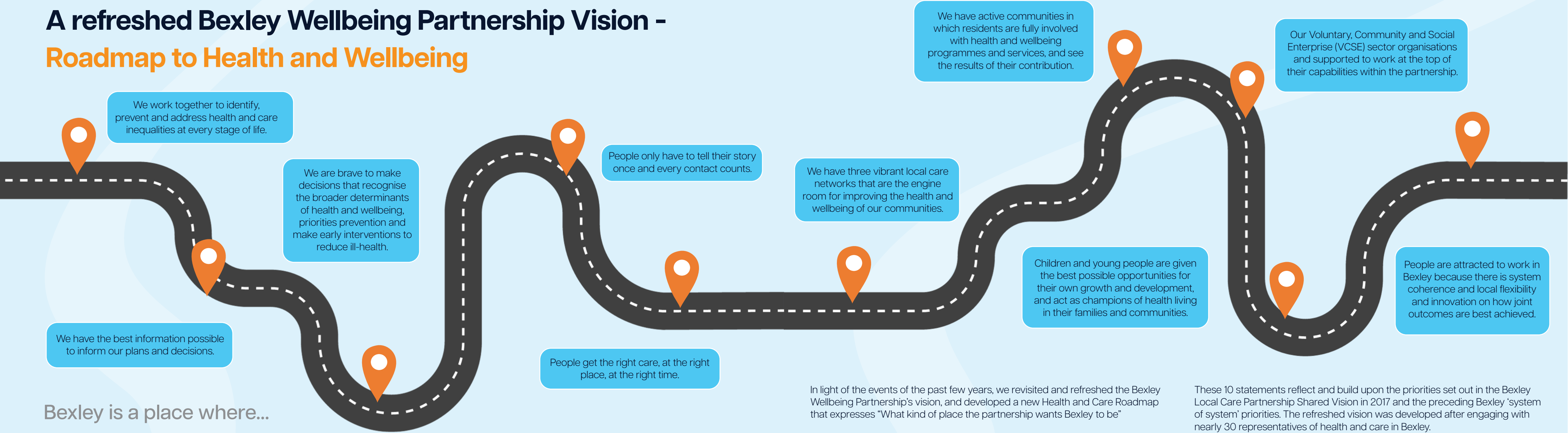
As the Bexley community we are not immune to global shocks and nationwide challenges. The continued higher cost-of-living is putting strain on individuals, families and communities, with knock-on effects for the health and wellbeing of all residents.

Our response to these challenges has been to build on the work that led to the formation of the Bexley Wellbeing Partnership in 2017, and the desire to continue the momentum and learning from our recent experiences.

This is set out in our Integrated Forward Plan.



A refreshed Bexley Wellbeing Partnership Vision - Roadmap to Health and Wellbeing



Bexley is a place where...

In light of the events of the past few years, we revisited and refreshed the Bexley Wellbeing Partnership's vision, and developed a new Health and Care Roadmap that expresses "What kind of place the partnership wants Bexley to be"

These 10 statements reflect and build upon the priorities set out in the Bexley Local Care Partnership Shared Vision in 2017 and the preceding Bexley 'system' priorities. The refreshed vision was developed after engaging with nearly 30 representatives of health and care in Bexley.

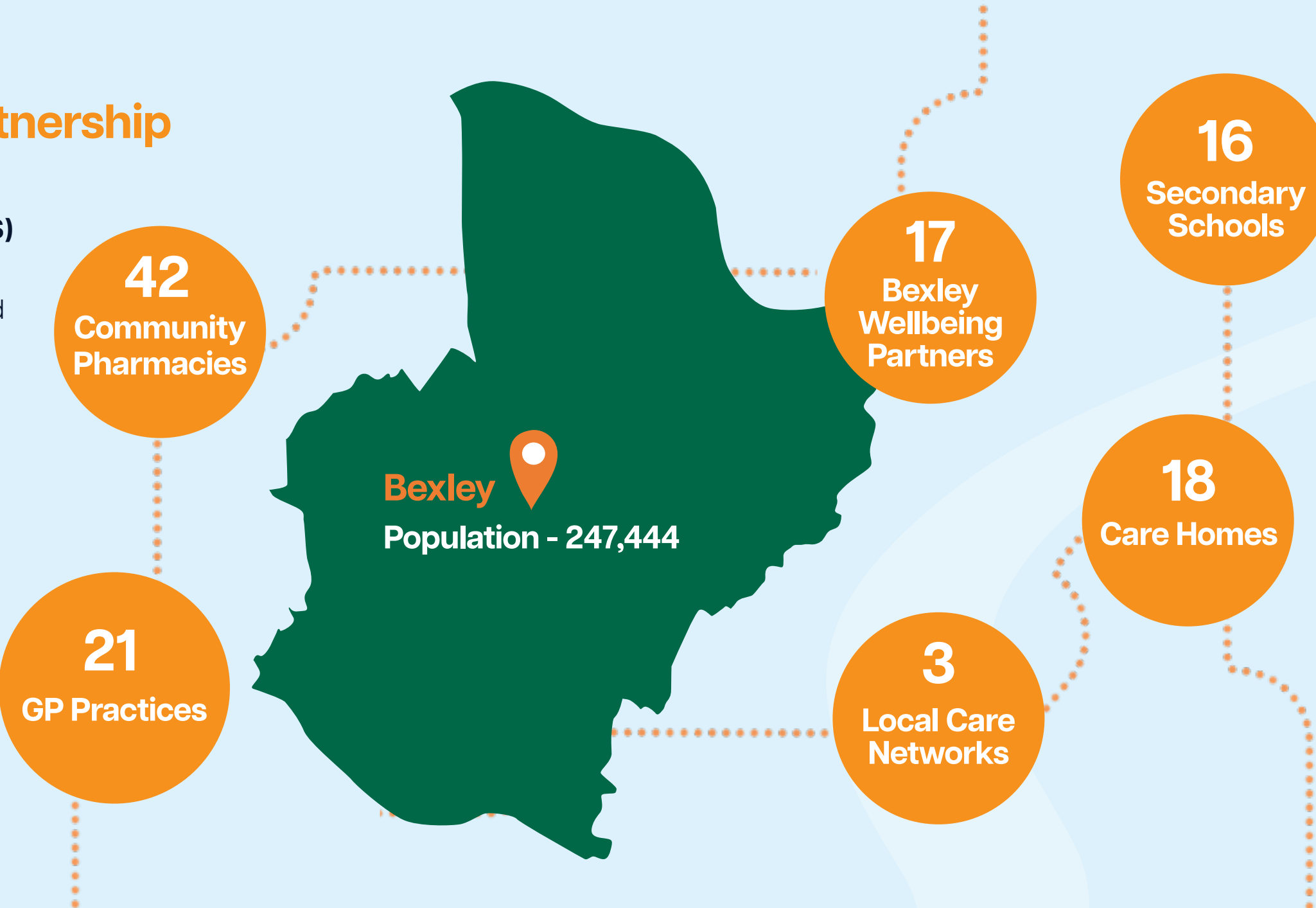
Our Place, Our People, Our Partnership

South East London Integrated Care System (SEL ICS)

In 2022, Bexley became one of six South East London Boroughs that came together to form a single Integrated Care System. The ICS brings together all the public organisations responsible for publicly funded health and care in South East London.

An increasingly diverse population

- 24% of the total population are of Black, Asian & Minority Ethnic heritage which is expected to become more diverse rising to 30% by 2045
- The proportion of adults identifying as Lesbian Gay, Bisexual, Transgender Queer, Intersex, and Asexual +/- other in England is between 2.5% and 5.9%. LGBTQIA+ people over 25 in Bexley would



A growing and ageing population

- Children and young people under 25 account for almost a third of the population, whilst older people aged 65 and over account for a sixth.
- Bexley's birth rate is higher than the England average. Projections show the population will grow by 10% to around 275,000 in 2023. By 2050, >65s will make up almost 1/5 of the population. The largest increase will be in North Bexley.

Inequality affects many of Bexley's residents

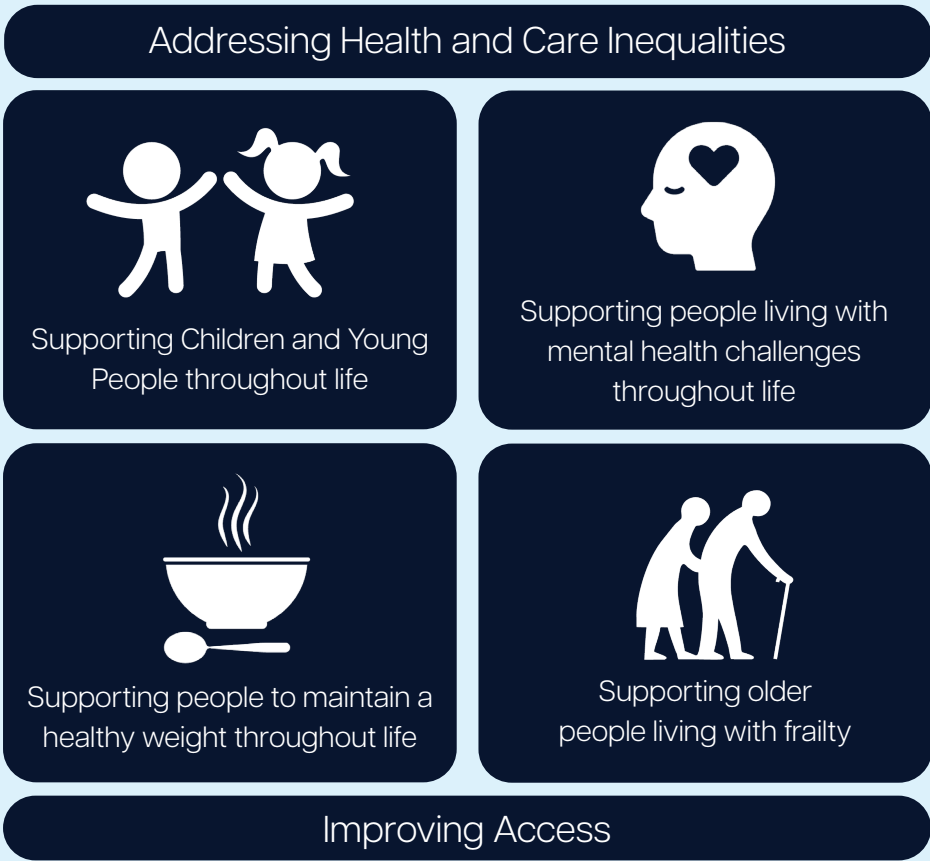
- Despite its relative affluence, one in seven people live within the 30% most deprived areas nationally.
- North Bexley is the most deprived area in our Borough, with significantly higher levels of poverty disproportionately affecting Children and Young People and seniors.
- Life expectancy between the least and most deprived areas is 6 years. In Bexley, excess winter deaths in those over 85 are 30.4% compared with 21.9% in London and

Together we identified **Health and Wellbeing Priorities** along four points in residents **life journeys, reflecting the biggest populations health and well being needs.**

Improvements in these areas can be achieved through a partnership approach between the Bexley Wellbeing Partnership, the communities we work with and the South East London Integrated Care System (SEL ICS)

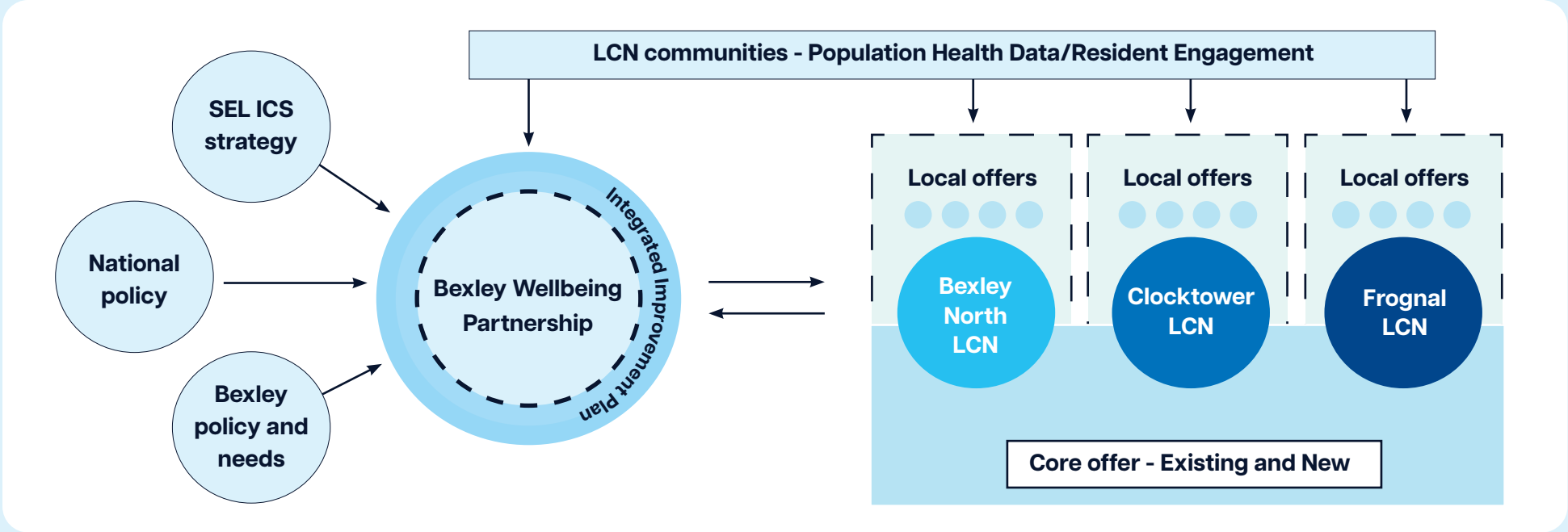
When designing our approach to supporting people at these life stages the common themes from our joint experienced were:

- Personalisation and promoting independence
- Focussing on prevention through a proactive approach
- Taking a strengths based approach, drawing on individuals resourcefulness and community assets
- Supporting carers and taking a ‘think family’ approach
- Creating a core and local model of delivery to tailor services around natural communities



Bexley has **Three Local Care Networks** that can draw upon the knowledge and insights of local teams and service users to understand and address local needs.

Local Care Networks (LCN) are themselves a hyper-local partnership of primary, community, social, mental health and acute care, working with the Voluntary, Community and Social Enterprise (VCSE) and their communities.



LCNs are themselves a hyper-local partnership of primary, community, social, mental health and acute care, working with the VCSE and their communities. They will be responsible for delivering many of the ‘Core’ elements of our Integrated Forward Plan and interpreting other elements of Plan to make them more accessible to and effective for their local populations. LCNs will also provide and develop a range of other services based upon local needs, including addressing health and care inequalities and access to primary care.



Qur joint action plan explained...

Children and Young People: Supporting Children and Young People Throughout Life

To reduce levels of obesity by making obesity everybody’s business.
Our plans for 2022 to 2025 cover:

- ✓ Start well
- ✓ School years
- ✓ Addressing inequalities

The outcomes we will achieve are:

- Multi-agency working will increase to support key initiatives
- An improvement in infant and maternal health, including better support and clearer pathways for infant feeding with support and evidence on options, and an Increase in healthy birth weights
- An improvement in perinatal mental health
- More support for children in school years
- Creating an open and welcoming environment for all children through the use of peer support groups and improved access to emotional wellbeing



Mental Health: Supporting People Living with Mental Health Challenges

To treat mental and physical health equally, promote good mental wellbeing and intervene early

The outcomes we will achieve are:

- More people with acute mental health needs will receive personalised care in the right place and the right time closer to home
- Residents with mental health needs and their carers are supported to live well and work in the community for as long as possible
- Community mental health services will be embedded in LCNs
- More people living with dementia and their carers feel well and in control of their lives and dementia and people will have easier access to dementia support
- A reduction in the number of suicides and increased support for those affected by suicide



Our plans for 2022 to 2025 cover:

- ✓ Living well with dementia
- ✓ Personalised care closer to home
- ✓ Mental health and Local Care Networks
- ✓ Support for those at risk of suicide
- ✓ Living well and working in the community

Obesity: Supporting People to Maintain a Healthy Weight

To reduce levels of obesity by making obesity everybody's business.
Our plans for 2022 to 2025 cover:

- ✓ The food and physical activity environment
- ✓ Embedding healthy lifestyles
- ✓ Support for individuals

The outcomes we will achieve are:

- More people are able to access healthier, sustainable and affordable foods and live in an environment that inspires physical activity
- Our workforce will be equipped to contribute to the obesity agenda and support a healthy lifestyle through good livelihoods
- We will embed health lifestyles across the agenda via communicating core and targeted lifestyle messages
- More people will be provided quality services that support weight management, recognising the links between obesity and mental health and support these residents



Ageing well: Supporting Older People Living with Frailty

To meet the needs of frail elderly people through effective, integrated community-based care.

The outcomes we will achieve are:

- More people are able to live well at home as they age where this is safe and the right choice for them, with an expansion of housing options
- Older people are admitted to hospital only when necessary and are safely discharged in a timely manner
- More people can die with dignity at home or in the community with high quality, well co-ordinated support, with family and wider networks being support during a person's illness and after their death
- We will have assessed the roll out, quantity and quality of Advance Care Plans and their use



Our plans for 2022 to 2025 cover:

- ✓ Living well at home and reducing falls
- ✓ Living well in a care home
- ✓ Carer wellbeing
- ✓ Service development
- ✓ Dying with dignity at home
- ✓ Appropriate use of acute hospital provisions

To deliver against this plan the **Bexley Wellbeing Partnership** needs to provide enablers that cut across all four of the life-stage plans.

Asset mapping and development	<ul style="list-style-type: none">• Bexley resource map• Supporting the development of the Voluntary Community Social Enterprise (VCSE) sector• Identifying opportunities for estates in the NHS and social care to be developed
Governance, accountability and alignment	<ul style="list-style-type: none">• Workstream Memorandum of Understanding (MOU), leaders. Statement of mutual accountability. Reporting and escalation process• Identifying statutory and VCSE funding cycles and serviced can better aligned for
Local Care Network	<ul style="list-style-type: none">• Establish integrated LCN 3-year strategy, outcomes framework and operating plans• OD directed towards engagement and alignment of LCNs• Develop user journeys/pathways
Community engagement	<ul style="list-style-type: none">• Develop a central resource for community engagement• Resources to support community activation• Stock of case studies, professional and user experiences/insights
IT and business intelligence	<ul style="list-style-type: none">• Collate/develop outcome and progress measures, guided by evidence and best practice• Framework and strategy to map digital needs to deliver integrated plan including interoperability• Develop performance dashboards
Primary Care	
Organisational and workforce development	<ul style="list-style-type: none">• Within Bexley Wellbeing Partnership to deliver joint strategic plans• Map and deliver specific training needs e.g. Trauma Based Approach, Difficult Conversation• Identifying and sharing best practice

A refreshed Bexley Wellbeing Partnership **Vision**

We revisited our partnerships vision in light of our recent and current challenges, asking what kind of place Bexley should be:

- ✓ We work together to identify, prevent and address health and care inequalities at every stage of life
- ✓ We have the best information possible to inform our plans and decisions
- ✓ We are brave to make decisions that recognise the broader determinants of health and wellbeing, prioritise prevention and make early interventions to reduce ill-health
- ✓ People get the right care, at the right place, at the right time
- ✓ People only have to tell their story once and every contact counts

Bexley is a place where...



