Bexley Wellbeing Partnership Committee meeting held in public

Thursday 23rd January 2025, 14:00 – 16:00

Venue: Crayford Community Centre 176, Town Hall Square, Crayford, London, DA1 4FN

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	Encl. A	Chair	14:03
3.	Notes from 28th November 2024 and matters arising	Encl. B	Chair	14:04
Decision				
4.	Station Road GP Practice and Sidcup Medical Centre: Merger Proposal	Encl. C	Graham Tanner	14:05
Assurance				
5.	Primary Care Delivery Group Business Update Report – Q3 2024/25	Encl. D	Graham Tanner	14:40
6.	Month 8 Finance Report	Encl. E	Asad Ahmad	14:55
7.	Risk Register	Encl. F	Rianna Palanisamy	15:10
Public Forum				
8.	*Public Questions*			15:15
Let's Talk				
9.	*Let's talk about Healthy Weight*		Chair	15:20
Closing Business				
10.	Any other business		Chair	15:55
For Information				
11.	Glossary	Encl. G		
12.	Date of the next meeting: Thursday 27th March 2025, Council Chambers, Ground Floor, Civic Offices, Bexleyheath DA6 7AT			

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee **Date:15.01.2025**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Local Care Partnership Committee	1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder of GP Federation 3. Shareholder Frogmed Limited (Dormant company) 4. Chair - Frognal Primary Care Network GP Lead 5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director 6. Non-financial personal interest in Inspire, Father-in-law Mr Vinod Khanna is Chief Executive. 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. Chairman, Bexley Health Neighbourhood Care CIC 8. Clinical Lead, Frognal Local Care Network 9. Clinical Lead, Primary/Secondary Care Interface 10. GP Partner, Station Road Surgery, Sidcup		
Diana Braithwaite*	Place Executive Lead (Bexley), NHS South East London Integrated Care Board	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	1. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		

Raj Matharu*	LPC Representative	1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Community 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)	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	1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest)		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	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	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		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	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.		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2024/25 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public

Minutes of the meeting held on Thursday 28th November 2024, 14:00 – 16:00

Venue: Learning & Enterprise College Bexley 5 Brampton Road, Bexleyheath, DA7 4EZ

(and via Microsoft Teams)

Voting Members

Name	Title and organisation
1. Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS SEL ICB (Bexley)
2. Jennifer Bostock (JB)	Chair, Independent Member
3. Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
4. Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
5. Dr Surjit Kailey (SK) (via MS Teams)	Clinical Lead, North Bexley Primary Care Network
6. Dr Adefolake Davies (AD) (via MS Teams)	Clinical Director, Clocktower Primary Care Network
7. Dr Miran Patel (MiP) (via MS Teams)	Clinical Director, APL Primary Care Network
8. Dr Mehal Patel (MeP) (via MS Teams)	Clinical Director, APL Primary Care Network
9. Diana Braithwaite (DB)	Place Executive Lead (Bexley) NHS SEL ICB
10. Dr Pandu Balaji (PB) (via MS Teams)	Clinical Lead, Frognal Primary Care Network
11. Deb Travers (DT)	Associate Director, Adult Social Care, London Borough of Bexley (LBB)

In attendance

Clive Anggiansah (CA) (via MS Teams)	Clinical and Care Professional Lead – Community Based Care
Keith Wood (KW) (via MS Teams)	Lay Member for Primary Care (Bexley), NHS SEL ICB
Opeyemi Adetokubo-Aina (OA-A)	Associate Director of Finance, NHS SEL ICB (Bexley)
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Abi Mogridge (AM)	Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation)
Steven Burgess (StB)	Policy and Strategy Officer, London Borough of Bexley
Phillipa Uren (PU)	Adult Safeguarding Lead (Bexley) NHS SEL ICB
Rikki Garcia (RG)	Chair, Healthwatch, Bexley
Sarah Birch (SaB)	Head of Community Based Care, (Bexley) NHS SEL ICB
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Aysha Awan (AA)	Head of Communications and Engagement, (Bexley) NHS SEL ICB
Rianna Palanisamy (RP) *(Presenter)*	Partnership Business Manager (Bexley) NHS SEL ICB

Nazima Bashir (NB) (via MS Teams) (Minutes)	Corporate Business Manager, (Bexley) NHS SEL ICB
Samira Bouzkraoui (SB)	Business Support Officer/PA, (Bexley) NHS SEL ICB

Apologies

- Yolanda Dennehy, Director of Adult Social Care, London Borough of Bexley (LBB)
- Jattinder Rai, CEO, BVSC
- Spencer Prosser, Chief Financial Officer
- Stephen Kitchman, Director of Children's Services
- Surjit Kailey, North Bexley Primary Care Network
- Dr Miran Patel, APL Primary Care Network
- Dr Mehal Patel, APL Primar Care Network
- Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
- Adefolake Davies Clocktower Primary Care Network
- Raj Matharu, Chief Executive Officer
- Graham Tanner, Associate Director, Primary & Community Care (Bexley)
- Kate Heaps, Chief Executive Officer, Greenwich & Bexley Community Hospice

		Actioned by
1-2	**Welcome, apologies and declarations of interest** The Chair, SD opened the meeting and welcomed all present. Apologies noted above and the meeting was declared as being quorate. There were no declarations of interest other than those recorded on the register of interests.	**SD**
3.	**Draft minutes of the public meeting held on 26th September 2024** Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 26th September 2024 were a true and accurate record of that meeting and approved them on that basis **Matters Arising** No additional matters were raised.	**SD**
4.	**Annual Safeguarding Report** The Annual Safeguarding Children and Adults Report for 2023/24 was presented by Philippa Uren (PU) for approval. The report covered governance structures for safeguarding within the NHS Southeast London Integrated Care Board (SEL ICB) and summarisation of the statutory reviews conducted in Bexley during the past year. Priorities for the upcoming year were outlined, focusing on improving transitional care, embedding the Think Family Model, enhancing professional curiosity, and improving information sharing. At this point the Chair, SD provided an opportunity for questions and/or comments. JB noted the lack of independent patient representatives within the safeguarding team and asked if this would be considered. PU clarified that while the safeguarding team does not have independent representatives, there are representatives on the Safeguarding Adults Boards at a broader level within Bexley. JB referred to the Lucy Letby inquiry, noting the recent evidence. She asked what lessons could be learned from the inquiry and how these insights might influence future safeguarding plans.	**PU**

	PU explained that all health providers in Bexley have heads of safeguarding responsible for ensuring governance systems, whistleblowing policies, and incident reviews are in place. Regular reports are submitted to the ICB and there is ongoing work with speak-up guardians to address NHS staff reluctance to report concerns. JB advised reflecting on whether having numerous groups and initiatives might contribute to challenges in communication and information sharing, potentially complicating safeguarding efforts. PU emphasised the role of the Bexley Health Safeguarding Forum and the Domestic Abuse Health Subgroup in improving information sharing practices. These forums focus on embedding information sharing agreements and providing guidance on handling sensitive information, particularly in cases of domestic abuse. JB raised a concern about raising awareness of mental capacity assessments potentially leading to overgeneralisation, where individuals might be labelled as lacking capacity unnecessarily. PU acknowledged the challenge and stressed the importance of ensuring practitioners understand that mental capacity assessments are decision and time specific. She outlined ongoing efforts to train staff on trauma informed approaches and executive functioning to improve decision making in complex cases. No further questions or comments were raised. **The Bexley Wellbeing Partnership Committee:** (i) **Approved** the Children & Adults Safeguarding Annual Report 2023/24 and reviewed the priorities for 2024/25.	
5.	**Joint Forward Integrated Plan – 2024/25 Progress Report** The Joint Forward Integrated Plan 2024/25 Progress Report, presented by Kallie Heyburn (KH), provided an update on the progress made over the past six months (April–September 2024) in delivering the Bexley Wellbeing Partnership Integrated Forward Plan The report highlighted significant achievements across the four key priorities: supporting children and young people, ageing well, supporting mental health, and promoting healthy weight. Notable successes included the launch of a respiratory hub, expanded frailty and sickle cell services, the Barber Project for mental health, and the School Superzone project. Despite these achievements, challenges such as team integration, resource constraints, data consistency, and community engagement remain. Moving forward, efforts to strengthen community engagement, implement pragmatic metrics, and enhance cyber resilience will be critical to ensuring the continued success and sustainability of the plan in addressing the needs of Bexley residents. At this point the Chair, SD provided an opportunity for questions and/or comments. **Actions** **1. Update to be provided at the end of Year 2, focusing on the alignment of progress with the three-year plan's ambitions and pragmatic metrics for sustainability.**	**NK/KH**

	2. DB and StB committed to providing further updates on mitigation strategies and lessons learned from the Synnovis cyberattack, as part of broader resilience planning (requested by JB). RG raised a question around community voices in terms of the type of activities currently being undertaken. KH confirmed that Local Care Networks closely engage with communities across their footprint to capture community voices. SaB emphasised that Local Care Networks bring together health and social care organisations, advocate for community needs, and implement projects designed to address health inequalities. A detailed showcase of these activities is planned for later in the meeting. ID asked how the partnership measures progress and whether there are specific metrics. DB responded that metrics were initially set out in the three-year plan, but they are working on refining them by March 2025 to include more practical, measurable indicators that can track sustainability and the impact on reducing inequalities. JB asked about the strategies in place to prevent future cyberattacks. DB responded that national reviews and resilience tests are being carried out in response to the Synnovis cyberattack. NHS organisations are also updating and strengthening their continuity plans to mitigate future risks. StB added that Oxleas NHS Foundation Trust is revisiting its business continuity plans, and NHS England (NHSE) is conducting assurance assessments across organisations to ensure readiness against future cyber threats. JB asked how the partnership is addressing the increased demand on emergency departments and neurodiversity assessments. StB responded that a "complex emotional needs" programme has been implemented to support frequent attenders in emergency departments, providing more targeted care. Additionally, efforts are underway to streamline neurodiversity care before a formal diagnosis, with updates expected by January 2025. JB commented on the need to counter the over medicalisation and consider how to manage public expectations about NHS capabilities regarding neurodiversity. JB asked if the partnership could influence the national narrative about NHS limitations. DB responded that the national NHS Change consultation is currently underway, and the Integrated Care Board (ICB) is contributing to it, including providing input and the challenges in managing diverse and complex needs. No further questions or comments were raised. **The Bexley Wellbeing Partnership Committee:** (i) **Reviewed** the progress made on delivering the Bexley Wellbeing Partnership Integrated Forward Plan.	
6.	**Finance Report – Month 6**	**OA-A**

	The Chair, SD commenced by expressing gratitude to Opeyemi Adetokunbo-Aina (OA-A), acknowledging her 18 months of dedicated service to Bexley Place. He noted that OA-A was leaving the team, and on behalf of everyone, he extended a big thank you for her hard work, especially in planning and financial oversight. DB added that OA-A worked closely with various teams to help achieve a balanced financial position for Bexley, including managing underspends, improving efficiencies, and overseeing various financial relationships. OA-A thanked everyone for the opportunity to serve and be part of the team. OA-A presented the financial update for Bexley Place at month 6, which included an underspend of £79k year-to-date and a forecast of £149k. Several key factors impacted this position, including an overspend on prescribing, a forecast underspend for Continuing Healthcare (CHC) services, and a positive report on efficiency delivery. She also highlighted the progress of the 2024/25 efficiency target, which was forecasted to exceed expectations. At the ICB level, there was a reported year-to-date surplus of £1.7m, though this was £0.7m adverse to the plan due to non-recurrent costs from a cyber-attack. The ICB continued to experience prescribing overspends and other challenges with continuing healthcare services, but it remained on track to deliver a breakeven year-end position. The ICS forecasted a breakeven system position overall, though several planning risks remained. JB asked OA-A for clarification around the CHC underspend, specifically requesting an explanation of what was meant by the monitoring continuing due to the volatility of the service and the potential for retrospective claims. OA-A clarified that this referred to situations where patients' conditions change over time, leading to retrospective claims for CHC services. JB also sought clarification on the corporate budget underspend related to existing vacancies, which OA-A explained was due to a business case process to manage redundancies. DB added that this was related to the requirement for ICBs to reduce their budgets by 30%, and the delay was due to the lengthy approval process from NHSE. The Chair, SD invited any further questions, but no additional queries were raised. **The Bexley Wellbeing Partnership Committee:** (i) Discussed and accepted the Month 6 (September 2024) financial position for Bexley Place. (ii) Accepted NHS South East London ICB and NHS South East London ICS financial position at Month 6. Details of these reports can be provided upon request.	
7.	**Assurance Report** Diana Braithwaite (DB) presented the assurance report on behalf of Graham Tanner. The report includes key indicators related to the objectives of the Integrated Care Board (ICB), such as waiting times and cancer screening. A significant message highlighted in the report is that many of the areas marked as "red" are close to being delivered, with only small gaps (e.g., 2-3%) preventing full achievement. DB emphasised that this data, which is from August, is expected to improve in the new year. She also noted specific challenges, particularly with IAPT	**DB**

