

Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 27th July 2023

Venue: Council Chamber, London Borough of Bexley, Civic Offices
2 Watling Street, Bexleyheath, Kent, DA6 7AT

Agenda

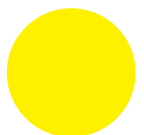
No.	Item	Paper	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 25 th May 2023	B	Chair	14:04
Public Forum				
4.	<i>Let's talk about</i> Mental Health & Wellbeing			14:05
Decision/s				
5.	Primary Care Networks Access Improvement Plan	C(i) – C(ii)	Primary Care Networks	14:45
Assurance				
6.	Primary Care Business Report – Q1 2023/24	D – D(i)	Sarah Birch	15:15
7.	Place Executive Lead – Summer Report	E	Stuart Rowbotham	15:25
8.	Month 3 Finance Report: <ul style="list-style-type: none"> Place Integrated Care Board Integrated Care System 	F – F(i)	Chris Dance	15:30
9.	Place Risk Register	G	Simon Beard	15:45
Public Forum				
10	Public Questions			15:55
Closing Business				
11.	Any other business			16:00
12.	Glossary	H		
13.	Date of the next meeting: Thursday 28 th September 2023, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT			

Presenters

- Committee Chair, Dr Sid Deshmukh
- Stuart Rowbotham, Place Executive Lead/Director of Adult Social Health & Care, NHS South East London Integrated Care Board/London Borough of Bexley
- Sarah Birch, Head of Primary Care Development (Bexley), NHS South East London Integrated Care Board
- Chris Dance, Associate Director of Finance (Greenwich), NHS South East London Integrated Care Board
- Simon Beard, Associate Director of Corporate Operations, NHS South East London Integrated Care Board
- Primary Care Networks: Dr Sushanta Bhadra, Clinical Director and Dr Surjit Kailey, Clinical Director (North Bexley), Dr Sonia Khanna, Clinical Director and Dr Pandhu, Clinical Director (Frognal), Dr Mehal Patel, Clinical Director and Dr Miran Patel, Clinical Director (APL) and Dr Nisha Nair, Clinical Director and Dr Folake Davies, Clinical Director (Clocktower).

Let's talk about Mental Health & Wellbeing

- Introduction: David Palmer, Chief Executive Officer, Mind in Bexley & Kent
- Lived Experience: Gurjit Shokar, Mental Health Campaigner
- Discussion Panel:
 - Shanie Dengate, Public Health (Suicide Partnership), London Borough of Bexley
 - Emma Willing, Oxleas NHS Foundation Trust
 - Munyaradzi Mangundu, Oxleas NHS Foundation Trust
 - Tim Collett, Integrated Commissioning Manager, NHS South East London Integrated Care Board
 - Edelweiss Collings, Mind in Bexley



ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date: 27.07.2023

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	###		
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.

ITEM: 3
ENCLOSURE: B

Bexley Wellbeing Partnership, Meeting in public
Thursday, 25th May 2023, 2:00pm to 4:00pm
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name

Dr Sid Deshmukh (SD)

Stuart Rowbotham (SR)

Keith Wood (KW) – *deputising for
Jennifer Bostock (via MS Teams)*

Dr Nicole Klynman (NK)

Dr Miran Patel (MiP) (*via MS Teams*)

Raj Matharu (RaM) (*via MS Teams*)

Dr Sonia Khanna-Deshmukh (SK-D)

– *deputising for Dr Pandu Balaji (via
MS Teams)*

Deborah Travers (DT) – *deputising
for Yolanda Dennehy*

Diana Braithwaite (DB)

Sarah Burchell (SB) – *Deputising for
Iain Dimond*

Dr Sushanta Bhadra (SuB) –
Deputising for Dr Surjit Kailey

Dr Miran Patel (MiP)

Dr Adefolake Davies (AD) – *via MS
Teams*

Title and organisation

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

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

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

Director of Public Health, London Borough of Bexley

Clinical Lead, APL Primary Care Network

Chief Officer, Local Pharmaceutical Committee

Clinical Lead, Frognal Primary Care Network

Associate Director (Bexley Care), London Borough
of Bexley

Chief Operating Officer (Bexley) NHS SEL ICB

Director of Adult Health Services – Bexley Care,
Oxleas NHS Foundation Trust

Representative, North Bexley Primary Care Network

Clinical Lead, APL Primary Care Network

Clocktower Primary Care Network

In Attendance

Andrew Bland (AB) – *via (MS
Teams)*

Dr Clive Anggiansah (CA)

Kate Heaps (KH) (*via MS Teams*)

Simon Beard (SiB) (*presenter*)

Graham Tanner (GT)

Andrew Hardman (AH)

Steven Burgess (StB)

Patrick Gray (PG)

Alison Rogers (AR)

Chief Executive Officer, NHS SEL ICB

Clinical and Care Professional Lead - Primary &
Community Care (Bexley)

Chief Executive Officer, Greenwich & Bexley
Community Hospice

Associate Director of Corporate Operations
Governance, NHS SEL ICB

Associate Director of Primary Care & Delivery
(Bexley), NHS SEL ICB

Commercial & Partnership Director, Bromley
Healthcare

Policy and Strategy Officer Strategy, Performance
and Complaints, London Borough of Bexley Council

Communications & Engagement Manager (Bexley),
NHS SEL ICB

Director of Integrated Commissioning (Bexley), NHS
SEL ICB/LBB

Daniel Rattigan (DR)
Jattinder Rai (JR)
Vikki Wilkinson (VW)
Rebecca Watson-Morse (RB-M)
Sue Wright (notes)

Associate Director of Strategy, Lewisham & Greenwich NHS Trust
Chief Executive, Bexley Voluntary Services Council
CEO, Carers Support Bexley
Project Manager, Local Care Networks (Bexley), NHS SEL ICB
Business Support Lead (Bexley), NHS SEL ICB

Apologies

Jennifer Bostock (JB)
Sarah Birch (SaB)
Yolanda Dennehy (YD)
Abi Mogridge (AM)

Rikki Garcia (RG)
Aysha Awan (AA)

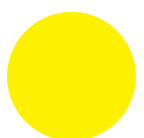
Rianna Palanisamy (RP)
Ellie Thomas (ET)

Iain Dimond (ID)

Dr Surjit Kailey (SK)
Jattinder Rai (JR)
Jayne Garfield-Field (JG-F)
Dr Pandu Balaji (PB)
Dr Nisha Nair (NN)
Sandra Iskander (SI)

Julie Witherall (JW)
Stephen Kitchman (SK)
Dr Mehal Patel (MeP)
Marina Moores (MM)

Independent Member, NHS SEL ICB (Bexley)
Head of Primary Care (Bexley), NHS SEL ICB
Assistant Director of Adult Social Care, LBB
Chief Operating Officer, Bexley Neighbourhood Health Care CIC
Chair, Healthwatch, Bexley
Head of Comms & Engagement (Bexley), NHS SEL ICB
Corporate Governance Lead (Bexley), NHS SEL ICB
Associate Director, Planning & Partnerships, Dartford & Gravesham NHS Trust
Chief Operating Officer, Oxleas NHS Foundation Trust
Clinical Lead, North Bexley Primary Care Network
Chief Executive, Bexley Voluntary Services Council
Joint Healthwatch Bexley Manager
Clinical Lead, Frognal Primary Care Network
Clinical Lead, Clocktower Primary Care Network
Acting Chief of Strategy, Partnerships & Transformation Officer, Lewisham & Greenwich NHS Trust
Director of Financial Management, NHS SEL ICB
Director of Children's Services, LBB
Clinical Lead, APL Primary Care Network
Primary Care Service Delivery Manager (Bexley), NHS SEL ICB



Notes

		Actioned by
1.	Introductions and apologies Introductions were made and apologies noted.	SD
2.	Declarations of Interest Dr Sid Deshmukh, Governing Body, GP Lead (Bexley), NHS SEL ICB , was conflicted on Item 5 (General Practice Premium Service) and Item 6 (Primary Care Business Report – Q4 2022/23) and therefore Sarah Burchell acted as Co-Chair . Conflicted GPs were asked to leave the room for Item 5 and return at 3.00 pm and non-conflicted voting members would be asked to approve these 2 items. The minutes of the last meeting on 23 rd March 2023 were NOTED . It was noted that there was 1 outstanding action for Diana Braithwaite/Dr Mike Robinson to discuss local School Superzones initiative. Action: DB/MR	SD
3.	Public Questions No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.	SD
4.	Let's talk about Unpaid Carers Vikki Wilkinson, CEO of Carers Support Bexley and Deborah Travers, Associate Director of Adult Social Care, LBB Alison Rogers, Director of Integrated Commissioning (Bexley), NHS SEL ICB gave a few words of introduction as she and VW jointly chair the Bexley Carers' Partnership Board via which a lot of engagement has taken place with carers locally post pandemic to hear about their experiences and how we can support them as it was recognised that a carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Caring for someone can take up a few hours each or a carer may be caring for 24 hours a day, seven days a week. DT expressed that in Bexley we are really privileged to have extremely passionate unpaid carers who support people in their own homes and generally within the community and they have relayed their life experiences around being unpaid carers. There are over 19k carers and nearly 6k who provide over 50 hours of care per week. DB outlined the services and support available in the borough. There are various groups and events being planned – in particular, the 'Thank You to Carers' event at the Holiday Inn on 9 th June. SD questioned the referral aspect of identifying carers and the process around adding them to the carer registers from a GP perspective. SR praised the work achieved by the Carers' Partnership Board and involvement from One Bexley/voluntary organisations and queried if there was a measure of KPIs and financial recompense/household support. Good news stories are being publicised and lots of	AR/VW/DT

	<p>communication being circulated via Patrick Gray and the Local Authority. There is a website and all carers are invited to attend the Carers' Partnership Board.</p> <p>Dr Bhadra praised the initiatives, but alluded to the struggle for GPs to identify certain carers who are not registered on the system, especially within certain cohorts, such as the South East Asian population. He also raised concerns about the group of children having to care for their parents.</p> <p>KH raised the point about carers, including young carers, when involved with people with long-term conditions or who have health conditions themselves and also wanted the group to consider bereavement support aspects, and those who do not typically go into Hospice care. She queried whether there was going to be a universal care plan across the organisation. AR felt the point regarding young carers was good and would like to get them involved in the partnership. She would welcome more representation through the universal care plan.</p> <p>Action: AR and PG to consider and reach out to those cohorts/unknown carers who can be supported and could give valuable contribution to the partnership meetings.</p>	
5.	<p>General Practice Premium Service</p> <p>Sarah Burchell, Director of Adult Health Services – Bexley Care, Oxleas NHS Foundation Trust took over as Chair for this item due to the GP pecuniary interest. GPs in the room and those joining via MS Teams were asked to leave the discussion and return at 3.00 pm.</p> <p>Graham Tanner, Associate Director of Primary Care, NHS SEL ICB proceeded to present and explained the background behind this premium. Marine Moores has carried out a significant amount of work and this paper went to the Primary Care Delivery Group meeting last month.</p> <p>The purpose of a GP Premium Service is to commission individual GP practices to deliver 'additional' service interventions to patients, which are above and beyond any national core contracts for primary care services. GP Premiums are used to focus and target additional GP resources on local priorities.</p> <p>The paper detailed the proposal to commission a new GP Premium for the period from 1st July 2023 to 31st March 2026, with details for the period of 1st July 2023 until 31st March 2024. These new service areas and associated Key Performance Indicators have been developed to:</p> <ul style="list-style-type: none"> • Support the implementation of the national Fuller Stock Take Report. • Align with the Joint Local Health & Wellbeing Strategy and the Bexley Wellbeing Partnership three-year improvement plan. • Support the COVID recovery and pressure on the wider system. • Support the reduction of health inequalities in Bexley. <p>The new GP Premium has been co-produced to accurately reflect the key areas of focus for primary care and to strategically align with the wider system priorities. During the development process,</p>	GT

engagement took place with key stakeholders through a series of individual meetings and task and finish groups. In addition, engagement took place with wider partners through a series of individual meetings and task and finish groups. In addition, engagement took place with wider partners through existing forums such as the Mental Health Transformation Group, Local Care Partnership Forum, Primary Care Transformation & Development Group and the Local Medical Committee.

The following service interventions are included in the new GP Premium and there are 10 Key Performance Indicators (9 included in the report) underpinning delivery and measuring outcomes:

- Patient Experience of General Practice
- Early Detection & Prevention
- Proactive and Personalised Care
- Improving Referral Management
- Older and Frail People and End of Life
- Mental Health
- Obesity
- Safeguarding
- Improving Treatment and Care in Primary Care

AB thanked GT's team for the work and engagement in these priority areas but was unclear as to the incentivisation payment mechanism to address them, particularly around payment at practice level and safeguarding aspects in addressing inequalities. GT responded that this is Primary Care funding, and they are working closely with the PCNs as part of the DES across the piece to ensure practices are working more collaboratively. GT confirmed that this is PMS funding and that the contractual imperative no longer exists. This is being divided between the previous GMS and APMS contracts.

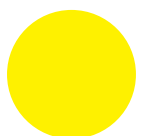
SR gave thanks for the co-production work and ensuring the evidence aligns to the priorities.

GT responded to RaM's query about metrics and how applied to each practice, in that 75% in 12 monthly payments and any shortfall addressed in Q4. Any overspend at the end of the year will be factored back in. The funding will be dependent on delivery of outcomes//KPIs.

AB left the meeting due to a conflicting appointment.

Following the Primary Care Delivery Care recommendations, the Bexley Wellbeing Partnership Committee:

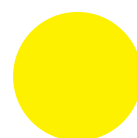
- (i) **APPROVED** the commissioning of a new GP Premium for GP Practices and the associated Key Performance Indicators.
- (ii) **ENDORSED** the caveat that the Obesity requirements and associated Key Performance Indicators are reviewed at six months – given that this is the first of its kind to be included in a Bexley premium to ensure an early evaluation of outcomes and value for money.