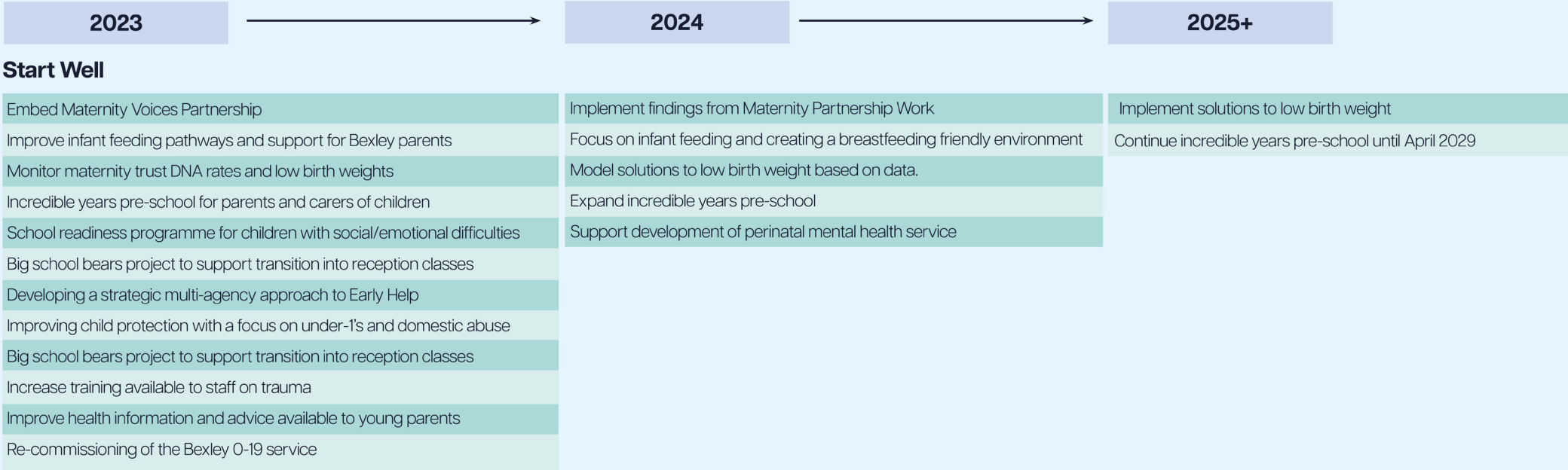
- ✓ We have three vibrant, dynamic integrated local care networks that are the engine room for improving the health and wellbeing of our communities
- ✓ We have active communities in which residents are fully involved with health and wellbeing programmes and services, and see the results of their contribution
- ✓ Children and young people are given the best possible opportunities for their own growth and development, and act as champions of healthy living in their families and communities
- ✓ Our Voluntary, Community and Social Enterprise (VCSE) sector organisations are supported to work at the top of their capabilities within the partnership
- ✓ People are attracted to work in Bexley because there is system coherence and local flexibility and innovation on how joint outcomes are best achieved



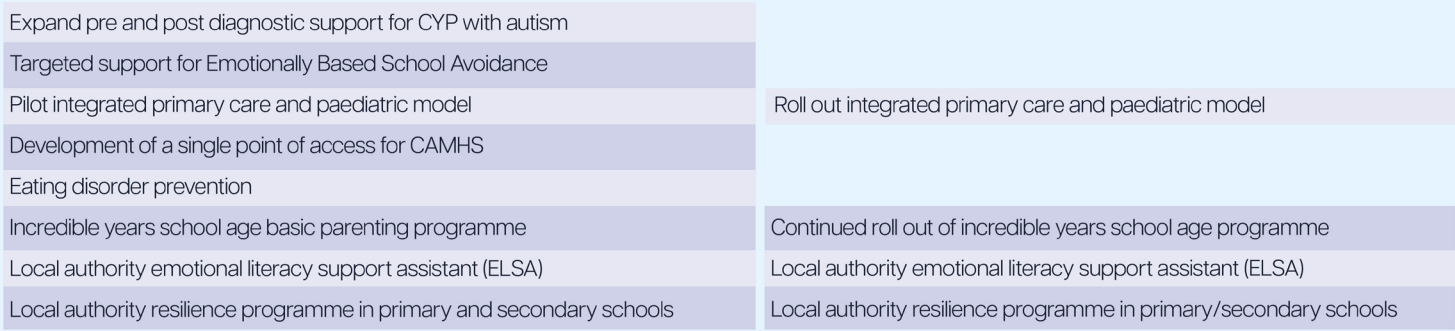


Bexley Integrated Forward Plan - Children and Young People

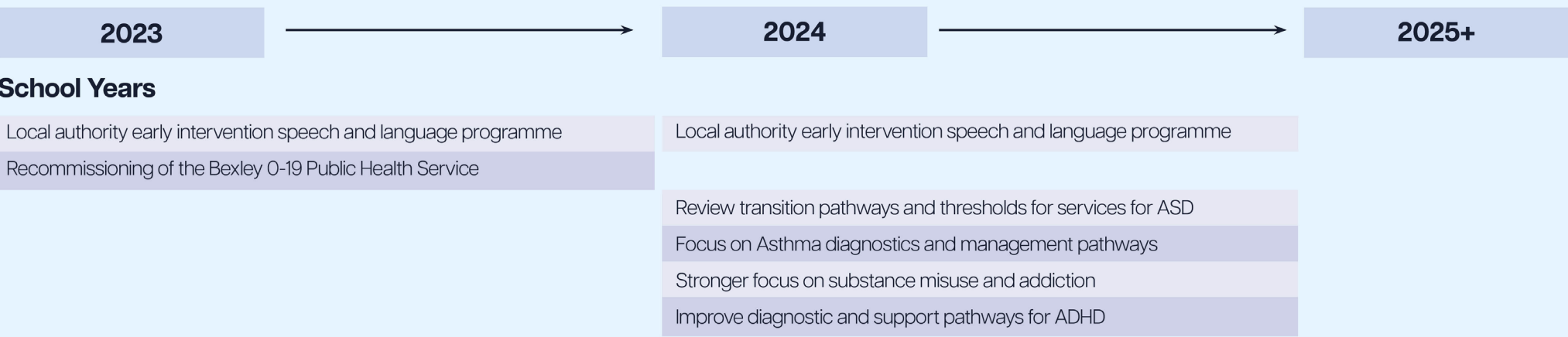
Workstreams



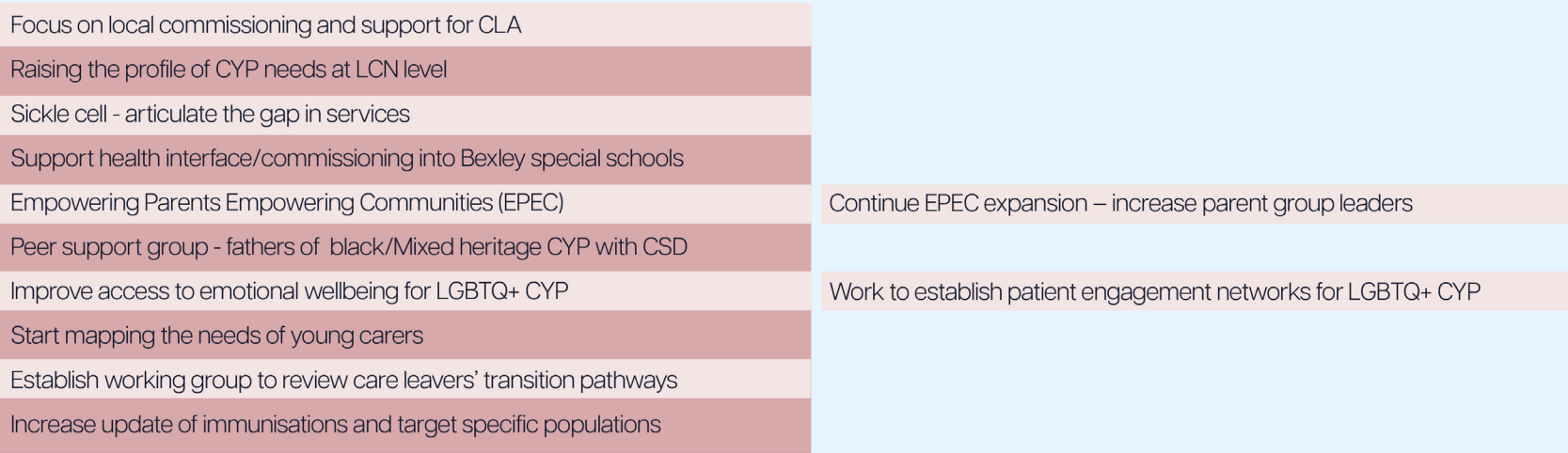
School Years



Workstreams



Addressing Inequalities



Workstream Start Well	2023/24	2024/25	2025+	Outcome	Success measures
	Embed Maternity Voices Partnership to identify improvements to maternity care and continue projects through stop smoking in pregnancy steering group.	Implement findings from Maternity Partnership Work.		Increased multi-agency working to support key initiatives. Improved infant and maternal health.	Regular patient engagement feedback. Reduced smoking rates in pregnancy. More women maintaining a healthy weight during and after pregnancy.
	Improve infant feeding pathways and support for Bexley parents.	Focus on infant feeding and creating a breastfeeding friendly environment.		More support and clear pathways for infant feeding with support and evidence on options.	Increased health and healthy infant weight, improved experiences for mothers, access to evidenced-based information.
	Monitor maternity trust DNA rates and low birth weights to identify if specific communities are more likely to be impacted.			More preventative approaches to infant weight starting in pre-conception and throughout pregnancy and post-birth.	Increased healthy birth weights.
	Implement the safety valve programme: Incredible years pre-school for parents and carers of children with concerns about behaviour of children aged between 3-6- School readiness programme for children with social and emotional difficulties, their parents/ carers, and early years setting staff- Big school bears project to support transition into reception classes.	Expand incredible years pre-school.	Continue incredible years pre-school until April 2029.	Improved parental confidence in managing behavioural needs in children reduced parental use of negative discipline reduced child conduct issues at school and home Improved parent/child relationships. Reduced need for SEMH assistance. CYP are coping with transition and settled in school.	Reported confidence increase by parents. Reduction in behavioural incidents in school. Reduced need for SEMH support. CYP have present with increased capacity to cope and self-regulate in school. Reception staff are more confident to support the needs of CYP, less need for reduced timetables/ or less delay in engaging with school.
	Developing a strategic multi-agency approach to Early Help in Bexley.				
	Improving child protection with a focus on under-1's and domestic abuse.				Reduced rates of domestic abuse in children.
	Increase training available to staff on trauma informed practice across the borough.				
			Explore ways to improve health information and advice available to young parents who are current or former looked after children through the antenatal period.		
		Support development of perinatal mental health services.		Improved perinatal mental health Increased access to perinatal mental health services.	Monitoring demonstrated improved wellbeing for service users.

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
School Years		Development of a single point of access for CAMHS.	Subject to funding, implementation of a single point of access for CAMHS.	Streamlining access to CAMHS services for children and young people.	
	Eating disorder prevention (train the trainer model).	Further implementation of eating disorder prevention.	Monitor and evaluate eating disorder prevention.	Slowing the velocity of the increase in eating disorders.	
	Implement safety valve school years programmes, including: Incredible years school age basic parenting programme. Resilience programme in primary and secondary schools to improve social and emotional wellbeing, resilience, self-esteem, and confidence. Early intervention speech and language programmes in primary school.	Continued roll out of Safety Valve programmes.		Improved by parents confidence in managing behavioural needs in children reduced parental use of negative discipline reduced child conduct issues at school and home Improved parent/child relationships. Improved levels of resilience in CYP. Enable CYP to move from having moderate to mild levels of speech and language need.	Reported confidence increase by parents. Reduction in behavioural incidents in school. Reduced need for SEMH support. Improved reported social and emotional wellbeing, resilience, self-esteem, and confidence. Less likely to need an EHCP and needs are met at the mild to moderate level. Improved speech and language.
	Local authority emotional literacy support assistant (ELSA).	Local authority emotional literacy support assistant (ELSA).		Better quality and increased number of friendships and relationships family members, peers, teaching staff.	Improved reported social and emotional wellbeing, resilience, self-esteem, and confidence.
		Ensure transition pathways for autism are reflected in the joint autism strategy, which is currently in development.		Improved transition pathways and stronger multi-agency working to support transition.	CYP with autism feel supported through transition and are more able to thrive in adulthood.
		Implementation of children's diagnostics and clinical management pathways for Asthma using Asthma nursing.		Reduction in A&E attendances for Asthma.	Improved asthma diagnostics and clinical management of asthma.

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
Addressing Inequalities	Sickle cell - articulate the gap in services and work towards increasing access.	Subject to funding increase capacity of community Sickle cell service.		Commissioning of services meets population demand.	Improved health and better clinical management for CYP with sickle cell anaemia.
	Ensure that there is a robust process for early identification and planning for the health needs of CYP with SEND in newly commissioned or expanded special educational provisions.	Review forward plan for health commissioning to special educational needs provision based on population needs analysis.		Commissioning of services meets population need.	Health needs of CYP with SEND are met within a school setting.
	Empowering Parents Empowering Communities (EPEC) for parents of children with SEND –increase the amount of parent group leaders and deliver more parental support to the local community and expand geographic reach.	Continue EPEC expansion – increase parent group leaders and monitor data outputs.		Parents report increased confidence in parenting techniques and increased social connection and support.	Increased number of parent group leaders, with a larger geographical reach.
	Peer support group for fathers of black/Mixed Heritage CYP with a diagnosis of autism.			Black and mixed-heritage fathers of CYP with autism can access peer support.	Improved confidence and social connection between black and mixed-heritage fathers of CYP with autism.
	Improve access to emotional wellbeing and peer-support for Lesbian, gay, bisexual, transgender, queer or questioning and others young people (LGBTQ+).	Work to establish patient engagement and peer support networks for LGBTQ+ CYP- based on their feedback.		Increased resilience, confidence, and access to social connection and community for LGBTQ+ CYP.	More LGBTQ+ children access emotional support and report improved wellbeing.
	Start mapping the needs of young carers and other vulnerable demographics through the school health education survey (SHEU).	Implement the SHUE survey.		Improved understanding of the needs of young carers in the borough in order to provide tailored support.	Better understanding of need and more intelligent commissioning for vulnerable young people across the borough.
		Establish working group to review pathways for 16-25 transition for care leavers.	Social care.	Care leavers are more prepared for adulthood and have access to appropriate support and service provision.	Care leavers report improved access to support and increased resilience in adulthood.
	Increase immunisations and target populations less likely to be vaccinated.			C&YP are immunised against preventable diseases.	Uptake of immunisations increases across all populations. Improved understanding among the population of vaccinations and their benefits .

Bexley Integrated Forward Plan - Mental Health

Workstreams



Personalised care closer to home for people with acute mental health needs

Ensure people with SMIs receive annual physical health checks	Ensure people with SMI have personalised care planning	Continue with ongoing plans to ensure the supply of housing solutions
Ensure discharge residents are supported to access housing solutions	Continue to improve crisis support services in the community	
Develop the offer of personal health budgets	Improve crisis pathways including community out of hours crisis services	

Living well and working in the community

Improve access to mental health support in the community	Carers/families of people with MH needs are properly supported	Improve employment options for people with MH issues
Understand if there is an over representation in accessing acute MH services	Support a sustainable secondary care model to meet and manage MH needs	
Develop systems to screen residents using psychological community assets	Explore improvements tenancy support for people with MH problems	

Mental health and Local Care Networks

Identify the footprint and location for MH specialist services	Expand neighbourhood hubs to include MH services	Embed a sustainable and resourceful VCSE sector to support MH needs
Ensure MH and wellbeing are being reflected in LCN plans and priorities	Effectively publicise the range of community assets available	
Support a sustainable and resourceful VCSE sector		

Living well with dementia

Evaluate the dementia care home support multi-disciplinary team	Refresh the dementia action plan and enhance post-diagnostic support	Identify local priorities in the National Dementia Strategy
Implement the Dementia Connect Carer Support plan	Provide early support for people living with dementia	

Support for those at risk of suicide

Improve awareness of Bexley's suicide profile	Create a better understanding of the help with is available to residents
Make the best use of community assets to help reduce risk	Improve data collection and intelligence on cases and population risks
Ensure partners across the borough feel skilled to have conversations about suicide	
Tackle health inequalities by focussing on prevention	
Support those affected by suicide through timely bereavement support	

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
1. Personalised care closer to home for people with acute mental health needs	To ensure people with severe mental illness receive their annual physical health check. This will include working with all system partners to drive improvement and engagement.	Ensure people with severe mental illness have personalised care planning and there is communication with their families/carers to improve their physical health and normalise their life expectancy.		Residents with acute mental health needs will receive personalised care in the right place and the right time closer to home.	Reduction in waiting times to receive appropriate mental health support in a timely manner. Fewer people attending A&E or being admitted to hospital in a crisis. Reduction in referrals into secondary mental health services.
	Ensure residents who are clinically ready for discharge are supported to access appropriate housing solutions and community rehabilitation through the mental health rehabilitation relocation (capital) project and gathering feedback from them about their needs and experiences, and enabling peer support.	Continue to improve crisis support services in the community and reduce unnecessary attendances to A&E. Agreement to be reached regarding implementation of Right Care, Right Person as impact of change of policy becomes clear.	Continue with ongoing plans to ensure the supply of housing solutions and community rehabilitation in line with the borough's mental health needs trajectory.	People with severe mental illness will have personalised care planning to improve their physical health and normalise their life expectancy Carers/families of people with acute mental health needs feel engaged and involved.	Achieve SMIAHC national standard of 70% (September 2024).
	To develop the offer of personalised health budgets and direct payments to people with the mental health needs.	Improve crisis pathways including community out of hours crisis services, and hospital and crisis care placements including effective data sharing about individuals and feedback from service users on their needs and experiences.			
2. Living well and working in the community	Improve access to mental health support in the community, including commencing repurchase of Talking Therapy services and Recovery and Employment services.	Carers/families of people with mental health needs are properly communicated with and have good access to support in the community, including to address their physical and mental health needs.	Continue to improve employment options for people with mental health issues.	Residents with mental health needs and their carers are supported to live well and work in the community for as long as possible Residents who are clinically ready for discharge will be supported to appropriate housing solutions and community rehabilitation.	Reduction in escalation of mental health problems because of unaddressed issues such as debt, housing, unemployment, drugs, alcohol and social isolation. More people supported within primary care. Increased access to Talking Therapies and early intervention services.
	Undertake local research to better understand whether there is an over representation in accessing acute mental health services against other boroughs in SE London.	Support a sustainable secondary care model to meet and manage mental health needs through the community mental health service's transformation agenda (this action is to be considered and developed further).			Increase in housing options for people with mental health problems.
	Develop systems to screen residents using a psychological community assets approach.	Explore opportunities to improve tenancy support for people with common mental health conditions.			
3. Mental health and Local Care Networks	Identify the appropriate footprint and location for different mental health specialist services at a borough-wide level and how they connect or work through LCNs adopting a Core and Local model of care).	Explore the expansion of neighbourhood hubs to include mental health services and encourage wider use of direct access services, enable access timely personalised support to prevent a crisis and reduce mental health inequalities.		Community mental health services are embedded in Local Care Networks, and providers work in partnership to intervene early and prevent escalation.	Expanded neighbourhood hubs to respond to mental health crises.
	Ensure mental health and wellbeing are clearly reflected in the priorities and plans of LCNs including addressing mental health inequalities and a voice for people with mental health needs.	Effectively publicise the range of community assets available in the borough and in LCNs that can support people with mental health needs.			Plans and priorities of the LCNS will include mental health and wellbeing, including the voices of people with MH needs Increase in the use of community assets.
	Support a sustainable and resourceful VCSE sector to support people with mental health needs and reduce mental health inequalities across the borough, including at LCN level.		To have embedded a sustainable and resourceful VSCE sector to support people with mental health needs and reduce mental health inequalities across the borough, including at LCN level.		