	(Improving Access to Psychological Therapies) services, but mitigations are in place to address delays, such as clinical supervision to increase patient throughput. The report covers critical areas, including services for children and young people, bowel cancer screening, health checks, and prevention programmes. Overall, the status of delivery is positive despite some red areas. No questions or concerns were raised. **The Bexley Wellbeing Partnership Committee:** (i) Reviewed the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.	
8.	**Communications & Engagement: Winter Programme** Aysha Awan (AA) presented the Bexley Winter Wellbeing Communications and Engagement Plan for 2024-25 to the group. Key Points from the Discussion: JB suggested including staff with disabilities to share their experiences in the communications plan. JB inquired whether any efforts had been made to encourage local people to get involved in the programme. AA responded that campaigns are in place, such as the sexual health campaign, which involves community engagement. She highlighted that Patrick Gray; Local Care Network Community Voice Manager has done excellent work with local care networks. AA mentioned that both online and face-to-face consultations will be held. The team plans to collaborate with disability groups, charity partners, and other relevant organisations to ensure broad engagement. Regarding JBs question about testing the NHS App within the community, AA clarified that testing is conducted at a national level. AA did say that testing the app will be something to consider with the local group in future. **The Bexley Wellbeing Partnership Committee:** (i) Supported the Winter Plan.	**AA**
9.	**Risk Register** Rianna Palanisamy (RP) talked the group through the update on the Bexley place risk register and provided information on the current risks and the actions in place to mitigate them within the borough's risk appetite. The Chair, SD asked whether the risks, such as the GP collection action risk, had decreased over time or remained static at their current levels. RP responded that risks are regularly reviewed by the senior management team (SMT), where discussions take place to adjust their scores (either by reducing or increasing them). Any updates are immediately reflected in the local risk register. Additionally, she mentioned that there used to be a SEL ICB Board, which allowed boroughs to compare and discuss risks, and that changes to the risks can sometimes occur after these discussions. **The Bexley Wellbeing Partnership:** (i) Reviewed the risks and considered the mitigations detailed.	**RP**

	(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. (iii) Considered ongoing work on identification and management of risks is ongoing.	
10.	***Public Questions*** No public questions were received online. During this point, Tania Bushell (TB), CEO of Bexley Deaf Centre, highlighted the challenges the Deaf community faces in engaging with health information, noting that the assumption that written English is understood by all Deaf individuals is often incorrect. The main issue is the lack of health information in British Sign Language (BSL), which would improve engagement. TB asked whether there are plans to incorporate more BSL health information and emphasised the need for better communication methods, such as visual formats like BSL, to support Deaf individuals in health settings. DB mentioned that there hasn't been a consistent programme approach to providing health information in BSL but emphasised that AA and PG understand its importance. DB suggested that it would be helpful to consider incorporating this into future programmes, so it becomes part of the routine, especially for initiatives like community champions and co-production engagement services. DB indicated that they could work with AA and PG to identify opportunities to integrate BSL in future health initiatives. TB also mentioned a project they had conducted for Health Education England (HEE), which revealed that many Deaf people would consider working in healthcare if they were treated better as patients. She stressed that collaboration with specialist organisations like theirs could improve the situation, as most local authorities no longer have Deaf centres. The Chair, SD and JB thanked TB for raising the issues, indicating that it was helpful to have her suggestions and insight.	
11.	***Let's talk about* – Tackling Health Inequalities** The Chair, SD, introduced the agenda item "Let's Talk About – Tackling Health Inequalities," explaining that the session would focus on the ongoing efforts to address health disparities in Bexley, particularly through the Local Care Networks (LCNs). Five speakers presented their initiatives, focusing on how different projects were addressing issues such as frailty, loneliness, and mental health. SB explained the concept of Local Care Networks (LCNs), which had been relaunched in Bexley in 2023. These networks aimed to bring together organisations across health, social care, mental health, and the voluntary sector to address local needs. The LCNs focused on building relationships within communities, using data from public health to address health inequalities, particularly in the northern parts of Bexley, which faced higher deprivation and health challenges. SB also emphasised the importance of local engagement and feedback from communities to ensure that the strategies in place matched the actual needs of the population.	

DT discussed the Frognal Local Care Network (LCN), one of the three LCNs in Bexley. She explained how this network was addressing frailty and the need for preventative care to maintain independence in older adults. The LCN worked with community champions, local experts by experience, and various partnerships to design and implement strategies for frailty prevention in the area.

Geraldine Russell presented the Functional Fitness project, a key initiative within the Frognal LCN, aimed at improving the physical fitness and independence of adults aged 50 and over. The project focused on preventing frailty by improving balance, flexibility, and muscle strength. It offered assessments and exercise programmes, with the goal of keeping older adults active and independent for as long as possible. The programme was funded for two years and aimed to expand further, especially in less affluent areas of Bexley.

DB raised questions about the scalability of the project and whether similar initiatives could be implemented across Bexley, considering the borough's diverse demographics. She emphasised the need for better communication and outreach to ensure that the right people were reached and referred to these services.

JB discussed the importance of effective messaging and public outreach, especially regarding the prevention of falls and addressing health inequalities. She suggested that public perception and language around falls should shift, as it was often seen as inevitable with aging, whereas it should be seen as a preventable issue. The example given was the use of the phrase 'X has had a fall' used to describe an older adult, where a younger person would be described as having 'fallen over' this subtle difference shifts the perception of something naturally occurring in old age.

NK brought up the sustainability of the programmes, questioning whether they could be scaled and made sustainable over the long term. She also suggested training participants in sheltered housing to become more engaged in these initiatives and possibly help lead some of the activities.

SB highlighted that most of the health inequalities in Bexley were concentrated in North Bexley. She mentioned the work being done there, especially around frailty, mental health, and support for children and young people. There was a focus on providing more mental health support to children earlier in life to prevent long-term impacts.

Dawn Jospeh discussed the Clocktower project, which provided mental health support to young people aged 10-18 in Bexley. The project addressed issues like anxiety, self-harm, low mood, and low self-esteem. Referrals came through social prescribing, and the project offered assessments, talking therapies, mindfulness coaching, and other interventions based on individual needs.

Dawn also mentioned efforts to increase access for underrepresented groups, particularly ethnic minorities, and to encourage families and caregivers to seek help for their children.

ID and NK stressed the importance of effectively reaching out to the entire community and ensuring that all groups, especially those less represented in mental health services, were aware of and engaged with these initiatives. They also highlighted the importance of training and empowering local community members to help sustain these programmes.

	The chair, SD concluded the session, reiterating the importance of these collaborative efforts and community based approaches to tackle health inequalities in Bexley. He mentioned that the initiative would continue to be showcased and expanded across the borough.	
12.	**Any other business** The Chair, SD wished everyone Christmas greetings. There was no further business and the Chair closed the meeting.	**SD**
13.	**Better Care Fund Quarter 2 Return** **The Bexley Wellbeing Partnership Committee:** (i) Noted the report for information.	**AR/St B**
14.	**Glossary** These glossary terms were noted.	
15.	**Date of the next meeting** Thursday 23rd January 2025.	**SD**

Bexley Wellbeing Partnership Committee

Thursday 23rd January 2025

Item: 4

Enclosure: C

Title:	**Station Road Surgery (G83047) and Sidcup Medical Centre (G83066): Merger Proposal**
Author/Lead:	Graham Tanner, Associate Director Primary and Community Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	**The purpose of this paper is to support consideration of a Business Case submitted by the Partners of Station Road Surgery and Sidcup Medical Centre, requesting a merger of their respective lists with effect from 1 April 2025.** **The recommendation as set out, has been endorsed by the Primary Care Delivery Group (a formal sub-group of this Committee).**	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	In December 2024, NHS South East London Integrated Board received a merger business case from the Partners of Station Road Surgery (69 Station Road Sidcup) and Sidcup Medical Centre, a large practice covering 4 existing sites at Church Road, Sidcup, Burnt Oak Lane, Sidcup, Thanet Road, Bexley and Crook Log, Bexleyheath. Both practices currently hold a Primary Medical Services (PMS) contract, a locally agreed contract agreed between the Integrated Care Board (ICB) and the practice. If a practice wishes to make changes to their PMS contract, they require the agreement of the ICB as there is no automatic right to vary the names of the contract holders Within the NHS South East London Integrated Care Board, Primary Care is delegated to Place and therefore this authority falls to the Place Executive Lead. The Place Executive Lead transacts these delegated decision-making powers through the voting members of the Bexley Wellbeing Partnership Committee, who will consider recommendations and/or endorsements from the Primary Care Delivery Group, a sub-committee with responsibility for considering all contractual, financial and quality issues relating to primary care on behalf of the Place Executive Lead and Bexley Wellbeing Partnership Committee. The proposed merger would create a very large single practice entity in the borough, more than 30,500 patients. Whilst not the largest practice in South East London, it would be approximately 50% larger than the existing largest practices in Bexley (Sidcup Medical Centre and Bexley Medical Group) and would therefore set a potential precedent and have a significant bearing on		

the future shape of primary care delivery, particularly in the south of the borough.

Both practices remain committed to working as part of the Frognal Primary Care Network and Local Care Network which includes two other practices: Woodlands Surgery and Barnard Medical Group, although it must be recognised that the merger would represent a reduction in choice for patients in the Sidcup locality.

The merged practice would adopt the two existing practice boundaries, and no patients will be deregistered.

Although patients would be able to attend any of the five practice sites, the stated aims of the merger are to:

- maintain and improve the quality, access and scope of clinical services for Station Road Surgery patients and
- support Station Road Surgery staff and improve the overall efficiency of the running and management of services from that site.

Currently there are no plans to rationalise the number of sites across the two practices.

The merged practice would continue to be open during core hours across all sites.

Practice Profiles

Practice Names	Station Road Surgery	Sidcup Medical Centre
Contract Types:	Personal Medical Services	Personal Medical Services
Site Address(s):	**Main**: • 69 Station Road, Sidcup	**Main:** • Church Avenue Surgery, 2 Church Avenue, Sidcup
Branch Site(s):	• Not applicable	**Branches:** • Burnt Oak Lane Surgery, 231 Burnt Oak Lane, Sidcup • Thanet Road Surgery, 63 Thanet Road, Bexley • Crook Log Surgery, 19 Crook Log, Bexleyheath
List Sizes (as at 1/12/24):	10,089	20,556
No. of Partners:	2	4
Current Care Quality Commission Rating:	Good	Good (Responsive – Requires Improvement)
Primary Care Network:	• Frognal Primary Care Network • 4 practices • Adjusted Network list size as at 1/12/24 is 55,727	

	In evaluating the business case and mobilisation plan, the ICB is required to assure itself against the following key criteria: **1. Regulatory and Legal Compliance** **2. Service Integration and Governance** **3. Operational and System Integration** **4. Patient Care and Communication** **5. Financial and Contractual Considerations** **6. Patient List and Registration** **7. Post Merger Evaluation and Adjustments** These criteria are assessed in detail in Table 2 within the main report. Benefits, considerations, risks and mitigations are set out in Section 6 and alternative options considered in Section 7.	
Potential Conflicts of Interest	There is a conflict of interest for Dr Sid Deshmukh as Chair of the Bexley Wellbeing Partnership Committee in relation to this merger proposal as the Lead GP & Senior Partner at Sidcup Medical Centre and Managing Partner and Station Road Surgery and Chair of the Frognal Primary Care Network. Consequently, there a number of mitigations, which will be enacted to support the committee in its deliberations: (i) Dr Deshmukh will stand down as Chair for this item and Vice Chair and Independent Member of the committee will take over the Chair. (ii) At the point the committee enters its deliberations and decision-making both Dr Deshmukh and Dr Knigge will be asked to leave the room. There is an additional conflict of interest for Dr Sonia Khanna as one of the Clinical Directors of Frognal Primary Care Network and voting member of the committee and the spouse of Dr Deshmukh. Consequently, to mitigate this conflict of interest, Dr Khanna will not be permitted to vote on behalf of Frognal Primary Care Network and mitigation (ii) will also apply.	
Other Engagement	Equality Impact	An Equality Impact Screening Tool (see Appendix 1) has been submitted alongside the business case and has identified a low overall impact for patients with protected characteristics, which has been approved, By Diversity & Inclusion team and a Equality Impact Assessment (EIA) is not recommended.
	Financial Impact	There are no additional costs for the provision of services under the contract. However, there will be costs in relation to IT infrastructure, which will be met by the ICB.
	Public Engagement	• The reports set out the patient engagement undertaken by the partners in November/December 2024. • The partners have also written to Healthwatch and the Local Medical Committee.

		• The ICB held meetings remaining GP practices Woodlands Surgery and Barnard Medical Group in the Frognal Local Care Network. • Further patient and stakeholder communications will take place prior to any agreed merger date.
	Other Committee Discussion/ Engagement	• Primary Care Delivery Group – 08.01.2025 • Primary Care Delivery Group – 10.01.2025 • Briefing to the Adult Social Care & Health Overview & Scrutiny Committee – 16.01.2025
Recommendation:	The Primary Care Delivery Group recommends that the Bexley Wellbeing Partnership Committee *approve in principle* the merger between Station Road Surgery and Sidcup Medical Centre with the following caveats and conditions: (i) A date for the enactment of the merger to be agreed by the Place Executive Lead once the pre-requisite criteria set out in 9.1 has been satisfactorily addressed. (ii) The submission of a Quality Improvement Plan by the Contractor and the Contractor's acceptance of the additional conditions set out in 9.2.	

Station Road Surgery (G83047) and Sidcup Medical Centre (G83066): Merger Proposal

1. Background

1.1 In August 2024, South East London ICB received a draft merger business case from the Partners of Station Road Surgery (69 Station Road Sidcup) and Sidcup Medical Centre, a large practice covering 4 existing sites at Church Road, Sidcup, Burnt Oak Lane, Sidcup, Thanet Roadm Bexley and Crook Log, Bexleyheath.

1.2 The draft submission was reviewed by Primary Care Delivery Group (Part 2) on 7th August 2024 and detailed feedback was provided to the contractors, including defining the ICB's expectations regarding the patient and stakeholder engagement that would be required prior to a final submission and formal consideration. A final business case submission, responding to these requirements, was received by the ICB on 17th December 2024 and further reviewed by Primary Care Delivery Group (Part 2) on 8th January 2025 and a further extraordinary meeting on Friday 10th January 2025.

1.3 Both practices currently hold a Primary Medical Services (PMS) contract, a locally agreed contract agreed between the Integrated Care Board and the practice. If a practice wishes to make changes to their PMS contract, they require the agreement of the Integrated Care Board as there is no automatic right to vary the names of the contract holders.

