

ENCLOSURE: 10

AGENDA ITEM: 13

Borough Based Board

DATE: March 2022

Title	Borough Board Assurance report	
This paper is for information/discussion		
Executive Summary	<ul style="list-style-type: none"> This item covers the performance of local indicators included in national performance frameworks, such as the NHS Oversight Framework or LTP and was designed before the pandemic and prior to the release of the latest NHS planning guidance. The content of the report is currently being reviewed to reflect the latest NHS planning guidance and priorities post the pandemic. The report provides the latest performance position (where this is available) and an explanation of the current performance position. Unfortunately, due to the restrictions of COVID, some data collections have been paused and this has caused significant lags in reporting in some areas. The paper provides key messages so these are not replicated in this cover paper. 	
Recommended action for the Committee	<ul style="list-style-type: none"> The board is asked to note the contents of this report. 	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	The CCG BAF sets out the risk linked to the above performance areas.
	Equality impact	Not applicable to produce this document
	Financial impact	No direct financial implications.
Which corporate objective does this item link with? (please mark the relevant line with an x in	1: To ensure we commission services which meet the health and wellbeing needs of the population and reduce health inequalities	x
	2: To work in partnership to maintain and improve the quality of our commissioned services, and ensure all safeguarding protections are in place	
	3: To enhance collaborative working with other health and care organisations to develop and deliver an effective ICS – able to deliver national, ICS and local objectives - with our population at the centre	x

the right hand box)	4: Strengthen our partnership working and develop a culture which embraces lessons learned and surfaces and embeds best practice		
	5: To secure the active participation and visibility of patients and local people, including from diverse and seldom heard groups, in the planning and design of local services		
	6: To ensure that clinical leadership is embedded in our ways of working and our change programmes including the involvement of member practices and system partners		
	7: Develop an organisation and workforce capable of delivering the CCG's objectives and ensure members of the organisation feel valued and enjoy coming to work.		
	8: Ensure that the CCG meets its commitments with regards financial and performance improvement, maintains effective governance within the organisation and across partnerships, and optimises progress against the delivery of NHS constitutional standards		x
Wider support for this proposal	Public Engagement	This report is designed primarily to give the board an overview of the latest published performance situation. It has not been developed by direct public engagement.	
	Other Committee Discussion/ Internal Engagement	Not applicable	
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Clinical lead:	Not applicable		
Executive sponsor:	Christina Windle, Chief Operating Officer, SEL CCG		

Borough Board Assurance report - Bromley

March 2022

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Introduction and summary

- This pack summarises the south east London performance position for key areas of non-acute performance based on the latest available data.
- There are a number of national standards relating to non-acute care that CCGs are expected to achieve consistently and/or address as a priority should performance against the standard deviate from target. This pack focuses on indicators that were being specifically monitored at a regional level before COVID.
- Regulator assurance for the majority of the metrics in this pack has been suspended during COVID which has resulted in a lengthy pause on some local data returns.
- There are also significant lags on the release of published data which is reflected in the delayed period of reporting for some of the performance metrics in this pack.

- Performance has been updated for:
 - IAPT access, waiting times and recovery rate
 - Dementia diagnosis rates
 - SMI Physical Health checks
 - NHS Continuing Healthcare
 - Personal health budgets
 - Diabetes
 - Cancer screening
 - Learning disability and autism

Borough performance overview (1 of 2)

The table below provides an overview of the latest performance positions and the risk assessment of delivering year-end targets for all borough-based board led KPIs and metrics.

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
IAPT – recovery	↑	50%	November 2021 – 60.6%	The borough is on track to deliver the target at year-end
Dementia diagnosis	↓	66.7%	November 2021 – 67.9%	Performance has improved from last month and is well above target
SMI Physical Health Checks	↑	60%	Q3 2021/22 – 21.3%	Performance has improved from the previous quarter but the borough is still performing well below target
Personal health budgets	↑	M12 – 644	Q3 2021/22 – 862	Bromley has already exceeded its annual target and is helping SEL CCG achieve its trajectory
Diabetes treatment targets	↓	No formal targets	Type 2 – 2020/21 – 42.2%	NA
Diabetes eight care processes	↓	No formal targets	Type 2 – 2020/21 – 23.5%	NA
Cancer screening bowel, breast and cervical	Improvement in some metrics	Bowel coverage and uptake – 60% Breast coverage and uptake – 80% Cervical coverage (25-49 and 50-64) – 80%	Performance is now only reported at SEL level	There is a high risk that SEL CCG does not achieve the targets for breast and cervical

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

Borough performance overview (2 of 2)

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
NHS CHC assessments in acute	↔	<15%	Q3 2021/22 - 0%	No identified risk to delivery for this year
NHS CHC 28 days assessments	↑	50%	Q3 2021/22 – 67%	The borough performed above the locally agreed trajectory, however this remains a challenging area of performance
NHS CHC 12 weeks referrals	↑	3	Q3 2021/22 - 24	Performance is well above the locally agreed trajectory
Childhood immunisations in primary care	↑↓	Above the London average for all metrics	Q2 2021/22 – performance is above the London average for all metrics	The borough is on course to perform above the London average for all metrics
LD and Autism – annual health checks	↑	Q3 2021/22 – 600 annual health checks	April – December 2021– 391 annual health checks	Performance is currently well below trajectory

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

IAPT

- IAPT access performance was **below plan in Q2 2021/22 at 4.7%, against a Q2 plan of 5.6%**. SEL is meeting the IAPT recovery rate standard of 50% with a performance of 52.0% in November 2021.
- The 6 and 18 week **IAPT waiting times standards** were delivered in November 2021.
- Reporting on IAPT **second appointment waiting times** performance has resumed and there is significant variation in performance across SEL.

Dementia Diagnosis Rate and Waiting times

- In 2019/20 concerns were raised **about waiting times for diagnosis** including waiting times once referred to a memory service. In response, the NHSE regional team has set an ambition that **by 2020 services should work towards ensuring 85% of patients receive a diagnosis and start treatment within 6 weeks of a referral** to a memory service. Local data submissions have resumed the latest data available shows that waiting times were well below target across SEL.
- **SEL met the dementia diagnosis target** of 66.7% in November 2021 with a performance of 67.6%. Bexley and Greenwich delivered diagnosis rates below target.

Serious Mental Illness (SMI) Physical Health Checks

- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**.
- SEL boroughs have reported their Q3 2021/22 performance which shows that all are **significantly below the 60% target**.

NHS continuing healthcare

- The borough is required to minimise the number of **incomplete standard NHS CHC referrals exceeding 12 weeks**, however 24 referrals exceeded 12 weeks in Q3 2021/22.

Childhood immunisations in primary care

- The borough is performing **above the London average** on all of the indicators.

Personal Health Budgets

- The SEL personalisation lead and the NHSE regional team are working with borough leads to further implement the personalisation agenda and **expand the PHB offer to new client groups**. Before COVID, progress was made to expand the offer to wheelchair users and mental health section 117 clients and this work is continuing.
- As of December 2021, 2,611 PHBs were in place in SEL which is above the Q3 2021/22 plan of 2,463.

Diabetes

- Boroughs are working with their practices to improve delivery against the diabetes standards, however there is a significant lag in the availability of national data. Good progress is being made on the development of a local SEL dashboard which will provide more up-to-date data.
- For 2021/22 the immediate focus has been to establish robust SEL CCG/ICS governance and to progress the Diabetes Strategy post-Covid.

Cancer Screening

- According to the latest available data **SEL is not meeting the screening targets for breast and cervical screening but is meeting the target for Bowel screening uptake**. Boroughs are supporting the implementation of both national and local programmes to increase uptake rates and according to the latest published data performance is starting to improve across some screening programmes.

Learning Disability and Autism

- In SEL there are currently **76 inpatients, seven above the target for Q4 2021/22**. The borough provided 391 **annual health checks during April – December 2021** which is currently 209 below the Q3 target of 600.

Non-acute performance

Mental Health

Improved Access to Psychological Therapies

2021/22 Current Performance Position – November 2021

- From April 2020 some providers are no longer using the old CCG codes which means borough level performance data is not available. Provider data has been assigned to boroughs to give a proxy view of November 2021 performance in the table below.