6.	<p>Primary Care Business Report – Q4 2022/23</p> <p>Sarah Burchell, Director of Adult Health Services – Bexley Care, Oxleas NHS Foundation Trust took over as Chair for this item due to the GP pecuniary interest, although GPs were back in the room or via MS Teams.</p> <p>Graham Tanner, Associate Director Primary Care (Bexley), NHS SEL ICB drew the Committee’s attention to the following decision items endorsed by Primary Care Delivery Group (PCDG) and requiring the formal approval of the BWP Committee.</p> <p><u>1st March 2023</u></p> <ul style="list-style-type: none"> • Belvedere Medical Centre Boundary Application – Recommendation to approve. • Personal Medical Services Premium Extension & 2023/24 GP Premium Development Plan – Recommendation to approve (discussed and approved at the BWP committee meeting in public on 23 March 2023) • Extension to the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes for 12 months (to commence 1st April 2023) – Recommendation to approve (discussed and approved at the BWP meeting in public on 23 March 2023) • Bexley Medicines Optimisation Programme 2023/24 – Recommendation to approve. <p><u>3rd May 2023</u></p> <p>Ingleton Avenue Surgery Boundary Application – SR wished for board members and senior politicians to be appraised. It was agreed that all items were approved as a whole and not individually. The Bexley Wellbeing Partnership Committee is recommended to:</p> <ol style="list-style-type: none"> (i) NOTED the report. (ii) Formally RATIFIED those items noted as requiring the approval of the BWP Committee under NHS SEL ICB delegated authority. 	GT
7.	<p>Better Care Fund – Draft Plan 2023/24</p> <p>Steven Burgess, Policy and Strategy Officer, London Borough of Bexley</p> <p>Having gone through the various governance processes, this is now going to the Health & Wellbeing Board on 15th June for endorsement and then submitted to the national BCF Team by 28th June. StB assured the group that this is compliant with the Section 75 agreement and Bexley can demonstrate that its governance is in accordance with the legally binding agreement.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ol style="list-style-type: none"> (i) CONSIDERED and ENDORSED the Draft Bexley Better Care Fund Plan 2023-25 (Appendices A & B) on behalf of the NHS South East London ICB. 	StB

	<ul style="list-style-type: none"> (ii) NOTED requirement for the BCF Plan to be agreed by the ICB (in accordance with ICB governance rules) and the Council's Chief Executive and signed off by Bexley Health and Wellbeing Board (the latter is taking place on 15 June 2023). (iii) AUTHORISED the Chief Operating Officer (Bexley), on behalf of NHS South East London ICB, to finalise and jointly agree the BCF Plan 2023-25 with the Council. (iv) REQUESTED that Officers report back to the Committee (meeting in private) on 22 June 2023 and/or to the Committee (meeting in public) on 27 July 2023 to keep them informed and updated. (v) NOTED the requirement for the section 75 Agreement to be updated by 31 October 2023 once the BCF Plan 2023-25 has been approved by NHS England. (vi) NOTED the draft BCF End of Year Return 2022/23 (Appendix C), which confirms that Bexley continued to meet the requirements of the BCF during 2022/23. 	
8.	<p>Supplementary Integrated Performance Report</p> <p>Graham Tanner, Associate Director, Primary Care (Bexley), NHS SEL ICB and Alison Rogers, Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB</p> <p>It was noted that delivery against the physical health check target within 2023/24 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems.</p> <p>A steering group was set up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation. Incentivisation for completion of SMI health checks, over and above the 60% target, has also been proposed as part of the new GP Premium. It was noted that some of the other boroughs were ahead of the 60% target, but this is being addressed with liaison between Primary Care, Oxleas and Community Mental Health.</p> <p>The Bexley Wellbeing Partnership NOTED the report and a verbal update in relation to the performance position performance on the delivery of Serious Mental Illness Health Checks.</p>	AR/GT
9.	<p>Month 12 Finance Report: Place, Integrated Care Board and Integrated Care System</p> <p>Diana Braithwaite, Chief Operating Officer (Bexley), NHS SEL ICB presented on behalf of Julie Witherall, Director of Financial Management, NHS SEL ICB</p> <p>The paper related to the end of the financial year 2022/23.</p> <ul style="list-style-type: none"> • Bexley landed a slight underspend, with positive thanks to JW and her proactive work with the various directors. • Noted that the medicines management/pharmacy cost situation affecting Bexley's budget was still a national issue, but it was hoped that this will improve in time. • Both ICS and ICB landed with a slight underspend. 	DB

	The Bexley Wellbeing Partnership Committee DISCUSSED and NOTED the Month 12 (March 2023) financial position for NHS SEL ICB and Bexley Place.	
10.	<p>Place Risk Register</p> <p>Simon Beard, Associate Director of Corporate Operations, NHS SEL ICB noted that there were currently 2 risks on the Bexley risk register, relating to finance, but the whole of the SEL ICB risk management process was under review.</p> <ul style="list-style-type: none"> • Risk 442 - Risk of overspend on delegated Place budget in financial year 2023/24. • Risk 443 - Risk of specific overspends due to ongoing cost pressures in prescribing, plus the impact of uplifts on cost-per case budgets in financial year 2023/24. <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) REVIEWED the risks and consider the mitigations detailed.</p> <p>(ii) ASSESSED 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>	SiB
11.	<p>Public Questions</p> <p>Philippa Norris, Danson Youth Trust, Bexley MVP, welcomed the Carers item but queried what wider work was taking place in relation to maternal mental health in younger people. AR admitted that this does not currently fall within the focus of the Carers' Partnership Board and would like to invite PN or a colleague to contribute to that forum. PN also queried who the main lead was dealing with education for all schools. Action: AR to link in with PN following the meeting.</p>	SD
12.	<p>Any Other Business</p> <p>There was not any other items of business.</p>	SD
13.	<p>Glossary</p> <p>These glossary terms were noted.</p>	
14.	<p>Date of the next meeting:</p> <p>Thursday 27th July 2023, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT</p>	



Bexley Wellbeing Partnership Committee

Thursday 27th July 2023

Item: 5

Enclosure: C

Title:	Primary Care Access Improvement Plans
Author:	Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board Primary Care Network Clinical Directors – APL, Clocktower, Frognaal and North Bexley
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	The purpose of this paper is to:	Update / Information	X
	(i) Summarise the key components of the Government's 'Delivery Plan for Recovering Access to Primary Care', published on 9 th May 2023 and its implications for the South East London Integrated Care Board, Primary Care Networks and the wider Bexley Wellbeing Partnership. See Appendix Ci.	Discussion	
	(ii) Describe the steps taken to gather baseline data and formulate Primary Care Networks level Access Improvement Plans against which a proportion of the 'Capacity and Access Fund' payments to the Primary Care Networks in 2023/24 will be determined. (iii) Provide Primary Care Network Clinical Directors with the opportunity to present and outline their Access Improvement Plans to the Committee for the purposes of local assurance.	Decision	
Summary of main points:	<p>(i) Key components of the Government's 'Delivery Plan for Recovering Access to Primary Care' (Appendix Ci)</p> <p>The Delivery Plan for Recovering Access to Primary Care, published on 9 May, outlines NHS England's commitments to tackling the 8am rush for GP appointments and making it easier for patients to get the help they need from primary care.</p> <p>The Plan, which fully recognises the impact and challenges of increased demand on General Practice, is subdivided into 4 key pillars:</p> <p>Empowering Patients</p> <ul style="list-style-type: none"> Improving information and NHS App functionality Increasing self-directed care, including an expansion of self-referral pathways by September 2023 Expanding community pharmacy based services <p>Implementing Modern GP Access</p>		

- better digital telephony – all remaining practices to move to digital telephony (including call back)
- Simpler online requests
- Faster navigation, assessment, and response

Building Capacity

- Larger multidisciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Higher priority for primary care in housing developments

Cutting bureaucracy

- Improving the primary-secondary care interface
- Building on the Bureaucracy Busting Concordat
- Integrated Care Boards are expected to report to their Boards on progress on their system level access improvement plan in October/November 2023 with a further update February/March 2024.
- 30% of the re-targeted Investment and Impact Fund incentive to be awarded by Integrated Care Boards is conditional on Primary Care Networks achieving local improvement in access and experience.

In addition, the Plan highlights:

Transformation support – from May 2023 NHS England will introduce a National General Practice Improvement Programme (GPIP) with 3 tiers of support

A National publicity campaign – to increase public understanding of the changes to primary care access

(ii) Steps Taken to Date

Following the announcement of the publication of the plan, the Integrated Care Board Primary Care Team established a Task and Finish Group to discuss the implications and requirements and agree the formulation of Primary Care Networks level Access Improvement Plans. This has included:

1. Collation of key baseline data at practice level, disseminated to individual practices as an opportunity for those practices to set out their own position and priorities for recovering access and contributions to a wider PCN plan.
2. 1-2-1 appointments with each practice to review appointment books and triage/booking processes to improve consistency and ensure that published GP Access Data (GPAD) accurately reflects activity which is taking place within the practice.
3. Iterative review of the Primary Care Network Access Improvement Plans, including endorsement by Primary Care Delivery Group on 5th July 2023.

(iii) Primary Care Network Access Improvement Plans for Assurance

Each of the Primary Care Network has worked collaboratively with their member practices to agree an overarching Access Improvement Plan and a set of S.M.A.R.T. actions at both Primary Care Network and individual practice level. The Plans include some technical elements e.g. a detailed status report in relation to the roll out of Cloud Based Telephony, Online/Video Consultation software and assurance that appointment books are being managed and maintained in line with national guidelines. The plans also set out how the Primary Care Networks will work to address variation in

	<p>patient experience and satisfaction and quantify these improvements. Importantly they also highlight how the Capacity and Access Fund payments (See Appendix Ci) will be invested to support delivery of these improvements.</p>	
Potential Conflicts of Interest	<p>This report is submitted for assurance purposes, however the Chair and Primary Care Network voting members on the Committee have a pecuniary interest in the Capacity and Access Fund payments aligned to the delivery of their Access and Recovery Plans. Therefore, the mitigation of this pecuniary interest is:</p> <ol style="list-style-type: none"> 1. Chairing of this agenda item will pass to a non-conflicted voting member of the committee. 2. The Chair and Primary Care Networks will not be permitted to vote on this item as set out in the recommendations (iv) and (v). 	
Other Engagement	Equality Impact	<p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependant on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with Primary Care Networks will be expected to recognise and address this variation.</p>
	Financial Impact	<p>The Capacity and Access Payments are a national scheme and there are no financial risks/implications for the Integrated Care Board.</p>
	Public Engagement	<p>PCN plans will be expected to clearly articulate planned engagement with patients. Integrated Care Boards may agree with PCNs to use a range of evidence including assessment across a selection of the following components:</p> <ul style="list-style-type: none"> • Improvement on Family & Friends Test scores and coverage • Processes to analyse and act on feedback • The overall strength of the improvement plan • Local surveys covering patient experience • Information from Patient Participation Groups <p>Plus, to be eligible for payment, compliance with the contractual requirement to report & publish results of completed FFT.</p> <p>The Access Improvement Plans include proposals for additional 6 monthly services with Primary care Networks as well as more detailed engagement with Practice Participation Groups (PPGs).</p>
	Other Committee Discussion/Engagement	<p>ICBs are expected to report to their Boards on progress on their system level access improvement plan in October/November 2023 with a further</p>

		update February/March 2024. The Access Improvement Plans submitted by Bexley PCNs will contribute to an overall system level plan.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to note:</p> <ul style="list-style-type: none"> (i) The key components of the Government's 'Delivery Plan for Recovering Access to Primary Care', published on 9th May 2023 and its implications for the ICB, PCNs and the wider Bexley Wellbeing Partnership in Appendix Ci. (ii) The total financial investment to support delivery of the Primary Care Network Access Improvement Plans in Bexley is £915,085.00. Of which 30% is conditional on Primary Care Networks achieving agreed local improvement in relation to access and experience – this equates to £274,524 in 2023/24. (iii) The recently published National GP Patient Survey results and the challenges it poses for Bexley Primary Care Networks and that further analysis will be submitted to a future committee meeting. <p>The Bexley Wellbeing Partnership Committee is recommended to note:</p> <ul style="list-style-type: none"> (iv) Review the four Primary Care Networks Access Improvement Plans as presented and included in Appendix Cii. (v) Approve the Access Improvement Plans in line with national assurance timelines, noting that Integrated Care Boards are expected to report to their Boards on progress on a system level access improvement plan in October/November 2023 – with a further update in February/March 2024. The Access Improvement Plans submitted by Bexley Primary Care Networks will contribute to an overall system level plan. 	

Agenda Item: 5

Enclosure: C(i)

Delivery plan for recovering access to primary care

Bexley Wellbeing Partnership Committee – 27 July 2023

Graham Tanner, Associate Director – Primary Care (Bexley)

Delivery plan for recovering access to primary care

- The Primary Care Delivery Plan was published on 9 May with a primary focus on recovering access to primary care
- The intention is *“...to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care”*
- The Plan is 45 pages long and is subdivided into the following sections:
 1. **Why a plan is needed**
 2. **Empowering Patients**
 3. **Implementing Modern GP Access**
 4. **Building Capacity**
 5. **Cutting bureaucracy**
 6. **Delivering the plan**

Recovery plans

The Delivery Plan for Recovering Access to Primary Care is one of three recent NHS strategic recovery plans addressing priority areas



Elective recovery plan

Key ambitions:

- That the **waits of longer than a year for elective care are eliminated** by March 2025
- **95% of patients needing a diagnostic test receive it within six weeks** by March 2025.
- 75% of patients who have been urgently referred by their GP for suspected cancer **are diagnosed or have cancer ruled out within 28 days** by March 2024
- **Improve both waiting times and patients' experience of waiting** for first outpatient appointments over the next three years.

Urgent and Emergency recovery plan

Key ambitions:

- **Patients being seen more quickly in emergency departments:** with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- **Ambulances getting to patients quicker:** with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

Primary Care recovery Plan

Key ambitions:

- **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** No longer will patients be asked to call back another day to book an appointment.
- **For patients to know on the day they contact their practice how their request will be managed.**

Why a recovery plan is needed

- There is recognition that primary care is under intense pressure – *“one in five people report they did not get through or get a reply when they last attempted to contact their practice”*
- The number of people aged above 70 in England is growing and this group, on average, have 5 times more GP appointments than young people
- Demand for primary care has increased since the pandemic, with an NHSE survey showing patient contacts growing faster than demographic growth at between 20-40% and practices reporting they have never been so busy
- The growth in numbers of GPs has not kept up with this increase in demand
- As demand rises reports of patient satisfaction are falling and in particular scores related to making an appointment
- The Fuller report recommended 3 elements for integrated primary care – streamlining access, proactive personalised care from multi-disciplinary teams and a joined up approach to prevention
- **The delivery plan focuses on the first component of the Fuller report – improving access**

Plan on a page

To tackle the 8am rush and reduce the number of people struggling to contact their practice

For patients to know on the day they contact their practice how their request will be managed

1



Empower patients

- Improving NHS App functionality
- Increasing self-referral pathways
- Expanding community pharmacy

2



Implement new Modern General Practice Access approach

- Roll-out of digital telephony
- Easier digital access to help tackle 8am rush
- Care navigation and continuity
- Rapid assessment and response

3



Build capacity

- Growing multi-disciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Priority of primary care in new housing developments

4



Cut bureaucracy

- Improving the primary-secondary care interface
- Building on the 'Bureaucracy Busting Concordat'
- Reducing IIF indicators and freeing up resources

Empowering patients

- This section of the plan focuses on using technology to empower the patient and to make processes more efficient and flexible – there are 3 components
- A. **improving information and NHS App functionality** – the NHS App is to be the key route for patients to see their records, book routine appointments, order repeat prescriptions etc

Presently approx. 20% of practices have full functionality of the App - the plan is to increase that to over 90% by March 2024
- B. **Increasing self-directed care** – in line with operating plan, ICBs are to ensure **expansion of self-referral pathways by Sept 2023** (incls community podiatry, weight management, falls services, hearing aid provision, community MSK etc)
- C. **Expanding community pharmacy services**
 - **Expand blood pressure checks in pharmacies**
 - **Expand pharmacies providing oral contraceptives** – an estimated 25% of women using oral contraception could use this route by 2024
 - **Launch of Pharmacy First (end of 2023)** – pharmacies to supply antibiotics & antivirals for 7 common conditions (incls sore throat, earache, shingles, UTI in women etc)