1.4 Within the South East London Integrated Care Board (ICB), Primary Care is delegated to 'Place' (the borough) and therefore this authority falls to the Place Executive Lead (PEL). The PEL transacts these delegated decision-making powers through the voting members of the Bexley Wellbeing Partnership Committee, who will consider recommendations and/or endorsements from the Primary Care Delivery Group, a sub-committee with responsibility for considering all contractual, financial and quality issues relating to primary care on behalf of the PEL and BWP Committee.

1.5 When merging PMS contracts, practices may seek to do this by either:

A. **Seeking the ICB's agreement to vary each PMS contract to include partners from the merging practice**

B. **Seeking ICB agreement to vary Practice A's contract to include the partners from Practice B's contract, with a view to terminating Practice B's contract or**

C. **The ICB may decide to grant a new GMS contract and terminate both of the existing PMS contracts**

1.6 Scenario 'B' applies in this case i.e. a variation to Sidcup Medical Centre's contract to include the sole partner (Dr Knigge) from Station Road Surgery and termination of the Station Road Surgery PMS contract.

2. Practice Profiles

Sidcup Medical Centre

2.1 Sidcup Medical Centre (SMC) is a practice of c.20,500 patients, run by four partners Dr Deshmukh, Dr Karkare, Dr Khanna and Dr Roy – across four sites (one main surgery and three branches) in the London Borough of Bexley.

2.2 The patient population registered with SMC has a relatively low level of deprivation compared to the national and local Bexley borough average.

2.3 Approximately 20.2% of SMC's patients are from ethnic minority groups. There is a higher proportion than either the Bexley or national average of patients aged over 80.

2.4 SMC currently provides support to 9 Care Homes on behalf of Frognal Primary Care Network under the Enhanced Health in Care Home element of the Primary Care Network Directed Enhanced Service (DES) Agreement and Bexley's locally commissioned Supplementary Network Service.

Station Road Surgery

2.5 Station Road Surgery (SRS) is a practice of c.10,000 patients run by two partners, from a single site at Station Road Surgery, Sidcup in the London Borough of Bexley. Dr Deshmukh (Lead GP and Senior Partner at SMC) joined Dr Knigge as managing partner at Station Road Surgery on 18th December 2023.

2.6 Approximately 15.8% of SRS's patients are from ethnic minority groups. It also has a low level of deprivation, and its age profiles are typical of both Bexley and the National average.

2.7 Station Road Surgery does not provide any GP provision to Care Homes for Older Adults but does provide support to several Registered Care Homes for people with a Learning Disability and Mental Health.

2.8 Station Road Surgery has faced significant challenges over the last 2 years, not least the death of its previous senior partner Dr Money in December 2022. The intense workload on the remaining partner (Dr Knigge) and her management team is not sustainable in the longer term and the practice has been struggling to attract new GP partner(s) and/or permanent salaried GPs because of the lack of stability.

2.9 Dr Deshmukh, the lead GP and senior partner of Sidcup Medical Centre, joined Station Road Surgery in December 2023 as a managing partner with responsibility for strategy, planning and finances and whilst this has been beneficial, there remains significant challenges to the day-to-day operation of Station Road Surgery.

3. Key Quality & Performance Indicators

3.1 List size data shows that list sizes for both practices are broadly static with Sidcup Medical Centre (SMC) showing a slight increase over the last five years and Station Road a small decrease.

3.2 Workforce data shows that SMC's workforce is broadly in line with the SEL average. GP and Nursing numbers for Station Road are below the SEL average and declining which is recognised within the business case. The combined workforce for the two practices is likely to be in line with the SEL average but below the England average but further work will be required to address resilience issues in relating to the proportion of the workforce >55 years of age.

3.3 Both practices' Quality Outcome Framework[1] (QOF) performance is currently relatively high; however, the merged practice will continue working towards improving QOF scores, including ensuring any adjustments and exclusions are in line with SEL averages.

Table 1 – 5 Year QOF Performance

Financial Year	Sidcup Medical Centre	Station Road Surgery	England
2023/2024	92.44%	93.22%	93.03%
2022/2023	91.40%	93.20%	90.40%
2021/2022	89.90%	95.40%	91.80%
2020/2019	100.00%	99.90%	96.20%
2019/2018	99.90%	99.90%	95.60%

3.4 Both practices performed well on Learning Disability (LD) and Serious Mental Illness (SMI) health checks in 2023/24 with SMC performing notably better on SMI health checks than in previous years. Performance has been impacted by the Synnovis cyber-attack in June 2024 but with scope to recover the target in Quarter 4.

[1] Quality Outcome Framework indicators are agreed as part of the GP contract negotiations every year. These indicators have points and corresponding funding attached that are given to a GP practices based on how they are performing against these measures.

3.5 Both practices have a slightly above average usage of NHS 111 and Urgent Treatment Centres by their patients although NHS 111 usage by Station Road patients has increased significantly in the last 6 months which is likely indicative of some of the resilience and access challenges highlighted within the business case.

3.6 Both practices show mixed and fluctuating performance on Childhood Immunisations with some improvement required for Sidcup Medical Centre in relation to MMR 2[2] uptake. Station Road's 23/24 performance on flu vaccinations was above the SEL and National Average in 23/24 with Sidcup Medical Centre's slightly lower. This is an example where it's important to ensure that there is no net deterioration in activity and performance resulting from any agreed merger.

3.7 Unfortunately, the most recent national GP Patient Survey (July 2024) data raise concerns for both practices with an overall downward trend against key questions including *'overall experience of the practice'* and *'satisfaction with the appointment'*. With the *'ease of access by telephone'* question clearly demonstrating a challenge for patients of both practices.

3.8 Of particular concern is a significant reduction in *'confidence and trust'* in clinicians for both practices between 2023/24 and 2024/25. These concerns are recognised and addressed within the submitted business case to the Primary Care Delivery Group, with identified training needs for both clinical and admin/reception teams.

3.9 These questions from the national GP Patient Survey will form a key element of any agreed Improvement Plan. Unfortunately, 2025 national GP Survey data will not be published until July 2025 – therefore, at the time of writing it is not possible determine if there has been an improvement in these areas within the last 12 months.

4. Fundamentals of the Merger Proposal

4.1 The proposed merger would create a large single practice entity in the borough, in excess of 30,500 patients. Whilst not the largest practice in South East London, it would be approximately 50% larger than the existing largest practices in Bexley (Sidcup Medical Centre and Bexley Medical Group), which may have a significant bearing on the future shape of primary care delivery, particularly in the south of the borough.

4.2 Both practices remain committed to working as part of the Frognal Primary Care Network and Local Care Network which includes two other practices: Woodlands Surgery and Barnard Medical Group, although it must be recognised that the merger would represent a reduction in choice of GP Practices for patients in the Sidcup locality.

4.3 The merged practice would adopt the two existing practice boundaries, and no patients will be deregistered.

4.4 Although the merger would see patients been able to attend any of the five practice sites, the stated aim of the merger is to maintain and improve the quality, access and scope of clinical services for Station Road Surgery patients, to support Station Road Surgery staff and improve the overall efficiency of the running and management of services from that site.

4.5 Currently there are no plans to rationalise the number of sites across the two practices.

4.6 The merged practice would continue to be open during core hours across all five sites.

5. Process and Assurance

5.1 The merger of two PMS contracts can be a complex process involving legal, operational, clinical, and financial considerations. It requires careful planning to integrate systems, align governance, communicate with patients, and ensure the continued delivery of high-quality care. Key technical aspects include ensuring data compatibility, aligning staffing structures, reviewing financial and contractual obligations, and meeting regulatory standards. By carefully addressing these elements, a merger has the potential to result in a more streamlined, efficient, and patient-centred service.

[2] The second dose of the MMR vaccine, which protects against measles, mumps, and rubella.

5.2 In evaluating the business case and mobilisation plan the ICB is required to assure itself against the following key criteria

(i) Regulatory and Legal Compliance

(ii) Service Integration and Governance

(iii) Operational and System Integration

(iv) Patient Care and Communication

(v) Financial and Contractual Considerations

(vi) Patient List and Registration

(vii) Post Merger Evaluation and Adjustments

5.3 Assurance against the above requirements discussed in **Table 2** overleaf.

Table 2 – Business Case Assurance Criteria

1. REGULATORY AND LEGAL COMPLIANCE		
Key Criteria	**Business Case Assurance**	**Assurance Status**
NHS Contractual Framework and Regulatory Standards: Merging primary care services requires ensuring that both contracts comply with the relevant legal and regulatory frameworks, including NHS England's guidelines and relevant health legislation (e.g. NHS Act 2006 and Care Quality Commission standards).	• There are no identified contractual or regulatory barriers to the merger proposal. • Both practices are rated 'Good' overall by the Care Quality Commission, although Sidcup Medical Centre has a 'Requires Improvement' rating against the 'Responsiveness' domain linked to the GP Patient Survey and access issues. • This will be mitigated through inclusion of a quality improvement plan within the new PMS contract for the merged practice.	**Assured** – subject to inclusion of a Quality Improvement plan within the new PMS contract for the merged practice.
Transfer of Services: Merging contracts typically involves a transfer of assets, patients, staff, and infrastructure. Legal documentation needs to ensure that the rights of both providers and patients are protected throughout the process.	• The submitted business case details all the anticipated considerations, including systems, buildings and HR. There are no specific concerns, although the contractor's proposed time frame for a merger to take effect on 1st April 2025 would be challenging.	**Assured** – subject to agreement of an achievable time frame.
Procurement and Competition Law: If the merger involves a competitive bidding process or altering the contractual terms, procurement rules and competition law will apply The ICB may need to assess whether the merger can be justified under competitive	• Practice mergers that result in the same services continuing, albeit with different groups or individuals, under one of the previously existing contracts are permitted modifications under the Provider Selection Regime (i.e. the "considerable change threshold" is not met). • Where the modification is solely a change in the identity of the provider due to succession into the position of provider following corporate changes including takeover, merger, acquisition or insolvency and the ICB is satisfied that the provider meets the basic selection criteria (The Health Care Services (Provider	**Assured**

tendering or if a new procurement process is necessary.	Selection Regime) Regulations 2023) there is no requirement to run a PSR process. • There will, however, be a need to publish a Transparency notice on the 'Find a Tender' portal as the modification will be over £500,000 (to be published within 30 days of the contract being awarded/modified).	

2. SERVICE INTEGRATION AND GOVERNANCE		
Key Criteria	**Business Case Assurance**	**Assurance Status**
Clinical Governance: Both practices need to align their clinical governance structures. This includes establishing consistent quality standards, safeguarding protocols, patient safety measures, and ensuring that the Care Quality Commission (CQC) inspection ratings of both services are harmonized.	• Steps have already been taken to begin to integrate operational management and processes across the two practices. • Dr Deshmukh also has good experience of the requirements following previous mergers. • The business case provides a clear organisational structure describing the management structure for the merged practice, together with clarity of responsibility for key areas of clinical governance e.g. prescribing, Safeguarding, Health and Safety, Data Protection etc. • Further assurance is required to clarify clinical oversight at each of the 5 sites during core hours and/or when clinics are otherwise open. • Ongoing assurance will be requested, following the merger.	**Assured –** subject to further clarification of clinical oversight at each of the 5 sites during core hours and/or when clinics are otherwise open.
Integrated Care Models: With the growing emphasis on Integrated Neighbourhood Teams, there may be a need to consider how the merged entity will contribute to regional health strategies, support multi-disciplinary teams (MDTs), and integrate services with hospitals, social care, and other community-based services.	• Dr Deshmukh is the ICB's appointed Clinical and Care Professional Lead for the Frognal Locality and is actively engaged in development work associated with the creation of Integrated Neighbourhood Teams. • The business case recognises the direction of travel with regard to the development and expansion of Integrated Neighbourhood Team's within the borough and advocates the benefits of a health and wellbeing hub to facilitate this as well as co-location of for primary, community and voluntary sector services. • The business case also supports closer working with Oxleas NHS Foundation Trust and exploring how the merged practice could potentially play a key role in the future provision of services e.g. from the Queen Mary's Hospital site.	**Assured.**
Governance Structures: The management and decision-making structures of both contracts will need to be aligned.	• The existing and proposed merged organisational structures are included in Section 2 of the business case. Also included is a list of the delegated practice leads and the areas that they are responsible for, increasing the resilience of the future operating model under the merged practice.	**Assured.**

	• The business case also provides a list of the managers who will be based at each for the five sites, with responsibility for the day to day running of that site and to act as the escalation point to the GP Partners as necessary. • The merged practice will share back-office administration functions, and a single senior management structure will manage the merged practice, leading to more efficient and effective working practices and reduced costs. The process of recruiting for a new position of Assistant Practice Manager is underway. The expectation is that the successful candidate will start on 1st February 2025. This post will provide additional management capacity to the merged practice.	

3. OPERATIONAL AND SYSTEM INTEGRATION		
Key Criteria	**Business Case Response**	**Assurance Status**
IT Systems and Patient Records: Merging primary care contracts involves the integration of IT systems, including Electronic Patient Records (EPR). Two practices may be using different systems, and steps are required to ensure the compatibility and migration of patient data without disruption. Data protection and confidentiality standards (e.g. GDPR) must be maintained throughout the process.	• Both surgeries use EMIS Web as their clinical system and a mobilisation plan has been developed to ensure the two databases are successfully merged at the appropriate time. • EMIS has been made aware of the proposal and submitted costings to the ICB but has a scheduled freeze on changes between late March and the second week of April to enable systems to be aligned at the start of the financial year. This would likely necessitate the practice continuing to operate two separate lists until a date (to be agreed) in mid-April and this would need to be fully considered and mitigated as part of mobilisation plans.	**Assured** – subject to detailed consideration of 'dual running' of practice systems until lists are merged within clinical systems.
Financial Considerations: Financial reconciliation is a crucial part of the process, as each contract may have different payment structures, funding mechanisms, and reimbursement models. NHS England's funding allocation must be reviewed to ensure fair distribution of resources post-merger. Additionally, shared costs, savings, and financial risks must be carefully managed.	• There are no additional costs to the ICB associated with the provision of services under the merged PMS contract or other ancillary services as payments across the two practices would be combined based on established formulae linked to list size. • In terms of estate, Station Road Surgery is freehold and owned jointly by Dr Britta Knigge (Partner) and the Estate of Dr Richard Money. It's understood that Dr. Knigge is currently acquiring the freehold in full through the probate process. • Once the freehold has been acquired, a lease will need to be agreed with the ICB and a Value for Money report will be required as it will be moving from notional rent reimbursement to a lease arrangement. • The District Valuer will be instructed to carry out a Current Market Rent (CMR) assessment. • All costs associated with establishing the new lease for Station Road Surgery (other than the cost of rent and rates) will be financed by the new merged practice including SDLT – as applicable - and legal fees).	**Assured** – subject to the Partners acceptance of the associated condition covering compliance with District Valuer recommendations.