	Standard	Bexley Mind	Bromley Healthcare	Oxleas NHS FT - Greenwich	Lambeth Psychological Therapies	Lewisham Psychological Therapies	Southwark Psychological Therapies	SEL
IAPT performance – November 2021								
IAPT Access Rate – rolling three months	5.6% - Q2 21/22	TBC – Borough baselines not available at present – published performance data does not include expected population figures for locally commissioned services						4.7%
IAPT Recovery Rate - rolling three months	50%	50.0%	60.6%	53.3%	54.1%	47.0%	48.2%	52.0%
IAPT Waiting Times 6 Weeks	75%	86.2%	97.3%	74.5%	95.8%	91.8%	92.1%	90.4%
IAPT Waiting Times 18 Weeks	95%	100%	100%	100%	100%	98.6%	98.4%	99.3%
1 st to 2 nd treatment under 90 days	-	80.6%	45.2%	75.4%	83.8%	64.1%	73.5%	73.0%

Key	Not achieving national standard
	Achieving national standard

Top Performer

Worst performer

IAPT: performance and improvement actions

Performance

- In Q2 2021/22, SEL CCG achieved an access rate of 4.7% which was below the target of 5.6% and a deterioration from the Q1 2021/22 position of 5.2%. The CCG is at risk of not achieving the local Q4 2021/22 access rate target of 6.9%. The drop in performance was driven by increased staff sickness and staff taking annual leave during the period.
- All boroughs have seen a slight reduction in referrals during the December and January period – discussions with providers are taking place to discuss plans to increase the number of assessments to the end of Q4.
- In this reporting period Oxleas just missed the 6 week waiting time target of 75% with a performance of 74.5%. Performance has been slowly declining since July 2021, however the trust believes this could be due to data recording issues which they are working to resolve.

Improvement actions

- Providers have contracted Xyla Digital Therapies to provide additional capacity for their IAPT services to undertake assessments, mainly for people on the waiting list. Providers are now reporting a slight reduction in the number of people on their waiting lists.
- SLaM will review the recovery rate of their services in Southwark and Lewisham. The SEL Performance and Commissioning Leads are meeting the provider to discuss performance, where improvements could be made by the end of Q4 and to agree targets for 2022/23.

Dementia Diagnosis Rate and Waiting Times

Dementia Diagnosis Rate: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate – target 66.7%							
% dementia diagnosis rate – Nov 2021	65.1%	67.9%	64.8%	68.8%	67.3%	76.9%	67.6%
2020/21 year end	62.7%	65.9%	62.1%	77.5%	68.1%	67.4%	66.8%

Performance and improvement plans

- SEL CCG met the dementia diagnosis rate target of 66.7% in this reporting period. However both Bexley and Greenwich borough’s performance currently falls below the national standard.
- Oxleas has previously provided plans to improve the performance of their Memory services, which includes the recruitment of permanent staff across all three boroughs, reviewing of job plans, reviewing of the referring and screening and administrative processes.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

Dementia Diagnosis Waits: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Dementia diagnosis waiting times (December 2021) – target 85%						
% of people diagnosed within 6 weeks of referral	0%	6.0%	2.0%	4.7%	36.8%	4.7%
Average waiting time for diagnosis (days)	132	88	116	116	73	116

Context

- For people with dementia and their families, an additional wait of several weeks or months before they have an initial assessment from a Memory Service can be particularly stressful and service user groups across London have raised concerns about waiting times for diagnosis including waiting times once referred to a memory service.
- To address this disparity and improve outcomes, the NHSE Regional team has set an ambition for services to work towards ensuring 85% of patients receive a diagnosis and start treatment within 6 weeks of a referral to a memory service. This has been discussed and agreed at the London Mental Health Transformation Board and Parity of Esteem Board. It is hoped that the ambition will support memory services to streamline their pathways and support CCGs to address any obstacles leading to delays in patients being seen.
- Memory services Bexley is finding it challenging to meet the local 6-week post diagnosis target. Plans are in place to address the underperformance in this area and Oxleas will conduct further investigation into the operational models with the view to refine processes to increase the number of people being assessed and screened within 6 weeks of their referrals.
- SLaM has also reported that their Southwark and Lambeth Memory Service is currently finding it challenging to meet its own post diagnosis target of assessing patients within 6 weeks from their initial referral.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

SMI Physical Health Checks

SMI Physical Health Checks: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q3 2021/22) – target 60%							
% patients receiving check	31.6%	21.3%	12.9%*	33.0%	29.2%	38.3%	28.5%
Trend since last quarter	-0.2%	+5.1%	0.0%	+5.2%	+4.2%	+4.7%	+3.6%

*Greenwich did not report a position for Q3 2021/22 - the figure in the table is the carried over position from Q2 2021/22.

Context

- Performance in this area is well below the national standard of 60% and the CCG is performing below the locally agreed trajectory of 38%. Performance has been impacted by the pandemic and the subsequent drop in face-to-face GP appointments which are required to carry out some of the tests. Significant performance improvements during the remainder of the financial year will be challenging because more capacity in primary care will be focused on delivering the COVID booster programme.
- The level of provision in Greenwich is not being tracked accurately because of long running data reporting issues. In Q3 2021/22 Greenwich did not report a performance position.
- To help drive improvement longer term across SEL, the CCG has established a steering group which has representation from across the system. The group has captured good practice that is being implemented in parts of SEL and will be working with boroughs to implement good practice more consistently across SEL to drive improvement.
- The steering group will also oversee the implementation of a population health management approach to improving the uptake of SMI physical health checks with an initial focus on improving the capture and use of data.
- SLaM has recruited mental health primary care nurses to support primary care to conduct physical health checks.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

Non-acute performance

Other metrics

NHS Continuing Healthcare

NHS Continuing Healthcare: assessments in an acute setting

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Proportion of NHS CHC full assessments in an acute setting Q3 2021/22 – Target no more than 15%						
Current month	0%	0%	0%	3%	0%	0%
Trend since last reported period	↔	↓	↔	↑	↔	↔

Context and performance

- CCGs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person’s long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- CCGs are required to ensure no more than 15% of assessments take place in an acute setting. All Boroughs in South East London are meeting this target as at Q3 2021/22.
- All boroughs are following Covid discharge arrangements that all CHC assessments should now be undertaken after discharge from hospital.

Key	Not achieving standard
	Achieving standard

NHS Continuing Healthcare: assessments completed in 28 days

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL CCG
Percentage assessments completed in 28 days – Target at least 50%							
Q3 2021/22	55%	67%	36%	20%	97%	18%	39%
Trend since last reported period	↔	↑	↑	↑	↑	↑	↑

Performance

- CCGs are expected to make a decision about eligibility for a full assessment for NHS continuing healthcare within 28 days of an initial assessment or request for a full assessment.
- Performance across SEL CCG varies significantly against the 50% trajectory. Greenwich, Lambeth and Southwark are performing well below target for Q3 2021/22, however performance across all boroughs improved compared to the previous quarter.
- There is an on-going risk of delivering the locally agreed trajectory for Q4 2021/22 so the trajectory is being reviewed with local CHC leads.

Improvement Plans

- The SEL CHC team is supporting boroughs to develop improvement plans which will support the delivery of revised performance trajectories.

Key	Not achieving standard
	Achieving standard

NHS Continuing Healthcare: incomplete referrals over 12 weeks

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL CCG
Incomplete referrals over 12 weeks – Target no more than 3							
Q3 2021/22	0	24	32	20	1	4	81
Local trajectory	3	3	3	3	3	3	19

Performance

- CCGs are expected to minimise the number of incomplete standard NHS CHC referrals exceeding 12 weeks.
- Performance across SEL CCG varies significantly against the Q3 2021/22 trajectory of 3 incomplete referrals over 12 weeks. Bexley and Lewisham are performing well against this metric, however improvement is required in the other SEL boroughs.

Improvement Plans

- Boroughs CHC leads are validating their reporting positions by carrying out a patient by patient review of the reported referrals over 12 weeks. There are some known data quality issues impacting performance so the review should result in an improved position.