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
4. Living well with dementia	Evaluate dementia care home support multi-disciplinary team and develop business case for continuation subject to outcome.	Refresh the dementia diagnostic action plan and enhance post-diagnostic support to ensure these services are equally accessible to all communities through improved collaboration between a wide range of clinical and non-clinical services including Dementia Connect and a focus on improving memory service waiting times.	Identify local priorities in the National Dementia Strategy (publication date TBC.	People living with dementia and their carers feel well and in control of their lives Dementia and diagnosis support is equally accessible to all our communities.	An increase in accessibility to dementia diagnosis.
	Implement the Dementia Connect Carer Support plan.	Provide early support for people living with dementia including teaching strategies to live with cognitive impairment, developing habitual patterns of behaviour for support through the life course, carers support and use of technology.			An increase in the number of people with dementia who have access to early support and teaching strategies.
5. Support for those at risk of suicide	Improve awareness of Bexley’s suicide profile and the steps we are taking to prevent suicides.	Create a better understanding of the help which is available to residents and those working and visiting Bexley.		Reduce the number of suicides and increase support for those affected by suicide.	A reduction in the number of suicides.
	Make the best use of community assets with closely aligned borough strategies and programmes of work to help reduce risk.				An increase in the identification of those at risk of suicide.
	Ensure partners across the borough feel skilled to have conversations about suicide and are able to support those at risk.				Partners across the borough will be trained to have conversations around suicide.
		Improve data collection and intelligence by working with health partners, the coroner’s office, local safeguarding boards and Thrive, London’s Real Time Surveillance System (RTSS) to gain a better understanding of cases and population risks.			
	Tackle health inequalities by focussing on prevention and those most at risk of mental ill health, suicide and self harm.				

Bexley Integrated Forward Plan - Obesity

Workstreams



The food & physical activity environment

Establish the Good Food network in Bexley	Explore opportunities around Healthy Streets development	Develop a wider food action plan for Bexley
Complete Health Impact Assessments on hot-food takeaway developments	Implement the Football Foundation Playzone programme	
Develop Craydene Green space in Slade Green		
Work with partners to deliver School Superzone in areas of high deprivation	Evaluate and learn from School Superzone approach	

Embedding healthy lifestyles

Provide training to primary care staff on obesity	Up skill community health champions	Explore opportunities for local employers to support a healthier workplace
---	-------------------------------------	--

Support for individuals

Engage with General Practice on GP Premium obesity plans	Supporting GP practices to deliver targets related to obesity	Support GP practices to implement their obesity action plans
Commission new tier 2 weight management service	Integrate weight management offer within the 0-19s Public Health Service	
Deliver HENRY programme from Children's Centres		
Update and communicate weight management pathways		

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
1. The food and physical activity environment	Establish the Good Food network in Bexley – (bringing together the voluntary and community sector), local authority, and other partners who work to alleviate food poverty.	Explore opportunities around Healthy Streets development, including encouraging active travel.	Develop a wider food action plan / strategy for Bexley.	Increasing the availability of healthier, sustainable and affordable foods.	
	Complete Health Impact Assessments on major new developments and development proposals that contain hot-food takeaways (new project).			Increasing the availability of healthier, sustainable and affordable foods.	
	Develop Craydene Green space in Slade Green, install new outdoor gym equipment and activate with the community.	Implement the Football Foundation Playzone programme and activate the spaces with the community.		Creating an environment that inspires physical activity.	
2. Embedding healthy lifestyles	Work with partners to deliver School Superzone in areas of high deprivation and with high comparative obesity rates, aiming to reduce inequalities.	Evaluate and learn from School Superzone approach and consider how to sustain the project.			
	Provide training to primary care staff on obesity (including raising the issue of weight) and signposting to relevant support.	Up-skill community health champions to signpost residents into appropriate areas of support.	Explore opportunities for local employers to support a healthier workplace.	Equip the workforce to contribute to the obesity agenda.	
		Develop a segmented communications and training plan on healthy lifestyles with communities and other stakeholders.		Support a healthy lifestyle through good livelihoods.	
3. Support for individuals		Using school health profiles consider what additional support can be provided to schools with high rates of obesity.		Embed healthy lifestyles across the agenda.	
	Engage with GP practices in regards to their plans for the GP Premium regarding obesity.	Supporting GP practices to deliver against the targets relating to obesity within the GP Premium.	Support GP practices to focus on implementing their action plans regarding obesity.	Communicate core and targeted lifestyle messages.	
		Focused work with the Local Care Network (LCN) with the highest rate of obesity, aiming to reduce inequalities.			
	Commission new tier 2 weight management service(/s) to support Bexley adults who are living with obesity, with a focus on reducing health inequalities.	Integrated weight management offer within the new 0-19s Public Health Service, supporting families and primary school age children.		Provide quality services that support weight management.	
	Deliver HENRY programme from Children’s Centres and other community settings for families of children aged under five years old.			Recognise the links between obesity and mental health.	

Bexley Integrated Forward Plan - Older People living with Frailty

Workstreams		
2023	2024	2025+
Living well at home and reducing falls		
Promote pharmacy first service to older people	Develop statutory non-statutory information sources	Reduce loneliness with targeted communications campaign
Develop community-based approaches to falls awareness	Stimulate the market to create residential care alternatives	Develop an integrated approach to technology-enabled care
Establish better understanding and insight about falls	Develop a falls awareness and prevention toolkit	
Review and develop community falls response model	Stimulate the market for day opportunities	
Living well in a care home		
Commission a joint care home framework	Review the enhanced health in care homes framework	Ensure residents have protection from eviction
Ensure consistency and equity in GP primary care		
Carer wellbeing		
Ensure the Carer's Action Plan is regularly refreshed	Raise awareness of carers assessments among health providers	
	Co-produce pro-active support for carers/families of frail people	
Appropriate use of acute hospital provision		
Monitor Home First impact on hospital attendances	Evaluate learning from the good hospital support pilot project	System-wide implementation of risk stratification tools
Review system impact of Home First approach to hospital discharge	Review system impact of Home First approach to hospital discharge	
Roll out the Virtual Frailty Ward model	Create a common process for sharing information about patients	
Enhance the scope of the 2 hour Urgent Care Response	Deliver new Trusted Partner model of reablement	
Dying with dignity at home		
Roll out virtual ward for end of life care	Ensure residents can make informed choices about end of life care	Review progress on delivering palliative end of life care priorities
Develop an action plan to implement the SEL Palliative and End of Life Care	Implement SEL PEOLC action plan	Assess advance care plans and their use
Service development		
Undertake district nursing review	Standardise and improve primary care identification of frailty	Create system dashboards for monitoring / improving service quality
Ensure frail people are not excluded from digital access	Ensure data sharing between service that support frail older people	
Improve resident and relative voice		
Develop a market sustainability plan for home care/care homes		

Workstream	2023/24	2024/25	2025+	Outcome	Success measures
1. Living well at home and reducing falls	Promote pharmacy first service to older people through a targeted communications campaign.	Develop statutory and non-statutory sources of information so that people can more easily access care, support, and advice including self-help, peer support and actively contributing to their communities, reducing social isolation and increasing choice and control for residents.	Deliver targeted communications campaigns which promote opportunities to reduce social isolation and loneliness. Support people through life-changing events, promote wellbeing and inclusive, resilient communities.	More people able to live well at home as they age where this is safe and the right choice for them. An expansion of housing options to choose from for people with frailty.	Increased use of pharmacy first service. Decrease the number of frail older people who suffer from a fall, immobility, delirium or incontinence.
	Develop community-based approaches to falls awareness and prevention in Local Care Networks based around strength-building, co-ordination and public education.	Stimulate the market to create alternatives to residential care for older people (for example “extra care housing”).		To be able to identify the link between falls and other factors.	Increase in the number of alternatives to residential care homes for older people.
	Establish quality information (data, case studies, user lived experience and professional insight) to gain better understanding and insights about the prevalence, nature, cause, and impact of falls; and identify the links between falls, immobility, delirium, and incontinence to inform decision making about all of these conditions.	In collaboration with relevant stakeholders (staff, residents and carers) develop a falls awareness and prevention toolkit with associated training and clinics for teams to be used in care homes and by unpaid carers.			Increase in staff trained with the falls awareness and prevention toolkit in care homes.
	Review and develop community falls response model including rapid response service (NHSE directive).	Stimulate the market for day opportunities in order to increase choice for residents and carers.	Develop an integrated approach to technology-enabled care.		Increase the number of day opportunities.
2. Living well in a care home	Commission a joint care home framework to support market development including innovation in dementia and digital transformation.	Review the enhanced health in care homes framework to identify areas for improvement (e.g. MDT working, medicines management).	Ensure that commissioning arrangements give greater protection to residents from eviction.	More people living well and independently in care homes.	Increase the number of people living well and independently in care homes.
	Ensure consistency and equity in GP primary care support for care homes (using new DES funding) including insights from user feedback and adopting a personalised approach.				A reduction in the number of residents being evicted.
3. Carer wellbeing	Ensure that the vital role of unpaid carers is recognised by ensuring the Carer’s Action Plan is regularly refreshed in line with changing carers needs as identified through quarterly Carers’ Partnership meetings.	Raise awareness among health providers of carers assessments to ensure equity of access.		Carers/families of frail older people have good access to support in the community, including to address their physical and mental health needs.	Have a refreshed carer’s action plan, in line with the quarterly Carer’s Partnership meetings.
		Co-produce pro-active support for carers/families of frail people through the Carers Partnership.			

	2023/24	2024/25	2025+	Outcome	Success measures
4. Appropriate use of acute hospital provision	Establish key metrics/baseline data for hospital attendances and admissions impacted by Home First approaches and monitor them.	Evaluate the learning from the pilot project for support of good hospital discharge for people living with dementia and their carers currently running at GEH, with a view to future Home First planning.	System-wide implementation of risk stratification tools and Comprehensive Geriatric Assessment to identify and assess those most at risk of hospital admission.	Older people are admitted to hospital only when necessary and are safely discharged in a timely manner. Have a holistic view of hospital attendances and admissions impacted by Home First approaches.	A reduction in acute hospital admissions for ambulatory sensitive conditions.
	Review system impact of Home First approach to hospital discharge with the findings used to inform its future design and operation. This will include insights from patients and carers about what a good hospital discharge pathway looks like.	Map end-to-end care pathways (including dementia) to create seamless services for frail and older people.			Care pathways for frail and older people.
	Roll out the Virtual Frailty Ward model (including rapid response services and treatment in care homes) in line with agreed bed capacity and deliver on national occupancy trajectories.	Create a common process for sharing information about patients between community, primary care and secondary care (particularly in-patient teams) in a timely manner.			Virtual Frailty Ward ‘up and working’.
	Enhance the scope of the 2 hour Urgent Care Response.	Deliver new Trusted Partner model of reablement.			Have delivered new Trusted Partner model of reablement services using ASCOF measures.
		Increase recording, use and access by families and all professionals of Advance Care Plans, which make individuals wishes clear and help to avoid inappropriate admission at end of life . This includes rolling out having “difficult conversations” training.			
5. Dying with dignity at home	Roll out virtual ward for end of life care in line with agreed bed capacity and deliver on national occupancy trajectories.	Ensure residents are supported to make informed choices about their end of life care and are able to plan ahead including timely development of an advance care plan.	Review progress on delivering palliative end of life care priorities.	More people can die with dignity at home or in the community with multidisciplinary support Family and wider networks are supported, both during a person’s illness and after their death.	Increase of people trained in having “difficult conversations”Increased number people able to die with dignity at home.
	Develop an action plan to implement the SEL Palliative and End of Life Care (PEOLC) priorities for improvement in proactive and personalised care, service access and quality, workforce development, population health management and compassionate communities.	Implement SEL PEOLC action plan.	Assess the roll out, quantity and quality of advance care plans and their use.	Residents who are facing end of life receive high quality well co-ordinated care and support We will have assessed the roll out, quantity and quality of Advance Care Plans and their use.	Increased number of residents making informed choices about their end of life plans, with more using an advance care plan.
6. Service development	Undertake district nursing review to ensure capacity to meet local health needs and produce an integrated action plan.	Standardise and improve identification of moderate and severe frailty (including dementia) across primary and secondary care.	Create system dashboards for monitoring and improving service quality.	Frail older people receive safe, high quality interventions in the community.	An increase in the capacity of district nursing to meet local care needs.
	Ensure that people with frailty are not excluded by the new digital forms of access to primary care by supporting them to understand functionality and enabling proxy access for carers.	Ensure that qualitative data on all services that support frail older people is shared and used to enable an integrated approach to service improvement.			Number of digital champions recruited.
	Improve resident and relative voice. Listen to what they are telling us and work collaboratively with them so that we can improve the care and support we offer.				
	Develop a robust market sustainability and quality plan for home care and care homes .				



Bexley Wellbeing Partnership Committee

Thursday 23rd November 2023

Item: 6

Enclosure: D

Title:	Oxleas NHS Foundation Trust – Partnership Report
Author:	Oxleas NHS Foundation Trust
Executive Lead:	Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust

Purpose of paper:	The purpose of this paper is to provide the Bexley Wellbeing Partnership Committee with overview from Oxleas NHS Foundation Trust, provider of community and mental health services in Bexley.		Update / Information	X
			Discussion	X
			Decision	
Summary of main points:	The report provides an overview of key activities for Oxleas NHS Foundation Trust.			
Potential Conflicts of Interest	Not applicable.			
Other Engagement	Equality Impact	Not applicable.		
	Financial Impact	Not applicable.		
	Public Engagement	Not applicable.		
	Other Committee Discussion/ Engagement	Not applicable.		
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: <div><div>(i)</div><div>Review and note this welcome first summary report from Oxleas NHS Foundation Trust; and</div><div>(ii)</div><div>Consider what future reporting on services might be helpful for the Committee to ensure assurance on the delegations to place for community and mental health services.</div></div>			

Oxleas NHS Foundation Trust: Partnership Report

Recruitment for new Chair of Oxleas

Chair Andrew Trotter OBE, QPM will come to the end of his role with Oxleas NHS Foundation Trust in 2024 as he reaches the end of his final term of office. Therefore, recruitment for a new Chair of the organisation has begun.

Andy joined Oxleas in 2015 and has seen the trust grow and develop under his tenure. Andy said: "Oxleas has been hugely successful taking forward the trust strategy over the past few years. It is now time for a new person to lead the organisation as we shape the next phase of the strategy."

"I would like to thank the senior team, our Council of Governors and colleagues across Oxleas for all their support. It has been a pleasure to work with such a dedicated, compassionate, and friendly group of people. I have also enjoyed working with partners in the south east London system and it has been good to work together to improve the health and wellbeing of local communities."

The recruitment process for a new Chair is underway and the appointment will be made by the trust's Council of Governors in the new year.

Developing Oxleas new strategy phase 2024 - 27

Discussions with patients, families, staff members and partners took place at our annual members' meetings held in October to shape our strategy 2024 - 2027. Oxleas held three meetings during the day in Bromley, Bexley and Greenwich. Discussions will continue over the coming weeks and the strategy will build on the strategic areas identified at Place and across the system. The new stage of the strategy will be launched in Spring 2024.

Health Service Journal Awards

The trust has been shortlisted in both the Staff Wellbeing Award and Trust of the Year Award categories in the Health Service Journal Annual Awards. The award winners will be announced on 16 November 2023.

Adult Mental Health Services

Community Mental Health

On 2 October, Oxleas perinatal service launched a new project, 'Blue Minds' in partnership with the Metropolitan Police, the first of its kind in the UK. A peer support network was set up due to limited support and understanding in the police force of the challenges new mothers face and now 5 police officers who have a special interest/lived experience of perinatal mental health problems are able to directly refer members of the police force (working and living in the Bromley, Bexley and Greenwich area) struggling with perinatal mental health problems directly to Oxleas services rather than signposting them through usual routes. The five officers have received training on mental ill-health symptoms, triggers, red flags and the referral process from Oxleas perinatal consultant and clinical lead and team manager. This is a great example of how peer support and collaboration between organisations can really make a difference.

One in five women and one in 10 men experience perinatal mental health problems in the UK, and it is the leading cause of death for women in the first year post-birth, so Jennifer said the peer support group "was absolutely needed".

An extract from the launch:

Blue Minds will be able to refer women directly to Oxleas NHS rather than having to signpost them through the usual route of the GP, which can cause delays to them accessing the service. Oxleas NHS will then provide specialist assessment, treatment, support and advice to ensure officers stay as well as possible through the perinatal period.

Sgt Jennifer Sharpling found that there wasn't enough support and understanding from the force when she was a new mother. Jennifer said: "Blue Minds came about because of my own experiences and my desperate desire for no one in policing to ever feel as isolated as I did while going through it."

"I have been blessed to work with my team – DI Emma Featherstone, PS Sarah Naughton, DC Kate Collins and PC Stacey Hussey – who have their own personal experiences of navigating their way through motherhood and the challenges that can bring, along with suffering from perinatal mental health conditions. They are incredible women, who work off a desire to help those suffering in the workplace and support this work on top of demanding work roles as police officers and family commitments."

"The NHS and policing are so intertwined that it makes sense for us to join together where we can. This pilot is a dream come true and both sides are very excited about working together and then extending this Met-wide and, if successful, nationally."

Other perinatal mental health peer support networks are now being set up in forces nationwide, from Kent to Northumbria, Jennifer said. She said: "We have a chat group where we regularly come together to share our experiences and our ideas – it is really collaborative and warm working together as a team."

Jennifer and her team have received training on mental ill-health symptoms, triggers, red flags and the referral process from Oxleas perinatal consultant and clinical lead Dr Sushma Sundaresh, and team manager Leanne Kalemaj.

Dr Sundaresh said: "I am excited to be involved and piloting this novel project with the Met Police. The aim is to increase awareness of perinatal mental illness; for women and families to get the right help at the right time; and ensure the care is accessible to those who need it. Blue Minds have an amazing team and the power of peer support is inspiring for professionals and services."

Right Care Right Person

Right Care, Right Person (RCRP) aims to ensure that vulnerable people in London who are experiencing a deterioration in their health, receive support from those most appropriately trained to deliver it. This approach will mean that the right agency deals with health-related calls, instead of the police being seen as the default first responder. The new approach came into action this month and is being closely monitored.

We are working with partners to ensure the safe and effective rollout of the changes and are briefing and training our staff as needed. Colleagues are part of London-wide reference groups reviewing the implementation of the approach.

Children & Young People's Directorate

Child and Adolescent Mental Health Services

We continue to redesign clinical pathways across our service, as well as developing the support offered to children, young people and their families while waiting for assessment or treatment from CAMHS.

We have made positive progress with clinical recruitment within CAMHS in recent months with a reduction in the number of vacancies. We also continue to utilise various training and development schemes to offer additional opportunities to both new and existing staff – this includes preceptorships, apprenticeships, and recruit to train initiatives. These roles, combined with other new clinical posts created through 23/24 investment, means we are beginning to realise the impact of additional capacity across the service and increase the pace by which we can improve waiting times.

The waiting time for initial assessment by Bexley CAMHS continues to reduce with only a small number of waits longer than 52 weeks, we are forecasting that these will all have been addressed by end of December 2023. Focus now moves to the April 2024 target which is that no child or young person will wait longer than 44 weeks for initial assessment – we are currently on track to achieve this.

Oxleas are publishing average assessment waiting times for Bexley CAMHS on our website: [Our services | Oxleas NHS Foundation Trust - Bexley CAMHS](#) In October 2023, our average waiting times per care pathway were:

- Adolescent – 2 weeks
- Children’s Emotional Health and Wellbeing Service (CHEWS) – 24 weeks
- Generic – 17 weeks
- Learning Disability and Neurodevelopmental Disability (LDND) – 41 weeks
- Looked After Children (LAC) – 13 weeks
- Under 5’s – 35 weeks

Specialist Children’s Services

Following on from the success of our winter pressures project in 2022-23, we are implementing winter plans to create additional hospital at home bed capacity and a navigation resource based in acute settings to divert appropriate children and young people into our community nursing services.