	• The combined clinical system merger costs is estimated to be in the region of £7,000 to £10,000 and would need to be funded through the ICB's IT budget. • There will be no costs associated with notifying patients about the merger as the letter is in scope of the PCSE core service, although there may be some notional costs associated with any additional proactive communications and engagement led by the ICB.	
Staffing and Human Resources: A key challenge is aligning HR systems, payrolls, and employment contracts. Both practices will need to harmonise policies, ensure proper alignment of salaries, job roles, and address redundancy or redeployment issues. Clinical and non-clinical staff retention and training are essential to ensure no disruption in service delivery.	• All Station Road Surgery staff eligible under TUPE will transfer to Sidcup Medical Centre. Sidcup Medical Centre has accounted for the full employment cost associated with the TUPE transfer of staff from Station Road Surgery. • Sidcup Medical Centre and Station Road Surgery each use specialist HR firms to provide HR support: Sidcup Medical Centre uses Peninsula, Station Road uses Croner. • Each HR provider will support their respective practices during the merger. Once the merger has been completed, Peninsular will provide HR support to the merged practice. • Existing employment terms and conditions for staff will not change. Practice partners and senior management are holding regular merger meeting with practice staff. Practice staff will be consulted on merging different teams and planning distribution of workload. • No redundancy costs associated with this merger proposal.	**Assured.**

4. PATIENT CARE AND COMMUNICATION

<table>
<tr><th>Key Criteria</th><th>Business Case Response</th><th>Assurance Status</th></tr>
<tr><td>Patient Communication: Clear communication with patients about the merger is vital to avoid confusion and ensure continuity of care. A detailed communication strategy should be developed, including information about any changes in service delivery, locations, and personnel.</td><td>

The practices have undertaken comprehensive engagement November and December 224 including SMS messaging, Website information, Questionnaire, Telephone welcome message and a note on prescription scripts.
A Q&A session was hosted by Dr Deshmukh and Dr Knigge on Wednesday 4th December 2024 at Sidcup Rugby Club, which was promoted across the practice websites and to a randomised sample of patients. Approximately 40 individuals attended the session. The session was recorded and hosted on practice websites following the meeting.
The ICB contacted other practices within Frognal Local Care Network to listen to their views and considerations.
A total of 71 surveys were completed by patients of Sidcup Medical Centre and 143 by patients of Station Road Surgery.
The number of patients for each practice who responded that they fully supported or somewhat supported the merger was as follows:

<table>
<tr><th>Practice</th><th>No of patients who responded ‘YES’ that they had an opportunity to read / access information about the proposed merger</th><th>No of patients who Fully support/somewhat support the merger</th><th>Percentage of total number of responses who fully support/somewhat support the merger</th></tr>
<tr><td>Sidcup Medical Centre patients</td><td>49</td><td>32[1]</td><td>45%</td></tr>
<tr><td>Station Road Surgery patients</td><td>110</td><td>71[2]</td><td>51%</td></tr>
</table>
[1] of the 32 patients who supported the merger, 23 responded ‘Yes’ that they had an opportunity to read / access information about the proposed merger.
</td><td>Assured – in relation to pre-engagement work. Ongoing comms and engagement will be required, prior to any agreed merger date.</td></tr>
</table>

[2] of the 71 patients who supported the merger, 64 responded 'Yes' that they had an opportunity to read / access information about the proposed merger.

The number of patients for each practice who responded that they had **no strong view either way** was as follows:

Practice	No of patients who responded 'YES' that they had an opportunity to read / access information about the proposed merger	No of patients who Have no strong views either way	Percentage of total number of responses who have no strong views either way
Sidcup Medical Centre	49	**25**[3]	**35%**
Station Road Surgery	110	**34**[4]	**24%**

[3] of the 25 patients who have no strong views either way, 14 responded 'Yes' that they had an opportunity to read / access information about the proposed merger.
[4] of the 34 patients who have no strong views either way, 20 responded 'Yes' that they had an opportunity to read / access information about the proposed merger.

- Patients were asked to complete a free text box giving reasons for their choice as to whether they support or oppose the merger. Not all patients gave a response in the free text box.
- The results were analysed and each individual reason was put into one of six 'headline' categories.

Sidcup Medical Centre

Free Text Box categorisation	Number of patient responses
Concerns over negative impact on SMC	10
Concerns over quality of service provided by SMC	4
Concerns over quality of service provided	1

	by SRS	
	Can see potential for services/access to be improved	17
	Support the merger provided service/patient is not negatively affected	6
	No views /Don't know/Other	4
	Total Responses	**42**

Station Road Surgery

Free Text Box categorisation	**Number of patient responses**
Happy with service provided by SRS	6
Concerns over quality of service provided by SMC	13
Can see potential for services/access to be improved	38
Concern that services/access will be negatively impacted	20
Support the merger provided service/patient is not negatively affected	11
No views /Don't know/Other	7
Total Responses	**95**

- Overall, a small majority **(51%)** of Station Road Surgery patients supported the merger and 24% expressed no strong views either way. **45%** of Sidcup Medical Centre patients supported the merger with 35% expressing no strong views either way.
- It's acknowledged by the partners of both practices that those patients who strongly oppose / somewhat oppose the merger have voiced concerns, however many of the reasons that the patients have cited for their opposition are in the process of being addressed or will be addressed shortly, as set out in the Business Case.

Care Pathways and Patient Journeys:	• Following the merger, all patients will be able to be seen at any of the five sites. It is anticipated that a small number of patients who use the Church Avenue, Burnt Oak Lane or Station Road sites may interchange between these sites, as they are geographically close.	**Assured –** subject to ongoing

The integration of services must ensure that care pathways remain uninterrupted, and patient journeys are as seamless as possible. This could include changes in the way appointments are booked, referrals are made, or prescriptions are processed.	The Thanet Road and Crook Log sites are neither close to each other nor to the other three sites and therefore it is unlikely that patients registered at these sites would request to be seen at another site. • Improvements to patient call handling, call and recall services and administrative services will be of significant benefit to patients and should result in increased patient satisfaction, particularly for those patients formerly registered with Station Road. The new staffing and management structure has the potential to improve staff satisfaction and morale, leading to better staff retention and recruitment. • Both practices operate a 'total triage' model (Sidcup Medical Centre from February 2023 and Station Road Surgery from April 2024). Whilst this is well received by some patients, it has also been a source of concern and further assurance is required that patients will have equitable access to appointments, regardless of mode of contact with the practice. • Both practices use AccuRx patient online consultation software. This has significantly improved access to GP appointments and patients can book urgent appointments on the same day, and routine appointments within 3 working days, every day of the week. • Both practices have moved to cloud-based telephony with Surgery Connect. They have a call back facility. Post-merger, each practice will retain its own telephone number. When a patient rings on any of the five practice site telephone numbers, the system directs the call to the next available receptionist, of which there will be 11, based across the five sites. Calls are answered in the order in which they are made, and receptionists are able to book a patient into any of the five sites. The telephony provider has provided assurance that post-merger both the Station.	review of the practices 'total triage' model and equity of access.
Access and Continuity of Care: One of the most important considerations is maintaining access to services and continuity of care for patients, especially for those with chronic conditions or complex care needs. The merged service must maintain a high level of patient satisfaction and	• There should be limited change for patients at Station Road Surgery. • Whilst becoming Sidcup Medical Centre patients they will continue to be able to access the full GP Practice offer at the Station Road Surgery site, whilst having additional flexibility and access to care across the other four sites. Patients would also have the option to re-register with an alternative practice, provided they fall within the relevant catchment area. • Post-merger, patients would be able to be seen at any of the five sites, regardless of which practice they are currently registered with. It is anticipated that a small number of patients who use the Church Avenue, Burnt Oak Lane or Station Road sites may interchange between these sites, as they are geographically close. The Thanet Road and Crook Log	**Assured**

ensure no disruption to care delivery.	sites are neither close to each other nor to the other three sites and therefore it is unlikely that patients registered at these sites would request to be seen at another site. • There are no plans to close any of the current sites because of the merger. There is insufficient capacity to allow the closure of any one site and the transfer of patients to the remaining sites. • There will be no change in the overall opening hours for the five sites. • Existing Station Road Surgery patients will have access to Long Acting Reversible Contraception (LARCs) and Minor Surgery Joint Injections as a result of the merger. • Station Road has been able to appoint one additional salaried GP (4 sessions per week) who started in September 2024 and an Additional Roles Reimbursement Scheme GP (2 sessions per week) who started in October 2024. This will significantly improve clinical capacity to meet patient demand and provide continuity of care.	

5. FINANCIAL AND CONTRACTUAL CONSIDERATIONS

<table>
<tr><th>Key Criteria</th><th>Business Case Response</th><th>Assurance Status</th></tr>
<tr><td>Payment and Reimbursement: Payment structures may need to be renegotiated post-merger, and the financial arrangements for the merged service must reflect the merged workforce, premises, and patient list.</td><td>There are no additional costs to the ICB associated with the provision of services under the merged PMS contract or other ancillary services as payments across the two practices would be combined based on established formulae linked to list size.</td><td>Assured</td></tr>
<tr><td>Quality Indicators and Performance Measures: Both practices will be evaluated based on their quality metrics (e.g., QOF - Quality and Outcomes Framework, Patient Satisfaction surveys).</td><td>• Both practices' QOF performance is currently high; however, the merged practice will continue working towards improving QOF scores. Most practices in England have struggled in recent years with reaching the childhood immunisation targets. However, the practice will continue to monitor and encourage uptake of immunisation, processes being already in place across both practices.

<table>
<tr><th>Financial Year</th><th>Sidcup Medical Centre</th><th>Station Road Surgery</th><th>England</th></tr>
<tr><td>2023/2024</td><td>92.44%</td><td>93.22%</td><td>93.03%</td></tr>
<tr><td>2022/2023</td><td>91.40%</td><td>93.20%</td><td>90.40%</td></tr>
<tr><td>2021/2022</td><td>89.90%</td><td>95.40%</td><td>91.80%</td></tr>
<tr><td>2020/2019</td><td>100.00%</td><td>99.90%</td><td>96.20%</td></tr>
<tr><td>2019/2018</td><td>99.90%</td><td>99.90%</td><td>95.60%</td></tr>
</table>

• The Partners recognise shortcomings from both practices in relation to recent GP Patient Survey results and the business case includes plans to address this through training including communication, handling complaints and considering the clinical experience from the patients' perspective.
• In 2023/24, Sidcup Medical Centre achieved all KPI targets in the GP Premium.</td><td>Assured – subject to quality improvement plan to be included within the merged PMS contract.</td></tr>
</table>

	• Station Road Surgery's 2023/24 GP Premium KPI achievements dipped due to staffing issues and Dr Knigge being the only clinical partner. Following the merger an improvement is expected as there will be a larger pool of clinical staff to address GP Premium services, as well as other service elements.	

6. PATIENT LIST AND REGISTRATION

Key Criteria	Business Case Response	Assurance Status
Patient Registration System: A critical step in the merger is the consolidation of patient lists. Both practices will need to reconcile patient registration data, ensuring that no patient is lost in the transition and that their registration details are accurately transferred to the new merged entity.	• Both surgeries use EMIS Web as their clinical system and a mobilisation plan has been developed to ensure the two databases are successfully merged at the appropriate time. • EMIS has been made aware of the proposal but has a scheduled freeze on changes between late March and the second week of April to enable systems to be aligned at the start of the financial year. This would likely necessitate the practice continuing to operate two separate lists until a date (to be agreed) in mid-April and this would need to be fully considered and mitigated as part of mobilisation plans.	**Assured** – subject to detailed consideration of 'dual running' of practice systems until lists are merged within clinical systems.
GP Allocation and Continuity: Care should be taken to ensure that patients have access to their preferred GP where possible. The new structure may involve reassigning patients to new clinicians, which could affect patient satisfaction and the overall experience.	• There should be limited change for patients at Station Road Surgery. • Whilst becoming Sidcup Medical Centre patients they will continue to be able to access the full GP Practice offer at the Station Road Surgery site, whilst having additional flexibility and access to care across the other four sites. Patients would also have the option to re-register with an alternative practice, provided they fall within the relevant catchment area	**Assured**

7. POST-MERGER EVALUATION AND ADJUSTMENTS		
Key Criteria	**Business Case Response**	**Assurance Status**
Post-merger Review: After the merger, it is essential to conduct an internal review to ensure that operational, clinical, and financial goals are being met. Any issues related to service delivery, staff morale, or patient satisfaction should be addressed.	• The recommendation will include a Quality Improvement plan to be incorporated within the merged PMS contract. This will be subject to ongoing review and the ICB will meet quarterly with the practice in the first 12 months following the merger to ensure that all the stated operational, clinical, and financial goals are being met.	**Assured –** subject to ongoing engagement with the review processes.
Monitoring and Reporting: The merged contract will need ongoing monitoring to ensure compliance with the ICB and NHS England's guidelines, contract requirements, and performance expectations. Regular reporting to the ICB NHS England and other stakeholders will be required.	• Existing data sharing arrangements will continue under the merged practice with clinical systems data flowing into all established ICB, regional and national datasets for reporting and comparison.	**Assured**

6. Benefits

6.1 A key advantage of a contractual merger would be the 'pooling' of staff. This means greater ability for staff to provide cover for unexpected absences (something that is currently a challenge for Station Road Surgery), and would mean that Station Road patients could access a greater pool of clinicians with specialist knowledge or an interest in a particular condition; for example, one of the Sidcup Medical Centre clinicians has a particular interest in Minor Surgery – Joint Injections and therefore Station Road Surgery patients would have the opportunity to have a consultation with that clinician, if they wished.