Key	Not achieving standard
	Achieving standard

Childhood Immunisations in Primary Care

Childhood immunisations: six-in-one vaccination rate

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
Children receiving DTaP/IPV/Hib % at 12 months – Q2 2021/22									
% patients	89.1%	91.0%	86.2%	84.3%	85.8%	85.6%	86.9%	85.5%	91.3%
Trend since last quarter	↓	↓	↓	↓	↓	↓	↓	↓	↓
Children receiving DTaP/IPV/Hib % at 24 months – Q2 2021/22									
% children	90.4%	92.6%	88.5%	86.2%	89.6%	89.0%	89.4%	87.8%	93.4%
Trend since last quarter	↑	↓	↓	↓	↑	↓	↓	↓	↓
Children receiving pre-school booster (DTaPIPv) % at 5 years – Q2 2021/22									
% patients	81.3%	78.9%	72.9%	67.7%	70.6%	76.5%	74.4%	70.0%	84.0%
Trend since last quarter	↓	↓	↓	↓	↓	↓	↓	↓	↓
Children receiving DTaP/IPV/Hib % at 5 years – Q2 2021/22									
% patients	95.6%	94.8%	91.6%	88.0%	89.6%	90.8%	91.7%	90.3%	94.6%
Trend since last quarter	↑	↑	↑	↓	↑	↓	↓	↓	↓

Key

Below London average

Above London average

Top Performer

Worst performer

Childhood immunisations: MMR

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
Children receiving MMR1 at 24 months – Q2 2021/22									
% patients	72.1%	86.9%	80.5%	48.8%*	78.6%	76.6%	74.1%	77.5%	88.6%
Trend since last quarter	↓	↓	↑	↑	↓	↓	↔	↓	↓
Children receiving MMR1 at 5 years – Q2 2021/22									
% children	93.3%	94.2%	89.1%	85.3%	87.9%	88.7%	89.7%	87.8%	93.7%
Trend since last quarter	↓	↑	↓	↓	↑	↓	↓	↓	↓
Children receiving MMR2 at 5 years – Q2 2021/22									
% patients	82.2%	87.6%	80.3%	75.5%	79.5%	81.9%	81.2%	72.9%	85.5%
Trend since last quarter	↓	↑	↓	↓	↑	↓	↓	↓	↓

*The lower than expected performance for Lambeth's MMR1 at 24 months is being caused by a data reporting issue.

Performance overview

- The newly formed SEL ICS Immunisation Performance and Quality Board met for the first time in August. The board will ensure that the ICS and NHSE&I are working collaboratively to become more strategically aligned to improve immunisation uptake rates for the local community.
- MMR vaccination rates in SEL are amongst the highest in London except for two year olds receiving their first dose.

Key	Below London average	Top Performer	Worst performer
	Above London average		

Personalisation - personal health budgets, social prescribing and personalised care and support planning

Personal Health Budgets: current performance position and trend

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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Number of PHBs provided – Q3 2021/22

Target – 2021/22	451	644	558	622	515	494	3,284
Q3 2021/22	347	862	608	360	132	302	2,611
Trajectory							2,463

- As of December 2021, 2,611 PHBs are in place in SEL which is above the Q3 2021/22 plan of 2,463.
- The SEL PHB lead is supporting boroughs to implement the personalisation agenda and expand their PHB provision with an on-going focus on wheelchair users and mental health service users. SEL will also be exploring ways of expanding provision for people with learning disabilities through the care treatment review process.
- The personal wheelchair budgets offer has been restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership.

Key	Not achieving trajectory
	Achieving trajectory

Top Performer

Worst performer

Personalised care and support planning

- The LTP sets out an ambitious target for the implementation of the comprehensive model for personalised care, with 2.5 million people benefitting by 2023/24. Personalised Care and Support Planning (PCSP) is one of the six core components of the model and nationally the LTP sets out an ambitious target of 750,000 PCSPs developed by 2023/24. We know what SEL’s contribution will be to the national target, however boroughs have not been set individual targets and data is not yet available.
- Data on the current number of PCSPs in SEL but the table below provides the planned trajectory of provision of PCSPs in SEL for the next four years.

SEL annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
Referrals to link workers	5,448	8,006	15,103	24,258	32,850

Social prescribing

- Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.
- The LTP makes a that link workers will support over 900,000 people nationally to access social prescribing support by 2023/24. Data on the current number of referrals in SEL is not available but the data below provides the planned trajectory of provision in SEL for the next four years.

Annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
Referrals to link workers	1,866	7,463	14,926	22,389	29,852

Diabetes

Diabetes: key outcome measures

The National Diabetes Audit (NDA) measures diabetes performance using the three indicators below and performance is also monitored in the IAF for the treatment targets and structured education. There are, however, no formal expectations for diabetes performance.

Care Processes

- Care processes for all people aged 12 and over. There are nine annual measures and the first 8 are the responsibility of Diabetes Care providers. The 9th Care Process is the responsibility of NHS Diabetes Eye Screening (NHS Public Health England)

1. HbA1c (blood test for glucose control)	5. Urine Albumin/Creatinine ratio (urine test for risk of kidney disease)
2. Blood Pressure (measurement for cardiovascular risk)	6. Foot Risk Surveillance (examination for foot ulcer risk)
3. Serum Cholesterol (blood test for cardiovascular risk)	7. Body Mass Index (measurement for cardiovascular risk)
4. Serum creatinine (blood test for kidney function)	8. Smoking History (question for cardiovascular risk)

Treatment Targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and statins:

- Target HbA1c reduces the risk of all diabetic complications
- Target blood pressure reduces the risk of cardiovascular complications and reduces the progression of eye and kidney disease
- Target statins prescriptions reduces the risk of cardiovascular complications

Structured education

The percentage of people with diabetes diagnosed for less than one year who have a record of attendance at a structured education course. This is measured using the number of people who have attended a structured education course within 12 months of diagnosis, as recorded by the NDA. Attendance at diabetes structured education, by those newly diagnosed with diabetes and those with established diabetes, will improve patient outcomes by:

- Reducing patients' HbA1c levels and subsequently increasing their likelihood of achieving the three NICE-recommended treatment targets.
- Improving patients' knowledge and capability for managing their diabetes.

The data source for these diabetes targets, is the National Diabetes Audit. The latest results of which are shown further in this pack. However, because the data is only produced annually, there is a significant lag in availability so monitoring improvement can be difficult. It is possible however for CCGs to use local data and systems to monitor in year at a practice level.

Diabetes: Feb update - drivers of performance and availability of data (1 of 2)

- Diabetes commissioning within the new SEL CCG sits within the Commissioning & Improvement Directorate and specifically within the LTC Management & Improvement team. However, Diabetes touches a large number of commissioning areas, so governance and strategy need to take this into account; the breadth of delivery required to achieve system wide ambitions on diabetes and obesity will require an end-to-end pathway approach – from prevention through to specialist services. As ICS structures coalesce, diabetes will be strongly reflected in these.
- **SE London ICS Diabetes & Obesity Delivery Board (DODB).** The **third meeting of the SEL ICS DODB** took place on 25 January 2022. The focus of the meeting was on weight management services, and obesity prevention within SEL and also to gain feedback by members on a **prototype SEL system diabetes and obesity outcomes dashboard**. Members of the Board broke out into groups to discuss ‘how we move towards a more preventive, aligned approach in SE London, that maximises prevention and optimises the scarcer resource of specialist obesity interventions’. Some of the key outcomes were around coproduction, funding and the importance of understanding outcomes. The Board will ensure the complex governance and strategy for obesity which sits across multiple organisations and Boards is understood and aligned – particularly ensuring synergy with LAs around childhood obesity. The prototype dashboard was very well received, with a DODB Outcomes subgroup agreed to further develop it. An update will be given to the IGP in the near future, when data quality has been confirmed and format updated to take into account Board member feedback.
- **Diabetes Structured Education (DSE).** There has been positive recent work with the commissioned provider of the Diabetes Book & Learn (DBL) web-based service, to repurpose the website and DBL service offer to better reflect current service provision (i.e. no ‘physical venue’ F2F group sessions and an increasing proportion of digital structured education). The SELCCG-led rapid procurement of additional digital education has seen a large take-up of new provider offers, particularly the service offered by Diabetes Digital Media, who provide a Low Carb DSE programme, available in 10 different languages. SEL CCG commissioners continue to work with existing diabetes education providers to help them pivot to virtual (i.e. MS Teams/ Blue Jeans) courses. Referrals to structured education from primary care have returned to pre-pandemic levels, so ensuring a good supply of DSE courses is crucial. After a successful initial period, SELCCG has extended both our digital provider contracts, ensuring a good level of education supply going into 2022/23. We are also working with face-to-face providers to increase supply of education they are offering, including funding a significant amount of training for staff members, to help restore supply.
- SEL commissioners have also extended the innovative HEAL-D pilot, a DSE offer specifically for people with diabetes from Black African and Black Caribbean communities and is working with the HIN on an enhanced evaluation offer – this will now continue into the new financial year, with a decision on mainstreaming taken in 2022/23, on the basis of evaluation.
- **NHSE Health Inequalities funding** is supporting 4 ‘Test Bed’ PCNs to take forward interventions to improve diabetes, pre-diabetes and hypertension outcomes amongst their practice populations. Lewisham, Bexley, Lambeth and Bromley PCNs are involved and building on previous population health management work to deliver data-driven interventions that improve outcomes for their BAME and deprived populations. The interventions were impacted by the Omicron wave, but are again being rolled out (including health coaching, remote monitoring, MDT focussed work with personalised care plans) and fuller feedback can be provided in the near future. It is hoped that these test beds will inform wider primary care-led work with these cohorts.