Bexley have provided funding for an Asthma Clinical Nurse Specialist role as part of the asthma pathway, and this is in the process of mobilisation. In addition, Sickle Cell provision has been instructed via the ICB for population-based allocation. This activity will be monitored in line with population growth.

Following a rapid self-assessment of the quality of paediatric hearing services, Oxleas are seeking accreditation with the UK Accreditation Services (UKAS) IQIPS (Improving Quality in Physiological Services) which provides evidence of quality management and delivery systems for CQC and other purposes. Oxleas is working with the ICS and other SEL providers to prepare for accreditation and have undertaken baseline measurement activity to contribute to assessment.

Recently a national Patient Safety Alert was issued due to shortages of ADHD medication. As per the alert advice, medication initiation has been temporarily paused and robust pathways have been developed to support children and young people who are currently medicated. We are monitoring the situation closely and developing plans for addressing the backlog of patients requiring medication initiation when it is advised to re-commence this activity.

Specialist Children’s Services waiting times have been impacted by a national shortage of occupational therapists. We have reconfigured service structures to diversify the therapy workforce and recruited to the OT vacancies. These actions are anticipated to come into effect Q4 23/25.

There are significantly increasing levels of referral into ASD and ADHD assessment services. Additional capacity for ASD assessments has been identified to buffer the dichotomy in capacity and demand while a business case is developed.

Adult Community Physical Health Services

High demand in district nursing continues and we are working closely with system partners to review activity and discuss options of working differently. We are encouraged by the success of our most recent recruitment fair. This yielded the highest number of district nursing applicants for interview to date. The interviews were held in October and new nurses were appointed. These staff will be joining the teams over the next few months.

The Bexley In-reach Nurse Navigator based in QEH has commenced in post and is working to support the identification of patients appropriate for virtual wards, as well as supporting more timely and effective discharges of complex patients into teams such as District Nursing and Intermediate Care.

We have recently undertaken a demand and capacity review in Bexley MSK. A discussion paper has now been completed which presents potential options for future service delivery and suggests approaches in the service such as borough wide adoption of MSK First Contact Practitioner roles in Primary Care – this is due to be piloted via ARRS funding with Albion Practice soon and helps to reduce onward MSK referrals. Other options are being discussed at system level.

November 2023

Bexley Wellbeing Partnership Committee

Thursday 23rd November 2023

Item: 7

Enclosure: E

Title:	Month 6 Finance Report
Author:	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at Month 6 (September) 2023/24.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Bexley Position At month 6, Bexley Place reported a year to date overspend against budget of £1.36m and forecast outturn overspend of £1.56m. This reflects the agreed forecast outturn following the focus meeting which identified a number of recovery actions to manage the increasing cost pressure. The month 6 position is driven by:</p> <ul style="list-style-type: none"> Prescribing budget overspent by £1.9m year to date. The main drivers are the implementation of NICE Technology Appraisals (TAs) or Guidelines, which are mandatory for the NHS. This has increased prescriptions for long-term conditions such as diabetes, cardiovascular (CVD), central nervous system (CNS), and respiratory diseases. In addition to this are medications being out of stock, requiring switches to different high-cost alternatives. Most of these are within CAT M and NCSO (No Cheaper Stock available), which are subject to national pricing policies. Other pressures include increase in demand due to worsening illness as an aftermath of the COVID pandemic, increased waiting lists and population growth. Note that actual data are received two months in arrears, but activity trends are higher than prior year. Efficiency plans are being implemented to mitigate the cost pressure, with run-rate reduction (a total of £370k) gradually being seen. Most of the effect is expected at back end of the financial year. CHC budget reports an overspend of £292k. This is due to increased activity in 1:1 support in care homes, learning disability service, and very complex service users in funded nursing care (FNC), coupled with increase in weekly rates in FNC, any qualified provider (AQP) and non-specialist home care. The recovery plan is now being implemented with the position in month being an improvement of £192k from previous month. Continuous review is being done to explore opportunities to discontinue high-cost placements where there is patient improvement. £442k is underspent in Community Health Services. This is the delivery of efficiencies within various community contract at renewal to support the financial recovery plan. 		

- £226k is underspent in Corporate Budgets due to existing vacancies without backfill which is expected to continue till year end.
- £77k is underspent in Acute Services, driven by the reduction in requirement for patient transport.
- £50k is underspent in Mental Health Services, driven by the reduction in activity within MH cost per case.
- £26k is underspent in Other Primary Care Services due to efficiencies within commissioned contracts.

Efficiency savings – The 23/24 efficiency target is 4.5% across SEL. This comes to £3.899m for Bexley borough. At M6, all target has been identified and delivering at more than 90%.

ICB Position – Refer Appendix 1

The ICB's financial allocation for the year as at month 6 is **£4,772,807k**. The ICB is reporting a year to date overspend against plan of **£2,218k**. This compares to an equivalent overspend at month 05 of £2,790k. The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k). Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements.

At present, there are four months prescribing data available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. This month, the run-rate has improved due to the impact of the ICB's savings schemes. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The current overspend is also driven by activity growth which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and additional work is ongoing to review and mitigate this.

The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year. The above financial pressures mean that 5 out of 6 boroughs are reporting overspend positions at month 06.

Focus meetings with all boroughs have taken place in September/October to review and agree recovery actions, with the aim of agreeing forecast year-end positions.

The ICB is reporting break-even against plan for the forecast outturn as it is planned that the position will be recovered in year.

In reporting this Month 06 position, the ICB has delivered the following financial duties:

- Underspending (£2,216k) against its management costs allocation.
- Delivering all targets under the Better Practice Payments code.
- Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
- Delivered the **month-end cash position**, well within the target cash balance.

	<p>As at month 06, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 23/24 financial year.</p> <p>ICS Position – Refer Appendix 2</p> <p>Revenue Expenditure (I&E)</p> <p>South East London ICS reported a system deficit of £81.8m against a planned £1.3m surplus. It should be noted that £18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan that was undertaken at M6. Using a corrected plan phasing the YTD variance would be £64.6m adverse.</p> <p>The system is reporting a break-even forecast out-turn position.</p> <p>Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs for the system and, along with the impact of industrial action, has a knock-on impact on CIP development, de-risking, and delivery.</p>	
Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare
	Financial Impact	There is no known risk to these numbers as they have now been published.
	Public Engagement	Finance is reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/Engagement	The month 06 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the Month 06 (September 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Place. 	

SEL ICB Finance Report

Month 06 2023/24

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

Appendices

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

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

2. Revenue Resource Limit

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

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

3. Key Financial Indicators

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

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

4. Budget Overview

	M06 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	2,425	3,430	3,537	600	526	277	1,232,975	1,243,771	1,243,771
Community Health Services	9,400	41,675	17,792	13,011	11,995	16,287	121,304	231,464	231,464
Mental Health Services	5,157	7,158	4,533	10,674	3,485	3,730	246,546	281,282	281,282
Continuing Care Services	12,558	12,521	13,716	15,981	10,501	9,843	-	75,120	75,120
Prescribing	16,917	23,172	16,617	19,332	19,396	16,015	2,279	113,727	113,727
Other Primary Care Services	1,502	1,638	1,307	1,642	867	403	10,384	17,743	17,743
Other Programme Services	29	44	107	132	2,784	83	26,516	29,694	29,694
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,417	4,580	4,580
Delegated Primary Care Services	20,096	29,023	25,611	39,474	29,579	31,611	(1,080)	174,314	174,314
Delegated Primary Care Services DPO	-	-	-	-	-	-	100,734	100,734	100,734
Corporate Budgets	1,670	2,200	2,614	2,905	2,054	2,206	16,678	30,327	30,327
Total Year to Date Budget	69,755	120,860	85,833	103,752	81,199	80,605	1,760,752	2,302,755	2,302,754
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	2,349	3,393	3,441	284	475	135	1,230,181	1,240,258	1,240,258
Community Health Services	8,959	41,484	17,533	11,858	12,053	15,764	121,407	229,056	229,056
Mental Health Services	5,107	7,505	4,530	10,605	3,220	4,469	245,970	281,406	281,406
Continuing Care Services	12,850	12,923	14,939	17,005	11,519	9,706	-	78,942	78,942
Prescribing	18,813	25,385	18,807	21,236	21,475	17,629	42	123,386	123,386
Other Primary Care Services	1,476	1,638	1,232	1,575	819	378	10,511	17,628	17,628
Other Programme Services	23	26	107	127	92	102	26,163	26,640	26,640
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,160	4,322	4,322
Delegated Primary Care Services	20,096	28,918	25,511	39,474	29,579	31,611	(1,080)	174,109	174,109
Delegated Primary Care Services DPO	-	-	-	-	-	-	101,405	101,405	101,405
Corporate Budgets	1,444	1,988	2,326	2,449	1,918	1,923	15,774	27,822	27,822
Total Year to Date Actual	71,117	123,258	88,423	104,613	81,163	81,866	1,754,532	2,304,973	2,304,973
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	77	38	96	316	51	142	2,794	3,513	3,513
Community Health Services	442	192	259	1,154	(58)	523	(103)	2,408	2,408
Mental Health Services	50	(348)	3	69	264	(739)	576	(124)	(124)
Continuing Care Services	(292)	(402)	(1,222)	(1,024)	(1,018)	137	-	(3,822)	(3,822)
Prescribing	(1,896)	(2,213)	(2,190)	(1,904)	(2,079)	(1,614)	2,237	(9,659)	(9,659)
Other Primary Care Services	26	0	75	68	48	25	(127)	114	114
Other Programme Services	5	18	(0)	5	2,692	(18)	353	3,055	3,055
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	257	257	257
Delegated Primary Care Services	-	105	100	-	-	-	-	205	205
Delegated Primary Care Services DPO	-	-	-	-	-	-	(671)	(671)	(671)
Corporate Budgets	226	212	288	456	136	283	903	2,505	2,505
Total Year to Date Variance	(1,362)	(2,398)	(2,591)	(861)	36	(1,262)	6,220	57,218	(2,218)

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

5. Prescribing - Overview

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

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

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

5. Prescribing Mitigating Actions – Savings Schemes

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

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

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

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

5. Prescribing - Month 06 Savings Position

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

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

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

5. Risks and Issues for Prescribing: actions underway

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

6. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).
- The overall CHC financial position at Month 06 is an **overspend of £3,822k**. Except Southwark all other boroughs are reporting overspends. Like last month, there are notable overspends in Greenwich, Lambeth and Lewisham. The overspend in Greenwich is driven by fully funded Learning Disability clients (<65), in Lambeth it is due to fully funded Physical Disability (<65) clients and Fully Funded Learning Disability clients(<65), and rehabilitation and palliative clients in Lewisham. The borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 costs, transition arrangements and communications with clients and their relatives with regards to managing expectations. However, all boroughs except Southwark are forecasting overspend positions at the year end.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work has been shared with Place Executive Leads and each borough will be taking this work forward, specifically where their borough is an outlier.
- As reported last month, boroughs continue to experience an increase in activity. Greenwich and Lambeth continue to have the highest numbers of high-cost packages and highest average package costs. The ICB has a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. The price negotiations with most providers has reached agreement, with only a few smaller organisations yet to agree an uplift. A placeholder risk value of £1,000k is included in our reporting to NHS England to account for the inflation uplifts which have still to be confirmed/negotiated with providers.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slides.

6. NHS Continuing Healthcare – Benchmarking

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	295	6,018	339	4,818	255	7,857	333	7,060	220	7,100	237	6,263
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	5,208	277	8,593	375	6,714	265	6,059	251	5,814
Month 5	438	4,308	332	4,665	281	8,568	403	6,230	289	5,838	268	5,359
Month 6	467	4,024	368	4,224	284	8,417	417	5,955	309	5,554	283	5,115
Month 7												
Month 8												
Month 9												
Month 10												
Month 11												
Month 12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month 2	71	62	87	126	68	70
Month 3	75	71	87	123	73	69
Month 4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

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

6. NHS Continuing Healthcare – Actions to Mitigate Spend

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

Short Term

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

Longer Term

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

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,421,710k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£896,394k**
 - Kings College Hospital **£881,705k**
 - Lewisham and Greenwich **£635,095k**
 - South London and the Maudsley **£306,709k**
 - Oxleas **£230,178k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.
- However, an underspend (£2,668k) is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

8. ICB Efficiency Schemes

South East London ICB Place - Efficiency Savings

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

Commentary

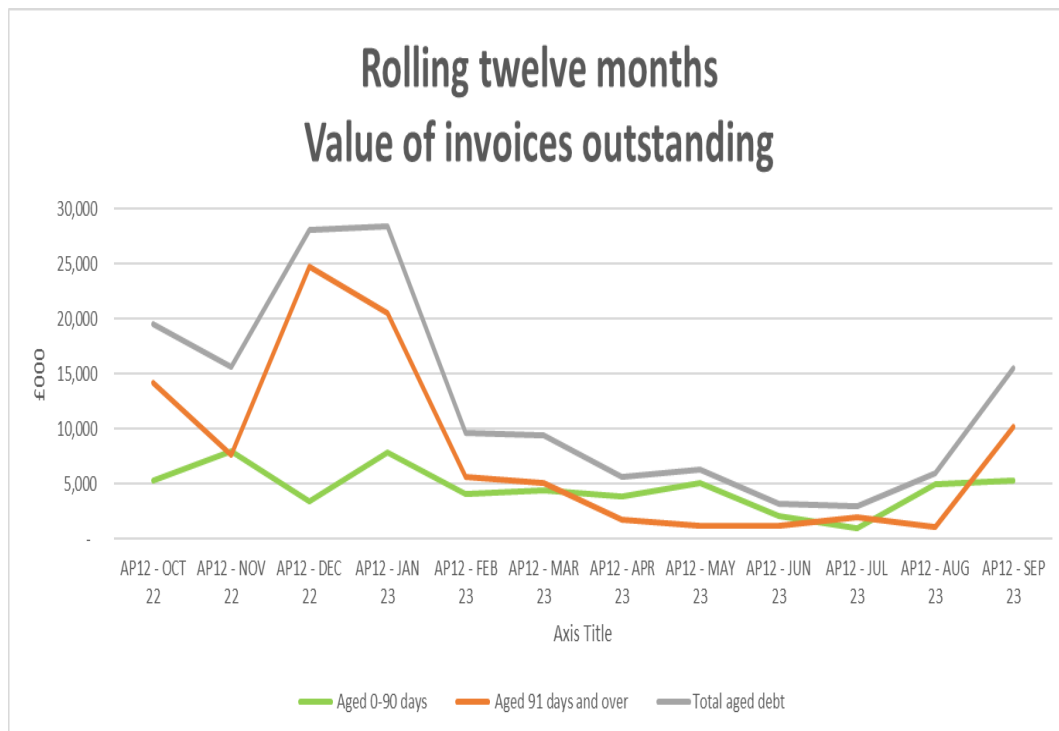
- The above table sets out the position of the ICB efficiency schemes for both month 6 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month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

9. Corporate Costs – Programme and Running Costs

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

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

10. Debtors Position



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

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

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

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

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

11. Cash Position

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

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

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

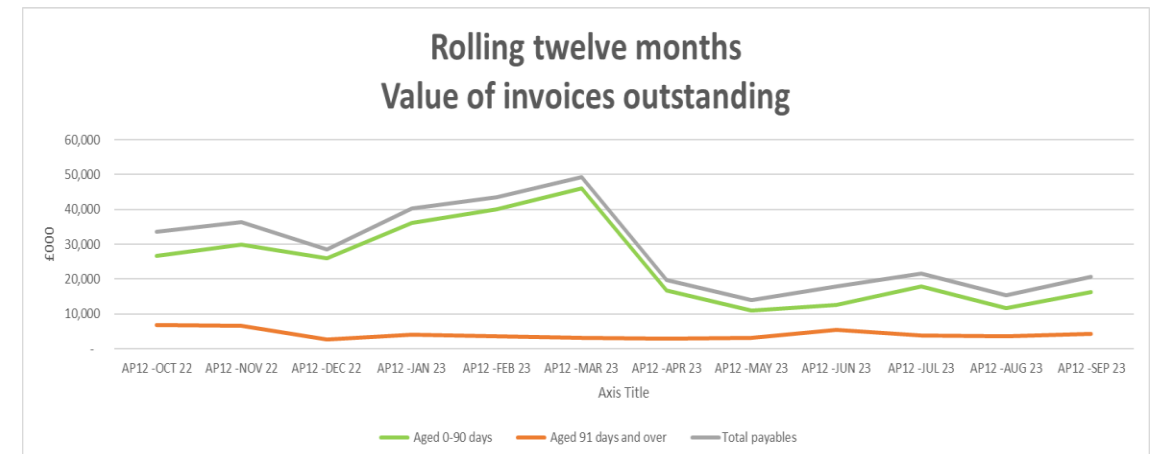
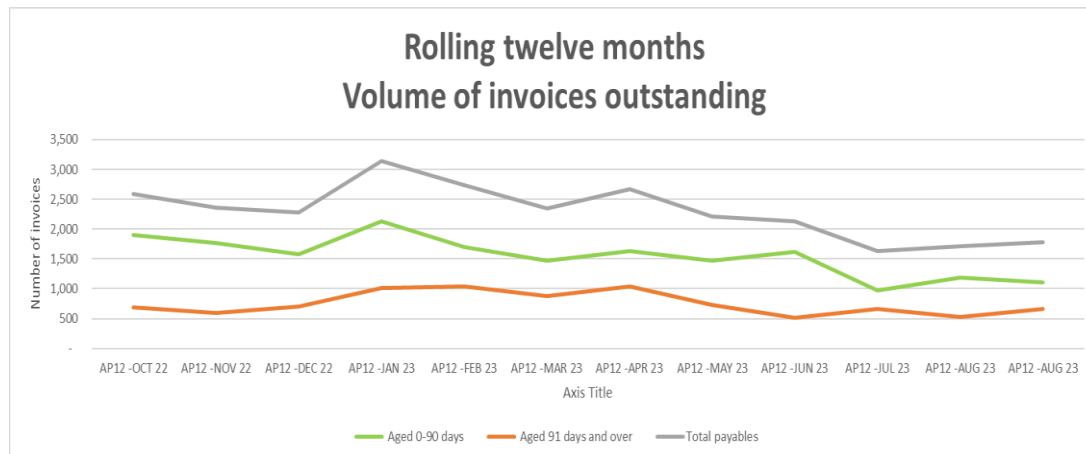
12. Aged Creditors

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

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

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

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



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

Summary

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

Risks to delivery

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

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

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

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

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

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

SEL ICB Finance Report

Updates from Boroughs

Month 6

Appendix 1 - Bexley

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,425	2,349	77	4,851	4,733	118
Community Health Services	9,400	8,959	442	18,800	17,917	883
Mental Health Services	5,157	5,107	50	10,314	9,894	420
Continuing Care Services	12,558	12,850	(292)	25,116	25,960	(844)
Prescribing	16,917	18,813	(1,896)	33,835	37,673	(3,838)
Other Primary Care Services	1,502	1,476	26	3,004	2,453	552
Other Programme Services	29	23	5	57	(694)	751
Delegated Primary Care Services	20,096	20,096	-	40,194	40,194	()
Corporate Budgets	1,670	1,444	226	3,340	2,940	399
Total	69,755	71,117	(1,362)	139,511	141,069	(1,558)

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

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

Appendix 2 – Bromley

Overall Position

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

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

Appendix 3 - Greenwich

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,537	3,441	96	7,075	6,953	122
Community Health Services	17,792	17,533	259	35,584	35,250	334
Mental Health Services	4,533	4,530	3	9,065	8,843	222
Continuing Care Services	13,716	14,939	(1,222)	27,433	29,191	(1,758)
Prescribing	16,617	18,807	(2,190)	33,233	37,693	(4,460)
Other Primary Care Services	1,307	1,232	75	2,451	2,301	150
Other Programme Services	107	107	(0)	213	213	(0)
Delegated Primary Care Services	25,611	25,511	100	51,223	51,023	200
Corporate Budgets	2,614	2,326	288	5,228	4,702	526
Total	85,833	88,423	(2,591)	171,505	176,170	(4,664)