6.2 Also, Station Road Surgery only has a small reception team to answer the phone, and any unplanned absence causes significant issues. The merged practice would be able to use a larger reception team to answer the phones across all its sites, which would make covering any unplanned absences significantly easier, improving the service we provide to patients.

6.3 Past issues of recruitment and retention of clinical and non-clinical staff should improve as these changes take effect, which in turn has the potential to improve patient satisfaction.

6.4 Taking the above into account, the proposal has the potential to maintain and improve quality of care and convenience for Station Road Surgery patients, bringing benefits to both the patients and practice staff.

7. Considerations

7.1 Quality: There have been concerning trends for both practices highlighted across several years of the national GP Patient Survey (i.e. overall experience and confidence and trust). The Partners recognise the issues and have proposed steps to address shortcomings e.g. additional training but there is a risk that the required improvements will not be delivered, with a health equity impact for a significant cohort of patients.

7.2 *Mitigation:* The merger will be conditional on a Quality Improvement Plan agreed with the ICB with future under performance to be managed through contractual procedures, where applicable.

7.3 Total triage: Whilst this model and approach can bring benefits to patients and streamline access and practice operations, it is not universally well received by some patients, consequently these patients will seek alternative GP practices in the locality. More so for older patients and those with more complex long-term conditions who may be less IT literate and/or have less access to the internet. Therefore, assurances will be required on continued equity of access through all modes of contact with the practice; online, telephone and face to face at reception. Staff will require specific training in supporting patients with an empathetic approach to the total triage approach.

7.4 *Mitigation:* The submitted Quality Improvement Plan must evidence how the merged practice will ensure full equity of access to appointments via AccuRX, telephone or in-person and that patients are fully supported to access the full range of available appointments, regardless of their preferred method of contact with the practice.

7.5 List Movement: This is a particular concern which has been expressed by neighbouring practices within Frognal Primary Care Network and will require close monitoring following any agreed merger.

7.6 *Mitigation:* The ICB will keep this situation under review and take steps to support practices, where appropriate.

7.7 Station Road Lease: There is a risk of complications in relation to agreeing a new lease for the Station Road Surgery site.

7.8 *Mitigation:* Full resolution will be a prerequisite to the merger proceeding as set out in Section 8 below.

7.9 Patient Choice: The merger would represent a reduction of choice for patients in the south of the borough. There would be 3 alternative practices south of the A2, namely Barnard Medical Practice, Woodlands Surgery and Plas Meddyg Surgery. *Mitigation*: as per 7.8.

8. Alternative Options

8.1 Deshmukh joining as Managing Partner at Station Road Surgery has brought some short-term stability to Station Road surgery, however these are viewed by the Partners of both practices as a short-term fix to the issues faced by Station Road Surgery.

8.2 A review of alternative options to a merger for options for Station Road Surgery's has been considered.

8.3 Option 1 Do Nothing: Station Road remains a single practice and Dr Deshmukh continues to provide limited assistance and support as his own capacity allows. Dr Deshmukh and Dr Knigge do not believe this is sustainable or desirable due the unsustainable workload for Dr Knigge and the lack of resilience should she be unexpectedly absent from the practice for any length of time. This would have a serious impact on the provision of clinical services at Station Road Surgery. Dr Deshmukh would not have the capacity to cover for such an absence

8.4 In mitigation, Dr Knigge and Dr Deshmukh could look to bring an additional GP onto the Partnership at Station Road but this has proved challenging for Dr Knigge over the past 2 years. The risk would be that the contract is handed back to the ICB by Station Road Partners. This would leave the ICB with two options (other than the proposed merger):

(i) Terminate the contract undertake a re-procurement of the service, which would be time-consuming and costly. It is also likely that future costs for delivering the same services as currently provided at Station Road would increase significantly as a result of any re-procurement.

(ii) Terminate the contract and disperse the list among neighbouring practices. This would cause challenges for patients having to travel further to access primary care services. There would also be challenges for nearby practices to absorb an additional 10,000 patients in addition the established lack of clinical space in Bexley.

9. Recommendation

9.1 In consideration of the available options, the recommendation from Primary Care Delivery Group is that the Bexley Wellbeing Partnership Committee *approve in principle* the merger of Station Road Surgery and Sidcup Medical Centre with the date of its enactment to be agreed by the Place Executive Lead once the following criteria have been satisfactorily addressed:

(i) The highlighted areas requiring additional assurance as set out in Table 2 are fully addressed.

(ii) The planned acquisition of the Freehold for the 69 Station Road Surgery site by Dr Knigge must be completed in advance of the merger proceeding.

(iii) The ICB will need to prior approve any subsequent lease agreement for 69 Station Road Surgery site and be assured that the premises are fit for purpose for the duration of that lease. This would require commitment by the Contractor to fully address any compliance

issues as may be highlighted by the District Valuer in line with the revised 2024 Premises Cost Directions.

(iv) The lease arrangements for all sites within the merged practice must be supported by a Partnership Agreement which clearly sets out how estates issues would be managed, should either named partner(s) leave the partnership together with responsibilities for repair and maintenance. This requirement includes 2 Church Avenue, 231 Burnt Oak Lane, 63 Thanet Lane and 19 Crook Log which are leased to Dr Siddharth Deshmukh and Dr Shraddka Karkare as named individuals.

(v) The ICB must be assured that the Contractor's mobilisation implementation plan is fully deliverable in line with the date of enactment for the merger, including that any IT system related delays or disruption at the point of merger can be fully mitigated with regard to service quality, patient safety, access for patients currently registered at both practices.

9.2 The merger would be the then be conditional on:

(i) Submission of a Quality Improvement Plan to include:

- Patient experience, as evidenced by the national GP Patient Survey (including Overall Experience, Telephone Access and Confidence and Trust in clinicians).
- Appointments and clinics consistently recorded on clinical systems in accordance with national guidelines and consistent with advice and guidance provided to the practice by the ICB in 2024.
- Full equity of access to appointments via AccuRX, telephone or in-person and that patients are fully supported to access the full range of available appointments, regardless of their preferred method of contact with the practice.
- Any other outlier quality outlier indicators as may be reasonably identified by the ICB as commissioner of the contract in the preceding 12 months and/or in the first 12 months following enactment of the merger.

(i) The contractor committing to continued membership of the Frognal Primary Care Network (PCN) and ensuring that any internal governance procedures and voting rights within the PCN are amended (where applicable) to ensure equity across the three remaining member practices. Future governance arrangements must be to the satisfaction of all member practices.

(ii) The contractor taking all reasonable steps to establish itself as a training practice by September 2025.

(iii) The practice continuing to provide support to the Learning Disability Care Homes previously supported by Station Road Surgery.

NHS
South East London

Equality Impact Assessment: Screening Form

1. Please fill in the requested information below. For each question (1-5), refer to the definitions of "likelihood" and "consequence" provided on the next page. In the columns provided (below), note down the terms such as "likely" (for likelihood) or "medium impact" (for consequence). This will help you decide the overall category for the likelihood and consequence. Please review the tables below prior to starting your Equality Impact Assessment form.
2. At the end, you'll need to determine the overall likelihood and consequence. Multiply these together (likelihood x consequence) to get a score. This score will show whether you need to complete a full Equality Impact Assessment form.
3. The overall score in the table below is not a total of all the individual points. Instead, you should decide on an overall rating for both the likelihood and consequence. For example, likelihood could be "likely (4)", and consequence could be "medium impact (4)."
4. To decide if you only need to complete this screening form or a full Equality Impact Assessment, use the overall score. For instance, if the score is 4 (likelihood) x 4 (consequence) = 16, this score is in the red zone, meaning a Full Equality Impact Assessment is required.
5. For each question, please take into consideration how significant the impact will be on the service user/workforce/organisation or the organisation.
6. Please note: The term "project" includes Policies, Practices, Strategies, Plans, Planning, Commissioning, Procurement, Service Provision/Delivery, Decommission Services/Phasing out Policies, and Frameworks and Training.

The following protected characteristics need to be considered for any negative impacts:

Protected Characteristics		
Age	Pregnancy/Maternity	Marriage/Civil Partnership (employment only)
Disability	Race	Socio-economic / Deprivation
Sex	Religion/Belief	Carers
Gender reassignment	Sexual orientation	Digital Inclusion

Equality Impact Assessment: Screening Form			
Name (project lead)	Practice-led merger		
Job title	n/a		
Organisation	Bexley		
Name of Project	Proposed Practice Merger – Sidcup Medical Centre and Station Road Surgery		
Engagement/Data gather	A random sample of patients, proportionately chosen across 4 age ranges representing c30% of patients over the age of 16 with a registered mobile phone, were directed to a website which set out the details of the proposed merger, via an SMS message. Hard copies of the same information were available at reception. Patients were also directed to the website/hard copies via a note of prescription forms and the welcome message on the practice telephone system. Patients were also invited to attend a presentation by Drs Deshmukh (lead GP and Senior Partner Sidcup Medical Centre) and Knigge (Partner Station Road Surgery). A random sample of c55% of the patients who received the first SMS were sent a second SMS inviting them to complete a short survey. Patients who attended the presentation were invited to complete the survey. The survey was also made available on each practice's website and in hard copy at practice receptions. As part of the survey patients were asked to give details of their age, gender and race. Information such as religion, sexual orientation was not collected as part of the survey. The results of the survey are set out in the Business Case presented by the two practices in support of the merger but there was no information in the survey feedback to suggest specific concerns associated with any of the protected group.		
Aim/Purpose of the project/decision	To approve the formal merger of two practices, Sidcup Medical Centre, Church Avenue, Sidcup and a neighbouring practice Station Road Surgery, Station Road, Sidcup. NB. Both sites will be retained and no significant change to service provision is anticipated. The merger represents a change of provider rather than change to contract service specification or service delivery model.		
Date it will be going to committee/SMT/SLT for approval	Bexley Wellbeing Partnership Committee, 23 January 2025		
Project Lead Signature	Graham Tanner (email, main contact)	**Date:**	20 December 2024
EDI Team Signature	*Louis French*	**Date approved:**	13/01/25

Comments from EDI Team	No disproportionate impact has been identified following a thorough review of all relevant data, evidence, and feedback. Screening is sufficient - no indications of adverse effects on any protected characteristic or group as a result of the merger. Any outstanding comments or queries raised during the review have been addressed in good detail prior to sign-off.

No.	Please answer the following questions, using any data/intelligence you have available right now.	Likelihood	Consequence	Comments
1.	Does this project affect people with protected characteristics, and to what extent does it impact access, experience, and outcomes?	Rare	(low) Medium impact	No -The proposed merger does not result in the loss of a practice or any practice sites. The patient population of the merged practice will be the combined population of the two individual practices as at the date of the merger. It will not impact on the ability of any patient in the boundary area to register with either practices. There is no reduction in clinical capacity offered by the combined practice. There will be no change in the booking systems or the delivery of the service, which will impact on any patients with protected characteristics.
2.	Has your data and/or engagement identified that there will be an impact on Protected Characteristics?	Rare	(low) Medium impact	No – patient engagement as set out above did not identify any negatives impacts as a result of the proposed merger of the two practice on patients with protected characteristics.
3.	Are adjustments/mitigating actions required to ensure the project is accessible and what will the Impact be on protected characteristics?	Rare	(low) Medium impact	No – There are no adjustments/mitigating actions required as a result of the merger. There will not be any negative impact on patients with protected characteristics as a result of this merger.
4.	Are significant health inequalities associated with this project and what will the affect be on people with protected characteristics?	Rare	(low) Medium impact	No - There are no health inequalities that have been identified as a result of the merger for patients with protected characteristics.
5.	If any impact is identified, how likely will there be mitigating actions and how will these be reviewed?	Rare	(low) Medium impact	Non required – No negative impacts as a result of the merger have been identified for patients with protected characteristics and therefore no mitigating actions are being proposed.
	Overall	Rare (1)	(low) Medium impact (3)	3: **GREEN**: Equality Analysis Screening form to be completed only.

Likelihood:

Score	Likelihood	Description
1	Rare	Occurrence is rare/measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics. There is sufficient data to make a decision and relevant engagement has been undertaken.
2	Unlikely	It is unlikely to occur/ measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics/ there is sufficient data to make a decision and engagement has been undertaken.
3	Possible	There is a 50/50 possibility for it to occur/no measures in place for any adverse impact if it was to occur/ there is insufficient data to make a decision or engagement has not been undertaken.
4	Likely	There is a high chance of inequalities to occur more likely/no measures are in place any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.
5	Almost certain	It is almost certain to cause inequalities with this project/ there are no measures in place for any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.

Consequence

Score	Consequence	Description
1	No impact	• No impact any of the protected characteristics or the organisation/no adverse impact likely. • No engagement is required/there is enough data from previous engagement undertaken • No adjustments needed to make the proposal accessible. • No health inequalities associated with this project • No monitoring of mitigated actions required as no impact/mitigating reasons e.g. Legal obligations/for a certain protected characteristics. • Equality Analysis Screening form to be completed only.
2	Minor impact	• Minor impact any of the protected characteristics or the organisation/adverse impact is unlikely. • No/minor engagement is required/there is enough data from previous engagement undertaken • No/minor adjustments needed to make the proposal accessible.