Diabetes: drivers of performance and availability of data (2 of 2)

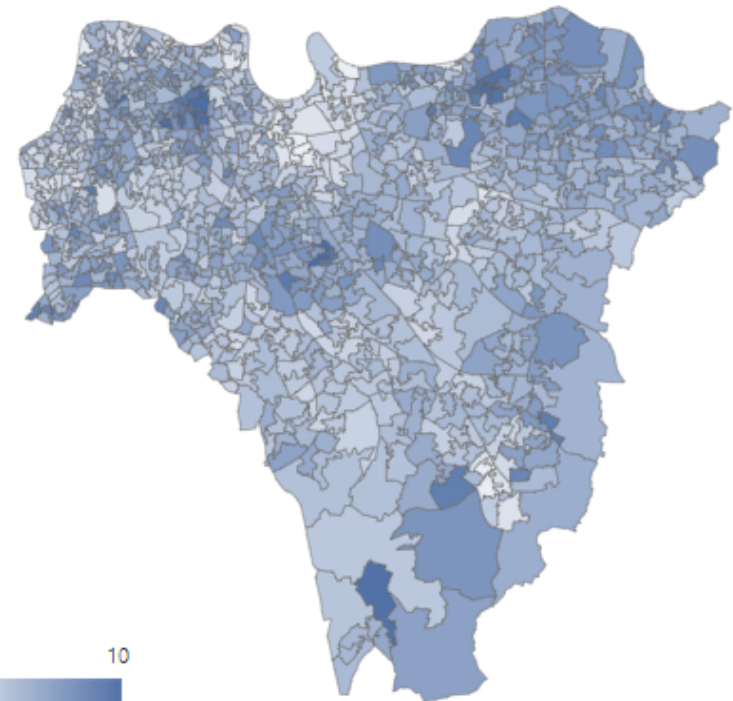
- **Remote monitoring pilot for people with diabetes discharged from hospital.** South East London was awarded £88,500 to pilot a 12-month remote monitoring solution for diabetes across KCH and GSTT acute and community teams in Lambeth and Southwark. Working in collaboration with the Health Innovation Network, King's College Hospital and King's Health Partners, **Sensyne's DBm-Health platform** was procured. The aim of the pilot is test DBm-Health as a tool to reduce workforce capacity constraints, integrate acute and community diabetes teams while managing blood sugar levels to keep people out of hospital post-discharge. To date, 19 patients have been onboarded at KCH and emerging uptake data shows the largest uptake has been Male (53%), BAME (68%) and living with Type 2 (68%), with similar uptake across all age groups including 65+. 53% of patients have required new insulin starts on admission. The Lambeth DICT and GSTT acute and community teams are due to go live in Q2 and formal evaluation is underway to assess the efficacy of the remote monitoring solution as well as the impact on clinical teams, patients, re-admission rates, health inequalities and a range of patient cohorts e.g. oncology and post-surgical
- As noted above, work on a **SE London wide Diabetes dashboard** has progressed well, thanks to development work by the SEL Business Intelligence team. With IG approval to utilise primary care data, the prototype dashboard **offers the first consistent view of SEL wide diabetes primary care data** since SELCCG was created. Although it is not yet published (because of the need to ensure data quality particularly around the important 3 treatment target metric) an example of the dashboard is shown on the next slide. **It is important to note that the dashboard is currently able to show only those SEL GP practices that have signed the Joint Controller Agreement to allow data sharing – currently c.70% of SEL practices.** It is hoped this percentage will improve markedly in the next few weeks.
- When the dashboard is published (expected before end of March/ early April), much of the monthly IGP update will be fed by it.

South East London Diabetes and Obesity Dashboard

South East London has a registered population of 2,054,456, of which 1,463,093 (71.2%) are registered with practices signed up to data sharing. Of these 1,463,093, there are 72,478 patients with Diabetes. There are 4,471 (0.3%) patients with Type 1 diabetes, and 66,566 (4.5%) patients with type 2 diabetes.

- The prevalence of Diabetes by ward ranges from **2.0%** at its lowest to **8.5%** at its highest.
- The percentage of people with Diabetes who are also Obese is **31.3%**.
- The prevalence of Obesity in people with diabetes by ward ranges from **1.5%** at its lowest to **45%** at its highest.
- 3 Treatment Target (3TT) achievement by ward ranges from **5.7%** at its lowest to **33.7%** at its highest.
- For the BAME population, 3TT achievement by ward ranges from **3.6%** at its lowest to **50.0%** at its highest.
- For the three most deprived population deciles, the 3TT achievement prevalence by ward ranges from **3.4%** at its lowest to **41.4%** at its highest.

Prevalence of Diabetes per 100 SEL population by LSOA



0 10
per 100 population

Produced by the SEL BI team using data from primary care.
For any queries please contact selccg.bi@nhs.net

Diabetes: National Diabetes Audit performance position

- The following tables present the latest available published data from the National Diabetes Audit and covers the period up to 2020/21.
- Following the successful data usage committee application, the SEL BI team now has access to local primary care data and will attempt to replicate National Diabetes Audit performance reporting to provide a much more up-to-date position.

	All 3 Treatment Targets (%) – Type 2						
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SEL	41.3%	40.1%	42.0%	41.8%	44.7%	42.8%	35.9%
Bexley	50.5%	47.1%	45.8%	46.1%	44.8%	44.0%	37.2%
Bromley	42.3%	43.9%	44.3%	42.2%	43.0%	42.0%	42.2%
Greenwich	37.7%	40.9%	41.0%	41.2%	42.2%	41.4%	35.1%
Lambeth	40.2%	36.6%	38.2%	39.1%	43.5%	42.7%	34.2%
Lewisham	37.2%	36.3%	42.3%	42.4%	46.2%	40.8%	34.5%
Southwark	40.5%	38.2%	41.5%	41.1%	47.9%	45.8%	34.0%
England	41.3%	40.4%	41.1%	40.1%	41.7%	40.3%	35.5%

	All 8 Care Processes (%) – Type 2						
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SEL	46.9%	42.0%	41.7%	50.8%	62.5%	62.9%	41.9%
Bexley	62.5%	50.6%	49.4%	52.8%	54.4%	52.4%	29.9%
Bromley	48.8%	42.9%	39.7%	47.4%	51.5%	51.2%	23.5%
Greenwich	45.3%	44.1%	39.8%	45.1%	47.4%	45.1%	23.5%
Lambeth	44.6%	43.6%	46.2%	61.3%	76.7%	81.3%	63.5%
Lewisham	39.7%	34.0%	34.1%	39.5%	58.3%	58.6%	38.9%
Southwark	51.7%	39.8%	41.7%	56.9%	78.7%	80.2%	62.9%
England	59.0%	53.9%	47.7%	58.8%	54.3%	58.5%	36.8%

Performance

- 3 treatment targets performance for all boroughs dropped in 2020/21 due to the impact of Covid. The only exception was Bromley, which managed to maintain its performance. This drop was also seen nationally across England.
- The challenge will be to return performance to pre-pandemic levels as quickly as possible – all boroughs have 3TT recovery funding to help do this. Pre-pandemic performance for all 6 SEL boroughs was better than the England average.

Diabetes: National Diabetes Prevention Programme Update (DPP)

The NHS Diabetes Prevention Programme (NHS DPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.

The long-term aims of the NHS DPP are:

- To reduce the incidence of Type 2 diabetes;
 - To reduce the incidence of complications associated with diabetes - heart, stroke, kidney, eye and foot problems related to diabetes; and
 - Over the longer term, to reduce health inequalities associated with incidence of diabetes.
-
- The DPP programme is currently commissioned and funded nationally with Xyla Health & Wellbeing selected as one of five providers to deliver the DPP Framework 2. Xyla is the current provider Pan-London and the current Framework is due to be replaced by Framework 3 in April 2022.
 - The DPP programme that Xyla provide consists of a mixture of 1-to-1 and group sessions delivered by health and wellbeing coaches with participants learning how to prevent diabetes by incorporating healthier eating, physical activity, problem-solving, stress-reduction and coping skills into their daily lives. Practices are able to refer to both face to face and the Oviva digitally led online programme.
 - Xyla Health provides each ICS with monthly referral reports highlighting their current performance against their agreed referral trajectory. The trajectory has been agreed for the three year period until April 2022 for each ICS.