Building Capacity

- The NHS Long term workforce plan is referred to and will be published “shortly”. As it will take time to train new GPs this plan focuses on building the broader practice team to support the increase in patient requests. This part of the plan has 4 components
 - A. **larger multidisciplinary teams** – a further £385k to fund Additional Roles Reimbursement Scheme (includes social prescribing link workers, care co-ordinators primary care pharmacists etc). Commitment to continue ARRS funding after 2023/24
 - B. **more new doctors** – the workforce plan will set out “ambitious” plans but meanwhile plans incl a 4 month extension to bridge a gap to make it easier for newly trained GPs without a visa to remain in England, an expansion of GP specialty training, making it easier for doctors other than GPs to work as part of a multidisciplinary practice team
 - C. **retention and return of experienced GPs** – the recently announced pension changes and changes in lifetime allowance are expected to make it more attractive for experienced GPs to remain working or to return to work – including working flexibly from home to support 111 etc
 - D. **higher priority for primary care in housing developments** - Change local authority planning guidance this year to raise the priority of primary care infrastructure so that it has to be considered in the same way that education infrastructure currently has to be addressed when planning a new housing development

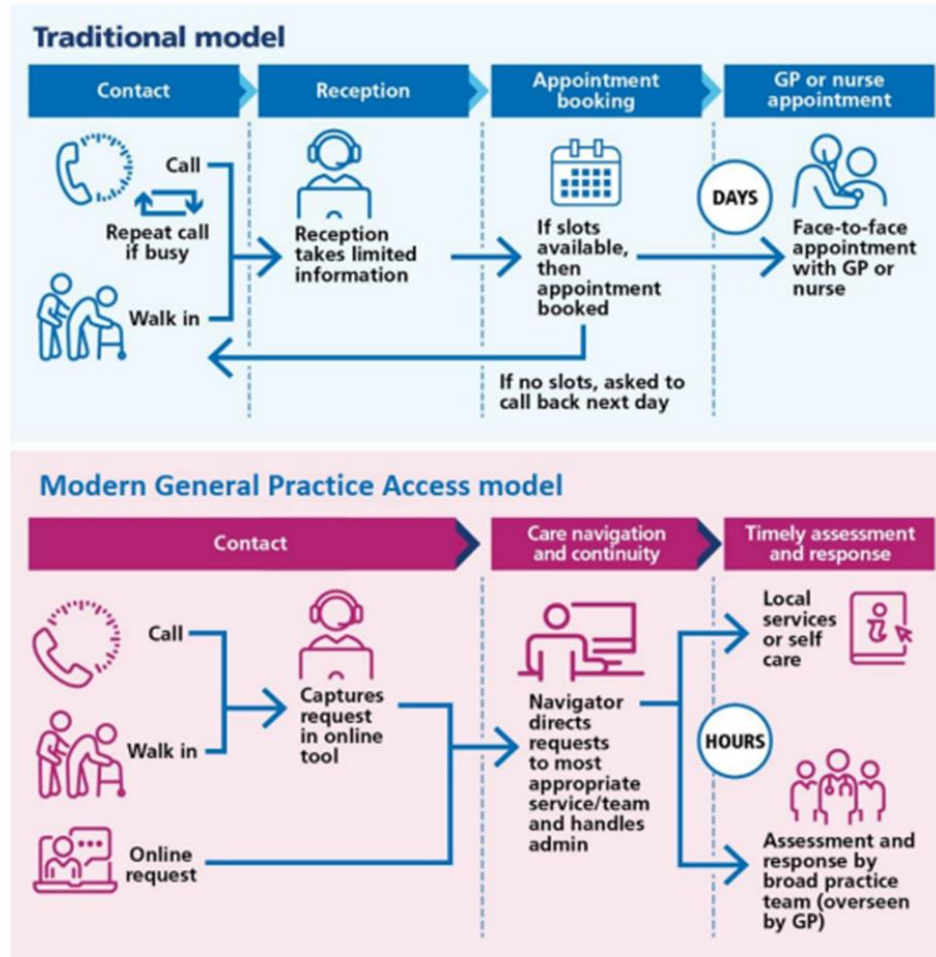
Implementing Modern GP Access

- This section focuses on improving access to GPs - ending the long waits on phones at 8 in the morning and ending being told all appointments have gone and to ring back tomorrow – **the Modern GP Access Approach** has 3 components
- A. **better digital telephony – all remaining practices to move to digital telephony (including call back).** NHSE will support the transition to practices that sign up by **1 July 2023**. Plan is that 1000 practices transition before end of 2023 (bringing % up to 65%) and remaining cohort transition by March 2024. **NHSE recommends that PCNs use the same supplier of digital telephony – and some ICBS may want places or whole systems to use the same supplier**
- B. **simpler online requests** – online requests to GPs developed quickly during COVID- but not all of the approaches are fully implemented/as good as others on market. NHSE will provide all practices with the digital tools and care navigation training - and fund transition cover for those that commit to adopt this approach before March 2025
- C. **faster navigation, assessment and response** – the intention is that patients receive a same day response once they get through to a practice – and the care navigator is responsible for directing the requests (online/on the phone) to the most appropriate service/team. **NHSE will provide a new National Care Navigation Training programme - roll out from May 2023**

Cutting bureaucracy

- Over 30% of GP time is spent on indirect patient care (incls admin, FIT notes, referral letters etc)
- The plan to reduce the admin burden for practices has 2 components
- A. **improving the primary-secondary care interface** – practices estimate they spend 10/20% of their time on lower value admin work generated by issues at the primary/secondary care interface – eg chasing referrals, discharge letters etc
 - NHSE is asking ICB Chief Medical Officers to establish local mechanism/forum for primary and secondary care to work together to address problem areas – incls onward referrals for related/urgent (do not need to be sent back to GPs), Trusts should complete FIT notes on discharge, NHS Trusts should establish own systems to call patients back for follow-up tests/appointments and not go through GP
 - **CMO to update ICB Board on progress Oct/Nov 2023**
- B. **Building on the Bureaucracy Busting Concordat** – In 2020 the Government alongside NHSE committed to reducing bureaucracy in General Practice – the focus is on reducing the need for input from GPs from other govt departments – eg reducing the requests for medical information/certification and using self-certification where possible eg people who are requested to attend jury service don't need a GP note as evidence of illness etc

Implementing Modern GP Access



Capacity and Access Payments

Capacity and Access Payments (CAP) are set out in the [Network Contract DES Specification](#) and [LCAIP guidance](#)

Consists of 2 parts:

1. **Capacity and Access Support Payment (CASP)** – £172.2m unconditionally paid to PCNs in 12 equal payments over 2023/24 financial year. Average £11.5k/month/PCN
2. **Local Capacity and Access Improvement Payment (LCAIP)** – £73.8m paid to PCNs based on commissioner assessment of improvements delivered over the course of year.

Both sets of funding previously allocated to Impact and Investment Fund (IIF) measures

By 30 June PCNs will be required to review baseline data e.g. GPAD, national GP survey results, local results and agree with commissioners an access improvement plan covering 3 key areas:

- (i) Patient experience of contacting their practice
- (ii) Ease of access and demand management
- (iii) Accuracy of recording in appointment books

Further details are set out in the LCAIP guidance. This pack focusses on the support available and addressing FAQs

Capacity and Access Improvement – delivery

- For the Local Capacity and Access Improvement Payment, PCNs must **set a baseline**, and **develop a local improvement plan to be agreed with their ICB by 30 June 2023**. PCNs and commissioners will be in the process of using the criteria for assessing local improvement as set out in the LCAIP guidance. In addition it is expected that all assessments should consider the challenges a PCN faces such as their starting point at April 2023, differences driven by demographics, improvement against the starting point baseline and the accuracy of available data.
- ICBs should work with PCNs to monitor their improvement against their current position during 2023/24 (providing support where necessary). Based on the PCN's improvement in the three key areas, ICBs will make an assessment of the appropriate value of funds to be released, after 31 March 2024.
- NHS England will also allocate £169.9m of primary care [service development funding](#) (SDF) (also sometimes called 'System Development Funding') in 23/24 to ICBs to support primary care transformation.

Delivering the plan

- **ICBs are expected to report to Boards on progress on their system level access improvement plan in Oct/Nov 23 with a further update Feb/March 2024**
- 30% of the re-targeted IIF (Investment and Impact Fund) incentive to be awarded by ICBs is conditional on PCNs achieving local improvement in access and experience
- **Transformation support** – from May 2023 NHSE will introduce a National General Practice Improvement Programme with 3 tiers of support
- **National publicity campaign– to increase public understanding of the changes to primary care access**

Delivering the plan

Area	Baseline approach	Criteria for assessing improvement	ICB expectations
Patient experience of contact	<ul style="list-style-type: none"> Trend 2017-2022 for each practice in the PCN, the PCN, ICB and national score against the following questions in the National GP Patient Survey: Q1, Q4, Q16, Q21, Q32 (see appendix 1 for question wording) Friends and Family Test (FFT) scores 	<p>ICBs may agree with PCNs to use a range of evidence including assessment across a selection of the following components:</p> <ul style="list-style-type: none"> Improvement on FFT scores and coverage Processes to analyse and act on feedback The overall strength of the improvement plan Local surveys covering patient experience Information from Patient Participation Groups <p>Plus, to be eligible for payment, compliance with the contractual requirement to report & publish results of completed FFT.</p>	<ul style="list-style-type: none"> To include early action to ensure FFT data is flowing and completion numbers increase over time. We will consider introducing local patient experience questions that can be measured over time and will engage with PCNs on what would be useful to inform understanding of access. To include number of complaints about access (baseline Jan '23, measure again Jan 24).
Ease of access and demand management	<ul style="list-style-type: none"> Is cloud-based telephony currently in place with call-back and call queuing functionality? Is online consultation, messaging and appt booking functionality in place? Online consultation usage per 1,000 registered patients 	<ul style="list-style-type: none"> Cloud-based telephony in place with call-back and call queuing functionality enabled. OR where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national framework and time arranged to implement and understand data and drive improvements. Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support Online consultation usage per 1,000 registered patients 	<ul style="list-style-type: none"> For practices that haven't got CBT – to have adopted this, undertaken training & adopted in operating model; For practices that do have CBT to have reflected on data and adjusted operating model. Re OC rates: <ul style="list-style-type: none"> to focus on outliers (very high or very low rates; to focus on capability and appropriate use of OC as a tool. Practices should be able to show how staff and patients understand the purpose of OC as part of the access operating model, and how inequalities including digital exclusion have been considered as part of this.
Accuracy of recording in appointment books	Current GP appointment data	<ul style="list-style-type: none"> PCN self-certification confirming that all practices in the PCN are: <ul style="list-style-type: none"> accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; complying with guidance on accurate recording (Aug '20) and categorisation (Mar '21). ICB assessment based on self-certification and triangulation with PCN's appointment recording seen via the ICB GPAD dashboard. 	<ul style="list-style-type: none"> To include sufficient work on data quality and adherence to guidance to enable PCNs to confirm that data appears broadly accurate. To focus on outliers (very high or very low) To recognise within this that the ICB is also supporting a focus on proactive care and that a focus purely on appointment numbers does not enable a focus on providing the right balance of types of care.

System impacts – NHS 111 Activity in Core Hours

Activity per 1000 weighted patient

GP Practice	PCN	Feb'23	Jan'23	Dec'22	Nov'22	Oct'22	Sept'22	Jul'22	Jun'22	May'22	Apr'22	Mar'22	Feb'22	Jan'22	Dec'21	12 month average
Welling Medical Practice	Clocktower	5.4	4.7	6.1	5.3	4.5	5.1	7.8	4.7	6.0	7.4	8.1	6.0	5.1	5.3	5.9
Belvedere Medical Centre	North Bexley	6.5	6.1	7.1	7.0	5.0	5.0	5.5	4.6	5.3	6.0	5.0	6.5	5.2	5.5	5.7
Riverside Surgery	North Bexley	6.3	5.6	7.0	6.6	3.6	4.0	4.5	6.1	4.8	4.8	6.3	7.0	6.6	8.4	5.4
Bexley Medical Group	North Bexley	8.7	7.4	8.8	7.4	3.2	3.3	3.8	4.1	4.1	4.0	3.2	4.0	3.5	5.6	5.3
Bexley Group Practice	Clocktower	5.9	6.6	5.4	5.9	5.8	4.5	4.1	3.5	5.0	4.6	3.2	3.6	3.0	5.1	5.0
Sidcup Medical Centre	Frognal	4.6	5.8	6.8	4.5	4.0	4.0	3.4	4.8	4.0	3.6	4.2	4.7	4.5	3.9	4.5
The Westwood Surgery	Clocktower	5.5	4.3	5.8	6.1	4.8	3.2	4.3	3.7	3.5	2.3	3.9	2.9	3.1	2.7	4.3
Dr Davies & Partner	Clocktower	3.9	3.9	6.5	4.3	3.6	1.9	3.4	3.0	4.9	6.5	4.9	3.9	2.6	4.7	4.2
Lakeside Medical	North Bexley	4.2	4.2	4.5	3.4	2.4	2.7	3.0	4.6	4.0	4.3	3.4	4.5	5.0	4.0	3.7
Bellegrove Surgery	Clocktower	2.8	3.7	4.4	3.6	3.6	3.6	3.5	2.3	2.8	2.5	3.4	2.7	3.3	4.6	3.3
Crayford Town Surgery	North Bexley	3.5	4.4	4.7	3.8	2.1	2.2	2.8	2.6	3.3	2.6	2.3	1.8	2.2	3.1	3.1
Barnard Medical Group	Frognal	3.4	4.1	5.7	3.1	2.2	3.4	2.0	2.9	2.8	1.6	2.7	2.2	3.5	2.6	3.1
Slade Green Medical Ctr.	North Bexley	4.5	3.9	3.8	2.2	1.7	3.4	2.8	2.8	2.5	3.8	2.5	3.2	3.8	2.5	3.1
Northumberland Heath Med.Ctr.	North Bexley	3.1	3.5	4.8	2.8	2.4	3.1	2.0	2.9	1.9	2.1	2.3	1.8	1.3	2.6	2.8
Bursted Wood Surgery	APL	2.2	2.4	4.9	1.6	3.7	1.0	2.8	2.4	2.8	1.6	2.4	1.8	3.0	4.9	2.5
Station Road Surgery	Frognal	2.6	3.3	3.7	2.9	1.9	2.9	1.6	2.3	1.9	1.2	2.2	2.0	1.5	2.1	2.4
The Albion Surgery	APL	1.8	1.8	1.8	1.8	1.8	3.0	1.8	2.3	2.1	2.0	2.6	2.2	1.8	2.8	2.1
Woodlands Surgery	Frognal	2.5	3.2	1.7	0.8	1.5	1.8	1.6	2.2	1.5	1.8	1.7	1.2	1.4	2.5	1.8
Ingleton Avenue Surgery	Unassigned	0.5	0.9	1.2	5.1	1.4	1.2	2.8	1.4	0.9	1.6	1.4	2.3	2.8	2.8	1.7
Lyndhurst Road Medical Centre	APL	2.4	1.4	1.5	1.3	2.2	1.1	1.3	1.9	1.0	1.6	1.6	1.6	1.7	3.1	1.6
Plas Meddyg Surgery	APL	1.5	1.8	1.5	0.3	1.0	1.2	0.7	1.3	1.2	1.3	1.6	1.3	1.0	1.9	1.2