		• No/minor health inequalities associated with this project • No monitoring of mitigated actions required as no impact/mitigating reasons e.g. legal obligations/for a certain protected characteristics. Measures are in place to ensure there is no adverse impact that will occur • Equality Analysis Screening form to be completed only.
3	(Low) medium impact	• There is a medium impact any of the protected characteristics or the organisation/adverse impact is likely. • There is a requirement for engagement is required/there is insufficient data to make a decision on impact on protected characteristics • Adjustments are needed to make the proposal accessible. • There is a medium impact health inequalities associated with this project • monitoring of mitigated actions required as there is a medium impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Will most likely require a full Equality Analysis to be completed.
4	Medium Impact	• Significant to critical impact to any of the protected characteristics or the organisation/adverse impact is likely. • There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it. • There is evidence to suggest that adjustments are needed to make the proposal accessible. • There is a significant to critical impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk • Monitoring of mitigated actions required as there is a significant to critical impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Requires a full Equality Analysis to be completed.
5	High impact	• Critical to Major impact to any of the protected characteristics or the organisation/adverse impact is highly likely. • There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it. • There is substantial amount of evidence to suggest that adjustments are needed to make the proposal accessible. • There is a critical to major impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk • Monitoring of mitigated actions required as there is a critical to major impact / Measures/mitigations are not yet in place to ensure negative impact does not occur. • Requires a full Equality Analysis to be completed.

- To determine if you need to complete a full Equality Impact Assessment form, use the overall score from the table above.
- Calculate the score by multiplying Likelihood and Consequence (L X C).
- Use the following key to interpret your score:
  - **Green**: Only the screening form needs to be completed.
  - **Amber**: Complete the screening form; a full Equality Impact Assessment may be needed after review by the EDI team.
  - **Red:** A full Equality Impact Assessment form must be completed.

Equality Impact Assessment Matrix

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			1	**2**	**3**	**4**	**5**
Consequence	High impact	**5**	5	10	15	20	25
	Medium Impact	**4**	4	8	12	16	20
	(Low) medium impact	**3**	3	6	9	12	15
	Minor impact	**2**	2	4	6	8	10
	No Impact	**1**	1	2	3	4	5

Bexley Wellbeing Partnership Committee

Thursday 23rd January 2025

Item: 5

Enclosure: D

Title:	**Primary Care Delivery Group Business Update Report – Q3 2024/25**
Author/Lead:	Graham Tanner, Associate Director Primary and Community Care, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	The Bexley Primary Care Delivery Group (PCDG) is established as a sub-committee of the Bexley Wellbeing Partnership (BWP) 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) Supporting the Bexley Wellbeing Partnership Committee by considering all contractual matters relating to Primary Medical Service, (PMS), General Medical Service (GMS) and Alternative Primary Medical Service (APMS) contracts, together with the Primary Care Network (PCN) Network Direct Enhanced Service Contract, local premiums/incentives, locally commissioned services and contracts (delivered through Primary Care), out of hours GP services, Primary Care estate issues, Primary Care business continuity and contingency planning and all financial/budgetary issues relating to Primary Care. (ii) Supporting the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, (Fuller Report). 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 decisions taken by the Place Executive Lead in line with their delegated authority within the ICB and/or endorsements or recommendations requiring	**Update / Information**	✗
		Discussion	
		Decision	

	formal consideration and approval by the Committee	
Summary of main points:	The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q3 2024/25 at its meetings held on: • 2nd October 2024 • 6th November 2024 • 4th December 2024 All the above meetings were Quorate in line with the adopted Terms of Reference. There was no Part 2 meeting held on 2nd October. All decisions noted were approved by the Place Executive Lead in line with their delegated authority.	
Potential Conflicts of Interest	This report is for information only.	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are discussed and agreed in conjunction with the Associate Director of Finance.
	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 where applicable.
Recommendation:	The Bexley Wellbeing Partnership Committee is requested to review the report and to highlight any items for further clarification and/or future reporting to the Committee.	

Primary Care Delivery Group Business Update Summary

Q3 2024/25

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
2 October 2024	**Part 1**	**National GP Patient Survey 2024** - to highlight the National GP Patient Survey Results and the availability of analysis tools to support PCNs and Practices to understand and evaluate any variations.	The Primary Care Delivery Group is asked to: (i) Note the report and accompanying slides, highlighting potential areas for further investigation. (ii) Discuss and agree other appropriate forums for sharing the information.	Item for discussion and assurance only.
2 October 2024	**Part 1**	**System Winter Resilience Plan 2024/25** - to review the proposed system winter plan as it relates to Primary Care, together with a public engagement campaign and communications programme.	The Primary Care Delivery Group was asked to note the report.	Item for discussion and assurance only.
2 October 2024	**Part 1**	**Primary Care Risk Register** - presented as a regular standing item at Primary Care Delivery Group 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 reflects delegated commissioning and contracting functions within the Integrated Care System (ICS).	The Primary Care Delivery Group was asked to: (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as a substantive risks within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register.	Item for discussion and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
			(iv) Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system.	
6 November 2024	**Part 1**	**Routine Childhood Immunisation Schedule Stocktake** - to provide a stocktake on the Bexley position on the coverage of childhood vaccinations delivered as part of the routine immunisation for 2023/24 and a brief review of Qtr.1 data for 2024/25	Primary Care Delivery Group was asked to agree the establishment of a local Task and Finish Group to agree a co-ordinated programme of activity to address disparities and inequities in Childhood Immunisation uptake, including any additional resource requirements for future reporting to Primary Care Delivery Group. Primary Care Delivery Group was requested to endorse this approach and consider appropriate representation.	Recommendation approved – Place Executive Lead Delegation
6 November 2024	**Part 1**	**Pharmacy First Update** - to provide an update on the roll-out and uptake of Community Pharmacy Clinical Services, including: (i) Pharmacy First (ii) Hypertension Screening and (iii) Contraceptive Service Also, an update in relation to the Medicine's Implementation Group (MIG) and an update on the Bexley PCN Pharmacist and Community Pharmacist event hosted on 18 September 2024.	Primary Care Delivery Group was asked to note the report.	Item for discussion and assurance only.
6 November 2024	**Part 2**	**Bursted Wood Surgery APMS contract** - to provide an update on the future of this contract ahead of the contract coming to an end on 31st December 2024.	Primary Care Delivery Group was asked to approve terms negotiated with the contractor and to note updates on the implications of the Provider Selection Regime (PSR).	Recommendations approved – Place Executive Lead Delegation

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
6 November 2024	**Part 2**	**Sidcup Medical Centre / Station Road Surgery merger proposal** – review and update.	Primary Care Delivery Group was asked to note the report.	Item for discussion and assurance only.
6 November 2024	**Part 2**	**Primary Care Risk Register (Part 2)** - presented as a regular standing item at Primary Care Delivery Group 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 reflects delegated commissioning and contracting functions within the Integrated Care System (ICS).	The Primary Care Delivery Group was asked to: (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as a substantive risks within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register. Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system.	Item for discussion and assurance only.
4 December 2024	**Part 1**	**Enhanced Access Update report** – to provide an update on the current delivery position for Enhanced Access across the 4 Primary Care Networks in Bexley Borough.	Primary Care Delivery Group was recommended to note the report and comment on the proposed follow up work and key lines of enquiry	Item for discussion and assurance only.
4 December 2024	**Part 1**	**24/25 GP Premium 6 Month Review -** to provide an overview of GP Premium Performance for the first two quarters of 2024/25.	Primary Care Delivery Group was asked to note the report outlining achievement trajectories for the Bexley GP Premium as at the end of Q2 24/25. It was also recommended that this paper be shared with practices to highlight some of the variation in activity and performance	Item for discussion and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
4 December 2024	**Part 2**	**Bursted Wood Surgery APMS Update Report -** to update on key activities in relation to the Bursted Woods contract extension and future plans.	Primary Care Delivery Group was recommended to note the report.	Item for discussion and assurance only.
4 December 2024	**Part 2**	**Station Road and Sidcup Medical Centre Merger and Business Case -** to provide a brief update in relation to the merger proposal and associated business case for Station Road Surgery and Sidcup Medical Centre.	Primary Care Delivery Group was recommended to note the report.	Item for discussion and assurance only.
4 December 2024	**Part 2**	**Littleheath Surgery (Dr Davies) Update Report -** to provide an update on Littleheath Surgery.	Primary Care Delivery Group was recommended to note the report.	Item for discussion and assurance only.

Bexley Wellbeing Partnership Committee

Thursday 23rd January 2025

Item: 6

Enclosure: E

Title:	**Finance Report Month 8**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	**This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at month 8 (November) 2024/25).**	**Update / Information**	
		Discussion	***X***
		Decision	

Summary of main points:

<u>Bexley place financial position</u>

As at month 8, Bexley Place reported underspends, year to date of £69k and forecast of £270k.

Key drivers to the position:

- Prescribing reports an overspend of £436k YTD and £420k FOT. This is a £150k deterioration from last month's position. As usual, the position has a two month lag in actual data and an average estimate of same has been included. The primary drivers continue to be significant growth in medicines aimed at preventing complications and optimise the management of long-term conditions. The impact of the efficiency and recovery plans is expected to decelerate the run rate however this is still expected, and monitoring will continue throughout the financial year.
- CHC reports a YTD underspend of £134k and FOT of £176k, marking the third month of underspend. The deceleration in the run rate is attributed to the implementation of efficiency plans, particularly in CHC reviews, personal health budget refunds, and improved payment practices with CHC providers. Monitoring will continue due to the inherent volatility of the service and the potential for retrospective claims.
- Corporate budget reports £186k and £206k underspend YTD and FOT respectively due to existing vacancies which are now being filled.
- Community Health Services reports an underspend of £109k and £164k YTD and FOT respectively due to efficiency delivery within various contracts.
- Acute Services delivered an underspend of £51k YTD and FOT of £76k, driven by efficiency within the urgent care contract.

- Other service areas are delivering a marginal underspend/break-even position against budget YTD and FOT.

Efficiency savings – The 24/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been identified at £3.47m, which is 4% above plan as a contingency. The schemes are on track to fully deliver.

South East London ICB Summary

As at month 8, the ICB is reporting a year to date (YTD) surplus of £2,447k, which is £745k adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack – specifically, to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£3,192k) of its additional savings requirement.

Due to the usual time lag in receiving current year information from the PPA, the ICB has received six months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend YTD of £2,862k at month 8. Details of the drivers and actions are set out later in the report.

The current expenditure run-rate for continuing healthcare (CHC) services is above budget (£2,570k YTD), a small improvement from last month. Lewisham (£2,990k), Bromley (£401k) and Greenwich (£270k) boroughs are particularly impacted, with the other boroughs reporting small underspends.

The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of circa £500k per month and £3,825k YTD. The first redundancy payments are expected to be made in January 2025.

Two places are reporting overall overspend positions YTD at month 8 – Lewisham (£224k), improved by £212k from last month and Bromley (£43k), an improvement of £297k. Financial focus meetings are being held with all places and the CFO/Deputy CEO in December.

In reporting this month 8 position, the ICB has delivered the following financial duties:

1. Underspending (£1,604k YTD) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
2. Delivering all targets under the Better Practice Payments code;
3. Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
4. Delivered the month-end cash position, well within the target cash balance.

As at month 8, the ICB is reporting a forecast breakeven position against its plan for a £38,969k surplus. However, of this, £33,321k, is outside the ICB's control. We are expecting local providers to improve their financial positions by £18,321k as per the operating plan of 12 June, and £15,000k relates to the stretch savings target for KCH, for which the ICS does not currently have identified mitigations. The remaining surplus of £5,648k is being delivered by the ICB.

	South East London ICS Summary At month 8 the system is forecasting to deliver breakeven, in line with the plan. The ICB is forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. The ICB surplus includes £34.2m of improvement that will be delivered by providers but has been held, to date, in the ICB for planning purposes. For month 8 SEL ICS is reporting a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers are the impact of the Synnovis cyber-attack (£35.7m), and slippage in efficiency programmes (£26.1m). At month 8 the system is forecasting a £77.5m unmitigated gap from delivering its financial plan which includes £39.7m of impact of the Synnovis Cyber attack. SLAM and LGT should consider if, considering their individual gaps, they wish to formally request a reforecast of their financial position to reflect they will not achieve their financial plans. Capital Departmental Expenditure Limit (CDEL) –After agreed adjustments relating to the CDEL repayments to NHSE and loan of CDEL from South West London ICB, the system is forecasting to under-spend its system capital allocation by £5.9m.	
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	The finance reports and efficiency delivery are reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings.
	Other Committee Discussion/ Engagement	The finance reports are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) To review the month 8 (November 2024) financial position for Bexley Place. (ii) To note the NHS South East London ICB and NHS South East London ICS financial position at month 8 (November 2024). Details of these reports can be provided upon request.	

South East London Integrated Care System

Bexley Wellbeing Partnership Committee

Finance Report – Month 8

Thursday 23rd January 2025

V1.0

Bexley Wellbeing Partnership

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Bexley

NHS South East London

Overall Position

	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s	FOT Budget £'000s	FOT Actual £'000s	FOT Variance £'000s
Acute Services	3,336	3,285	51	5,004	4,928	76
Community Health Services	15,017	14,907	109	22,525	22,361	164
Mental Health Services	7,100	7,074	26	10,650	10,582	68
Continuing Care Services	17,426	17,292	134	26,139	25,963	176
Prescribing	25,208	25,644	(436)	37,448	37,868	(420)
Prescribing Reserves	-	-	-	-	-	-
Other Primary Care Services	2,252	2,252	(0)	3,377	3,377	0
Other Programme Services	799	799	0	1,199	1,199	0
Programme Wide Projects	-	-	-	-	-	-
Delegated Primary Care Services	26,714	26,714	(0)	44,542	44,542	(0)
Corporate Budgets	2,018	1,832	186	3,037	2,831	206
Total FOT	**99,870**	**99,801**	**69**	**153,921**	**153,651**	**270**

Month 8 (M8) Financial overview- Underspend reported year to date (YTD) and forecast outturn (FOT) by £69k and £270k, respectively.