Diabetes: Structured education (1 of 2)

Diabetes Structured Education (DSE) in SE London

- Diabetes Structured Education (DSE) is a key part of improving diabetes outcomes in SE London, by empowering people with diabetes to confidently self manage their condition
- In 2018, the six SE London CCGs, working with the six CCGs of south west London and the Health Innovation Network, procured a three-year contract to deliver a new integrated diabetes education booking service to people with diabetes in South London.
- This innovative diabetes education web-based platform - called **Diabetes Book & Learn (DBL)** - allows people with diabetes to be offered the choice of any diabetes education course available across south London, including digital (e.g. app-based) structured education. The ambition was to maximise patient choice and engagement and help people take more control of their own health.
- Referral to DBL is via GP or self referral – the person with diabetes then works with the DBL team to select the DSE course that is most appropriate for them
- The impact of Covid on the SE London DSE offer has been huge; since April 2020, there has been no face-to-face diabetes education in physical venues. The DBL service and South London diabetes education providers have therefore had to find new ways of delivering DSE
- SEL and SWL commissioners, working with the HIN, have continued to work with DBL and south London education providers to ‘pivot’ to a new way of delivering DSE, by using IG-approved video conferencing platforms (e.g. MS Teams or Blue Jeans); whilst this has been problematic for some providers, it has proved popular with many people with diabetes and will continue to remain part of the commissioned DSE offer, even after return to physical venues

Diabetes: Structured education (2 of 2)

Diabetes Structured Education (DSE) in SE London

- In addition, in the face of these pandemic challenges, SEL and SWL CCG commissioners completed a rapid procurement of additional digital diabetes education providers, to increase supply of diabetes structured education available on the platform. This includes a new provider, **Diabetes Digital Media (DDM)**, that offers an accessible and popular app-based Low Carb program which has already started to deliver good outcomes for the people of South London. It also has great accessibility, with the course offered in 10 different languages and the content tailored to support people from different communities
- DDM and Second Nature (the second successfully procured digital provider) offer an excellent choice for those who want a tailored approach via app-based education, while also freeing up the more limited virtual face-to-face DSE supply for those that prefer that option
- SEL commissioners have also extended the innovative HEAL-D pilot, a DSE offer specifically for people with diabetes from Black African and Black Caribbean communities and is working with the HIN on an enhanced evaluation offer
- Despite the disruption to service provision caused by the pandemic, the Diabetes Book & Learn service has provided support to many people with Diabetes, in increasingly innovative ways. The return to physical location face-to-face will offer further options for people with Diabetes, in choosing the diabetes education offer that is right for them

Cancer Screening

Cancer screening: context and improvement plans

A number of localised initiatives are taking place, such as using community links organisations to contact and support women who receive a breast screening invitation, in an effort to increase uptake. Despite the efforts of the BI team, real time data on uptake by borough is no longer easily extractable. Work on this is being undertaken but as a result, it is not possible to tell if problems of uptake are affecting specific geographies or boroughs.

Breast screening

- Breast screening services have largely been maintained during phase 2 of the pandemic. Further staffing issues have meant that full programme recovery for south east London is not expected until September 2022. Staffing levels have improved over recent months but this is still the biggest constraint in catching up.
- A task and finish group has been established, which includes King's, SEL CCG, the cancer alliance and London regional colleagues to see what more can be done to speed up programme recovery within SEL.

Bowel cancer screening

- Screening service operations and staffing have all returned to normal.
- The service continues to perform well though there are still some colonoscopy backlogs which are being cleared as part of the wider waiting list work.

Cervical screening

- The programme is functioning as normal. Colposcopy services have almost all returned to business as usual, though there are fewer clinics overall than pre-covid. Waiting lists are beginning to build up, but we are undertaking some demand and capacity work to manage the workload.

Diabetic Eye Screening Programme

- All programmes in London are functioning well for phase 1 (patients with elevated clinical risk) and recovery finished for this cohort in March 2021.
- Priority 2 patients have been extended for 12 months (to screening within a 24 month period) but will all be offered screening by March 2022.
- The programme will work with the newly established SEL diabetes group with the aim of improving screening uptake

Cancer Screening: performance position and trend (1 of 2)

Bowel Cancer Coverage (60-74) March 2020 – Target 60%

Month	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
SEL CCG	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green
London	Yellow	Yellow	Yellow	Red	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Bowel Cancer Uptake (60-74) March 2020 – Target 60%

Month	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
SEL CCG	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green
London	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green

Breast Cancer Coverage (50-70) March 2020 – Target 80%

Month	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
SEL CCG	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
London	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

Key	Not achieving standard	>5% from target
	Close to achieving standard	<5% from target
	Achieving standard	Above target

*The data provided has been redacted because it is provisional and unpublished

Cancer Screening: performance position and trend (2 of 2)

Breast Cancer Uptake (50-70) March 2020 – Target 80%

Month	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
SEL CCG													
London													

Cervical Cancer Coverage (25-49) March 2020 – Target 80%

Month	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21
SEL CCG													
London													

Cervical Cancer Coverage (50-64) March 2020 – Target 80%

Month	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21
SEL CCG													
London													

Key	Not achieving standard	>5% from target
	Close to achieving standard	<5% from target
	Achieving standard	Above target

*The data provided has been redacted because it is provisional and unpublished

Learning Disability and Autism

Inpatient count position and trend (1 of 4)

At the end of January there were 76 inpatients (66 x adults, 10 x children)*

		FY 20/21 Q4			FY 21/22 Q1			FY 21/22 Q2			FY 21/22 Q3			FY 21/22 Q4		
		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Inpatients	Total	81	86	90	84	85	86	76	75	78	76	74	77	76	-	-
	CCG	35	38	38	33	34	34	27	27	27	28	26	28	27	-	-
	Spec Comm/SLP Adults	37	37	38	38	38	38	37	36	37	38	38	39	39	-	-
	Children	9	11	14	13	13	14	12	12	14	10	10	10	10	-	-
	Adult inpatients per million	59	61	62	58	59	59	52	51	52	54	52	54	54	-	-
Trajectories	Total LTP Trajectory	-	-	69	-	-	79	-	-	75	-	-	73	-	-	69
	LTP Adult non secure-Trajectory	-	-	31	-	-	32	-	-	31	-	-	30	-	-	29
	LTP Adult secure-Trajectory	-	-	31	-	-	38	-	-	36	-	-	35	-	-	34
	LTP CYP-Trajectory	-	-	7	-	-	9	-	-	8	-	-	8	-	-	6
Change in month	Net	0	1	4	-6	1	1	-10	0	1	1	-2	4	-2	-3	
	Admissions	6	9	17	8	4	8	3	7	6	9	4	8	4	In Q4: ~16 admissions expected, with 8 remaining at end of Q4	
	Discharges	6	6	13	14	3	7	13	7	5	8	6	4	6	11	

*Position at 31/01/22.