No data for August 22 due to Adastral outage

System impacts – UTC Activity



Upcoming dates & activity 2023/24

July 2023

- 30th June - PCN local access improvement plans agreed with ICB
- 1st July – deadline for practices to commit to move to CBT & agree MOU
- NHSE to make high-quality OC, messaging & booking tools available to GP by via new set of funded products (Digital Pathways Lot) on Digital Care Services (DCS) catalogue & publish guidance on strengths

Autumn 23/24

- Oct / Nov ICB Board reports on access improvement plans & improving the primary-secondary care interface*
- 31st October – deadline for practices to enable prospective record access for patients
- Zero rate of VAT extended to medicines supplied through PGDs by pharmacists
- Government will introduce an additional 4 months at the end of a visa for newly trained GPs to remain

Feb / March 2024

- ICB Board reports on access improvement plans

March 2024

- 31 March 2024 – All analogue practices moved to cloud based telephony

From May 2023

- Extend medical exemption for supervised pharmacy staff
- NHSE plan to publish guidance for PCNs & practices on different models of supervision for roles new to general practice
- Roll out General Practice Improvement & National Care Navigation Training programmes

September 2023

- ICBs to increase referrals into urgent community response and self-referral where GP involvement is not clinically necessary ([23/24 Priorities & Op planning guidance](#))

End 23/24

- Planned launch of Pharmacy First and expansion of pharmacy OC and BP services

During 23/24

- Long Term Workforce Plan
- NHSE guidance with support for DQ issues
 - QOF consultation
- Review of Enhanced Access service requirements
- Review of ARRS Scheme & facilitate ways in which doctors other than GPs, such as SAS doctors, can work in GP as part of an MDT
 - Planned changes to VAT relief to support pharmacies
- Planned changes to pensions and tax rules to make it easier for doctors to return to practice

* 30 Nov 2023 – secondary care must have implemented capability to issue a fit-note electronically

Links to Relevant Guidance

Delivery plan for recovering access to primary care – NHSE Guidance 9 May 2023

<https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>

Delivery plan for recovering access to primary care – NHSE letter 9 May 2023

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care/>

Next steps for integrating primary care: Fuller stocktake report – NHSE letter 26 May 2022

<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>



**Bexley Wellbeing
Partnership**

**North
Bexley PCN**

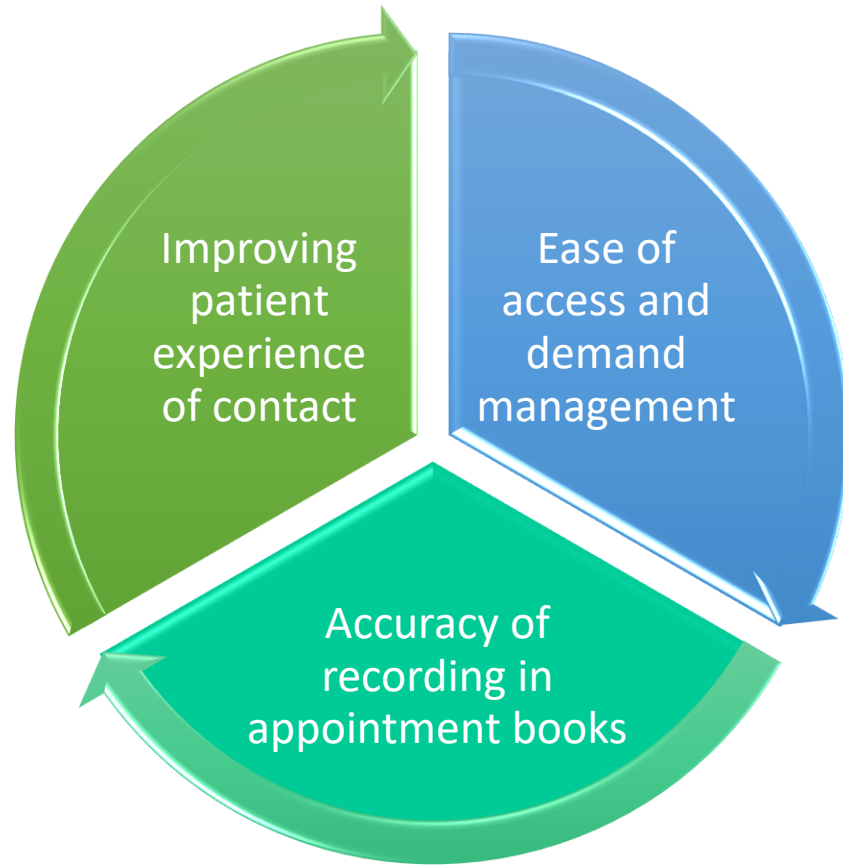


**Agenda Item: 5
Enclosure: C(ii)**

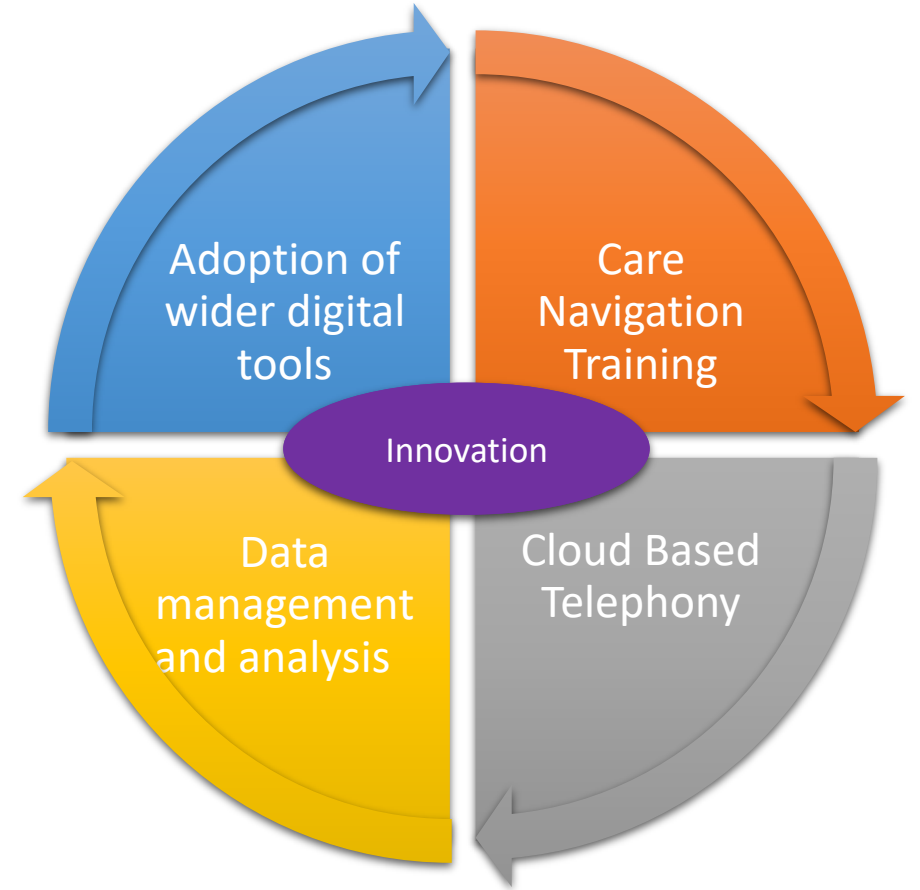
North Bexley Access Improvement Plan

Bexley Wellbeing Partnership Committee – 27 July 2023
Dr Surjit Kailey and Dr Sush Bhadra – PCN Clinical Director

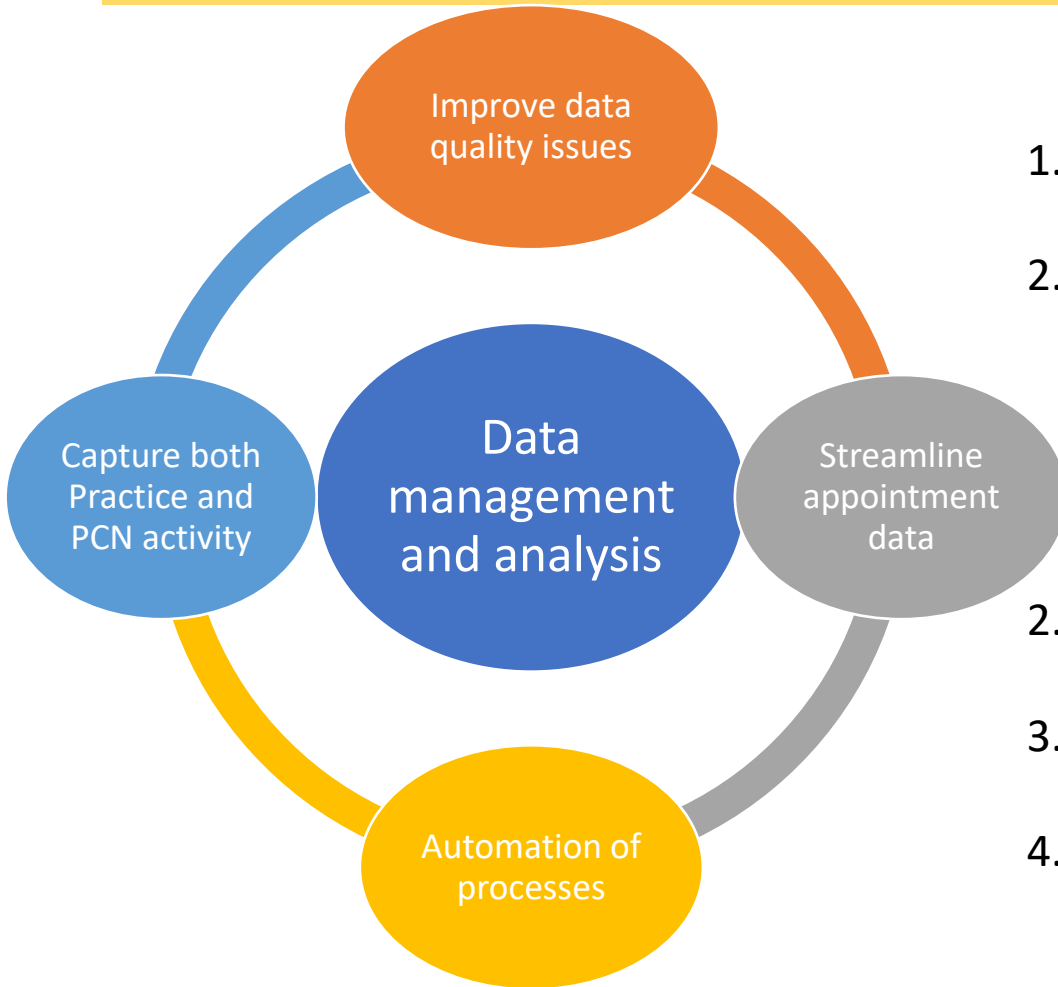
Mandatory Requirements and Key Assessment Criteria



PCN Response



Data management and analysis



Key issues:

1. PCN are **not accurately recording** all appointments therefore **incomplete** activity data (PCN staff / Home Visits/ triaging etc..)
2. There is lack of consistency in how appointments are mapped across PCN

Key actions:

- Accurate **mapping** of all appointments to enable consistency (easy to benchmark)
2. All practices **cleansing** data to ensure up to date staffing details to provide Staffing v's activity data
 3. All clinical staff to ensure **all activity is captured** on EMIS system including triage (to allow accurate capture of demand)
 4. To **benchmark** per 1000 patient population to help reduce variation

2 PCN actions & 11 practice actions

Care Navigation Training



Key issues:

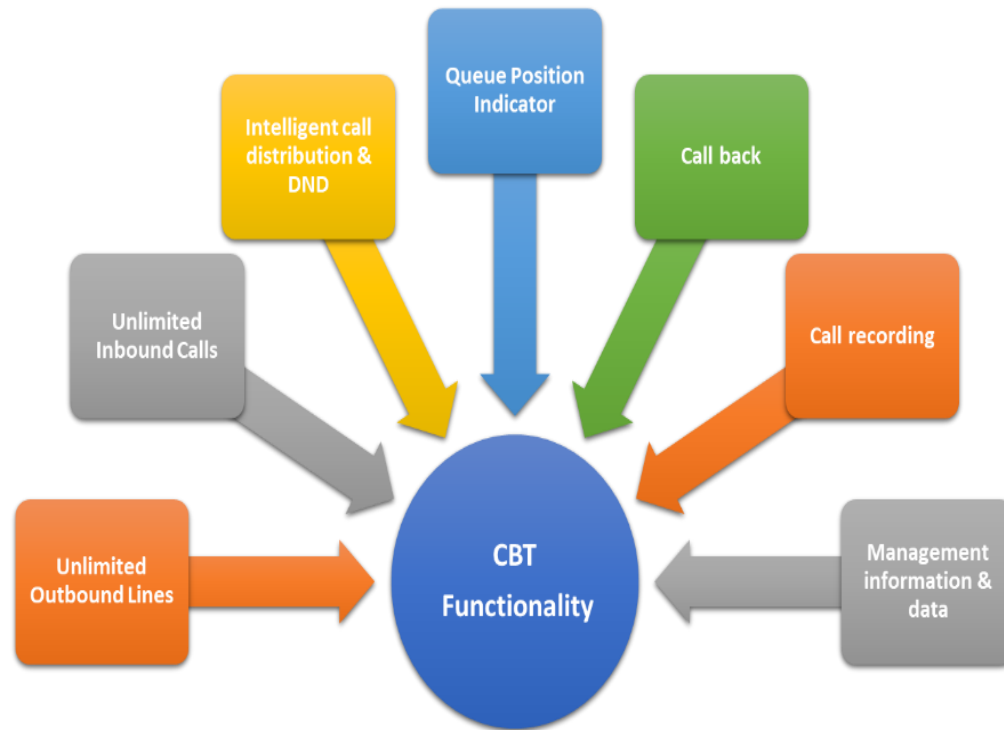
1. Reception staff **not fully utilising wider range of services** (Community pharmacy / self care (using Vol sector) / PCN staff)
2. **Lack of consistency** between staff with navigation
3. **High use** of valuable GP appointments and 111 / UTCs & A&E's rather than the alternatives.