Key drivers to the position:

- Prescribing reports an overspend of £436k YTD and £420k FOT. This is a £150k deterioration from last month's position. As usual, the position has a two month lag in actual data and an average estimate of same has been included. The primary drivers continue to be significant growth in medicines aimed at preventing complications and optimise the management of long-term conditions. The impact of the efficiency and recovery plans is expected to decelerate the run rate however this is still expected, and monitoring will continue throughout the financial year.
- CHC reports a YTD underspend of £134k and FOT of £176k, marking the third month of underspend. The deceleration in the run rate is attributed to the implementation of efficiency plans, particularly in CHC reviews, personal health budget refunds, and improved payment practices with CHC providers. Monitoring will continue due to the inherent volatility of the service and the potential for retrospective claims.
- Corporate budget reports £186k and £206k underspend YTD and FOT respectively due to existing vacancies which are now being filled.
- Community Health Services reports an underspend of £109k and £164k YTD and FOT respectively due to efficiency delivery within various contracts.
- Acute Services delivered an underspend of £51k YTD and FOT of £76k, driven by efficiency within the urgent care contract.
- Other service areas are delivering a marginal underspend/break-even position against budget YTD and FOT.

Bexley Wellbeing Partnership

South East London Integrated Care System

Appendix A

SEL ICB Abridged Finance Report

Month 8 2024/25

Bexley Wellbeing Partnership

1. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k** against the revenue resource limit (RRL), which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£3,192k)** of its additional savings requirement. **All boroughs are reporting that they will deliver a minimum of financial balance at the year end. Two boroughs are reporting overspends YTD, compared to three last month, with recovery plans being implemented.**
- ICB is showing a YTD underspend of **£1,604k** against the running cost budget, which is largely due to vacancies within the ICB's staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 8 period.
- As at month 8, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, **whilst noting the surplus of £33,321k included in the ICB plan on behalf of ICS partners.**

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	3,182,241	3,182,986	4,735,905	4,735,905	
Operating Under Resource Revenue Limit	3,183,242	3,180,795	4,774,863	4,774,863	
Not to exceed Running Cost Allowance	21,451	19,848	32,177	32,177	
Month End Cash Position (expected to be below target)	4,438	224			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	98.8%			
Mental Health Investment Standard (Annual)			469,778	470,729	

2. Executive Summary

NHS South East London

- This report sets out the month 8 financial position of the ICB. The financial reporting is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB which has now been adjusted due to the impact of the deficit support funding by £1,800k, to give a revised surplus of **£38,969k.**
- The ICB's financial allocation as at month 7 is **£4,774,863k.** In month, the ICB has received an additional **£31,739k** of allocations. These are as detailed on the following slide. This included as anticipated **ERF funding of £29,886k.**
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k,** which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack – specifically, to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£3,192k)** of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received six months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend YTD of **£2,862k** at month 8. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget **(£2,570k YTD),** a small improvement from last month. Lewisham **(£2,990k),** Bromley **(£401k)** and Greenwich **(£270k)** boroughs are particularly impacted, with the other boroughs reporting small underspends.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of **circa £500k per month and £3,825k YTD.** The first redundancy payments are expected to be made in January 2025.
- Two places are reporting overall overspend positions YTD at month 8 – **Lewisham (£224k), improved** by **£212k** from last month and **Bromley (£43k),** an **improvement** of **£297k.** Financial focus meetings are being held with all places and the CFO/Deputy CEO in December.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
  - Underspending **(£1,604k YTD)** against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 8, the ICB is reporting a forecast breakeven position against its plan for a **£38,969k** surplus. However, of this, **£33,321k**, is outside the ICB's control. We are expecting local providers to improve their financial positions by **£18,321k** as per the operating plan of 12 June, and **£15,000k** relates to the stretch savings target for KCH, for which the ICS does not currently have identified mitigations. The remaining surplus of **£5,648k** is being delivered by the ICB.

3. Revenue Resource Limit (RRL)

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**147,630**	**249,631**	**177,025**	**214,455**	**170,943**	**167,786**	**3,333,394**	**4,460,864**
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	**11,975**
M2 Budget	**148,679**	**253,095**	**179,062**	**216,601**	**171,844**	**170,217**	**3,333,341**	**4,472,839**
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	**7,959**
M3 Budget	**149,965**	**254,761**	**179,874**	**218,499**	**173,356**	**171,758**	**3,332,585**	**4,480,798**
M4 Internal Adjustments	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	**18,310**
M4 Budget	**150,104**	**254,971**	**180,000**	**218,627**	**173,551**	**171,886**	**3,349,969**	**4,499,108**
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	**2,705**
M5 Budget	**150,231**	**255,267**	**180,165**	**218,858**	**173,734**	**172,095**	**3,351,463**	**4,501,813**
M6 Internal Adjustments	578	290	804	1,021	660	891	(4,244)	-
M6 Allocations	1,137	1,635	1,489	2,124	1,694	1,756	110,442	**120,277**
M6 Budget	**151,946**	**257,191**	**182,459**	**222,003**	**176,088**	**174,741**	**3,457,662**	**4,622,090**
M7 Internal Adjustments	277	425	372	442	325	414	(2,256)	-
M7 Allocations	1,346	3,400	1,913	1,883	1,557	1,588	109,347	**121,034**
M7 Budget	**153,569**	**261,017**	**184,744**	**224,328**	**177,971**	**176,743**	**3,564,753**	**4,743,124**
M8 Internal Adjustments								
Adult Continuing Healthcare team transfer from GSTT				365		299	(664)	-
Diabetes Outcomes Incentive Scheme	85	97	98	115	103	103	(600)	-
Cost uplift factor - Hospices	47	93	92		30		(262)	-
Other	112	(32)	50	51	16	23	(220)	-
M8 Allocations								
ERF allocation							29,886	**29,886**
Microsoft License Funding Transfer							(1,079)	**(1,079)**
DWP - EA in Talking Therapies	110	114					502	**725**
Ambulance capacity funding							668	**668**
Oliver McGowan Mandatory Training							429	**429**
DOAC - Prescribing rebates							419	**419**
Digital Histopathology Acceleration Funding							196	**196**
Kings FT - National Recovery Programme							147	**147**
PCT Asylum Health - Contingency Hotels							118	**118**
Other							230	**230**
M8 Budget	**153,922**	**261,288**	**184,983**	**224,859**	**178,120**	**177,168**	**3,594,523**	**4,774,863**

- The table sets out the Revenue Resource Limit (RRL) at month 8.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 8, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to the transfer of the adult CHC teams from GSTT, diabetes outcomes incentive scheme and the Hospice uplifts, which were added to borough delegated budgets.
- In month, the ICB has received an additional **£31,739k** of allocations, giving the ICB a total allocation of **£4,774,863k** at month 8**.** The additional allocations received in month were in respect of the **ERF allocation (£29,886k),** Microsoft licence funding transfer (£-1,079k), DWP Talking Therapies (£725k), ambulance capacity funding (£668k), Oliver McGowan mandatory training (£429k) plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Prescribing – Overview as at Month 8

NHS South East London

- The table below shows the month 8 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received six months of 2024/25 prescribing data. Based upon a prescribing days methodology to estimate spend for October and November, the ICB is reporting an overall overspend on **PPA prescribing of £3,129k.**

M08 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY Flu (Benefit)/Cost Pressure	Cat M Clawback	Total 24/25 PPA Spend	M08 YTD Budget	YTD Variance - (over)/under	Annual Budget
BEXLEY	24,858,495	93,955	829,249	(264,235)	3,336		25,520,800	25,046,515	(474,285)	37,205,018
BROMLEY	33,138,283	161,401	1,103,309	(414,316)	(31,432)		33,957,245	34,201,777	244,533	50,804,582
GREENWICH	24,947,480	149,085	832,830	(215,015)	(1,687)		25,712,692	24,908,497	(804,195)	37,000,001
LAMBETH	27,801,583	226,564	927,687	(243,246)	(23,696)		28,688,892	28,670,475	(18,417)	42,588,181
LEWISHAM	28,498,610	314,952	957,882	(175,843)	(6,642)		29,588,960	28,216,131	(1,372,829)	41,913,282
SOUTHWARK	23,304,612	213,084	781,912	(196,878)	(45,179)		24,057,551	23,395,188	(662,363)	34,752,075
SOUTH EAST LONDON						41,464	121,464	80,000.00	(41,464)	120,000
Grand Total	**162,549,064**	**1,159,040**	**5,432,869**	**(1,509,534)**	**(105,300)**	**41,464**	**167,647,603**	**164,518,584**	**(3,129,019)**	**244,383,139**

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items are showing a higher % increase than is being seen nationally. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure **(£1,372k YTD).** Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring an annual review of patient needs, recurrent savings will be achieved against the annual budget of circa £626k.
- Non PPA budgets are underspent by **£267k** giving an overall YTD overspend on PPA and non-PPA prescribing of **£2,862k,** an **overspend of £168k** in-month.

5. NHS Continuing Healthcare

NHS South East London

- As of month 8, the overall CHC financial position reflects an **overspend of £2,570k, a small improvement of £26k from last month**, with variable underlying cost pressures across boroughs. Three of the six boroughs (Bromley, Greenwich, and Lewisham) are reporting overspends, while the remaining three boroughs are underspending, collectively by circa £1,000k.
- **Lewisham** accounts for the majority of the **overspend (£2,990k),** primarily due to the full-year effect of activity pressures from the latter half of last year (approximately £1,445k), significantly impacted by Learning Disability (LD) clients. The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress is monitored through weekly meetings with the ledger reflecting any changes made to the database. **This work has led to a monthly improvement in the run rate of £263k as of month 8**. The overspend in **Bromley** relates to increased activity which have been ongoing since the summer due to increased bed capacity in the borough, and increased staff costs due to the change in contracting arrangements. Given the pressure on the Bromley budget caused by settlements over the provision value for retrospective cases, a review of these cases is being undertaken to better understand why Bromley appears to be an outlier compared to other boroughs. In **Greenwich,** the CHC position has worsened slightly in-month **(£67k),** and further work is being undertaken to mitigate this increase in spend.
- At the start of the year, the ICB established a panel to review provider price increase requests above 1.8%, ensuring consistency across SE London and mitigating significant cost increases. This panel met weekly to discuss and approve, where appropriate, cost increase requests from CHC care providers, with boroughs then updating their client databases accordingly. In start budgets, boroughs provided for a 4% inflationary uplift. As reported last month, during month 7 we were able to release reserves being held in each borough where agreements had been reached at less than budgeted for. This exercise will be repeated in quarter 4.
- All boroughs are reporting progress on their CHC savings initiatives, with 3 boroughs predicting exceeding their savings target for CHC. Nonetheless, increased activity and a rising number of higher-cost patients continue to contribute to the CHC budget overspend.

6. Provider Position

NHS South East London

Overview:

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

- In year, the ICB is forecasting to spend circa **£3,235,127k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£763,138k**
    - Kings College Hospital **£894,603k**
    - Lewisham and Greenwich **£680,446k**
    - South London and the Maudsley **£327,831k**
    - Oxleas **£254,834k**

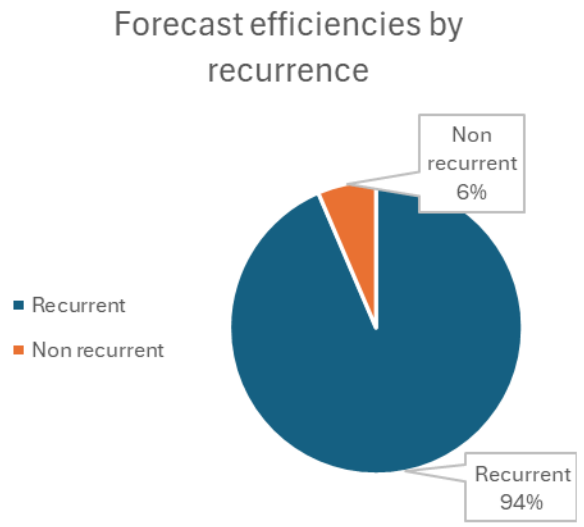
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

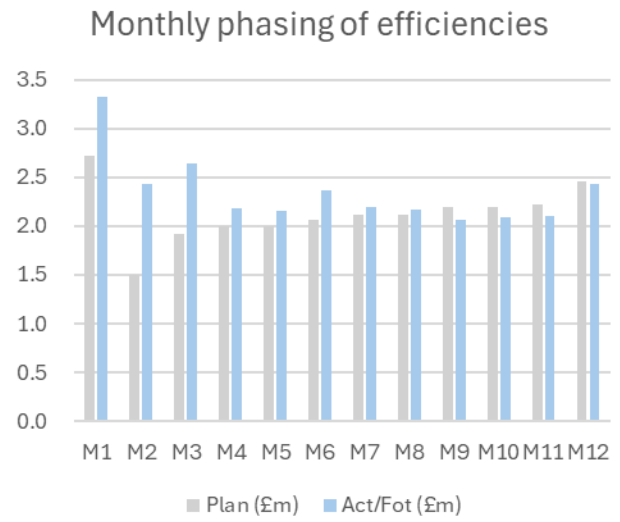
7. ICB Efficiency Schemes at as Month 8

NHS South East London

- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m.** In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency scheme as at month 8.
- **As at month 8, overall, the ICB is reporting actual delivery ahead of plan (£3.1m).** At this stage in the financial year, the annual forecast is to exceed the efficiency plan **(by £2.7m),** although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£0.5m** of the forecast outturn of **£28.2m** has been assessed by the places as **high risk.**
- Most of the savings **(94%)** are forecast to be delivered on a recurrent basis.