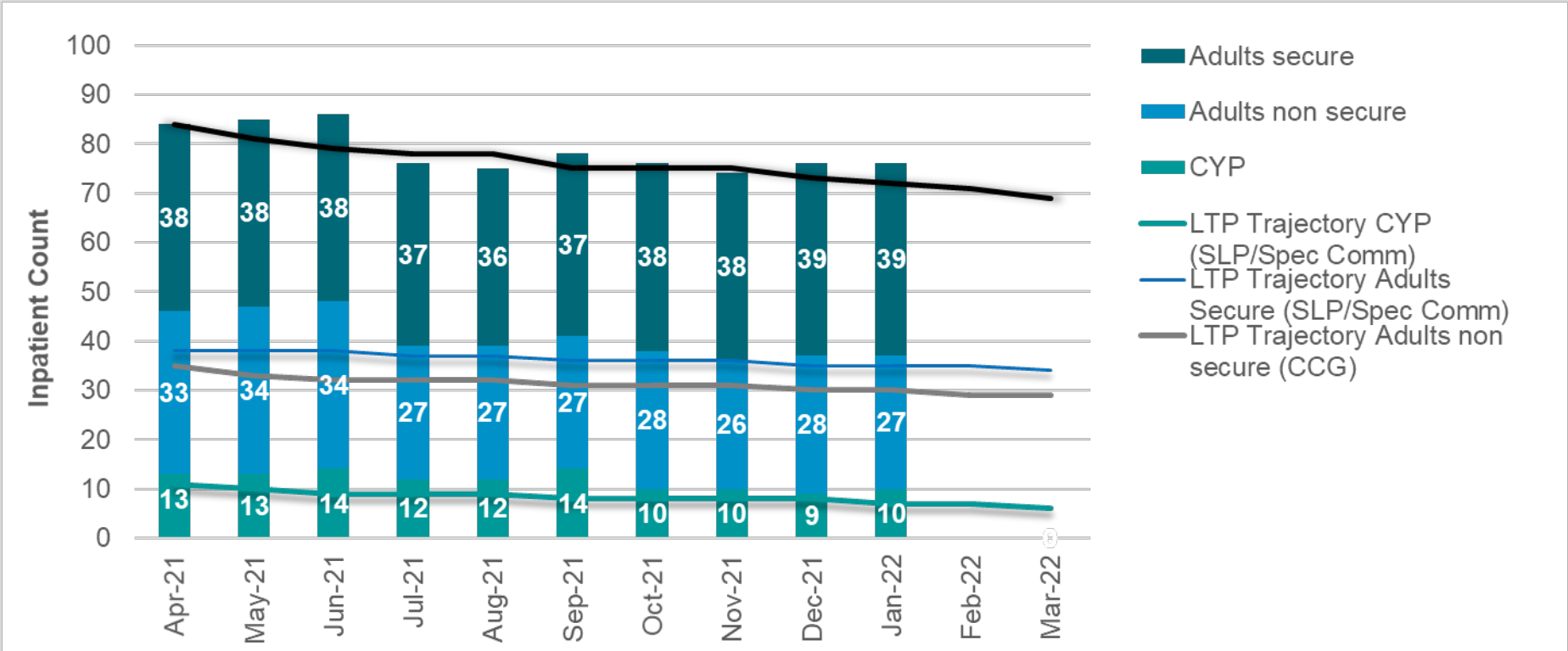
**The TCP Forecast target was built on the analysis of the current cohort and modelling based on the review of historical data, and the expected positive impact new services will have on the trajectory.

DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (2 of 4)

At the end of January there were 76 inpatients, 66 adults and 10 CYP, 7 above overall target position by end of Q4 2021/22.

- The SEL target for Q4 2021/22 is 63 adults, 6 CYP.



*Position at 31/01/22.

**The TCP Forecast target was built on the analysis of the current cohort and modelling based on the review of historical data, and the expected positive impact new services will have on the trajectory.

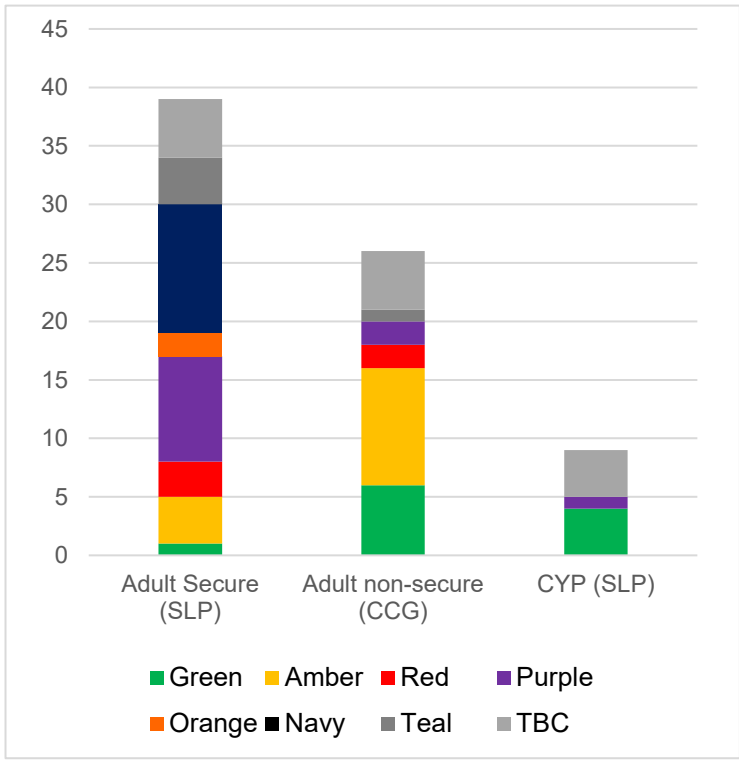
DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (3 of 4)

Of the 76 inpatients, 9 are estimated to be suitable for discharge by the end of Q3 2021/22*

- There are 38 inpatients not expected to be discharged before March 2022, 29 of whom are adults in a low/medium secure setting (SLP), 3 in acute mental health beds, 1 in an acute ward, 1 in an ATU, and 4 in high secure ward (Spec Comm). There are 13 TBC cases.

Target Discharge Date Group	Target Discharge Date	Bex	Bro	Gre	Lam	Lew	Sou	CYP	Adult Secure	Total
Green	Jan 2022- Mar 2022 (Q4)	2	2	0	0	1	2	5	1	13
Amber	Apr 2022- Jul 2022 (Q2)	0	1	0	5	2	2	0	4	14
Red	Oct 2021- Dec 2021 (Q3)	0	0	0	2	0	0	0	3	5
Purple	Jan 2022- Mar 2022 (Q4)	0	0	0	1	0	1	1	9	12
Orange	April 2022 - March 2023	0	0	0	0	0	0	0	2	2
Teal	April 2023- March 2024	1	0	0	0	0	0	0	4	5
Navy	No expected discharge before March 2024	0	0	0	0	0	0	0	11	11
TBC	TBC	0	0	1	0	2	2	4	5	14
		3	3	1	8	5	7	10	39	76



*Position at 31/01/22.
DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (4 of 4)

There have been 8 admissions reported in January 2022.

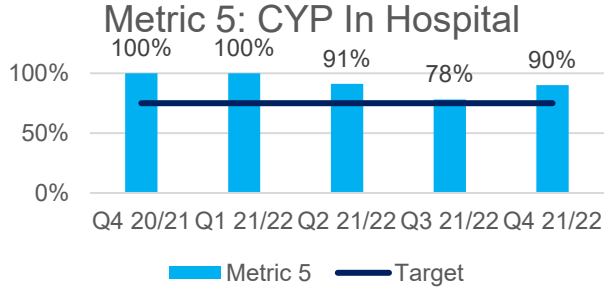
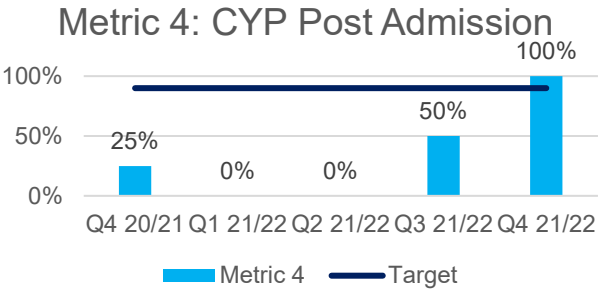
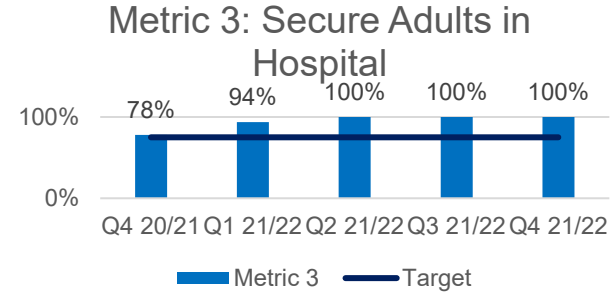
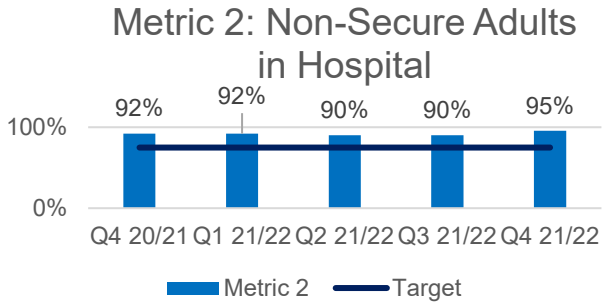
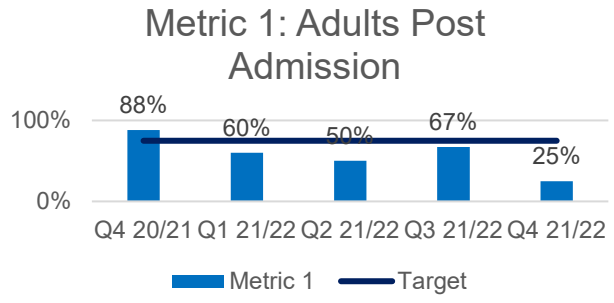
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Total
Adult non-secure (CCG)	-	2	1	1	1	2	7
<i>Unique Admissions</i>	-	-	1	-	1	-	2
<i>Readmissions</i>	-	2	-	1	-	2	5
Adult non-secure (SLP/Spec Comm)	-	-	-	-	-	-	-
<i>Unique Admissions</i>	-	-	-	-	-	-	-
<i>Readmissions</i>	-	-	-	-	-	-	-
CYP (SLP)	-	-	1	-	-	-	1
<i>Unique Admissions</i>	-	-	1	-	-	-	1
<i>Readmissions</i>	-	-	-	-	-	-	-
Total Admissions	-	-	2	1	1	2	8