Key actions:

1. Care Navigation **training** for all reception staff
2. PCN to work together to **develop pathways and processes** to improve self care referrals and sign posting
3. Work with ICB comms & engagement team to **develop communications** to inform patients importance of care navigation

1PCN actions & 12 practice actions

Cloud Based Telephony (CBT)



Key issues:

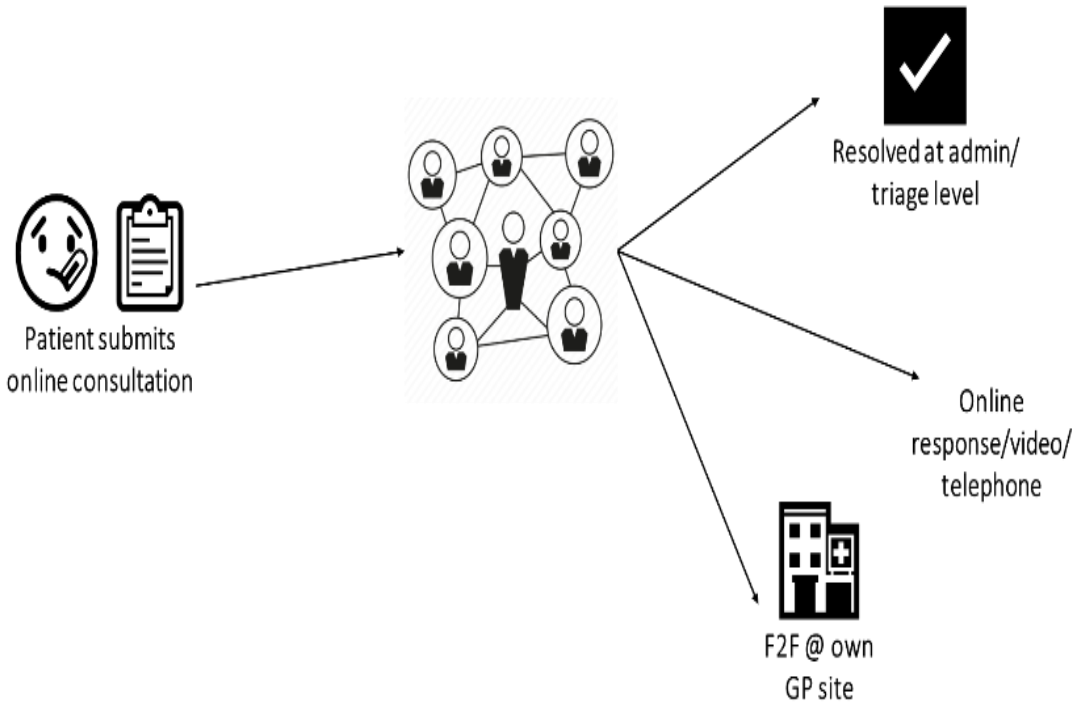
1. Patients reported **high level of dissatisfaction** when making an appointment. The level of variation in satisfaction rates ranged from **38%** to the highest practice achieving **63% (2022 survey)**. **2023 survey shows further reduction at 33% to 49%.**
2. Patients found it difficult to get through on the GP phones. The level of variation between practices ranged considerably. One practice reported only **19% found it easy to access** and the best practice within the PCN reported **53%** satisfaction on ease of access. **2023 survey further reduction with the highest NB % achieved by NB practice at 41%**
3. Only **3 of the 7** practices are on CBT others are on Analog / hybrid system.
4. Only **2 of the 7** practices have call back enabled.

Key actions:

1. To implement CBT in all 7 practices
2. To ensure all CBT functionalities are enabled to improve ease of access
3. To undertake 6 monthly surveys as well as FFT and annual surveys

2 PCN actions & 9 practice actions

Adoption of wider digital tools



Key issues:

1. All practices have online consultation however 4 use eConsult and 3 use Ask First. ICB are looking to procure one system across SEL therefore some or all practices may opt to change.
2. Those practices with eConsult do not have direct booking functionality

Key actions:

1. Practices to review benefits from the new provider and if significant, practices will change over.
2. To configure new system and train staff so it is used effectively
3. To educate patients on the benefits of the system

3 PCN actions & 6 practice actions

Innovation & Added Value



Improvement plans:

1. ICT:

- Website review (use NHSE tool with pts) to reach L3 maturity
- NHS App – increase uptake & increase functionality
- Explore AI to support with automated registration & managing normal blood results.

2. Learning:

- General Practice Improvement Programme (GPIP)
- Learning with PCNs

3. Data / information:

- Appt data for benchmarking
- CBT activity reports
- Pt feedback including 2023 pt survey results

4. System working : Acute / Community / 111 / Primary care interface

**Added Value: Additional GP clinic to increase capacity
(started in June)**

8 PCN actions & 13 practice actions

Enablers

Culture Change

- Training / embed new PCN workforce / empower pts through engagement with public

Leadership

- CD / Lead partner / Practice managers / BHNC

ICT

- Support from ICB primary care team and digital team

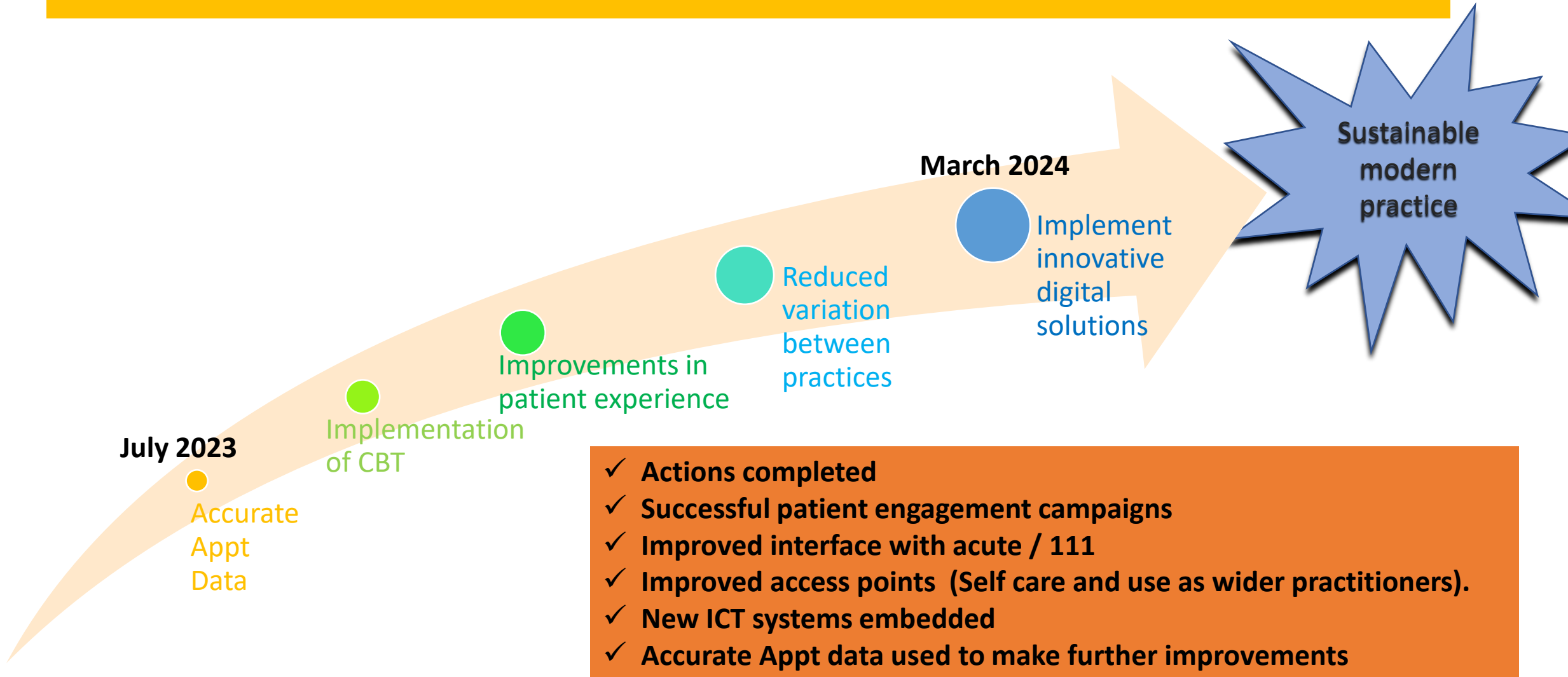
Estates

- Working with LCN & ICB estates team to increase capacity

Funding

- Total funding expected : **£377,944.91** of which 70% is **£264,561.44 (£22,046k per month)** and 30% (£113,383.47) received at the end of the financial year following the successful delivery of the plan.

How will we measure success?





Bexley Wellbeing
Partnership

Frognal PCN



Frognal Access Improvement Plan

Bexley Wellbeing Partnership Committee – 27 July 2023
Dr Sonia Khanna and Dr Pandu Balaji – PCN Clinical Director

Frognal PCN specific issues and actions

Issues

- Data accuracy & completeness
- Friends and family test (FFT) – some practices having difficulty to upload results
- Only one practice has CBT
- Patient experience demonstrates large variation:
 - **2023 survey shows large variation in the overall experience with one practice in the PCN achieving 2nd highest (85% satisfaction and another the lowest at 49%).**
 - Ease of access 36% - 48% (2022), **2023 survey shows narrower variation however reduced satisfaction (36% to 48%).**
 - Satisfaction with the appointment offered 38% - 78% (2022)
 - Experience of making appointment 38% - 53% (2022), **2023 survey shows greater variation (36% - 67%)**
- Online consultation : eConsult & AccuRx, only one practice has direct booking

Actions

- ✓ Same innovation actions as NB PCN
- ✓ Improve data accuracy & completeness
- ✓ Capture FFT and upload in a timely manner
- ✓ Reduce variation & improve satisfaction in patient experience
- ✓ Change the Online system to offer direct booking

Added value

Introduction of new ARRS roles in Primary care (MSK and Dietitian)

14 PCN actions & 31 practice actions

Finances: Total funding expected : £208,866 of which 70% is £146,206 (£12,183 per month) and 30% (£62,660) received at the end of the financial year following the successful delivery of the plan.



**Bexley Wellbeing
Partnership**

APL PCN



APL Access Improvement Plan

Bexley Wellbeing Partnership Committee – 27 July 2023
Dr Mehal Patel & Dr Miran Patel – PCN Clinical Director

APL PCN specific issues and actions

Issues

- Data accuracy & completeness
- FFT – some practices having difficulty to upload results
- All practices have CBT however not all practices functions activated
- Patient experience demonstrates large variation:
 - Ease of access 36% - 51% (2022), **2023 survey showed greater variation and reduced satisfaction for one practice (22% - 67%)**
 - Satisfaction with the type of appointment offered 46% to 64% (2022).
 - Online consultation : eConsult in all practices however the system does not allow direct booking

Actions

- ✓ Same innovation actions as previous PCNs
- ✓ Improve data accuracy & completeness
- ✓ Capture FFT and upload in a timely manner
- ✓ Improve satisfaction & reduce variation in patient experience
- ✓ Change the Online system to offer direct booking
- ✓ Activate all functions on the CBT system

Added value

Piloting Remoting LTC clinic using digital platforms available within SEL

14 PCN actions & 30 practice actions

Finances: Total funding expected : £145,399 of which 70% is £101,779 (£8,481 per month) and 30% (£43,620) received at the end of the financial year following the successful delivery of the plan.



**Bexley Wellbeing
Partnership**

**Clocktower
PCN**



Clocktower Access Improvement Plan

Bexley Wellbeing Partnership Committee – 27 July 2023

Dr Nisha Nair & Dr Folake Davies – PCN Clinical Director

Clocktower PCN specific issues and actions

Issues

- Data accuracy
- Data completeness
- CBT: One practice on analogue system, 4 CBT practices; only one has full functionality enabled.
- Patient experience demonstrates large variation:
 - Ease of access 52% - 86% (2022), **2023 survey showed reduced satisfaction (23% - 65%)**
 - Satisfaction with the appointment offered 36% - 60%
 - Experience of making appointment 24% - 50% (**2023 results very similar**)
- Online consultation : 3 eConsult & 2 AskFirst, only two practices have direct booking

Actions

- ✓ Same innovation actions as other PCNs
- ✓ Improve data accuracy & completeness
- ✓ Improve satisfaction & Reduce variation in patient experience
- ✓ Change the Online system to offer direct booking

Added value

Introduction of new additional GP clinic

14 PCN actions & 37 practice actions

Finances: Total funding expected : £182,870.41 of which 70% is £128,009 (£10.667 per month) and 30% (£54,861.12) received at the end of the financial year following the successful delivery of the plan.

Thank you

&

Questions

Bexley Wellbeing Partnership Committee

Thursday 27th July 2023

Item: 6

Enclosure: D

Title:	Primary Care Delivery Group Business Update Report – Q1 23/24
Author/Lead:	Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership (BWP) Committee.</p> <p>Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:</p> <ul style="list-style-type: none"> (i) To Support the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, Fuller Report (ii) Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), primary care network (PCN), local premium/incentives, out of hours GP services, alternative medical services (APMS) and contractual matters and providing recommendations for decision. <p>In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any endorsements or recommendations requiring formal approval by the Committee</p>	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q4 2022/23 at its meetings held on:</p> <ul style="list-style-type: none"> • Wednesday 5th April 2023 • Wednesday 3rd May 2023 • Wednesday 7th June 2023 <p>All the above meetings were Quorate in line with the adopted Terms of Reference.</p>		

	<p>The Committee's attention is drawn to the following decision items endorsed by PCDG and requiring the formal approval of the BWP Committee.</p> <p><u>3rd May 2023</u></p> <p>Ingleton Avenue Surgery Boundary Change Application – Recommendation to approve (discussed and approved at the BWP Committee meeting in public on 25 May 2023).</p> <p>GP Premium Proposal for Key Performance Indicators from 1st July 2023 until 31st March 2026 – Recommendation to approve (discussed and approved at the BWP meeting in public on 25 May 2023).</p> <p>Also, by exception, an item from 5th July 2023 in order to expedite timely follow up in relation to contractual and budgetary arrangements.</p> <p><u>5th July 2023</u></p> <p>Primary Care Network Directly Enhanced Service: Local Improvement Scheme for Enhanced Access to cover the patients registered at Ingleton Avenue Surgery – Recommendation to approve.</p>	
Potential Conflicts of Interest	<p>All GP voting members have pecuniary interests in the Primary Care Network DES and associated funding streams. Therefore, the mitigation of this pecuniary interest is:</p> <ol style="list-style-type: none"> 1. Chairing of this agenda item will pass to a non-conflicted voting member of the committee. 2. The Chair and Primary Care Networks will not be permitted to vote on this item as set out in the recommendation (iii). 	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are deliverable within existing delegated primary care budgets.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee as applicable.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ol style="list-style-type: none"> (i) Note the report. (ii) Note the items for formal approval emanating from the Primary Care Delivery Group meeting on 3rd May 2023 and that these items were considered and approved at the Bexley Wellbeing Partnership Committee on 25th May 2023. (iii) Approve the recommendation of Primary Care Delivery Group with regards to Enhanced Access and Primary Care Network Directed Enhanced Specification funding for 2022/23 and 2023/24 as they relate to Ingleton Avenue Surgery and the Clocktower Primary Care Network. 	

Agenda Item: 6

Enclosure: D(i)

Primary Care Delivery Group Business Update Report – Q1 23/24

Bexley Wellbeing Partnership Committee – 27 July 2023

Graham Tanner, Associate Director – Primary Care

The Bexley Primary Care Delivery Group [PCDG] is established as a sub-group of the Bexley Wellbeing Partnership Committee.

Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:

- i. To Support the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, Fuller Report
- ii. Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), primary care network (PCN), local premium/incentives, out of hours GP services, alternative medical services (APMS) and contractual matters and providing recommendations for decision.

Primary Care Delivery Group convened on three occasions during Q1 (April to June 2023), on the following dates:

- **Wednesday 5th April 2023**
- **Wednesday 3rd May 2023**
- **Wednesday 7th June 2023**

All meetings were quorate in terms of representation and voting members.

Key decisions made during PCDG meetings are reported through the Primary Care Business Update report at the Bexley Wellbeing Partnership Committee. Where PCDG does not have the authority to decide, it will vote on agreement with a recommendation to the Bexley Wellbeing Partnership Committee for consideration

The following table sets out the core business of those meetings and highlights any associated decisions or endorsements/recommendations for determination by the BWP committee.

Questions or points of clarification relating to this report and enclosures are invited from BWP Committee members and members of the public in line with the BWP Terms of Reference.

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
2023/24 GP Contract Changes and Access and Recovery Plan	<p>This paper provided a summary of the main changes contained within the 2023/24 GP contracts (GMS/PMS/APMS) and expectations of the forthcoming national Access and Recovery Plan.</p> <p>On 6th March 2023, NHS England published an overview of changes to the GP Contract for 2023/24, the final year of Investment and Evolution: a five-year framework for reform of the GP Contract to implement the Long-Term Plan.</p> <p>The changes fall into four categories:</p> <ul style="list-style-type: none"> • Access • Performance-based funding (IIF and QOF) • Workforce flexibilities immunisations and • Vaccinations <p>In addition, the paper raised awareness of a national Access and Recovery Plan is anticipated to be published imminently which will provide further detail of the expectations and associated assurance.</p>	✓			<p>Primary Care Delivery Group resolved to note the report and enclosures.</p>

12th January 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Refugee and Asylum Seeker Health – Core Offer	This paper summarised the Refugee and Asylum Seeker Health ‘Core Offer’, developed during 2022/23 by an interim SEL ICB programme management team, supported by appointed clinical leads. This central SEL resource will be stood down from 1 April 2023 and a stocktake and handover recommendations have been submitted to each of the 6 boroughs for review and consideration regarding local implementation.	✓			Primary Care Delivery Group resolved to: (i) Note the current position with respect to the Refugee and Asylum seeker health ‘core offer’ and handover considerations. (ii) Recommend a Task and Finish Group be convened, including the Borough Director of Public Health and Clinical and Care Lead for Health Inequalities to consider a commensurate response to the SEL Health Core Offer recommendations and propose a set of options for consideration at a future PCDG meeting
GP Premium Proposal for Key Performance Indicators	The purpose of this paper was to engage the Primary Care Delivery Group membership in the development of the new GP Premium Key Performance Indicators (KPIs) from 1st July 2023 until 31st March 2026.	✓			Primary Care Delivery Group provided feedback on the proposed Key Performance Indicators and suggested areas for further development/refinement as part of the wider engagement and design process.

12th January 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Bexley Quality Quarterly Report	<p>This paper provided the first formal Quality Update to the Bexley Primary Care Delivery Group. The paper provided an update on key issues and themes relating to Primary Care and Quality.</p> <p>The report addressed:</p> <ul style="list-style-type: none"> • Patient safety and learning • Primary Care Quality Dashboard • Urgent and Emergency Care • Care Quality Commission • Infection prevention and control • Quality alert • Serious incident reporting 	✓			<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> (i) Note the report and review the format and presentation. (ii) Confirm the frequency of reporting to the Group. (iii) Identify any issues which warrant more detailed consideration (e.g., 'deep dives').

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Ingleton Avenue Surgery Boundary Change Application	<p>The purpose of this paper was to:</p> <ol style="list-style-type: none"> Seek endorsement of an application from Ingleton Avenue Surgery to reduce their practice boundary as they do not intend to grow their practice workforce in line with current rates of list size growth. Over the last few years they have seen an increase in the number of patients wishing to register at their practice, which they consider is being driven by high performance in the GP patient survey and the good access and continuity of care they offer to their patients. The paper set out an assessment of the likely impact the proposed boundary change would have on patients and surrounding practices. It also set out a number of improvement recommendations for practices in the vicinity of Ingleton Surgery, which would reduce the turnover of patients moving between local practices and re-registering. 			<p>Recommendation to approve.</p> <p>Tabled and approved at the 25th May meeting.</p>	<p>Primary Care Delivery Group resolved to:</p> <p>Endorse the Ingleton Avenue Surgery Boundary Change Application subject to the conditions noted below:</p> <ul style="list-style-type: none"> That, in line with their GMS contract existing patients and dependants will not be deregistered. There will be further consultation with and dialogue with other neighbouring practices. A commitment to ongoing participation by the practice in the development of the wider Bexley Health and Care System e.g. Local Care Networks. Ongoing assurance that Ingleton Avenue Surgery patients are not disadvantaged due to, for example, non participation in the PCN Network DES

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care Network Directly Enhanced Service: Local Improvement Scheme Options Appraisal to cover the patients registered at Ingleton Avenue Surgery	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> i. Set out a range of options for discussion on how Ingleton patients can best be afforded access to PCN Network DES services. ii. Identify a preferred option that can be progressed into a contractual agreement. <p>When the Primary Care Network (PCN) Directed Enhanced Service (DES) began in 2019, Ingleton Avenue Surgery was one of a few surgeries (nationally) who did not sign up to this contract. Figures obtained via Freedom of Information request indicate that only 50 of the 6,452 practices in England were not signed up to the PCN DES as of 28th June 2022: a sign-up rate of 99.2%.</p> <ul style="list-style-type: none"> i. Given the significant funding streams that the PCN Network DES offers, it is unusual for a practice not to sign up to this optional contract. ii. Where a practice does not sign up, commissioners have a responsibility to ensure that the patients are still offered the same level of service provision as those where practices have signed up. iii. While there was a previous Local Improvement Scheme (LIS) in place with Clocktower PCN, there are now far more service specifications within the DES that have come online and hence more comprehensive consideration is needed for the commissioner to discharge their responsibility on ensuring that the Ingleton patients are offered the same level of service. 	✓			<p>Primary Care Delivery Group resolved to:</p> <p>Note the contents of the paper and to provide further comments on the options presented to the ICB's Primary Care Team.</p> <p>Based on this feedback, the ICB would identify a preferred option to be progressed into a final proposal for review and endorsement by PCDG.</p>

3rd May 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
GP Premium Proposal for Key Performance Indicators from 1st July 2023 until 31st March 2026	The purpose of this paper was to seek endorsement from the Primary Care Delivery Group for the new GP Premium Key Performance Indicators (KPIs) to be introduced for the period 1st July 2023 until 31st March 2026.			Recommendation to approve. Tabled and approved at the 25th May meeting.	Primary Care Delivery Group resolved to: Endorse the new GP Premium Key Performance Indicators for approval by the Bexley Wellbeing Partnership on the 25th May 2023.
Primary Care Access Recovery Plan	This paper summarised the local system requirements and expectations emanating from the Primary Care Access Recovery Plan, including links to the Capacity and Access Payment and Support Level Framework tool. It also described the steps taken to establish a Task and Finish Group to oversee baselining work in relation to access issues and data quality and inform the development of Local Access Improvement Plans.	✓			Primary Care Delivery Group resolved to: Note the report and enclosures.

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Delivery Plan for Recovering Access to Primary Care	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> i. Summarise the key components of the Government's 'Delivery Plan for Recovering Access to Primary Care', published on 9th May 2023 and its implications for the ICB, PCNs and the wider Bexley Wellbeing Partnership. ii. Describe the steps taken to date to gather baseline data and formulate the PCN level Access Improvement Plans against which the Capacity and Access Fund payments will be assured. iii. Agree a core set of metrics against which to evaluate and assure Access and Improvement Plan delivery. iv. Raise awareness of the national General Practice Improvement Programme (GPIP) and Support Level Framework. 		Approved		<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> i. Note the key components of the Government's 'Delivery Plan for Recovering Access to Primary Care' ii. Note the Steps Taken to Date to collate baseline data, improve the accuracy of appointment data recording and scope PCN Access Improvement Plans. iii. Approve the format of the plan template for first submission iv. Agree a core set of metrics against which to evaluate and assure Access and Improvement Plan delivery. v. Note the support and development opportunities available to practices within national General Practice Improvement Programme (GPIP) and Support Level Framework. <p>Final plans to be reported to Bexley Wellbeing partnership Committee on 27th July.</p>

7th June 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Delivery of the SEL Health Core Offer Delivery for Ukrainian Nationals in Bexley borough	<p>This paper sets out options and recommendations for commissioning an initial health check and associated health screening for Ukrainian asylum seekers and refugees following detailed consideration (5th April PCDG) of the SEL 'Health Core Offer' specification developed to support refugees and asylum seekers housed in Initial Accommodation Centre (IAC) hotels (not currently applicable to Bexley) and also those hosted under the Government's Homes for Ukraine scheme and associated programmes.</p> <p>At the meeting on 5th April, PCDG recommended a Task and Finish Group be established to review and consider the implications of the handover actions in more detail and to return to a subsequent PCDG meeting with commissioning recommendations.</p> <p>The Task and Finish Group agreed that commissioning an initial health check for Ukrainian nationals who have fled to the UK was an appropriate and proportionate step.</p> <p>In light of this recommendation, several commissioning options were proposed. The paper provided a summary of the likely strengths and weaknesses associated with the above options together with budgetary implications.</p>		Approved		<p>Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> Endorse the recommended approach that an additional KPI be formulated for the Bexley GP Premium which incentivises completion of the initial patient health check defined within Ardens template "Asylum Seekers and Marginalised Groups" Template (version 16.31 and above) within 3 months of first registration with the practice. Endorse the level of reimbursement, in line with SEL recommendations, i.e., £118 based on completion of the initial comprehensive health assessment (within 3 months of first registration) and LTBI screening. This comprises £93 for the initial health assessment and £25 for LTBI screening). Note the proposal for further exploratory work by commissioners, in conjunction with other boroughs e.g., Bromley, to further define the referral pathway for TB testing (outside of the NHSE national latent tuberculosis infection testing and treatment programme criteria).

7th June 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care Communications Project	<p>The paper summarised the work completed by the interim Primary Care Communications Manager role in the 6 months prior to 31 May 2023, together with handover requirements and recommendations.</p> <p>The report summarised:</p> <ul style="list-style-type: none"> • Primary care staff communications advice and training through face-to-face visits and PCN meetings. • Work with web providers for each PCN to develop a demo website consistent with Website Maturity Standardisation Checklist 2022/23. • Development of a website landing page to demonstrate to practices and patients a digital solution to managing patient expectations and provide a refresher of the appointment process. • Coordination of PCN-wide Patient Participation Groups (PPGs) engagement events. • Facilitation of GP practice ‘pop ups’ to give patients a refresher on appointment process and gather feedback on new website ideas • Development of case studies for south-east London-wide primary care campaign. 	✓			<p>Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> Note the report and recommendations and Consider how the learning described in the report can be best supported to become part of Business-as-Usual activity going forward.

7th June 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care Risk Register	This paper is presented as a standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS).		Approved		The Primary Care Delivery Group resolved to: i. Note the recorded risks and mitigations and agree scores.

5th July 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care Network Directly Enhanced Service: Local Improvement Scheme for Enhanced Access to cover the patients registered at Ingleton Avenue Surgery	<p>At the May Primary Care Delivery Group meeting, an options appraisal was presented in relation to the how the Primary Care Network (PCN) Network Directed Enhanced Specification (DES) could be delivered to the Ingleton Avenue Surgery who are not signed up to the PCN Network DES.</p> <p>Where a practice does not sign up to the PCN Network DES, commissioners have a responsibility to ensure that the patients are still offered the same level of service provision as those where practices have signed up.</p> <p>While there was a previous Local Improvement Scheme (LIS) in place with Clocktower PCN, there are now far more service specifications within the DES that have come online and hence more comprehensive consideration is needed for the commissioner to discharge their responsibility on ensuring that the Ingleton patients are offered the same level of service.</p> <p>The feedback from the committee set out the following:</p> <ul style="list-style-type: none"> • There are very few concerns raised about Ingleton Avenue Surgery to the ICB and performance was of no concern • Enhanced access was the main service line within the DES that should be resolved so Ingleton Avenue Surgery patients have access to vital service options outside of core hours 			<p>Recommendation to approve</p>	<p>The Primary Care Delivery Group (Part 2) resolved to:</p> <ol style="list-style-type: none"> a. Endorse a recommendation to the Bexley Wellbeing Partnership Committee that a Local Enhanced Service is put in place with Clocktower PCN to cover the enhanced access elements of the PCN DES only. b. Recommend paying 75% of the enhanced access funding line retrospectively since the commencement of Enhanced Access provision (October 22), until such a time that Saturday provision is made available to this population c. Note that none of the other funding lines associated with the Network DES will be paid to Clocktower PCN for delivering services on behalf of the Ingleton Avenue Surgery population as there is no evidence of delivery or that the Ingleton population are disadvantaged.

5th July 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<ul style="list-style-type: none"> The practice engage well and cooperate with Clocktower PCN when necessary and are delivering clinics outside core hours but cannot link into 'Emis Community' which is the key enabling software for Enhanced Access i.e. the ability to book appointments with partner practices and BHNC. This is because of the Practice's ongoing utilisation of 'Vision' software as their main patient records system. For this reason, all early morning and 18:30-20:00 appointments are offered within the Practice and Saturday appointments are not available. The practices core hors access is very good and therefore it was acknowledged that there is likely low demand for services outside of core hours. <p>Primary Care Delivery Committee was recommended to endorse a proposal to:</p> <ul style="list-style-type: none"> Commission a Local Enhanced Service with Clocktower PCN to cover the enhanced access elements of the PCN DES only. Pay 75% of the enhanced access funding until Saturday provision is made available to this population. Note that none of the other funding lines associated with the Network DES will be paid to Clocktower PCN. 				

Thank you.

If you have any questions, please contact Graham Tanner on the details below.

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Bexley Wellbeing Partnership Committee

Thursday 27th July 2023

Item: 7

Enclosure: E

Title:	Place Executive Lead – Summer Report		
Author/Lead:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Health & Social Care, NHS South East London Integrated Care Board and London Borough of Bexley		
Executive Sponsor:	Andrew Bland, Chief Executive Officer, NHS South East London Integrated Care System		
Purpose of paper:	The purpose of this report is to provide the Bexley Wellbeing Partnership Committee with an update on some of the key highlights and activities undertaken by the partnership since May 2023.	Update / Information	x
		Discussion	
		Decision	x
Summary of main points:	<ul style="list-style-type: none">• Bexley Windrush 75 Programme• NHS 75 Celebrations• Bexley Carers Week• Bexley Local Care Networks Launch• Joint Local Bexley Health & Wellbeing Strategy		
Potential Conflicts of Interest	None as a consequence of this report.		
Other Engagement	Equality Impact	Not applicable for the purposes of this update report.	
	Financial Impact	Not applicable for the purposes of this update report.	
	Public Engagement	Not applicable for the purposes of this update report.	
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none">• Bexley Wellbeing Partnership Executive• NHS South East London Integrated Board Meeting	
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to note the report.		