	M8 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
Places	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	2.6	2.8	0.2	3.5	3.7	0.3	3.5	3.7	0.3	3.1	0.1	0.5
Bromley	3.8	4.0	0.2	6.3	6.4	0.1	6.3	6.4	0.1	4.2	2.2	0.0
Greenwich	2.2	2.8	0.5	3.5	4.6	1.1	3.5	4.6	1.1	2.6	2.0	0.0
Lambeth	3.4	4.8	1.4	5.2	6.0	0.7	5.2	6.0	0.7	2.0	4.0	0.0
Lewisham	2.1	2.4	0.3	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	2.3	2.7	0.4	3.8	3.8	0.1	3.8	3.8	0.1	3.8	0.0	0.1
SEL ICB Total	16.4	19.5	3.1	25.5	28.2	2.7	25.5	28.2	2.7	18.7	9.0	0.5





Bexley Wellbeing Partnership

South East London Integrated Care System

Appendix B

SEL ICS Abridged Finance Report

Month 8 2024/25

Bexley Wellbeing Partnership

Executive Summary

- At month 8 the **system is forecasting to deliver breakeven,** in line with the plan.
- The ICB is forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. **The ICB surplus includes £34.2m of improvement that will be delivered by providers** but has been held, to date, in the ICB for planning purposes.
- For month 8 SEL ICS is reporting a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers are **the impact of the Synnovis cyber-attack** (£35.7m), and **slippage in efficiency programmes** (£26.1m).
- At month 8 the system is forecasting a **£77.5m unmitigated gap from delivering its financial plan which includes £39.7m of impact of the Synnovis Cyber attack.**
- **SLAM and LGT should consider if, considering their individual gaps, they wish to formally request a reforecast of their financial position to reflect they will not achieve their financial plans.**
- CDEL –After agreed adjustments relating to the CDEL repayments to NHSE and loan of CDEL from South West London ICB, the **system is forecasting to under-spend its system capital allocation by £5.9m.**

I&E summary

System Revenue

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Variance Year Ending %
South East London ICB	3,192	2,447	(745)	(0.0%)	38,958	38,958	(0)	(0.0%)
Guy'S And St Thomas' NHS Foundation Trust	(4,000)	(31,336)	(27,336)	(1.4%)	0	0	0	0.0%
King'S College Hospital NHS Foundation Trust	(30,746)	(18,341)	12,405	1.0%	(40,004)	(40,004)	-	0.0%
Lewisham And Greenwich NHS Trust	(87)	(10,478)	(10,391)	(1.9%)	-	0	0	0.0%
Oxleas NHS Foundation Trust	686	685	(1)	(0.0%)	1,036	1,036	-	0.0%
South London And Maudsley NHS Foundation Trust	(2,065)	(12,273)	(10,208)	(2.5%)	10	10	-	0.0%
ICS Total	(33,020)	(69,296)	(36,276)	(1.1%)	0	0	0	0.0%

- At month 8 SEL ICS is reporting a YTD deficit of (£69.3m), £36.3m adverse to plan. The main drivers are **the impact of the Synnovis cyber-attack** (£35.7m), and **slippage in efficiency programmes** (£26.1m).
- The month 8 CIP shortfall is forecast to translate to a **full year under-delivery of £23.0m**. Every ICS organisation except GSTT is forecasting to deliver its efficiency plan. Further work on workforce reductions is required to achieve the savings targets and overall financial plan.
- The **ICB is currently forecasting a £39.0m surplus, offset by a forecast (£39.0m) deficit in providers.** Agreements are in place for the necessary transactions (in January) and/or changes to trust run rate forecasts.
- The draft forecast **unmitigated gap from delivering its financial plan is £77.5m, which includes £39.7m of impact of the Synnovis Cyber attack.**

System capital expenditure

- The **total system capital allocation for 2024/25, including impacts of IFRS 16, is £272.8m**, made up of £269.4m provider allocation and £3.4m ICB primary care allocation. This allocation figure excludes the net impact of the expected £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS. **Adjusting for those expected changes the system allocation will be £252.1m.**
- At month 8 the **system is forecasting to under-spend its allocation by £5m**. Underspends of £6m from Oxleas and £0.6m from LGT on IFRS16 allocation are offset by a forecast IFRS16 overspend on SLaM of £1.6m. For reporting purposes, the £60m CDEL repayment is currently being recorded outside the system allocation and consequently the system appears to be over-spent against its allocation. A reconciliation table has been included to explain how the system will limit its FOT underspend to £5.9m.
- At **month 8 the system has spent £94.4m YTD, £29.1m less than plan.**

Capital spend against system capital allocation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	52.3	48.3	4.0	124.7	124.7	0.0
KCH	23.0	10.6	12.4	50.4	50.4	0.0
LGT	29.9	23.7	6.2	44.9	44.3	0.6
Oxleas	9.0	4.3	4.7	17.2	11.2	6.0
SLAM	9.3	7.5	1.8	70.8	72.3	(1.6)
SEL Providers	**123.5**	**94.4**	**29.1**	**307.9**	**302.9**	**5.0**
SEL ICB	**0.0**	**0.0**	**0.0**	**3.3**	**3.3**	**0.0**
Total	**123.5**	**94.4**	**29.1**	**311.2**	**306.2**	**5.0**
Provider allocation				**269.4**		**(33.6)**
ICB allocation				**3.4**		**0.1**
System allocation				**272.8**		**(33.4)**

Reconciliation between month 8 Reporting and expected forecast position

	Allocation	Spend	Variance
M8 Reported	**272.8**	**306.2**	**(33.4)**
CDEL repayment to NHSE	(52.6)		(52.6)
SWL loan of CDEL	31.9		31.9
SLaM £60m repayment[1]		(60.0)	60.0
Restated M8	**252.1**	**246.2**	**5.9**

[1] reported in M8 but outside of system charge

Bexley Wellbeing Partnership Committee

Thursday 23rd January 2025

Item: 7

Enclosure: F

Title:	**Place Risk Register**
Author/Lead:	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite Place Executive Lead (Bexley), NHS South East London Integrated Care Board

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**	***X***
		Discussion	
		Decision	

Summary of main points:	The Bexley Place risk register is currently reporting 10 open risks specifically relating to borough activities. The risks principally arise due to five issues – lack of capacity to support community and discharge demand, Potential Community Pharmacy Collective Action, Primary care insecure lease arrangements, failure to deliver on the actions from the SEND inspection, reduction in primary care access due to the GP collective actions and the risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2024/25. The risks are reviewed monthly by the borough Senior Management Team. Where risks impact across several boroughs, they are also recorded on the NHS South East London Integrated Care Board (NHS SEL ICB) corporate risk register. The Senior Management Team also review the place comparative risks which assesses risks from each of the 6 SEL Boroughs. Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	None identified.
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.
	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing Partnership Committee at their meetings held in public.

	Other Committee Discussion/ Engagement	Risks as a whole are considered at the ICBs risk forum, which meets monthly. 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.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (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) Consider ongoing work on identification and management of risks is ongoing.	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 23rd January 2025

1. Introduction

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

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

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

2. Governance and risk management

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

Risk review is a four-tier process comprising:

i. **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.

ii. 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.

iii. **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.

iv. **Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

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

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

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

3. Bexley Place Risks

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

The committee is asked to note the following:

- Of the nine risks on the boroughs risk register, four are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the nine risks on the Place based risk register:
    - **Eight** risks are rated as “high” (amber) after mitigations are put in place.
    - **Two** risks are rated as “moderate” (yellow) after mitigation are put in plac.e

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.
- Failure to deliver on one or more of the areas for priority action from the SEND inspection
- GP Collective Action resulting in reduced primary care access and provision resulting in pressures on the acute sector.
- Community Pharmacy Action resulting in a reduction in primary care access and provision.

For further details on the risks, please see the below 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.

Rianna Palanisamy
Partnership Business Manager, Bexley
NHS South East London Integrated Care Board

14th January 2025

South East London Integrated Care System

Bexley Wellbeing Partnership

Bexley Risk Register @ 14.01.2025

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
450	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on the ED and elective performance of our acute partners as well as the best outcomes for residents.	16	Commencement of winter planning earlier in the year, Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment, Identification of key programmes requiring long-term funding to incorporate into planning rounds, Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing	12	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required. Winter plan in progress as at beginning of September, Bi-weekly site pressure meetings with senior leaders now implemented in response to acute site on internal incident - Bexley discharge status reviewed and actions to address any issues identified with partners	Lack of additional funding for winter plans, Acute sites frequently escalating to opal 4 status as winter progresses	9
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate.	Currently no identified/agreed estates solutions to mitigate current risks., Lack of clearly defined estates strategies at PCN/LCN level which makes it harder to assess the validity and implications of 'solutions' proposed by the affected practices, It is suspected that a number of Partnership Agreements including the property ownership and or lease agreements are not up-to-date and signed by all partners.	8
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase NCSO/price concessions and Category M 2- Reduced capacity in the team to implement in year QIPP schemes by borough medicines optimisation teams due to a reduction in WTE following MCR. 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget. 6- Vacancy within the team in addition to potential of long term absence within the team (length TBD)	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes, At M6, it is estimated that the Bexley prescribing budget is forecast to overspend by £735k. An additional £738k has been identified at place to offset this.	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership ; Bexley Wellbeing Executive ; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
546	Risk that expenditure for continuing health care services will exceed the 24/25 set budget despite additional cost pressure funding received. The growth funding received is lower than FNC & AQP rates and non AQP providers are requesting even higher rates of an average of 8% against a 2.41% growth funding. Also, increase in home care providers rates for possible providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	12	Budget monitoring and continuous review of efficiency plans. SEL process for approval of fee uplift requests. Robust 1;1 review process	Unable to control incoming high cost cases	9
547	There is a risk that Bexley Place will not achieve the required level of savings which may cause overspends on its delegated budget resulting in the Place Executive not managing within the delegated resources. If this crystallises, it will also impact the ability of the ICB to achieve it's statutory duties and deliver its financial target.	9	Efficiency schemes have been identified at a level of 5% above target to allow for slippages. Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings throughout the financial year., Monthly monitoring of existing schemes is in place. Continuous collaboration with all efficiency scheme owners to ensure the readiness to replace any failing scheme with viable ones.	6	There is a clear understanding of the strategic objective of the Place to deliver it efficiency target. The risks on this is well discussed at the senior management team/executive meetings. Recovery/mitigation actions has been presented to SMT and is being implemented to provide assurance.	None	2
548	There is a risk that Bexley Place will overspend against it's delegated budget and not deliver a balanced budget in 2024/25 financial year. This is due to possible cost pressures within the prescribing and continuing health care budgets. If this materialises, it will impact the ICB ability to deliver it's statutory financial duties of a balance budget.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	6	The strategic objective of the Place to deliver a balanced budget is well understood across all teams and stakeholders. Expenditure and activities are closely monitored with recovery reports and actions being implemented to ensure run rate reduction. This has also been addressed at senior management team and executive meetings, providing the necessary assurance. Monitoring will be continuous.	None	3
550	There is a risk that system partners will fail to deliver on one or more of the areas for priority action from the SEND inspection and that required improvements are not made so that the local authority and ICB fail to meet their statutory duties and children and young people with Special Educational Needs and Disabilities do not receive the support they require.	9	The T&F has generated a project plan to address therapy gaps	12	Progress report to Board, all PAP actions RAG rated and updated monthly, SEND assurance now shared with ICB Accountable Officer, Recent SEND PAP stocktake with NHSE and DfE, Project manager in place and programme manager due to start in December, SEND transformation manager and project manager both started full time at beginning of December. Tracker to monitor delivery and impact of all PAP now populated and Board will review in December,	Stocktake indicated concerns about pace, Potential cost pressures to implement new therapy model	4
554	There is a risk that the BMA recommendation for GP Collective Action results in reduction in primary care access and provision, and pressure on acute sector through some of the actions.	16	National Sitrep reporting in place and daily local monitoring of impact based on situation., Use of local intelligence gathering and understanding of key pressure points to monitor the situation ., Continue to engage / contact local practices, PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact.	9	Sit rep reporting has not identified any evidence of co-ordinated collective action across Bexley practices at time of review., Returns to National Sit Rep reporting.	Practices are not obliged to notify ICBs of any action they are taking, provided contracts are not breached. Reliance on soft intelligence gathering.	12
559	There is a risk of recurrent cost pressures within the Primary Care delegated budget for Bexley as result of higher rates of population growth, relative to other SEL boroughs. The delivery of direct patient services across the ICB is anticipated to exceed the national allocation during 2024/25 with estimates that the ICB will face a potential over performance of approximately £2m. Bexley had originally been requested to identify cost savings of up to £640k in 2024/25. This has subsequently been reduced to circa £300K after additional central savings and efficiencies were identified.	10	Bexley borough and central teams have identified options for savings and efficiencies in 24/25 which should minimise any impact on commissioned services., Primary Care Delivery Group (04/09/24) received a report on the issues and endorsed the recommended options.	8	Options have been identified which will mitigate the identified cost pressures in 24/25.	The cost pressures will be recurrent and further work is required to ensure that population growth and movement within the ICS is reflected in annual budget setting.	4
568	There is a risk that the National Pharmacy Associations recommendation for Community Pharmacy Collective action results in a reduction in primary care access and provision, and increased pressure on other healthcare sectors . Potential actions include to: 1.Not opening beyond the minimum required by their contract (i.e. into evenings and at weekends) 2.Stop providing free home deliveries of medicines which are not funded. 3.Withdraw from locally commissioned services, which could impact services commissioned by SEL ICB and the Local Authority. 4.Refuse to co-operate with certain data requests. (i.e. for monitoring of services provided) 5.Stop supplying free monitored dose systems (blister packs), other than those covered by the Equality Act. The NPA are not asking members to pull out of Pharmacy First but a reduction in opening hours and the stopping of locally commissioned services would affect it.	15	Use of local intelligence gathering, assessing scale of impact, mitigating where feasible and monitor the situation on a rolling basis.	12			6

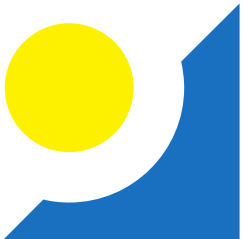
Agenda Item: 11
Enclosure: G

Bexley Wellbeing Partnership Committee

Glossary of NHS Terms

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

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

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