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

Overall Position

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

- The borough is reporting an overall £0.9m year to date overspend position and forecast £1.7m adverse variance at Month 6 (September 2023). The reported year to date position includes £1.0m overspend on Continuing Healthcare and £1.9m overspend on Prescribing, offset by underspends in some budget lines which includes the impact of recovery action and implementing freeze on new financial commitments (e.g., Virtual Ward, Health Inequalities, Discharge Funding, Winter Resilience, etc).
- The key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets. In addition to the reported position there are risks against the Integrated Equipment Contract (Health and Social Care) with NRS, implementation of self-referral for the Community Adult Audiology Service, increasing demand/significant waiting times of ADHD service and cost of Primary Care Estate projects.
- The CHC team is continuing delivery of actions in its savings plan for 2023/24. Reviews of cases and care packages have been set out on a programme of work and are methodically working through them. The number of active CHC/FNC clients in M06 is 640.
- Prescribing month 6 position is based on M04 2023/24 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £1.9m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.
- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M06 is £0.3m above plan mainly due to additional vacancy factor. All existing and future expenditure/investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Appendix 5 - Lewisham

Overall Position

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

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

Overall Position

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

- The borough is reporting an overspend of £1.3m in month 6 which is a small improvement from previous month. Latest prescribing actual data shows improvement from previous month's forecast. Position on mental health placements has also improved as a result of one discharge and potential lower costs due to move on to lower cost setting. Underspends in Corporate, acute and other community services are absorbing some of the overspends in prescribing and mental health. Forecast outturn is expected to be an overspend of £1.9m (month 5 £4.7m).
- The forecast outturn now reflects financial recovery plans which were identified by the borough as part of SEL financial recovery process. These plans identified net savings of £3.5m. Some of these plans have already been implemented and reflected in the YTD position. Others require wider internal and external discussions and implementation by quarter 4 to realise those savings. Uncommitted budgets in all areas have been frozen as part of this recovery process.
- Whilst the Mental Health & Learning Disabilities position represents a significant risk to the ICB Southwark borough position costs have decreased this month due to some changes in placements. QIPP plan in Mental Health has delivered some savings and behind trajectory on others.
- Continuing Health care has improved from last month's reported position. A number of reviews have been completed. Price negotiations with providers has now been completed. Work is ongoing with CHC leads across SEL. Leads are working together to identify ways to mitigate the underlying cost pressures in CHC.
- The new integrated equipment service consortium contract with NRS has highlighted several issues and concerns about NRS' operational performance in delivery of the ICES contract and the detrimental impact this is having for residents, officers, partners, and the hospital discharge pathway. Latest data received shows further deterioration with overspend at £613k (42%), (month 5 £400k- 27%) and likely to increase. This has been included within our Community Services position.
- Total savings for 2023/24 for Southwark Place amounts to £4.0m. Savings plans to deliver the 4.5% efficiency (£4.0m) have been identified. A number of these schemes in prescribing, Mental Health and CHC are high risk. The latest position shows that we will not be able to achieve these savings in full. Current forecast shows an under delivery of savings of £509k due to prescribing and mental health not achieving planned savings.

South East London ICS Finance Report – Month 6

24 October 2023

Executive summary

Revenue

- At month 6 **SEL ICS reported a system deficit of £81.8m, £83.1m adverse to a planned £1.3m surplus.** This compares to a £67.6m deficit and £53.6m adverse variance at month 5. It should be noted that £18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan that was undertaken at M6. Using a corrected plan phasing the YTD variance would be £64.6m adverse.
- The ICB and 4 out of 5 providers are reporting an adverse variance YTD against plan.
- The system is **reporting a break-even forecast out-turn position:** In line with the revised plan the ICB is forecasting a £16.9m surplus, offsetting a (£16.9m) deficit in the provider sector in line with our final plan.
- The current assessment of **un-mitigated risk against delivery of the plan is c. £141.7m** although the future impact of these known issues mean this risk assessment has significant uncertainty.
- The system has **identified £266.6m (82%) of its £323.6m revised annual efficiency target.** At month 6 £139.2m (43%) of the identified efficiencies is rated as a low risk of not being delivered.
- At month 6 the system has **delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m**
- Despite the forecast system agency spend being £1.1m lower than plan, the **system is forecasting to spend £121.3m on agency staff, exceeding the £108.8m system agency spending limit by £12.6m**

Capital

- At month 6 **YTD the system capital expenditure is £128.5m against a planned £142.8m.**
- The system is currently **forecasting to spend the total system allocation of £225.2m.**

Month 6 income and expenditure

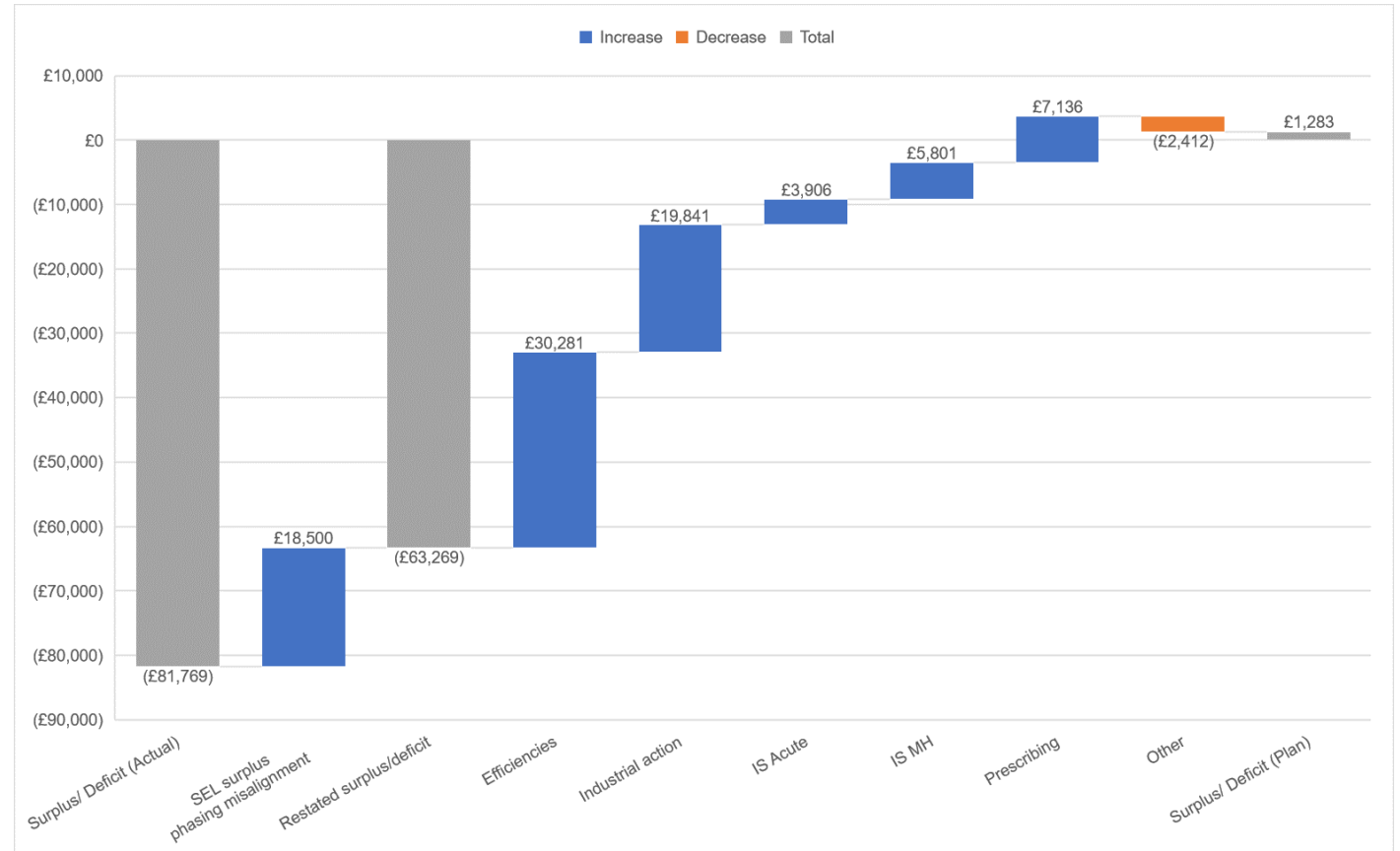
Month 6 I&E summary

- At month 6 **SEL ICS reported a system deficit of £81.8m against a planned £1.3m surplus**. It should be noted that £18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan that was undertaken at M6. Using a **corrected plan phasing the YTD variance would be £64.6m adverse**.
- Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the **impact of industrial action**, has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £141.7m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

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

Analysis of M6 YTD position

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels. £47m of the £64.1m ICB planned surplus was redistributed to SEL providers for M6 and plans formally changed by NHSE for reporting purposes.
- Whilst the impact on full year plan and reported FOT variances to plan are neutral across the system, an incorrect phasing of provider plans has created a YTD reported variance of £83.1m, which is £18.5m worse than compared with the correct phasing (at KCH). Using a corrected plan phasing the YTD variance would be £64.6m adverse
- The main drivers of the position at M6 are:
 - Impact of industrial action on costs c. £20m. We have not forecast any further impact at this point given the uncertainty of which staffing groups might continue to pursue industrial action.
 - Performance against planned and required efficiencies – c £30m
 - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £9.7m
 - The system has continuing operational challenges in mental health pathways which has led to additional costs as a result of requiring the use of >50 unplanned independent sector beds. In response to unprecedented levels of MH private bed use, the system has block contracted 30 additional private beds for SEL usage for 6 months.



Provider run-rate analysis

Key data category	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Income	501.1	503.7	525.7	513.7	520.3	529.4	552.0	548.9	(3.0)	2,949.2	3,083.8	3,113.5	29.8	28.6	5.5%	164.3	5.6%
Agency	(9.4)	(9.2)	(10.0)	(9.1)	(7.5)	(10.2)	(10.1)	(8.0)	2.1	(56.6)	(59.7)	(53.1)	6.5	(0.5)	7.2%	3.5	(6.1%)
Other pay	(298.8)	(298.5)	(304.8)	(298.3)	(307.1)	(304.2)	(296.0)	(315.3)	(19.3)	(1,679.1)	(1,744.5)	(1,822.7)	(78.3)	(8.3)	2.7%	(143.7)	8.6%
Pay	(308.2)	(307.7)	(314.7)	(307.3)	(314.6)	(314.4)	(306.1)	(323.4)	(17.3)	(1,735.7)	(1,804.2)	(1,875.9)	(71.7)	(8.8)	2.8%	(140.2)	8.1%
Non-Pay	(212.1)	(214.1)	(206.7)	(214.8)	(213.6)	(207.3)	(202.8)	(214.0)	(11.2)	(1,207.1)	(1,229.8)	(1,275.3)	(45.6)	(0.3)	0.2%	(68.2)	5.7%
Non Operating Items	(8.8)	(8.7)	(8.8)	(6.6)	(9.2)	(8.6)	(9.5)	(8.1)	1.4	(56.3)	(57.0)	(50.3)	6.7	1.2	(12.5%)	6.1	(10.8%)
Surplus/(Deficit)	(28.1)	(26.8)	(4.4)	(15.0)	(17.1)	(0.9)	33.6	3.5	(30.1)	(49.9)	(7.2)	(88.0)	(80.8)	20.6	(120.4%)	(38.0)	76.2%

Following agreement and transactions at M6 of how funding previously held in the ICB should be allocated to providers, aggregate **provider income in month 6 is up 5.5%**.

Adjusting for inflation, **pay costs remain in line with 22/23 exit run-rate but greater than planned for YTD**. The YTD variance on pay is overstated as not all providers have revised their plans to account for the pay award applied in-year. In addition to the key drivers of the variance outlined below there are various pressures, such as additional costs to address pathway pressures, that are being off-set with non-recurrent measures such as vacancy controls

- The net impact of industrial action on pay costs in M6 is reported as £2.8m, bringing the YTD pay impact up to £20.4m.
- There is slippage on the delivery of pay efficiency schemes meaning savings of £23.1m have not been made

Non-pay costs remain broadly in-line with previous months, NB M3 includes some non-recurrent benefits (CNST rebates and balance sheet flex).

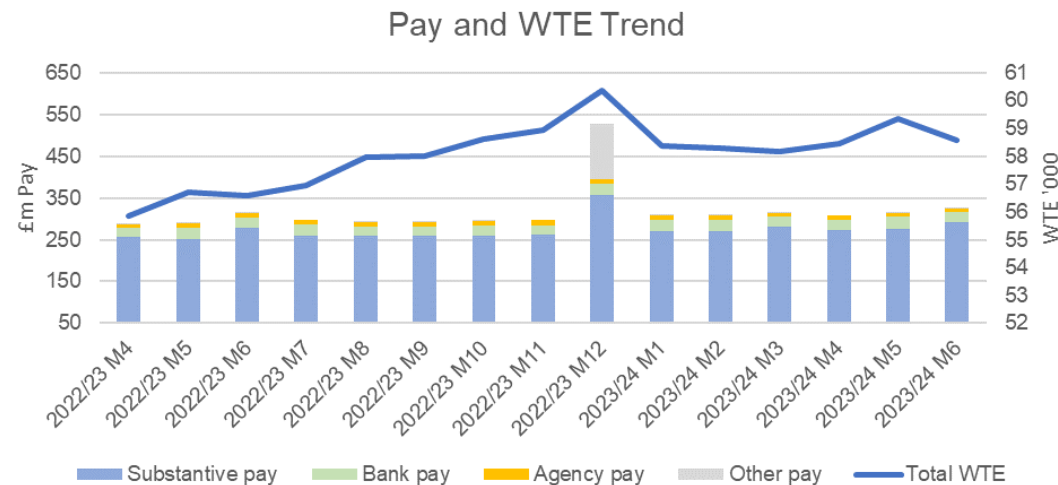
The key drivers to the £45.6m YTD variance are:

- £11.1m slippage on non-pay efficiency schemes
- Activity pressures including £15.9m more spent YTD than planned on purchase of healthcare including purchase of care from independent sector.
- £7.5m on pass-through drugs, which is offset by additional income
- £3.5m excess inflation pressure

Pay run-rate analysis

Pay run-rate and WTE analysis

- Compared to month 5, pay is £8.8m (2.8%) higher. However, this includes the impact of the backpay included in the medical pay award (medical pay has increased by £15.1m in-month), which is partially offset by income.
- System WTEs have remained in line with month 5 (-1.3%).
- Despite the forecast system agency spend being £1.1m lower than plan, the system is forecasting to spend £121.3m on agency staff, exceeding the £108.8m system agency spending limit by £12.6m. Compared to the M6 YTD spend in the previous financial year the system is spending 6.1% less on agency (£3.5m).
- The 12% increase in Bank WTE observed in M5 has been reversed along with a 20.3% reduction in bank expenditure in month 6 compared to month 5.



	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£/WTE	%	£/WTE	%
Substantive	271,043	271,146	280,883	272,580	276,040	279,484	261,899	290,896	(28,996)	1,537,879	1,605,062	1,662,587	(57,525)	14,856	5.4%	124,708	8.1%
Bank	27,635	27,191	23,533	25,899	30,634	24,319	22,882	24,403	(1,521)	139,455	139,189	159,294	(20,105)	(6,232)	(20.3%)	19,839	14.2%
Agency	9,363	9,246	9,965	9,057	7,481	10,192	9,833	8,023	1,810	56,617	59,669	53,135	6,534	542	7.2%	(3,482)	(6.1%)
Other	149	148	335	(214)	400	391	40	47	(7)	1,747	240	865	(625)	(354)	(88.4%)	(882)	(50.5%)
Total Pay	308,189	307,731	314,716	307,321	314,556	314,386	294,654	323,368	(28,714)	1,735,698	1,804,161	1,875,881	(71,721)	8,812	2.8%	140,183	8.1%
Substantive	51,899	51,855	51,983	51,913	52,042	50,170	51,990	52,129	(139)	50,170	51,990	52,129	(139)	87	0.2%	1,959	3.9%
Bank	5,208	5,143	4,895	5,255	5,894	5,123	5,321	5,221	100	5,123	5,321	5,221	100	(673)	(11.4%)	98	1.9%
Agency	1,276	1,295	1,297	1,298	1,410	1,278	1,471	1,233	238	1,278	1,471	1,233	238	(176)	(12.5%)	(45)	(3.5%)
Total WTE	58,383	58,292	58,175	58,467	59,346	56,571	58,782	58,583	199	56,571	58,782	58,583	199	(763)	(1.3%)	2,012	3.6%

Detailed pay run-rate

	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual (£m)	Actual (£m)	Actual (£m)	Actual (£m)	Actual (£m)	Last year (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Last year (£m)	Plan (£m)	Actual (£m)	Variance (£m)	£	%	£	%
Substantive	68.6	68.2	66.9	65.4	70.3	73.3	66.6	88.2	(21.6)	397.7	402.9	427.7	(24.7)	17.9	25.5%	30.0	7.5%
Bank	7.4	7.4	6.3	8.4	10.3	4.4	5.0	6.8	(1.7)	29.3	30.2	46.5	(16.3)	(3.5)	(34.2%)	17.2	58.5%
Agency	2.8	2.3	2.8	2.8	1.5	2.3	2.3	2.2	0.1	13.1	13.7	14.4	(0.7)	0.7	47.3%	1.3	10.0%
Medical	78.8	77.9	76.1	76.7	82.0	80.0	73.9	97.1	(23.2)	440.1	446.9	488.6	(41.7)	15.1	18.4%	48.4	11.0%
Substantive	82.5	82.6	84.1	83.4	82.5	88.9	79.9	82.4	(2.5)	459.9	483.1	497.4	(14.4)	(0.0)	(0.0%)	37.5	8.2%
Bank	11.0	10.5	8.8	9.1	10.2	9.7	9.0	9.1	(0.1)	56.0	54.3	58.7	(4.3)	(1.1)	(10.6%)	2.6	4.7%
Agency	3.3	3.7	2.7	2.9	3.0	3.7	3.3	2.7	0.6	20.3	20.0	18.3	1.8	(0.3)	(9.3%)	(2.0)	(9.8%)
Nursing	96.8	96.8	95.6	95.4	95.6	102.3	92.2	94.2	(2.0)	536.2	557.4	574.4	(16.9)	(1.4)	(1.5%)	38.2	7.1%
Substantive	55.3	55.4	65.5	57.8	58.9	58.5	52.4	59.5	(7.1)	326.1	324.4	352.4	(28.0)	0.7	1.1%	26.4	8.1%
Bank	3.8	3.8	3.5	3.6	4.2	3.7	3.5	3.6	(0.1)	21.3	21.2	22.5	(1.3)	(0.6)	(14.8%)	1.2	5.5%
Agency	1.1	1.1	1.6	1.3	1.0	1.5	1.5	1.1	0.4	8.5	9.3	7.2	2.1	0.1	11.0%	(1.4)	(15.9%)
Admin & Clerical	60.2	60.2	70.6	62.7	64.1	63.7	57.5	64.2	(6.8)	355.9	354.9	382.1	(27.2)	0.1	0.2%	26.2	7.4%
Substantive	64.7	64.9	64.4	66.0	64.4	58.7	63.0	60.8	2.3	354.2	394.7	385.1	9.6	(3.6)	(5.7%)	30.9	8.7%
Bank	5.5	5.5	4.9	4.7	6.0	6.6	5.3	5.0	0.3	32.7	33.4	31.6	1.8	(1.0)	(17.1%)	(1.1)	(3.5%)
Agency	2.2	2.2	2.9	2.0	2.0	2.7	2.7	2.0	0.7	14.7	16.6	13.3	3.3	0.0	0.1%	(1.5)	(9.9%)
Other	0.1	0.1	0.3	(0.2)	0.4	0.4	0.0	0.0	(0.0)	1.7	0.2	0.9	(0.6)	(0.4)	(88.4%)	(0.9)	(50.5%)
Other	72.5	72.8	72.5	72.5	72.8	68.4	71.0	67.8	3.3	403.4	444.9	430.8	14.1	(5.0)	(6.9%)	27.4	6.8%
Total Pay Spend	308.2	307.7	314.7	307.3	314.6	314.4	294.7	323.4	(28.7)	1,735.7	1,804.2	1,875.9	(71.7)	8.8	2.8%	140.2	8.1%

Note: It should be noted that not all providers have yet updated their plans to reflect the additional costs and income relating to the enhanced AFC and Medical pay awards in 2023-24. As a result, the YTD variance is overstated.