*Position at 31/01/22
DATA SOURCE: SEL TCP Inpatient Tracker

Care Treatment Review position and trend

Challenges remain in completion of pre admissions CTRs.

Borough compliance Metrics 1,2,3,4 and 5	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Spec Comm/SLP
	100%	100%	100%	100%	75%	83%	96%



Metric 1 - Adults - % admissions in rolling quarter with pre-admission CTR within 28 days or post-admission CTR within 28 days of admission
 Metric 2 - Non-secure adults - % current inpatients with CTR in last 6 months
 Metric 3 - Secure adults - % current inpatients with CTR in last 12 months
 Metric 4 - Under 18s - % admissions in rolling quarter with pre-admission CTR within 28 days or post-admission CTR within 14 days of admission
 Metric 5 - Under 18s - % current inpatients with CTR in last 3 months

*Position at 31/01/22
 DATA SOURCE Master SEL TCP Inpatient Tracker

LD Register and Annual Health Check Dashboard

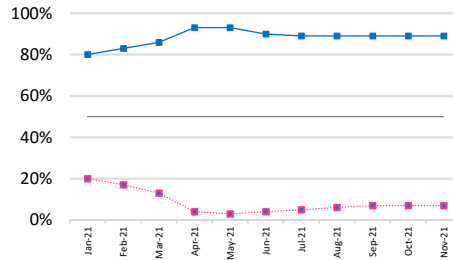
- The NHS Long Term Plan states the LD Annual Health Check (AHC) target is 75% for 2021/22.

*LD register taken from BI/Analytics data, increase from 2020/21 to present due to a QOF coding update

Borough	Lead	On register		Health checks				Notes
		20/21 actual	21/22 to date*	2020/21 total		2021/22 to date*		
				#	%	#	%	
Bexley 2021/22 Target: 750 AHCs	Elizabeth Deeves - Head of Integrated Commissioning	998	1239	Data period: April 2020 to March 2021 696	69	Data period: April - December 2021 408	41	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 500
Bromley 2021/22 Target: 920 AHCs	Agnes Marossy – Consultant in Public Health	1147	1361	Data period: April 2020 to March 2021 936	82	Data period: April – December 2021 391	32	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 600
Greenwich 2021/22 Target: 990 AHCs	Jill Prescott - Primary Care Commissioning Manager	1318	1678	Data period: April 2020 to March 2021 860	65	Data period: April - November 2021 434	33	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 600
Lambeth 2021/22 Target: 1090 AHCs	Lesley Connaughton – Primary Care Development Manager	1467	1923	Data period: April 2020 to March 2021 1149	78	Data period: April - November 2021 602	41	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 790
Lewisham 2021/22 Target: 1150 AHCs	Chima Olugh - Primary Care Commissioning Manager	1538	2034	Data period: April 2020 to March 2021 1095	74	Data period: April - November 2021 677	44	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 770
Southwark 2020/21 Target: 850 AHCs	Gerry Baker - Learning Disability and Autism Lead	1126	1407	Data period: April 2020 to March 2021 928	87	Data period: April - November 2021 564	50	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 500
South East London 2020/21 Target: 5750 AHCs	Lewis Synan-Jones – Learning Disability and Autism Programme Officer	7594	9642	Data period: April 2020 to March 2021 5630	79	Data period: April - September 2021 2945	41	*Data Source: NHS Digital. - Q1-3 2021/22 Cumulative Operational target of 3760

SELCA LeDeR Performance

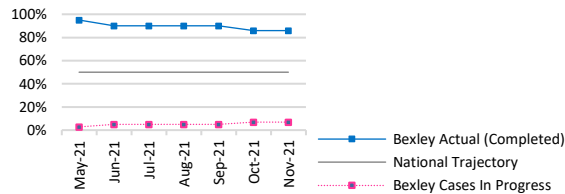
Bexley / Bromley / Greenwich / Lambeth / Lewisham / Southwark				
	SEL CCG	Key Performance Indicators (KPIs)		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	255	3%	93%	5%
Jun-21	261	4%	90%	5%
Jul-21	264	5%	89%	5%
Aug-21	266	6%	89%	5%
Sep-21	267	7%	89%	4%
Oct-21	272	7%	89%	4%
Nov-21	273	7%	89%	4%



National Key Performance Indicators

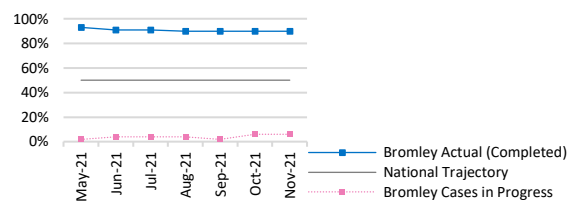
1. % unassigned reviews = <10% Awaiting allocation/with LAC for allocation
2. % completed reviews = >50%

Bexley local area



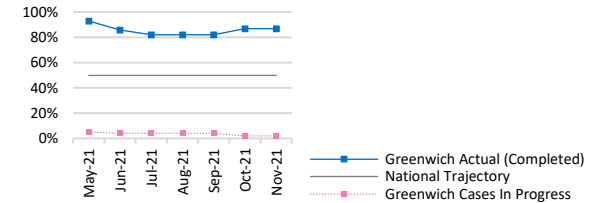
Bexley local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	38	3%	95%	3%
Jun-21	40	5%	90%	5%
Jul-21	40	5%	90%	5%
Aug-21	40	5%	90%	5%
Sep-21	40	5%	90%	5%
Oct-21	42	7%	86%	7%
Nov-21	42	7%	86%	7%

Bromley local area



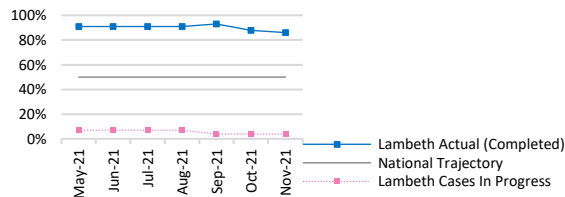
Bromley local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	46	4%	93%	2%
Jun-21	47	4%	91%	4%
Jul-21	47	4%	91%	4%
Aug-21	48	6%	90%	4%
Sep-21	48	8%	90%	2%
Oct-21	48	4%	90%	6%
Nov-21	48	4%	90%	6%

Greenwich local area



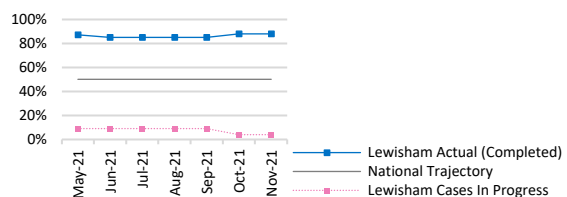
Greenwich local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	40	3%	93%	5%
Jun-21	43	9%	86%	5%
Jul-21	45	13%	82%	4%
Aug-21	45	13%	82%	4%
Sep-21	45	13%	82%	4%
Oct-21	45	11%	87%	2%
Nov-21	45	11%	87%	2%