Place Executive Lead's Summer Report

We recently celebrated the 75th anniversary of the NHS and members of our partnership and staff were invited to special events marking the Birthday. We also marked the anniversary in Bexley by celebrating both NHS75 and Windrush75 with a special film premiere paying tribute to the contribution made by the Windrush Generation to the NHS.

NHS staff tour Tilbury Docks to commemorate Windrush75

- 1.1 As part of the celebrations to recognise the 75th anniversary of Windrush and the NHS, staff from across the NHS in London were invited, in partnership with the Port of Tilbury, to mark the day with a boat cruise departing from Waterloo to visit Tilbury Docks. Dorothy Evans-Meghie, a Continuing Health Care Nurse for Bexley and herself a Windrush descendent, was delighted to attend the event on behalf of NHS South East London Integrated Board, Bexley.
- 1.2 Thursday 22nd June 2023 marked 75 years since Tilbury Docks, Essex received one of the first large groups of Caribbean settlers on the ship 'Empire Windrush'. The Windrush generation made a significant contribution to the establishment of the NHS, which was created just a few weeks later with many of the passengers on Windrush, as well as their descendants helping to deliver the service.
- 1.3 During the day staff visited the original site where the Empire Windrush first docked, enjoying an afternoon of music, exhibitions, talks and performances.

Bexley Windrush75

- 1.4 On Windrush Day, 22nd June 2023, Bexley Wellbeing Partnership launched a special project in collaboration with Active Horizons, a local youth charity. The project is to mark the 75th anniversary of the arrival of HMT Empire Windrush in Tilbury, Essex, in 1948. Eight Young Windrush Ambassadors have been recruited to film interviews with members of the Windrush generation living in Bexley and create a film honouring their legacy and contribution to the NHS.
- 1.5 Windrush Elders spoke about their experiences of working in the NHS and their immense pride at being part of a much-loved national health service.



Bexley Young Windrush Ambassadors



1.6 On Windrush Day some of the Young Windrush Ambassadors held workshops at three schools, Lessness Heath Primary, St Columba's in Bexleyheath and Endeavour Academy in Welling.

1.7 A podcast and booklet were released at a special reception to be held on 18th July 2023 in the Council Chamber at the Bexley Civic Offices, where the film was premiered.

1.8 Young Windrush Ambassadors spoke about the project and how they intend to create a lasting legacy through the film, to ensure that Windrush voices are never forgotten. They

will visit schools across Bexley, using the film to educate young people on the importance of the Windrush Generation and the part they played in shaping not only the NHS, but also modern multicultural Britain.

1.9 Attendees also heard from Windrush Elders on the night, who spoke about their motivations for getting involved with the project. Other guests in attendance included Bexley Councillors from across the borough.

1.10 The film can be viewed [here](#).

NHS75 – Wimbledon Championships

1.11 To mark NHS75, NHS South East London Integrated Care Board were invited by NHS England to submit nominations for staff across South East London Integrated Care System to win two tickets to the Royal Box at Wimbledon on the Birthday of the NHS on the 5th July 2023. NHS South East London Integrated Care Board submitted 41 nominations from across the South East London Integrated System. The lucky winners chosen by the *All England Lawn Tennis Club* were Bexley GPs Dr Sid Deshmukh and Dr Sonia Khanna. They were chosen in recognition of their contribution to the COVID19 Vaccination Programme and celebrated NHS75 at Wimbledon alongside other NHS colleagues from St George's University Hospital NHS Foundation Trust.

NHS75 – Westminster Abbey

1.12 On 5th July, a special service was held at Westminster Abbey to mark the 75th Birthday of the NHS. Nominated to represent NHS South East London Integrated Care Board Bexley at the service were Liz Nicholls, General Practice Nurse & Primary Care Tutor at the Bexley Training Hub and David Palmer, Bexley Wellbeing Partnership Clinical & Care Professional Lead for Mental Health and Chief Executive Officer for Mind Bexley & Kent.

1.13 Their Royal Highnesses The Duke and Duchess of Edinburgh were also in attendance as well as 1,500 NHS staff, The Rt Hon Rishi Sunak MP, Prime Minister and The Rt Hon Sir Keir Starmer KC MP, Leader of the Opposition, health leaders and celebrities.

1.14 David Palmer commented:

“The NHS continues to ensure every single one of us is cared for throughout our lives and strives to help us live healthier and for longer. I was really privileged to attend the Westminster Abbey celebration of 75 years of the NHS on the 5th July 2023. It was a real honour to be part of this moving celebration and to remember and appreciate the amazing, dedicated and highly skilled staff, past and present who have been part of the NHS story and the numerous volunteers, charities, community organisations and partner agencies who also play a key part in the NHS work. The Westminster Abbey event was a stark reminder of how important our nations' health is and how necessary it is to work together to protect the NHS for now and for future generations. Thank you to everyone working as part of, supporting and fighting for a stronger, better and healthier NHS”.



Carers Week Event

1.15 To mark National Carers Week, an event was held to say thank you to Bexley's unpaid carers. The event was held at the Holiday Inn on 9th June 2023 and over 120 carers attended. Some 22 partner organisations offered advice and support with; massages, soundbaths, Tai Chi, Yoga and art as well as meeting two Therapy Dogs. Bexley's new Mayor, Councillor Ahmet Dourmouh joined the event along with Councillor Melvin Seymour, Cabinet Member for Adult Services and Health.

1.16 The event was organised by Bexley Carers Partnership and the Bexley Wellbeing Partnership, with the day shaped by input from carers. A prominent theme this year was mental health and wellbeing, and various organisations were present with private space put aside for carers to talk to counsellors. Also, there were informative talks on Direct Payments and Emergency Planning, and a team from One Bexley were on hand to complete care assessments.



Local Care Networks

Frognal Local Care Network



1.17 The Bexley Wellbeing Partnership has relaunched its 3 Local Care Networks: Clocktower, Frognal and North Bexley – with workshops taking place in May and June. The Local Care Networks will be the lens through which the partnership delivers on its commitment to integrated neighbourhood teams, ensuring equitable access to health and care for residents.

1.18 To support the leadership and development of integrated neighbourhood teams for North Bexley, Clocktower and Frognal – this month the partnership has appointed 3 Local Care Network Clinical & Care Professional Leads. These roles will be instrumental in better joining up primary care with the wider health and social care integration that is already well established through Bexley Care.

1.19 Congratulations to Dr Sid Deshmukh (Frognal), Dr Jennifer Liddington (North Bexley) and Dr Jhumur Moir (Clocktower) in these new and important roles supporting the development of Local Care Networks. The new team will be working closely with all practices within the Local Care Network and Primary Care Network Clinical Directors to drive forward the Fuller Stocktake recommendations for their neighbourhoods.

Bexley Joint Local Health and Wellbeing Strategy

1.20 Following 6 months of engagement with a wide range of partners across Bexley, including residents, a draft of the Joint Local Health and Wellbeing Strategy was presented at and approved by the Health and Wellbeing Board on 15th June 2023. The strategy will now be circulated for final sign off before being published on the London Borough of Bexley website. The Joint Local Health and Wellbeing Strategy fully aligned with the South East London Integrated Care Systems' Strategy and the Bexley Wellbeing Partnership 3 Year Integrated Improvement Plan.

Bexley Wellbeing Partnership Committee

Thursday 27th July 2023

Item: 8

Enclosure: F

Title:	Month 2 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 Integrated Care Board (ICB) and the Integrated Care System (ICS) as at Month 2 (May) 2023/24.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Bexley Position</p> <p>At month 2, Bexley Place reported an overspend against budget of £191k. The main reasons for this overspend are:</p> <ol style="list-style-type: none"> 1. Prescribing position overspent by £292k, main driver continues to be Category M increases in costs and No Cheaper Stock available (NCSO) which are subject to national pricing policies. The position was under accrued for months 11 and 12 as actual activities were higher, actual data is received 2 months in arrears. 2. £53k underspend in Corporate Budgets due to existing vacancies without backfill. 3. £25k underspend in the Mental Health Services position driven by reduction in Mental Health cost per case/Non-contracted activities (NCA). 4. £23k underspend in Continuing Health Care (CHC) driven by reduced activity levels on the adult fully funded places. <p>The SEL ICB 2023/24 efficiency savings target has been revised to 4.5% across SEL. For Bexley this equates to an efficiency savings target of £3.899m for Bexley borough. To date, the borough has identified both recurrent and not recurrent efficiency savings of £2.696m. Work is ongoing to identify both recurrent and non-recurrent schemes to meet the £1.203m gap.</p> <p>Integrated Care Board Position – Refer Appendix 1</p> <p>This financial year, the ICB returns to the standard reporting of a 12-month financial period which makes planning and reporting much simpler.</p> <p>The ICB's financial allocation for the year as at month 2 is £4,195,188k. At Month 2, the ICB is reporting a year to date overspend against plan of £962k which is driven by an adverse movement in prescribing expenditure (£838k) for the last 2 months of 2022/23.</p> <p>There are 2 key risks within the ICB financial position which relate to the prescribing budget and the CHC budget. Both have been recorded as</p>		

	<p>significant risks in the month 2 reporting to NHS England. Prescribing data is received two months in arrears, therefore the latest information available relates to March 2023. The overspend in 2022/23 was driven by both activity and price pressures. The ICB is being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set; this is expected to continue into 2023/24</p> <p>In reporting this Month 2 position, the ICB has delivered the following financial duties:</p> <ul style="list-style-type: none"> • Underspending (£263k) 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 2, and noting the risks outlined in this report, the ICB is forecasting a breakeven position for the 2023/24 financial year.</p> <p>Integrated Care System Position – Refer Appendix 1</p> <p>Revenue Expenditure</p> <p>South East London ICS reported a system deficit of £45.2m against a planned £11.1m deficit, when restated this improves to a £30.5m deficit including the impact of Industrial Action (£9.4m).</p> <p>Cost Improvement Programme (CIP) delivery continues to represent the most significant risk against the financial plan. While significant improvements have been made in the identification and de-risking of CIP the underlying operation pressure from industrial action and increased non-elective and mental health demand will make delivery extremely challenging.</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 the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/ Engagement	The month 2 financial position is discussed at SE London level, the Planning and Delivery Group. At place it has been discussed at Bexley Senior Management team and the Bexley Wellbeing Partnership Executive Leadership Team.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <p>(i) DISCUSS & NOTE the Month 2 (May 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Place.</p>	

Bexley Wellbeing Partnership Committee

Financial Year 2022/23

Month 2, May 2023

Contents:

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1. Bexley Borough's Financial Position as at Month 2
2. Bexley Borough's Financial Position as at Month 2 re: Savings Targets
3. Bexley Borough's Financial Position as at Month 2 – Other Issues
4. Key Messages for NHS SE London ICB's Financial Position as at Month 2
5. NHS SE London ICB's Financial Position as at Month 2
6. Revenue Resource Limit as at Month 2
7. Key Messages for NHS SE London ICS's Financial Position as at Month 2
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1. Summary of Bexley Borough's Financial Position as at Month 2

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	792	792	0	4,755	4,755	-
Community Health Services	2,945	2,944	1	17,668	17,668	-
Mental Health Services	1,680	1,655	25	10,079	10,079	-
Continuing Care Services	4,145	4,122	23	24,869	24,869	-
Prescribing	5,584	5,876	(292)	33,504	33,504	-
Other Primary Care Services	462	462	-	2,772	2,772	-
Other Programme Services	10	10	-	57	57	-
Delegated Primary Care Services	6,654	6,654	-	39,925	39,925	-
Corporate Budgets	557	503	53	3,340	3,340	-
Total	22,828	23,019	(191)	136,969	136,969	-

- At month 2, Bexley borough is reporting a £191k overspend year to date against budget. This is driven by Prescribing but slightly offset by underspends within the Corporate budgets, Mental Health and Continuing Care Services.
- The forecast outturn reports a breakeven position with the expectation that the efficiency plans will be fully delivered to achieve a balanced position.
- The year to date overspend in Prescribing continues to be Cat M increases in costs and NCSO (No Cheaper Stock available) which are subject to national pricing policies. The position was under accrued for months 11 and 12 as actual activities were higher. The same position is seen across SEL Places. However, to mitigate the cost pressures within Bexley borough, efficiency opportunities will continue to be explored within the Prescribing services locally.
- The Corporate Budgets year to date underspend of £53k is due to existing vacancies without backfill. Included within the underspend is an increase in the vacancy factors to 5.5% compared to overall pay budget. This is required to fund the expected 23/24 pay awards.
- Mental Health Services is underspent by £25k driven by reduction in MH cost per case/NCAs activities year to date.
- CHC reports a year-to-date underspend of £23k driven by reduced activity levels on the adult fully funded places.
- Efficiency savings – The 23/24 savings target has been revised to 4.5% across SEL. This comes to £3.899m for Bexley borough. £2.696m has been identified recurrently and work is still ongoing to identify recurrent schemes to bridge the £1.203m gap.

2. Summary of Bexley Borough's Financial Position as at Month 2 re: Savings Targets

- Bexley has a total recurrent savings target of £3.899m being 4.5% of the controllable budget of £135.661m. Mental health and delegated primary services budgets are excluded as they are ringfenced funding.
- Of the £3.899m efficiency savings target, £2.962m has been identified with £2.696m as recurrent, 69% of target, and £266k non recurrent. There is a gap of £1.2m still to be found, recovery actions to improve savings run-rate and eliminate this variance is going. All the identified saving schemes are delivering except for the Prescribing scheme of £458k reducing the recognised identified savings to £2.504m as in table 2 below. The non delivery of the Prescribing savings scheme is due to the year to date overspend of £292k. The medicines management team are exploring opportunities within their control to mitigate overspend driven by drugs policies not within our control, thereby delivering efficiencies savings.

- Table 2 sets out the position of the ICB efficiency schemes for both Month 2 YTD and the full year 23/24. • The 23/24 total efficiency target for the Places within the ICB is £29.5m based on an efficiency requirement of 4.5% of start 23/24 applicable recurrently • At Month 2, delivery (£5.7m) is £2.4m behind plan. Forecast is that the savings plan of £29.5m 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.

Table 1

Savings Target £'000	Identified Savings £'000 Month 2			% of Identified Savings			Gap £'000
	Recurrent	Non recurrent	Total Identified	Recurrent	Non recurrent	Total	
4.50%							Month 2
3,899	2,696	266	2,962	69%	7%	76%	937

Table 2

South East London ICB Place - Efficiency Savings						
	Full Year 2023/24			Month 2		
	Requirement	Identified	Unidentified	Plan YTD	Actual YTD	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Bexley	3,899	2,504	1,395	2,545	2,195	(350)
Bromley	7,429	4,164	3,265	1,757	941	(816)
Greenwich	4,857	3,882	975	1,101	857	(244)
Lambeth	5,159	5,159	-	1,103	820	(283)
Lewisham	4,208	2,512	1,696	957	532	(425)
Southwark	3,967	2,881	1,086	610	339	(271)
Total	29,519	21,102	8,417	8,073	5,684	(2,389)

3. Summary of Bexley Borough's Financial Position as at Month 2 – Other Issues

Staffing Position

As at Month 2, Bexley Borough has several vacancies against the borough-based structure. These posts are not generally being fully backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability.