Detailed WTE run-rate

	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	WTE	%	WTE	%
Substantive	7,253.0	7,246.8	7,265.8	7,170.7	7,249.9	7,117.1	6,481.8	7,343.5	(861.7)	7,117.1	6,481.8	7,343.5	(861.7)	93.7	1.3%	226.4	3.2%
Bank	347.5	275.7	342.0	496.8	513.5	269.9	370.7	404.3	(33.6)	269.9	370.7	404.3	(33.6)	(109.2)	(21.3%)	134.4	49.8%
Agency	64.4	78.6	97.4	101.6	86.3	81.3	133.8	111.5	22.3	81.3	133.8	111.5	22.3	25.2	29.2%	30.2	37.2%
Medical	7,664.9	7,601.1	7,705.2	7,769.1	7,849.7	7,468.3	6,986.3	7,859.4	(873.1)	7,468.3	6,986.3	7,859.4	(873.1)	9.7	0.1%	391.1	5.2%
Substantive	16,270.9	16,219.4	16,283.8	16,273.7	16,217.5	15,943.7	16,574.2	16,472.1	102.1	15,943.7	16,574.2	16,472.1	102.1	254.6	1.6%	528.4	3.3%
Bank	2,021.7	2,053.3	1,887.8	1,889.5	2,205.7	1,934.1	2,114.0	1,938.5	175.5	1,934.1	2,114.0	1,938.5	175.5	(267.2)	(12.1%)	4.4	0.2%
Agency	555.4	602.7	572.3	450.7	578.7	530.7	589.5	502.2	87.3	530.7	589.5	502.2	87.3	(76.6)	(13.2%)	(28.5)	(5.4%)
Nursing	18,848.0	18,875.3	18,743.9	18,614.0	19,001.9	18,408.5	19,277.7	18,912.8	364.9	18,408.5	19,277.7	18,912.8	364.9	(89.2)	(0.5%)	504.3	2.7%
Substantive	13,130.7	13,169.4	13,258.5	13,285.4	13,386.2	8,898.0	10,490.9	13,144.1	(2,653.3)	8,898.0	10,490.9	13,144.1	(2,653.3)	(242.1)	(1.8%)	4,246.1	47.7%
Bank	1,088.8	1,144.1	1,109.7	1,174.9	1,255.6	1,139.1	1,086.9	1,190.0	(103.0)	1,139.1	1,086.9	1,190.0	(103.0)	(65.6)	(5.2%)	50.9	4.5%
Agency	148.2	128.1	164.3	182.4	182.6	183.8	185.4	141.0	44.5	183.8	185.4	141.0	44.5	(41.7)	(22.8%)	(42.8)	(23.3%)
Admin & Clerical	14,367.7	14,441.5	14,532.4	14,642.7	14,824.5	10,220.9	11,763.2	14,475.1	(2,711.8)	10,220.9	11,763.2	14,475.1	(2,711.8)	(349.4)	(2.4%)	4,254.2	41.6%
Substantive	15,244.3	15,219.3	15,175.3	15,183.1	15,188.7	18,211.0	18,442.9	15,169.2	3,273.8	18,211.0	18,442.9	15,169.2	3,273.8	(19.6)	(0.1%)	(3,041.8)	(16.7%)
Bank	1,750.1	1,669.6	1,555.9	1,694.1	1,919.1	1,780.2	1,749.5	1,688.0	61.5	1,780.2	1,749.5	1,688.0	61.5	(231.1)	(12.0%)	(92.2)	(5.2%)
Agency	507.6	485.2	462.6	563.5	561.9	481.8	562.1	478.4	83.7	481.8	562.1	478.4	83.7	(83.4)	(14.9%)	(3.4)	(0.7%)
Other	17,502.0	17,374.2	17,193.8	17,440.8	17,669.7	20,473.0	20,754.6	17,335.6	3,419.0	20,473.0	20,754.6	17,335.6	3,419.0	(334.1)	(1.9%)	(3,137.4)	(15.3%)
Total WTE	58,382.6	58,292.1	58,175.4	58,466.6	59,345.8	56,570.7	58,781.8	58,582.9	198.9	56,570.7	58,781.8	58,582.9	198.9	(762.9)	(1.3%)	2,012.1	3.6%

Note:

- Due to changes in the PWR collection and guidance, the WTE data in 23/24 is not directly comparable with that in 22/23 and therefore the year-on-year analysis is not an accurate reflection of the true trend.
- Admin & Clerical should be reviewed in conjunction with Other due to the coding of some A&C support staff working in clinical settings.

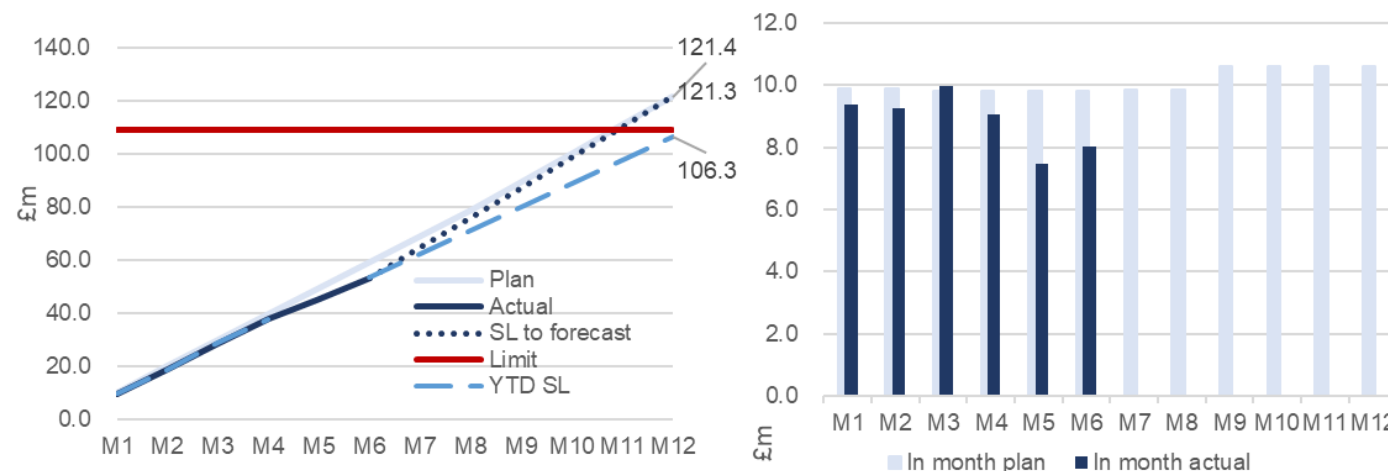
System agency spending limit

- As in 2022/23 all systems have been set a spending limit on the amount that providers can spend on agency staff. For 2023/24 limits have been set at the lower of the forecast agency spend at 2022/23 M7 and 3.7% of the total pay bill.
- Due to the SEL agency spend being c.4% of the total pay bill, the system agency spending **limit for South East London ICS for 2023/24 is £108.8m**, equal to the M7 forecast from agency spend from 2022/23.
- The total planned agency spend for 2023/24 was £122m, **£11.6m greater than the spending limit**. This reflects significant pressures to agency spend that were experienced in Q4. Despite being above the system limit, the system agency spend is still forecast to be 4% of total pay, less than the general rule of 3.7%.
- At month 6 agency spend was **£6.5m less than planned YTD**
- The system **is forecasting to underspend agency spend by £1.1m by year-end**, £12.6m greater than the system spending limit.
- Despite the improvement in the YTD run-rate of agency spend there are examples of continuing agency pay run rate pressure across the system, for example in mental health trusts and in relation to Oxleas' prison contracts.

Agency expenditure by organisation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	17.3	15.8	1.5	37.5	37.5	(0.0)
KCH	11.9	8.7	3.1	23.4	23.4	0.0
LGT	8.4	6.7	1.7	16.8	16.8	0.0
Oxleas	9.1	10.8	(1.8)	18.1	21.5	(3.4)
SLaM	13.1	11.0	2.0	26.5	22.1	4.5
SEL Providers	59.7	53.1	6.5	122.4	121.3	1.1
Agency spend limit	55%	49%	6%	108.8	108.8	(12.6)

Profile of agency spend run-rate



Non-pay run-rate analysis

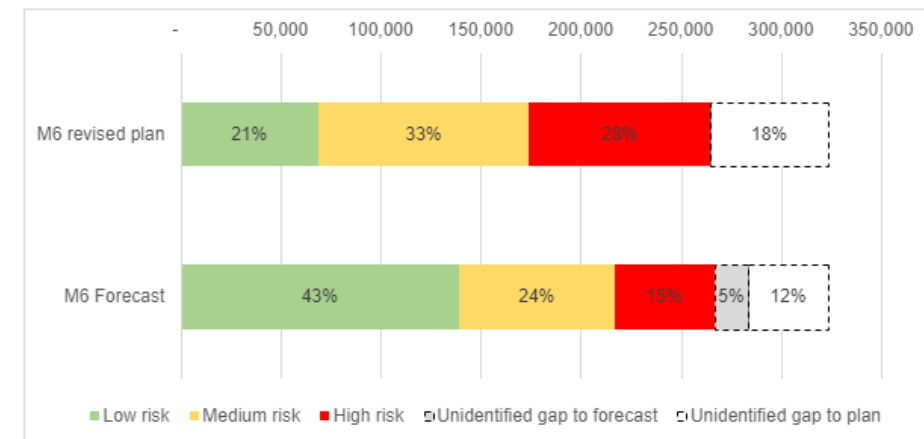
Non-pay run-rate

	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Purchase of care	23.3	23.8	22.5	24.4	23.8	22.2	20.9	27.0	(6.1)	129.9	128.9	144.8	(15.9)	3.2	13.3%	14.9	11.5%
Supplies and services	50.0	50.1	54.1	47.7	51.3	44.7	52.0	53.6	(1.6)	289.4	313.2	306.8	6.4	2.3	4.4%	17.4	6.0%
Drugs costs	49.9	50.0	50.6	56.6	55.4	52.2	49.1	42.8	6.4	296.7	294.7	305.3	(10.5)	(12.6)	(22.8%)	8.6	2.9%
Consultancy	0.9	0.9	1.7	0.8	1.6	2.0	1.1	0.4	0.7	6.7	7.0	6.4	0.6	(1.2)	(74.5%)	(0.3)	(4.4%)
Establishment	6.3	6.3	8.0	6.2	5.5	5.8	5.2	6.6	(1.4)	34.0	32.0	38.9	(6.9)	1.2	21.1%	4.9	14.4%
Premises	24.1	25.0	27.3	29.5	23.7	22.8	21.9	28.3	(6.4)	135.1	134.7	158.0	(23.3)	4.6	19.3%	22.9	16.9%
Transport	4.0	4.0	3.1	3.5	2.8	3.1	3.4	3.1	0.3	21.1	21.3	20.5	0.9	0.4	12.7%	(0.6)	(3.0%)
Dep'n and Amortisation	17.2	17.2	16.5	16.4	16.1	17.1	17.3	20.7	(3.4)	102.4	103.8	104.0	(0.3)	4.6	28.8%	1.6	1.5%
Clinical negligence	10.2	10.2	7.9	10.2	10.3	9.4	10.3	8.6	1.7	56.3	61.7	57.3	4.4	(1.7)	(16.9%)	1.0	1.8%
R&D	2.8	2.6	3.5	3.6	1.5	1.9	2.5	2.1	0.4	9.2	15.4	16.1	(0.8)	0.6	41.8%	6.9	75.3%
Education & training	1.6	1.3	2.0	1.7	1.6	1.2	1.9	1.5	0.4	8.8	11.5	9.6	1.9	(0.1)	(8.1%)	0.8	8.8%
Lease expenditure	(0.2)	0.5	(0.1)	0.3	0.2	0.9	0.6	(0.1)	0.7	6.0	3.9	0.6	3.3	(0.3)	(164.8%)	(5.4)	(90.0%)
Charges for IFRIC 12	7.0	7.0	6.6	9.6	11.5	6.3	7.5	6.4	1.1	39.1	45.0	48.1	(3.1)	(5.1)	(44.3%)	9.0	22.9%
Other	15.0	15.3	3.1	4.3	8.3	17.6	8.9	12.9	(4.0)	72.4	56.6	59.0	(2.4)	4.6	55.1%	(13.3)	(18.4%)
Total Non-pay	212.1	214.1	206.7	214.8	213.6	207.3	202.8	214.0	(11.2)	1,207.1	1,229.8	1,275.3	(45.6)	0.3	0.2%	68.2	5.7%

Analysis of delivery against efficiency plans

Efficiency delivery and maturity

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



- **The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend).** Following internal review, GSTT have increased their efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 6**, the system is forecasting to deliver £283.8m of efficiencies of which **£266.6m is identified**
- Progress has been made since month 5 at de-risking the efficiency programme: At month 5 £130.4m of the identified efficiencies were rated as low risk compared to £139.2m low risk at month 6.
- At month 6 the system has **delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 6 £190.4m is forecast to be recurrent, compared to £165.1m forecast recurrent efficiencies at M5.
- **GSTT:** The Trust has revised its efficiencies plan up to £105.5m of efficiencies from £72.2m, to achieve breakeven and deal with underlying financial pressures.
- **King's:** The Trust has identified £55.5m of cost out savings at month 6. In addition to progress in identifying CIPs, progress has been made at de-risking efficiencies with £38.7m of efficiencies schemes rated as low risk, compared to £30.7m at month 5.
- **LGT:** At M5, of the **£34.9m** target, a total of **£31.3m** has been identified. In addition to the £31.3m of identified budget releasing saving, a **further £10.5m has been identified in productivity and cost avoidance savings**. Whilst these do not count toward the £34.9m target as they do not result in the release of budget, they do represent an improvement in activity and reduction in unbudgeted spend
- **Oxleas:** The Trust directorate CIP plans for 2023/24 are £20.3m. Of this, £7.7m worth of schemes have been identified and RAG rated as low. Another £5m relating to potential vacancy factor has been identified and RAG rated medium. The remaining unidentified gap is £7.5m
- **SLaM:** While 100% of the £26.1m efficiency programme is reported to be identified, only 19% of this is rated as low risk of not being delivered.

Productivity

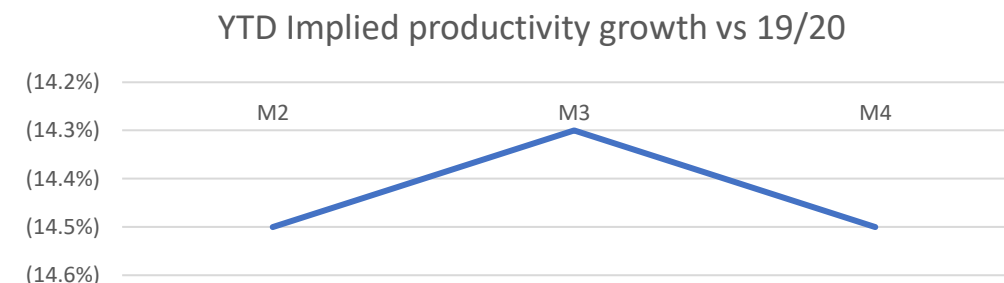
Productivity – key messages

- **Acute productivity gains** made in 22/23 are being maintained despite the impact of industrial action but the trend in 23/24 to date has not been one of further sustained improvement.
- Whilst **capped theatre utilisation** decreased at the end of September to 72.3% primarily as a result of industrial action in the week commencing 24 September, the trend over the last four months compares favourably to the prior year. **SEL's mean capped utilisation** for the last four months (M3-6 2023/24) is 76.3% compared to 71.6% in M3-6 2022/23.

SEL - implied productivity 23/24 vs 19/20

- **M4 YTD Implied Productivity for SEL is -14.5%** – this compares with M12 adjusted 22/23 position of -14.5% (All A&E types).
- The productivity gains made in 22/23 are broadly being maintained despite the impact of industrial action.

	YTD 23/24 vs 19/20 Productivity	M2	M3	M4	Change from previous month
SEL	YTD RT Cost Growth	14.7%	14.6%	14.0%	(0.6%)
SEL	YTD CWA Growth	(2.0%)	(1.7%)	(2.5%)	(0.8%)
SEL	Productivity vs 19/20	(14.5%)	(14.3%)	(14.5%)	(0.2%)



Source: SEL In Year Productivity (m4) ppt, (NHSE)

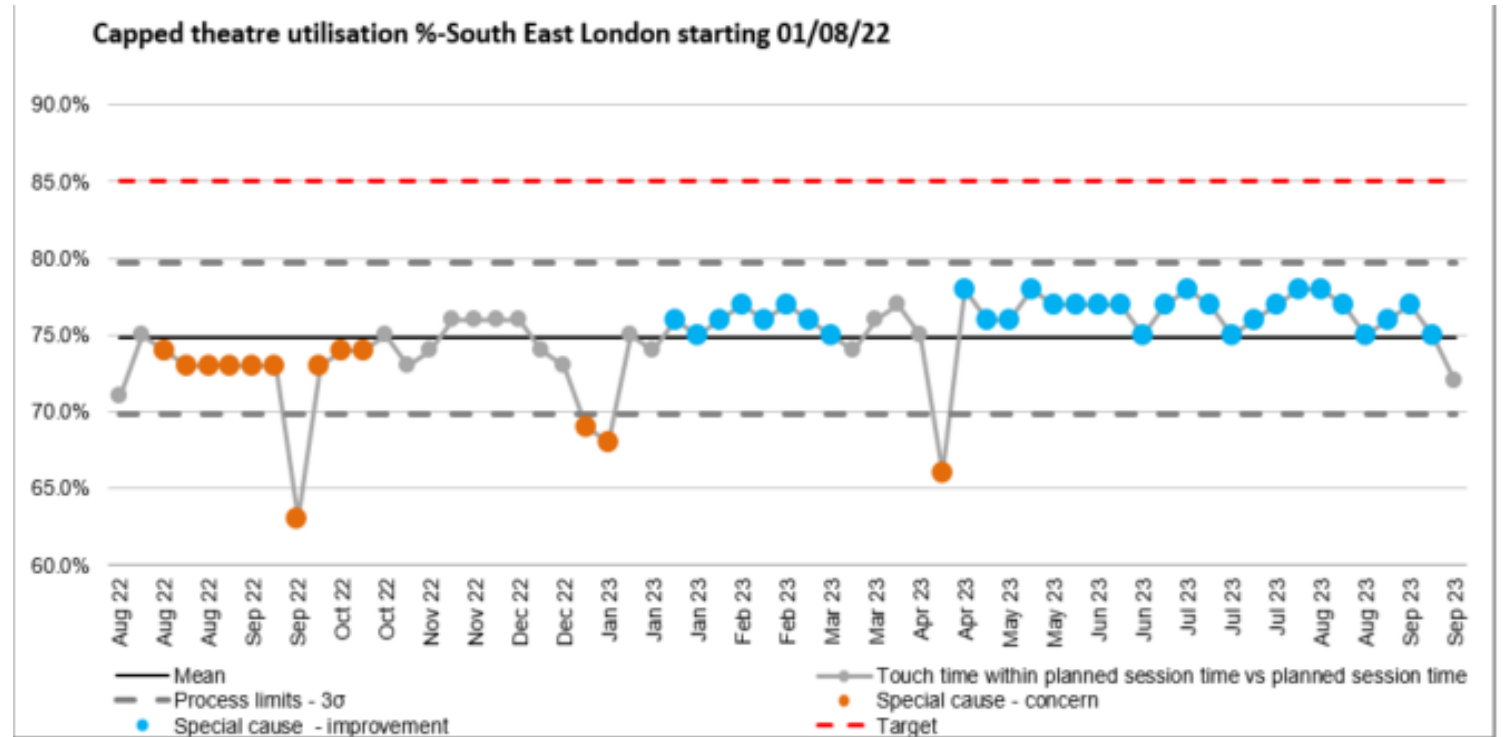
Note.