Lambeth local area



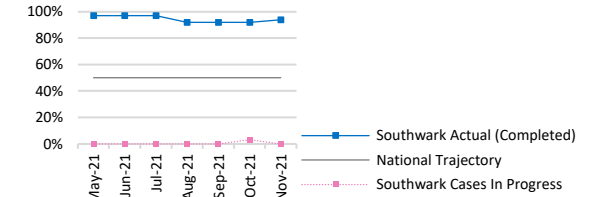
Lambeth local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	41	2%	91%	7%
Jun-21	45	2%	91%	7%
Jul-21	45	2%	91%	7%
Aug-21	45	2%	91%	7%
Sep-21	45	2%	93%	4%
Oct-21	48	8%	88%	4%
Nov-21	49	10%	86%	4%

Lewisham local area



Lewisham local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	53	4%	87%	9%
Jun-21	54	6%	85%	9%
Jul-21	54	6%	85%	9%
Aug-21	54	9%	85%	9%
Sep-21	54	9%	85%	9%
Oct-21	56	9%	88%	4%
Nov-21	56	9%	88%	4%

Southwark local area



Southwark local area				
	Key Performance Indicators			
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
May-21	33	3%	97%	0%
Jun-21	34	3%	97%	0%
Jul-21	34	3%	97%	0%
Aug-21	35	6%	94%	0%
Sep-21	36	8%	92%	0%
Oct-21	36	6%	92%	3%
Nov-21	35	6%	94%	0%

Learning Disability and Autism: summary of current position

Summary of current South East London performance position	Main drivers of current performance position	High impact actions currently in place to address performance variance
<p>Inpatient:</p> <ul style="list-style-type: none"> The South East London Learning Disability and Autism Programme has been set a target of reducing transforming care inpatients from 66 to 48 adults by March 2024, in line with national Long-term Plan bed reduction plans. The target for CYP is 5 inpatients by March 2024. The operational target for inpatients by March 2021 is: 69 inpatients (62 Adults and 7CYP). The end of year position was 16 patients above the target. The operational target for inpatients by March 2022 is: 69 inpatients (62 Adults and 7CYP). <p>LeDeR:</p> <ul style="list-style-type: none"> South East London was the first STP in London to establish a LeDeR Steering group. Programme KPIs (<10%notifications unassigned and >50% notifications completed). <p>LD Annual Health Checks:</p> <ul style="list-style-type: none"> The learning disabilities (LD) health check scheme is one of several GP enhanced services in the Quality and Outcomes Framework (QOF). Enhanced services are voluntary reward programmes covering primary medical services; one of their main aims is to reduce the burden on secondary care services. To this end, NHS England has provided a target for each Clinical Commissioning Group (CCG) to complete health checks for 75% of the eligible population in each financial year of the NHS Long-Term Plan. 	<p>Inpatients</p> <ul style="list-style-type: none"> The SEL inpatient cohort is complex which results in challenging discharge pathways. ~85% of the current cohort is amenable to change and ~15% is not (Navy RAG rated) due to complex care needs and/ or MoJ restrictions. These two distinct groups require different approaches to improve care and facilitate return to the community. There are a lack of local specialised support services for people living in the community with learning disabilities and/ or autism and their families. CCGs, Local Authorities and providers do not always effectively share information regarding patients at risk of admission. This limits the ability of the LDA to put in place support to manage escalating crises in the community. <p>Annual Health Checks</p> <ul style="list-style-type: none"> Each of the local areas in South East London have been working with their community LD teams, primary care and wider stakeholders to meet this target. The Programme Management Office (PMO) team are monitoring progress, attending LD task and finish or steering groups for annual health check improvement in local areas holding them and supporting them to improve where possible by collating and sharing resources and best practice. 	<p>Discharge improvement:</p> <ul style="list-style-type: none"> Dedicated case managers in post. Regular case management rhythm established. Monthly inpatient surgeries. Escalation channels open to SEL AO and NHSE national. Positive Behaviour Support (PBS) to support discharge <p>Admission prevention:</p> <ul style="list-style-type: none"> Introduction of compulsory admissions root cause analysis. PBS training to family carers and professional workforce. Autism awareness training to professional workforce. Borough level review of risk register processes. Positive Behaviour Support (PBS) to prevent admission <p>Capacity building:</p> <ul style="list-style-type: none"> Mobilisation and extension of SLaM & Oxleas autism support services pilots. BBG intensive community support service piloted. Agreement between Oxleas and CCG to fund as a service development on a recurrent basis when pilot ends. Commissioning of Lewisham Intensive Community Support service. This has not yet mobilised. <p>LeDeR</p> <ul style="list-style-type: none"> Extension of the LeDeR coordinator role, 12 months pilot until June 2022.

Impact or potential impact of the current performance position on the quality of care and mitigation actions in place

• No impact identified on quality of care consequence of the performance.

Known equality or health inequality issues related to this standard

• There are several barriers that are stopping people with a learning disability (LD) and or autism (ASD) from getting good quality healthcare which the SEL LDA is trying to tackle, those include: patients not being identified as having an LD/ASD; staff having little understanding about LD/ASD; failure to recognise that a person with a learning disability is unwell; failure to make a correct diagnosis; lack of joint working from different care providers; inadequate/insufficient aftercare or follow-up care. Patients are admitted to mental health ward environments that are not conducive to ASD/LD needs and as such, the lack of reasonable adjustments to mental health ward environments creates inequity.

High Impact Action	Expected completion date and status	Key risks to delivery of the action
<p>Discharge improvement:</p> <ul style="list-style-type: none"> Regular case management rhythm established including monthly surgery meetings chaired by Deputy SRO, supported by weekly case manager/TCP PMO update and escalation calls. Escalation channels open to SEL AO and NHSE national team. Additional positive behaviour support funded for patients on discharge pathway. 	<ul style="list-style-type: none"> Ongoing case management and monitoring. Ongoing case management and monitoring. Ongoing case management and monitoring. 	<ul style="list-style-type: none"> There is a shortage of suitable residential/supported living services which can lead delays to discharges.
<p>Admission prevention:</p> <ul style="list-style-type: none"> Enhanced process for the Dynamic Support Register under review. Introduction of compulsory root cause analysis for all admissions and monthly CTR breaching reporting. CYP Key worker model to support the Dynamic Support Register processes and case management. 	<ul style="list-style-type: none"> Q3 2021/22. Implemented. Q1 2021/22. 	<ul style="list-style-type: none"> There is a shortage of suitable community support services which can lead to unnecessary admissions/ re-admissions and can cause delays to discharges.
<p>Capacity building:</p> <ul style="list-style-type: none"> Commissioning of SLaM & Oxleas autism support services. Commissioning BBG intensive community support service. Kick-off mobilisation of the Lewisham CCG proposal for community support services pilot. 	<ul style="list-style-type: none"> Q3 2021/22. Complete Not started 	<ul style="list-style-type: none"> There is a lack of clarity regarding NHSE and Spec Comm programme funding beyond 2019/20. This may impact the ability of the LDA to support local areas to commission new services. There is a lack of skilled LD/ ASD workforce in SEL, including specialisms such as psychology, mental health/ LD nursing and community carer. This is impacting the quality of care available and limiting the ability of NHS and independent providers to mobilise new services at pace.

Glossary

BBB – Borough Based Board

BMI – Body Mass Index

CAN – Accountable Cancer Network

CAG – Clinical Advisory Group

CCG – Clinical Commissioning group

CTR – Care Treatment Review

CYP – Children and Young People

DBL – Diabetes Book & Learn

DH – Denmark Hill

DSE – Diabetes Structured Education

EIP – Early Intervention in Psychosis

GSTT – Guy's & St Thomas' NHS Trust

IAF – Improvement Assessment Framework

KCH – King's College Hospital Trust

KHP – Kings Healthcare Partnership

KPI – Key Performance Indicator

LCP – Local Care Provider

LeDeR – Learning Disability Mortality Review

LGT – Lewisham & Greenwich Trust

LTC – Long Term Condition

LTP – Long Term Plan

MDT – Multi-Disciplinary Team

NDA – National Diabetes Audit

NHSE – NHS England

NHSI – NHS Improvement

NICE – National Institute of Clinical
Excellence

PHB – Personal Health Budget

PRUH – Princess Royal university Hospital

PCSP – Personal Care & Social Prescribing

PTL – Patient Tracking list

QEH – Queen Elizabeth Hospital

RTT – Referral to treatment

SMI – Severe Mental Illness

SEL – South East London

SELCA – South East London Cancer
Alliance

TCST – Transforming Cancer Services
Team

UHL – University Hospital Lewisham