Balance Sheet / Financial Services Issues

The ICB is promoting a drive towards a No-PO No Pay policy by April 2024. Purchase order trainings are being offered to all relevant staff to support the drive towards ensuring POs are raised and all outstanding invoices are paid promptly. On a positive note, Bexley has now cleared all Pre-ICB invoices.

There are 11 outstanding creditor invoices required to be cleared that relates to last financial year. Budget holders are being supported to ensure these invoices are cleared. The same approach is applied to debtor's invoices with 8 aged invoices outstanding to be cleared.

Financial Management Arrangements

Month 2 budget holder's meetings have taken place and the meetings for the remainder of the financial year have also been arranged. Work has also taken place with all budget holders on any budgets which can be used to offset our prescribing position in 2022/23 to ensure that the borough achieves breakeven. At present, the borough is forecasting a breakeven position at the end of the year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 2

This report sets out the Month 02 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12 month financial period which makes planning and reporting much simpler.

- The ICB's financial allocation for the year as at month 2 is **£4,195,188k**. In month, the ICB received additional allocations in respect of pay awards and inflation. As at Month 02, the ICB is reporting a year to date overspend against plan of **£962k** which is driven by an **adverse movement in prescribing expenditure (£838k) for the last 2 months of 22/23**. The ICB is reporting **breakeven** against plan for the FOT as it is planned that the position will be recovered in year. At present there is no prescribing data available for 23/24 as it is produced 2 months in arrears.
- There are 2 key risks within the ICB financial position which relate to the **prescribing** budget and the **CHC** budget. Both have been recorded as significant risks in the month 2 reporting to NHS England. Prescribing data is received two months in arrears, so the latest information we have relates to March 2023. The overspend in 22/23 was driven by both activity and price pressures. The ICB is being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set; this is expected to continue into 23/24. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. The second area of risk relates to Continuing Healthcare where 23/24 prices are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. Greenwich and Lambeth boroughs have the most challenging financial positions for continuing care, and both are working to identify efficiencies that can be delivered to reduce run-rate.
- In reporting this Month 02 position, the ICB has delivered the following financial duties:
 - Underspending (**£263k**) 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 02, and noting the risks outlined in this report, the ICB is forecasting a **breakeven** position for the 2023/24 financial year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 2

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overspent position (**£962k**) as at Month 02 due to the prescribing pressure carried forward from the previous year.
- All other financial duties have been delivered for the year to Month 02 period.
- At this point in the financial year, a breakeven position 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	699,279	700,241	4,195,188	4,195,188	
Operating Under Resource Revenue Limit	688,595	689,556	4,131,088	4,131,088	
Not to exceed Running Cost Allowance	5,882	5,619	35,293	35,283	
Month End Cash Position (expected to be below target)	3,875	3,423	3,875	3,423	
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	96.4%	95.0%	96.4%	
Mental Health Investment Standard (Annual)	433,938	434,212	433,938	434,212	

5. Summary of NHS SE London ICB's Financial Position as at Month 2

	M02 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	792	1,119	1,156	198	291	92	350,236	353,886
Community Health Services	2,945	13,445	5,665	4,038	4,381	5,171	38,452	74,096
Mental Health Services	1,680	2,352	1,511	3,483	1,162	1,233	78,938	90,358
Continuing Care Services	4,145	4,132	4,528	5,275	3,466	3,248	-	24,794
Prescribing	5,584	7,649	5,485	6,381	6,472	5,286	107	36,964
Other Primary Care Services	462	487	438	496	248	73	3,314	5,519
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,230	1,285
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	557	737	817	936	685	746	5,214	9,692
Total Year to Date Budget	22,828	39,529	28,114	33,929	26,560	26,397	511,237	688,596
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	792	1,125	1,111	92	281	92	350,236	353,731
Community Health Services	2,944	13,458	5,682	4,013	4,381	5,171	38,452	74,102
Mental Health Services	1,655	2,469	1,493	3,369	1,162	1,505	78,938	90,591
Continuing Care Services	4,122	4,093	4,753	5,577	3,481	3,258	-	25,284
Prescribing	5,876	7,902	5,714	6,384	6,413	5,405	107	37,802
Other Primary Care Services	462	487	438	496	248	73	3,299	5,503
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,159	1,214
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	503	662	820	878	687	663	5,114	9,328
Total Year to Date Actual	23,019	39,805	28,525	33,930	26,510	26,716	511,051	689,556
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	0	(6)	45	106	10	0	0	155
Community Health Services	1	(13)	(17)	26	(1)	(1)	(0)	(6)
Mental Health Services	25	(117)	18	114	0	(272)	0	(233)
Continuing Care Services	23	39	(225)	(302)	(15)	(10)	-	(490)
Prescribing	(292)	(254)	(229)	(3)	58	(119)	-	(838)
Other Primary Care Services	-	-	0	-	-	-	15	15
Other Programme Services	-	0	0	-	(0)	-	0	0
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	71	71
Delegated Primary Care Services	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets	53	75	(3)	59	(3)	83	100	365
Total Year to Date Variance	(191)	(276)	(411)	(0)	50	(318)	186	(961)

- At Month 02, the ICB is reporting a YTD overspend of **£962k** due to the impact of the final 22/23 prescribing position. The ICB is reporting a breakeven FOT position against its 23/24 budgets as this is the best information available at this point in the year. Main financial risks for the delegated borough budgets relate to prescribing and continuing care and these have been flagged as significant risks in our financial return to NHS England.
- The ICB is reporting a **£838k overspend** against its **prescribing year to date position**. As highlighted above, this reflects the impact of the final prescribing position for 22/23, given the ICB had to estimate expenditure for Months 11 and 12 in its year-end accounts. The actual spend for these periods was higher than could have been anticipated. No prescribing information is available yet for 23/24.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £233k YTD. The boroughs seeing the largest overspends are Bromley and Southwark and both are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£490k overspent** and the underlying pressures are variable across the boroughs. The full impact of 23/24 bed prices are not yet reflected as negotiations are still ongoing with some suppliers. Greenwich and Lambeth boroughs are continuing to see the largest pressures. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The underspend of **£365k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

6. Revenue Resource Limit as at Month 2

	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
<u>M2 Internal Adjustments</u>								
Mental Health CYP	175	576	280	402	349	336	(2,118)	-
Mental Health Adult community	805	1,426	1,701	18			(3,950)	-
Mental Health Schools team		1,191		154		798	(2,143)	-
Long Covid	328	425	328		178		(1,259)	-
<u>M2 Allocations</u>								
Pay Award							54,663	54,663
Inflation							11,204	11,204
M2 Budget	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188

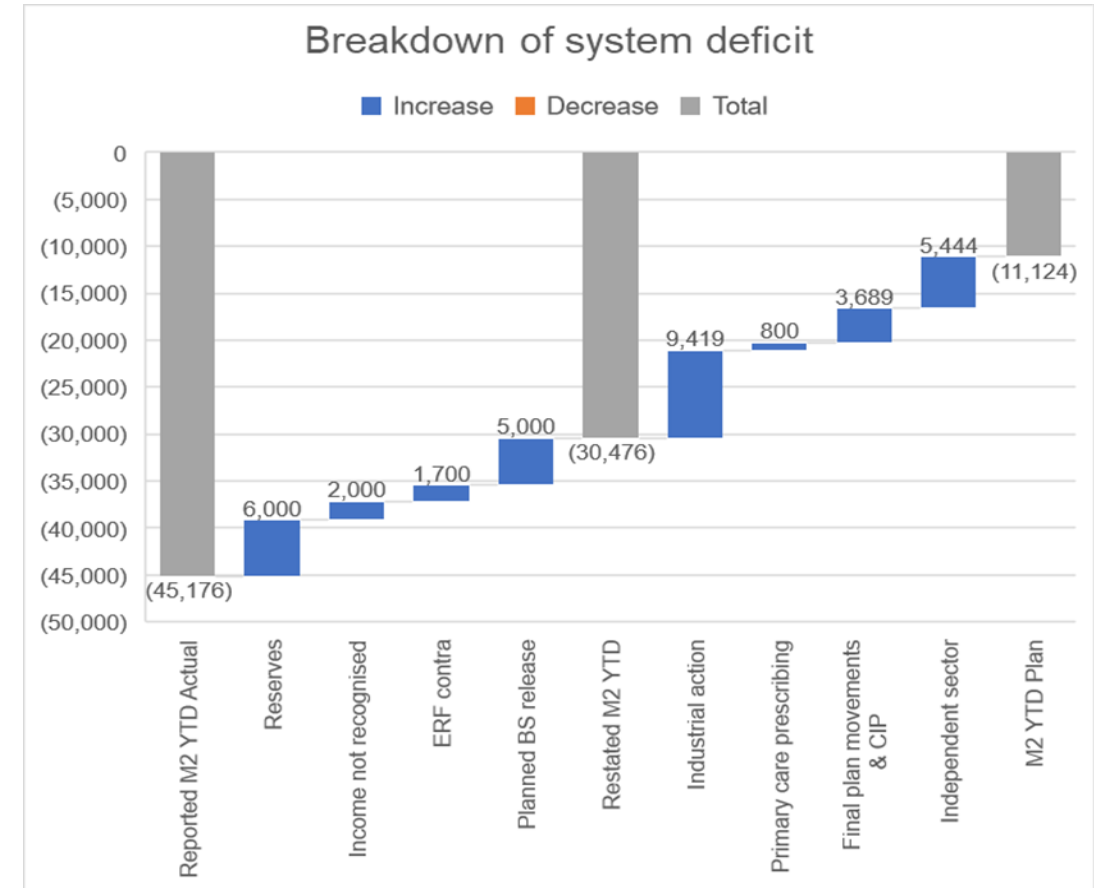
- The table sets out the Revenue Resource Limit at Month 02. The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 02, internal adjustments were actioned to put the allocations in the correct agreed budgets – this had no overall impact on the allocation.
- In month, the ICB has received an additional £65,867k of allocations, giving the ICB a total allocation of **£4,195,188k** at Month 02. The additional allocations were in respect of the staff pay award and additional inflation.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year.

7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 2

- The system is still committed to delivering its Board approved financial plan for 2023/24 both as individual partners and as a system.
- At month 2 SEL ICS reported a system deficit of £45.2m against a planned £11.1m deficit, when restated this improves to a £30.5m deficit including the impact of Industrial Action (£9.4m).
- 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.
- CIP delivery continues to represent the most significant risk against the financial plan. While significant improvements have been made in the identification and de-risking of CIP the underlying operation pressure from industrial action and increased non-elective and mental health demand will make delivery extremely challenging.
- The current assessment of un-mitigated risk against delivery of the plan is C.£58m although the future impact of these known issues mean this risk assessment has significant uncertainty.

8. Summary of NHS SE London ICS's Financial Position as at Month 2

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and is committed to delivering this as individual organisations and as a system
- At month 2 SEL ICS reported a system deficit of £45.2m against a planned £11.1m deficit.
- Within the Mth 2 position there are **£14.7m of expected adjustments** and timing issues that will be rectified in M3 reporting
- If we adjust the reported M2 YTD for these corrective items a **restated M2 YTD position is £30.5m deficit**
- External factors outside of the system control (industrial action) amounting to £9.4m
- Prescribing supply chain issues (£0.8m)** have continued from 2022/23 with reduced supply of generic drugs leading to higher utilisation of higher cost branded products.
- The impact of the final changes made to submit a breakeven plan and CIP delivery slippage £3.7m
- Other operational challenges being experienced in the system beyond Industrial Action. The continuing challenges in the Non-Elective Acute and Mental Health pathways are particularly challenging and has led to additional costs incurred in **Independent Sector Mental Health capacity (£5.4m)** with operational pressure requiring the use of >50 unplanned independent sector beds to date and this is expected to increase in the short/medium term.



Bexley Wellbeing Partnership Committee

Thursday 27th July 2023

Item: 9

Enclosure: G

Title:	Place Risk Register
Author/Lead:	Simon Beard, Associate Director of Corporate Operations, 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 eight risks:</p> <ul style="list-style-type: none"> • Risk 402 – Risk that Bexley residents discharged under Home First arrangements will receive less than optimal outcomes from the services. • Risk 442 – Risk that Bexley Place will be unable to either identify or achieve its required level of savings. • Risk 443 – Risk of overspending against delegated budget for Bexley • Risk 444 – Insufficient capacity to meet the demand for supported discharge. • Risk 445 – Insufficient capacity in the place integrated commissioning team to enable timely completion of programmes and projects. • Risk 446 – Risk that cost-per-case expenditure will exceed allocated budget in 2023/24. • Risk 447 – Insufficient capacity of district nursing services meaning Bexley residents will not receive timely care. • Risk 448 – Risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful. <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	A number of the risks detailed have associated financial implications.	

	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 actions taken by other committees in relation their specialty associated risks.</p>
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 27th July 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 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 LCP group, 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 eight risks, six are scored at 15 or above for their initial rating (i.e. the risk before any mitigation actions are put in place).
- Of the eight risks on the Place based risk register, **four** risks remain scored at 15 or above following mitigating actions being put in place (residual risk score).
- Risk 444 has a residual risk rating of 25 – the highest possible scoring despite some controls being shown as in place
- The remaining four risks are rated as “High” (amber) after mitigations are put in place.
- Three risks – 442, 443, 444 - are showing the same score for residual risk as for initial risk – suggesting that despite controls and mitigations being put in place, these are having no effect on reducing the risk that is present.
- No risk is currently showing a residual risk score that is the same as the target risk score – target risk score reflecting the acceptable level of risk the organisation wishes to take for this particular issue.

The underlying cause of these risks is two fold:

- Concerns around achieving financial targets/ funding available.
- Resource capacity issues, either within the borough or the within the wider system.

For further details on the risks, please see **Appendix A** 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:

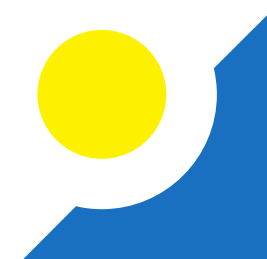
- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can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

Simon Beard
Associate Director for Corporate Operations
NHS South East London ICB

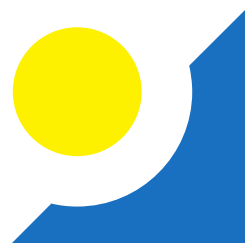
19 July 2023

Bexley Wellbeing Partnership Committee

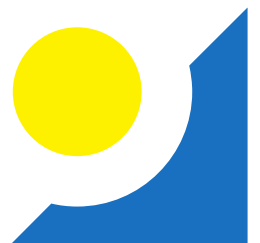
Glossary of NHS Terms



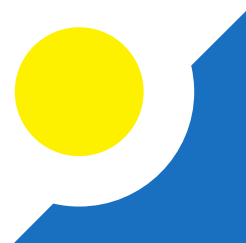
A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic 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
SELDOC	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