- NHSE data & methodology are being reviewed by the trusts – as for ERF the NHSE outputs look marginally more favourable than local estimates (we are reviewing the activity baselines used).

Theatre utilisation and diagnostic activity

Theatre utilisation and efficiency – performance to date and compared to M3-6 of the previous year

- SEL's capped utilisation is 72.3%. The mean for M3-6 2023/24 is 76.3% compared to 71.6% in M3-6 2022/23.
- The average number of cases per 4-hour list has increased from 1.64 cases in M3-6 2022/23 to 1.72 cases in M3-6 2023/24.



Month 6 capital and cash

System capital expenditure

Capital spend against system capital allocation

- The SEL ICS system capital allocation for 2023/24 is £228.926m, made up of £225.228m provider allocation and £3.698m ICB capital. The ICB capital has increased by £447k due to funding received for the Baldry Gardens Business Case.
- The submitted capital plan against the system allocation was £8.0m over-committed, due to a query with national funding in relation to the QEH site at LGT. However, the forecast is within the system allocation at month 6.
- The £236.9m plan includes a £22.1m strategic system capital fund, which is currently held within the GSTT £111.7m plan.
- YTD the system has spent £128.5m against a planned £142.8m.
- Despite the small £0.5m underspend forecast at M6, the system is planning to spend its system capital allocation in full.
- 73% of the system's FOT spend is classified as transformational with 27% on operational priorities, such as maintenance.

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	75.4	71.5	3.9	111.7	111.7	(0.0)
KCH	16.8	18.1	(1.2)	45.2	45.2	0.0
LGT	18.3	21.0	(2.7)	36.5	28.5	8.0
Oxleas	4.6	3.2	1.4	16.1	15.6	0.5
SLAM	27.6	14.7	12.9	23.7	23.7	0.0
SEL Providers	142.8	128.5	14.3	233.2	224.8	8.5
SEL ICB	0.0	0.0	0.0	3.7	3.7	0.0
Total	142.8	128.5	14.3	236.9	228.5	8.5
Provider Capital Allocation				225		0.5
ICB Capital Allocation				4		0.0
System Capital Allocation				229		0.5

Cash and BPPC

BPPC performance - Non-NHS invoices paid within 30 days

	BPPC (Non-NHS)		Percentage of target met	
	Volume		Value	
	000s	%	£m	%
GSTT	90.4	52%	532.5	67%
KCH	97.8	91%	617.7	95%
LGT	29.4	93%	202.7	94%
Oxleas	27.3	93%	99.6	92%
SLaM	18.0	98%	123.6	96%
SEL Providers	262.9	73%	1,576.1	83%

Cash balances by organisation

Organisation	Cash balances	Days of cash on hand
	£m	Days
GSTT	42.1	6
KCH	40.9	8
LGT	100.6	48
Oxleas	141.5	108
SLaM	92.1	56
SEL Providers	417.1	24

- The Better Payment Practice Code (BPPC) sets out an expectation that at least 95% of invoices are paid within 30 days.
- At month 6 the ICS has paid 73% of Non-NHS invoices within 30 days in terms of value and 83% in terms of volume.
- SEL Providers have £417.1m of cash as of the end of month 6. **This is equivalent to 24 days of operating expenditure, on average.**
- Days of cash on hand varies across organisations in the system, ranging from 6 days at GSTT to 108 days at Oxleas.

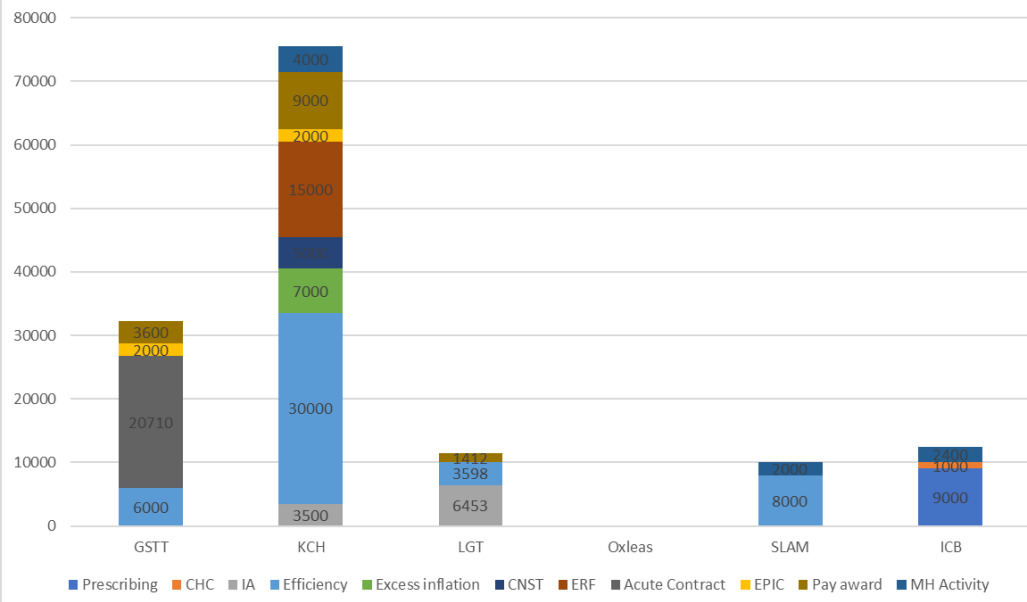
Risk and controls

Risks to forecast

Risk Category	Status	M6	Movement from M5
		Net risk (£k)	Net risk (£k)
Industrial Action	Planning Guidance	(9,953)	753
Inflation	Planning Guidance	(7,000)	0
Pay Award	Planning Guidance	(14,012)	(2,988)
Acute Contracting issues	Planning Guidance	(20,710)	(2,662)
MH Contracting issues/ activity pressure	Crystallised	(8,400)	4,400
Efficiency	Crystallised	(47,598)	9,598
Prescribing Drugs	Crystallised	(9,000)	(2,082)
CNST	Crystallised	(5,000)	0
EPIC	Crystallised	(4,000)	2,000
CHC	Crystallised	(1,000)	(2,000)
ERF	Not yet crystallised	(15,000)	0
Other	Other	0	0
Total		(141,673)	7,019

- While, at M6, the system is formally reporting a breakeven FOT, SEL organisations have assessed net risks to the forecast as £142m, indicating the areas of focus for the system to manage in order to achieve the planned breakeven position.
- These can be broadly categorised as:
 - Issues contrary to planning guidance (£52m)
 - Impact of IA £10m. This does not include all of the assessed cost to date (excluding elective recovery impact). We expect this to increase through 2023/24.
 - Inflation and pay awards £21m. Medical pay award and PFI FM contracts
 - Contract non-compliance £21m. SEL providers have historically experienced difficulties in fully recovering contract income from some non SEL commissioners, contrary to national guidance. Intervention by NHSE reinforcing planning and business rules would reduce risk.
 - Crystallised issues (£75m) the system is seeking to mitigate fully to deliver our year end forecasts:
 - Delivery of efficiencies £48m.
 - Mental health activity pressures £8.4m
 - Prescribing and drugs £9m. Drug supply chain issues and increased prescribing.
 - Not yet crystallised risk (£15m):
 - ERF £15m.
- There is no system contingency. In-year risks need to be mitigated by each organisation and/or the system collectively.

SEL M6 Net Risk £000



Appendix

- Analysis of year-to-date deficit and variance to plan by provider

Analysis of M6 YTD position - GSTT

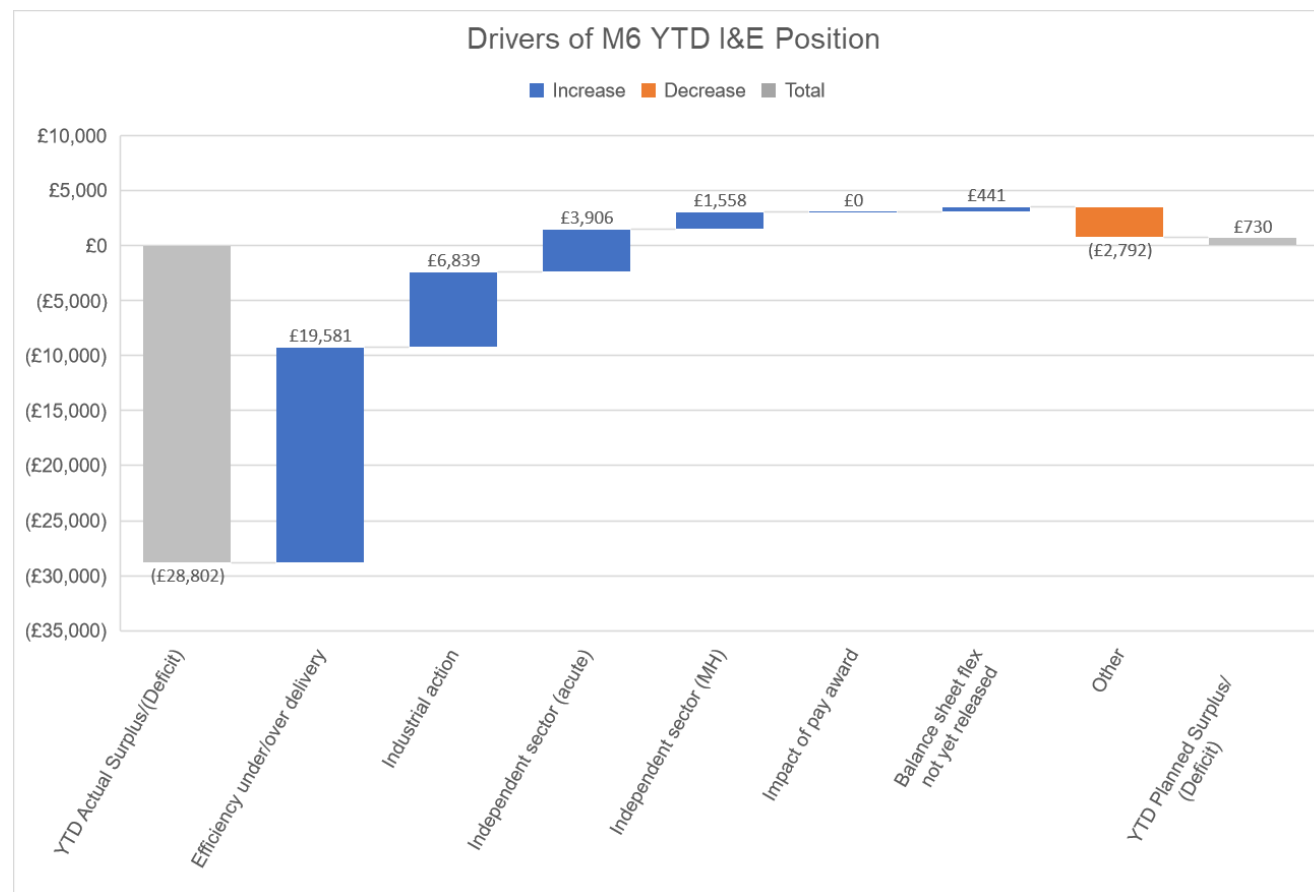
There are primarily three key drivers to the trust's year to date position.

Efficiency shortfall £19.6M - the extremely challenging efficiency programme of £125M, including balance sheet flex, has been hampered by the on-going industrial action which, along with the implementation of our new electronic health system, has been a significant distraction for management across the trust.

Industrial action £6.8M - this represents the net identifiable cost of industrial action. The actual cost is likely to be far greater but will be embedded in the position and not easily identifiable, for example the costs of time off in lieu and banked up annual leave.

Independent Sector £5.5M - the trust had intended to exit some capacity but delays to capital schemes have impeded that. In addition GSTT is requiring the use private mental health bed capacity for which they are not funded.

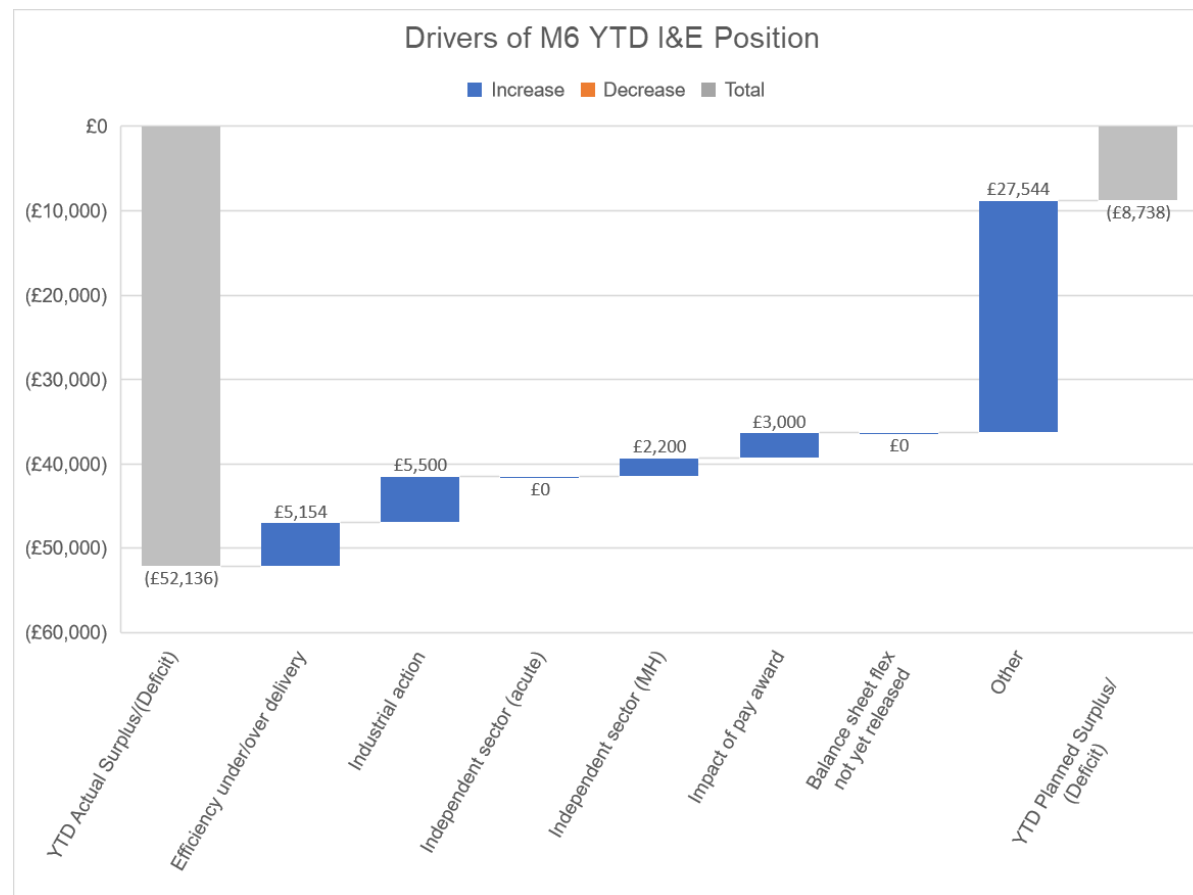
GSTT continues to carry a lot of risk in the position as it is assumed that contract income will fall in line with planning expectations. However, many commissioners are not agreeing to fund the national uplift of 2%.



Analysis of M5 YTD position – KCH

As at month 6, the Trust has reported a deficit of £(52.1)m. This represents a £(24.7)m adverse variance to plan which is driven by:

- £5.5m pay cost of strikes
- £3.0m shortfall in pay award funding
- £3.5m outsourcing linked to ERF
- £1.8m COVID testing in excess of commissioner allocation
- £4.5m overspend in PBU (£2.5m over performance, £1.5m Genomics and £0.7m other testing)
- £3.6m excess inflation relating to PFI, Energy and Pathology contract
- £1.5m relates to drugs expenditure over performance on block contracts.
- £5.2m CIP underperformance (£5.5m pay & £1.4m non pay, offset by income over performing by £1.7m)
- Unbudgeted enhanced care £2.2m relating to MH patients (additional security, LOS and other costs being analysed given increased prevalence).
- £2.0m overspend in International recruitment offset by £0.5m income
- All the above is offset by additional income: £6m prior year drugs income benefit and £2.3m ERF

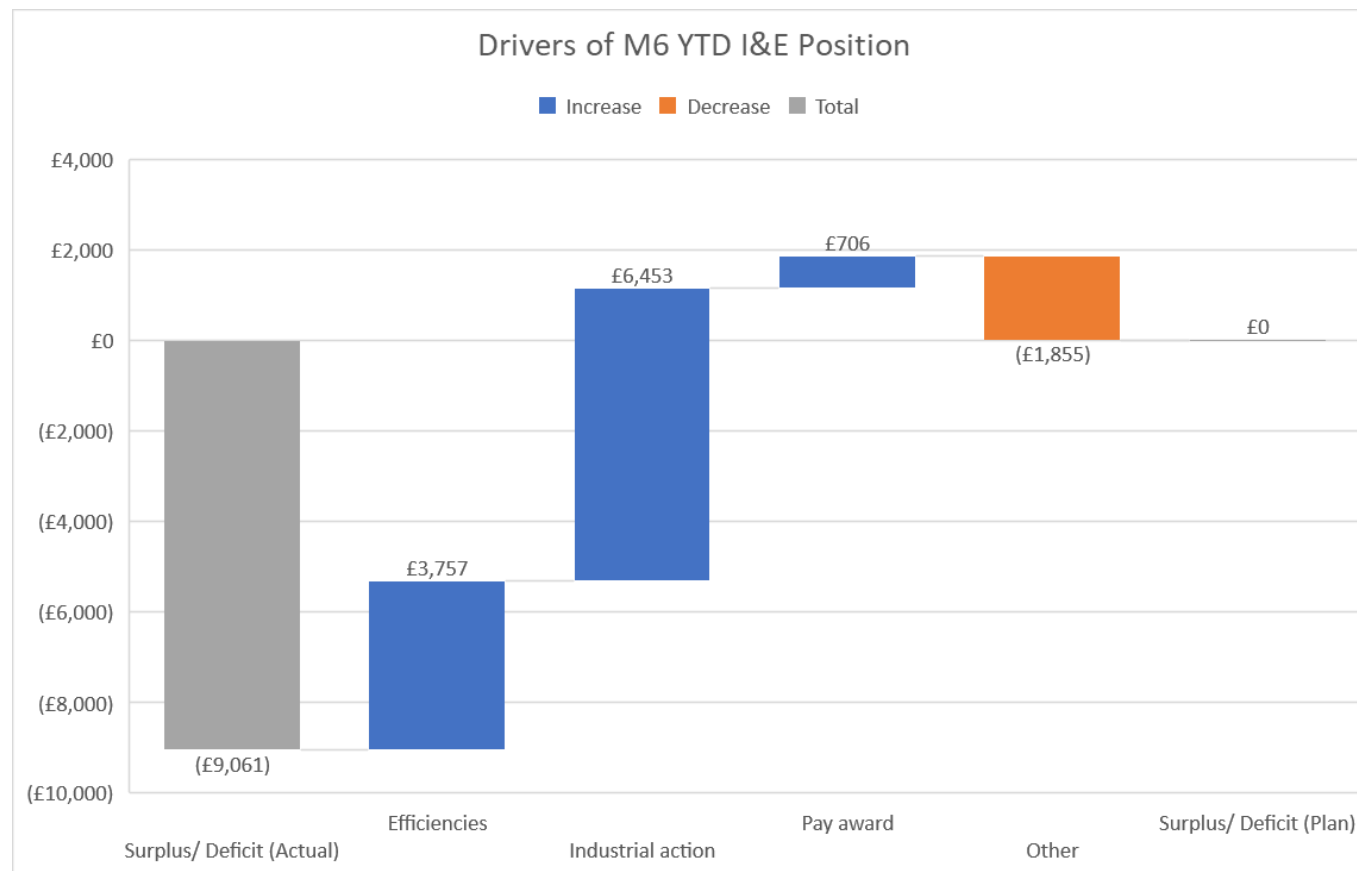


Analysis of M5 YTD position – LGT

The Trust is reporting an adverse variance to plan of £9.1m YTD. In month SEL ICB system funding has moved the annual plan from a £15.3m planned deficit to a £405k planned surplus. The in-month position includes the impact of this movement to plan in addition to the medical pay award and arrears paid out in month.

The main drivers of the YTD variance are:

- Divisional overspends in Medical pay c£2.8m net of strike costs and IURPs under-delivery
- Overspends in Nursing costs c£2.4m net of strike costs and IURPs under-delivery
- Net cost of industrial action incurred YTD, estimated to be c£6m net of pay reclaims, but ignoring potential loss of income
- Under-delivery of IURPs, £4.1m (of which £2m forecast October delivery)
- Offset by trust-wide underspends on ERF and other reserves expenditure



Analysis of M5 YTD position - Oxleas

The Trust delivered a £2.5m surplus at the end of M6 (inclusive of a profit on sale of asset of £2.5m). It is important however to note, that the Trust has had to rely on balance sheet flexibility to deliver the YTD position (£4.7m; £3.6m re under achievement of YTD CIPs target). The position is net of 2023/24 funded new posts that are yet to be recruited into.

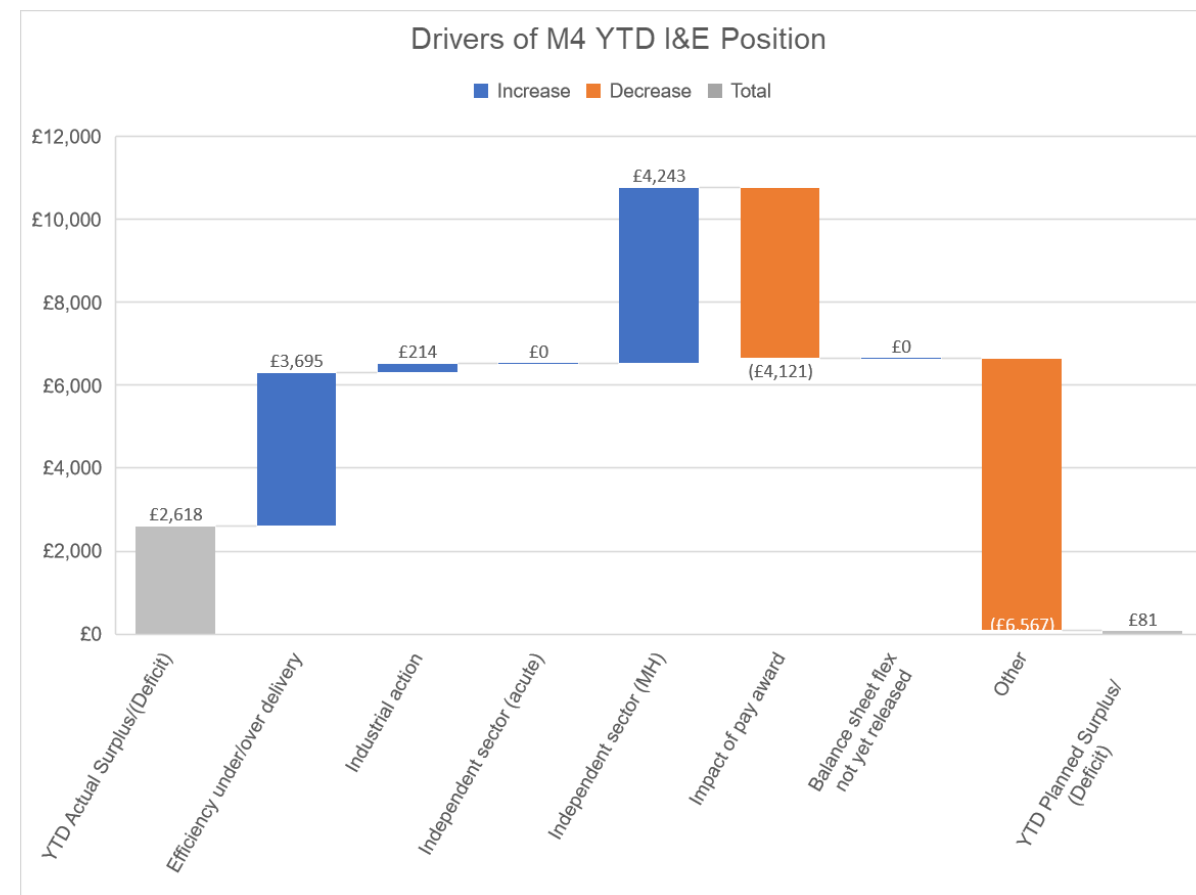
Key highlights: -

Income – The income over-performance largely is due to in-year funding of pay-awards (AFC and Medical).

Pay reported an overall underspend at the end of M6. £4.6m of this variance relates to posts that are yet to be recruited into from the new funding in 2023/24 (MHIS/SDF and Community uplift). This is partially offset by the actual payments relating to agreed pay award. Pay spend in M6 includes the effect of the backdated payments for medical and dental pay award.

Non-pay reported an overspend at the end of M6. The key areas of concern for non-pay are:

- the use of private beds,
- undelivered CIPs
- forensics and offender healthcare bed watches/escorts, drugs and GP sessions in Prisons directorate

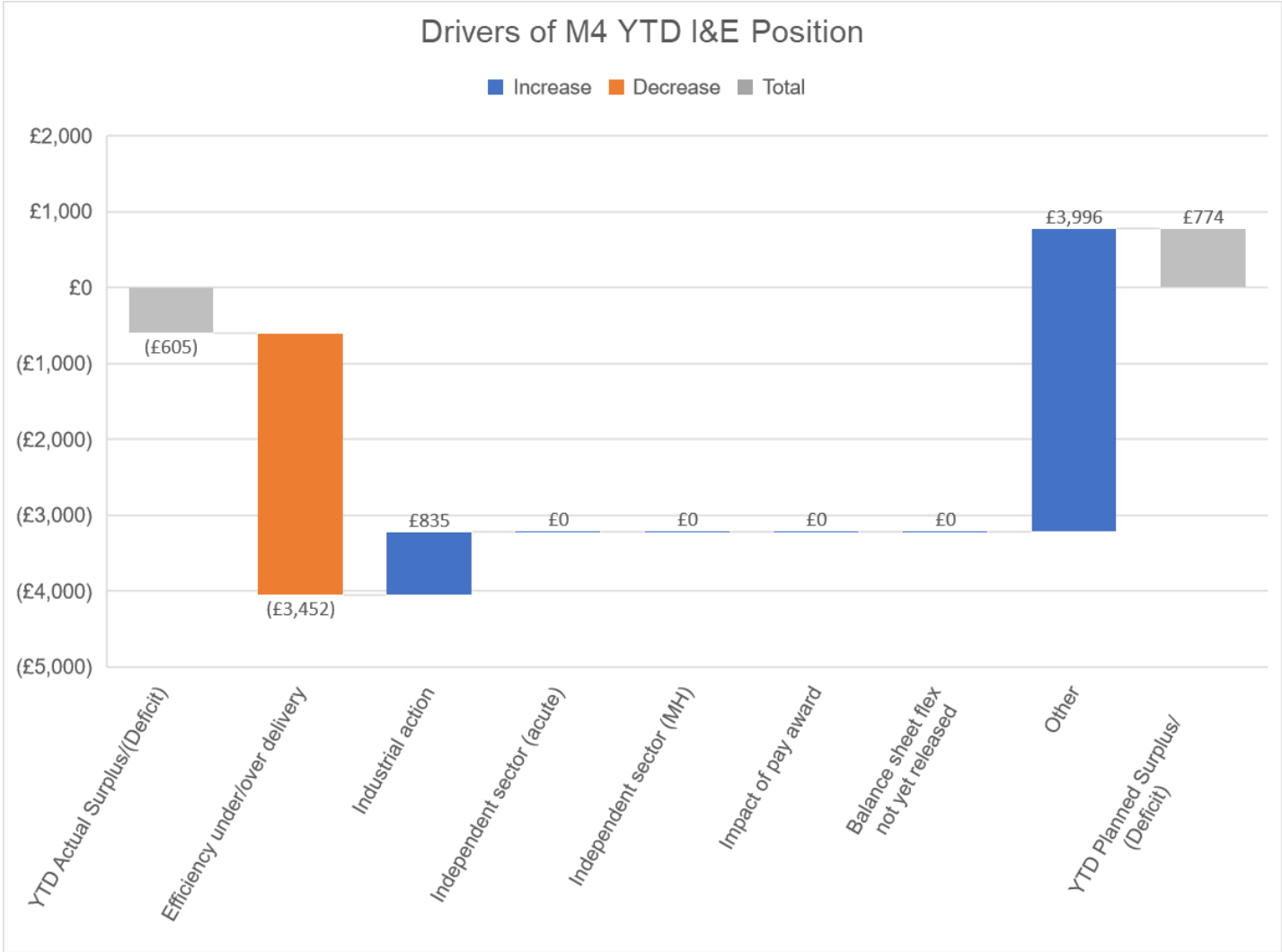


Analysis of M5 YTD position - SLaM

SLaM is reporting a £0.6m deficit YTD against a planned surplus of £0.8m.

The main driver to the £1.4m adverse variance is progress against the planned delivery of efficiencies, as well as £0.8m of costs associated with the impact of industrial action.

These adverse drivers are offset by various non-recurrent measures.



Bexley Wellbeing Partnership Committee

Thursday 23rd November 2023

Item: 8

Enclosure: F

Title:	Place Risk Register
Author/Lead:	Rianna Palanisamy, Borough Governance Lead (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care/NHS South East London Integrated Care Board/London Borough of Bexley

Purpose of paper:	To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>The Bexley Place risk register is currently reporting 4 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to two issues – risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 23/24 and lack of capacity to support community and discharge demand.</p> <p>The risks are reviewed on a monthly basis by the borough Senior Management team. Where risks impact across several boroughs they are also recorded on the SEL-wide corporate risk register.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
Potential Conflicts of Interest	There are no conflicts of interest.		
Other Engagement	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the BWPC at their meetings held in public.	
	Other Committee Discussion/ Engagement	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on</p>	

		actions taken by other committees in relation their specialty associated risks.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Review the risks and consider the mitigations detailed. (ii) Assess whether, in the committee's view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken. (iii) Note that work on identification and management of risks is ongoing. 	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 23rd November 2023

1. Introduction

NHS South East London ICB manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four tier process comprising:

1. **Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.
2. The opportunity **to benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.
3. **Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.
4. **Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with a plan to further discuss on a one-to-one basis with the risk owner through a facilitated conversation led by the local governance and business support team.

The committee is asked to note the following:

- Of the four risks on the boroughs risk register, two are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the four risks on the Place based risk register:
 - **One** risk remains scored at 15 or above following mitigating actions being put in place (residual risk score).
 - **Two** risks are rated as “high” (amber) after mitigations are put in place
 - **One** risk is rated as “moderate” due to the ongoing cost pressures in prescribing and continuing healthcare budgets.

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.

For further details on the risks, please see **Appendix F(ii)** for the Bexley risk register in full.

4. Proposed actions for the committee

In relation to the above, the committee is recommended to consider the following actions:

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.
- Continued focus on the one risk that remains “extreme” (i.e. scored at 15 or over as their current rating) as a priority.

Rianna Palanisamy

Borough Governance Lead, Bexley

NHS South East London ICB

16 November 2023

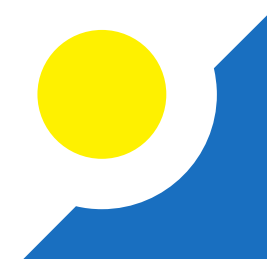
Appendix F(ii): Bexley Risk Register @ 16.11.2023

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
444	There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.	25	Bexley has established governance arrangements to discuss the situation with provider sector and colleagues at SEL ICB. Bexley has escalated the need for additional secure funding arrangements to SEL ICB central teams.	12	Resplendent work on prioritisation of resources. Adult Social Care (ASC) escalation of resource shortfall and associated risks to ICB and NHSE. ASC use of Market Sustainability Improvement Fund grant now estimated to enable current level of provision to be maintained until January/February 2024.	Acute system remains under very significant pressure and partners have no additional capacity to draw on when Opal 4 status declared. Position beyond February 2024 unclear as at November 2023.	9
450	There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to; * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting. There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to; * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped. * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting when compared to inner London boroughs. This would impact the ICBs ability to deliver on national performance standards and local quality improvements in service of providing Bexley residents with the satisfactory health and wellbeing outcomes.	16	Commencement of winter planning earlier in the year. Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment. Identification of key programmes requiring long-term funding to incorporate into planning rounds. Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing.	16	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.	Control over national guidance.	9
475	There is a risk that the Continuing Healthcare (CHC) budget may not delivery on plan thereby impacting on the Bexley Place and the SEL ICB to delivering on it's statutory financial duties.	9	Recovery plan developed and being monitored on a monthly basis by the Senior Management Team.	9	Bexley Wellbeing Partnership Committee	No gaps.	3
480	control total due to the ongoing costs pressures in prescribing and continuing health care budgets. This can result in an impact for the SEL ICB to deliver it's statutory financial duties.	6	Monthly monitoring of all the recovery plans to deliver within the financial control total is now in place.	6	Bexley Wellbeing Partnership Committee SEL ICB Board	No gaps.	3

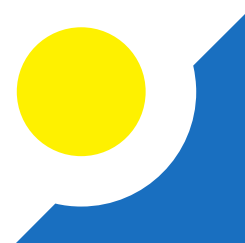
Agenda Item: 12
Enclosure: G

Bexley Wellbeing Partnership Committee

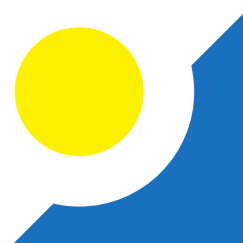
Glossary of NHS Terms



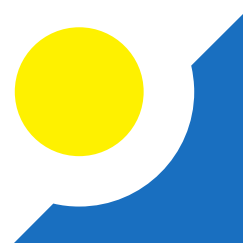
A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic Group
BBB	Borough Based Board
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CAN	Accountable Cancer Network
CAG	Clinical Advisory Group
CCG	Clinical Commissioning group
CEG	Clinical Executive Group
CEPN	Community Education Provider Networks
CHC	Continuing Healthcare
CHD	Coronary Heart Disease
CHYP	Children and Young People's Health Partnership
CIP	Cost Improvement Plan
CLDT	Community Learning Disability Team
CMC	Coordinate My Care
CoIN	Community of Interest Networks
CoM	Council of Members
COPD	Chronic Obstructive Pulmonary Disease
Covid-19	Coronavirus
CRG	Clinical Review Group
CRL	Capital Resource Limit
CQC	Care Quality Commission
CQIN	Commissioning for Quality and Innovation
CSC	Commissioning Strategy Committee
CSU	Commissioning Support Unit
CTR	Care Treatment Review
CSP	Commissioning Strategy Plan
CVD	Cardiovascular disease
CVS	Cardiovascular System
CWG	Clinical Working Group
CYP	Children and Young People
DBL	Diabetes Book & Learn
DES	Directed Enhanced Service
DH	Denmark Hill
DHSC	Department of Health and Social Care
DPA	Data Protection Act
DVH	Darent Valley Hospital



DSE	Diabetes Structured Education
EA	Equality Analysis
EAC	Engagement Assurance Committee
ECG	Electrocardiogram
ED	Emergency Department
EDS2	Equality Delivery System
EIP	Early Intervention in Psychosis
EoLC	End of Life Care
EPR	Electronic Patient Record
e-RS	e-Referral Service (formerly Choose & Book)
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FFT	Friends and Family Test
FOI	Freedom of Information
FREDA	Fairness, Respect, Equality, Dignity and Autonomy
GB	Governing Body
GDPR	General Data Protection Regulation
GMS	General Medical Service
GP	General Practitioner
GPPS	GP Patient Survey
GPSIs	General Practitioner with Special Interest
GSF	Gold Standard Framework
GSTT	Guy's & St Thomas' NHS Trust
GUM	Genito-Urinary Medicine
HCA	Health Care Assistant
HCAI	Healthcare Acquired Infection
HEE	Health Education England
HEIA	Health and Equality Impact Assessment
HESL	Health Education England – South London region
HLP	Healthy London Partnership
HNA	Health Needs Assessment
HP	Health Promotion
HWBB	Health and Wellbeing Board
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
ICU	Intensive Care Unit
IFRS	International Reporting Standards
IG	Information Governance
IS	Independent Sector
JSNA	Joint Needs Assessment
KCH	King's College Hospital Trust
KHP	Kings Healthcare Partnership
KPI	Key Performance Indicator
LA	Local Authority
LAS	London Ambulance Service



LCP	Local Care Provider
LD	Learning Disabilities
LES	Local Enhanced Service
LGT	Lewisham & Greenwich Trust
LHCP	Lewisham Health and Care Partnership
LIS	Local Incentive Scheme
LOS	Length of Stay
LMC	Local Medical Committee
LQS	London Quality Standards
LTC	Long Term Condition
LTP	Long Term Plan
MDT	Multi-Disciplinary Team
NAQ	National Audit Office
NDA	National Diabetes Audit
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
MH	Mental Health
MIU	Minor Injuries Unit
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
OHSEL	Our Healthier South East London
OoH	Out of Hours
PALS	Patient Advice and Liaison Service
PBS	Positive Behaviour Support
PHB	Personal Health Budget
PPE	Personal Protective Equipment
PPI	Patient Participation Involvement
PPG	Patient Participation Group
PRU	Princess Royal university Hospital
PCNs	Primary Care Networks
PCSP	Personal Care & Social Planning
PHE	Public Health England
PMO	Programme Management Office
PTL	Patient Tracking list
QEH	Queen Elizabeth Hospital
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RTT	Referral to treatment
SEL	South East London
SELCA	South East London Cancer Alliance
SELCCG	South East London Clinical Commissioning Group
SELDON	South East London doctors On Call
SLaM	South London and Maudsley Mental Health Foundation Trust
SLP	Speech Language Pathologist
SMI	Severe Mental Illness



SMT	Senior Management Team
SRO	Senior Responsible Officer
STPs	Sustainability and Transformation Plans
TCP	Transforming Care Partnerships
TCST	Transforming Cancer Services Team
THIN	The Health Improvement Network
TOR	Terms of Reference
UHL	University Hospital Lewisham
UCC/UTC	Urgent Care Centre of Urgent Treatment Centre
VCS	Voluntary and Community Sector/Organisations
WIC	Walk-in-Centre

