

# **Borough Board Assurance report - Bromley**

**August 2021**

## Introduction and summary

- [Introduction](#) PAGE 4
- [Changes to the pack for July 20201](#) PAGE 5
- [Key messages](#) PAGE 8

## Non-acute challenged performance

- [Improved Access to Psychological Therapies](#) PAGE 11
- [Dementia Diagnosis](#) PAGE 15
- [SMI Physical Health Checks](#) PAGE 18
- [NHS Continuing Healthcare](#) PAGE 21
- [Childhood Immunisations](#) PAGE 23
- [Personal Health Budgets](#) PAGE 26
- [Diabetes](#) PAGE 29
- [Cancer Screening](#) PAGE 35
- [Learning Disability and Autism](#) PAGE 40
- [Glossary](#) PAGE 50

# 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
  - Childhood immunisations in primary care
  - Personal health budgets
  - Diabetes
  - 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%	May 2021 – 59.0%	The borough is on track to deliver the target at year-end
Dementia diagnosis	↑	66.7%	June 2021 – 67.0%	Performance has improved and the borough is now achieving target
SMI Physical Health Checks	↑	60%	Q1 2021/22 – 14.1%	Performance improved from the previous quarter but performance remains well below target
Personal health budgets	↑	M12 – 558	Data not reported for July 2021	
Diabetes treatment targets	↑↓	No formal targets	Type 1 – 2019/20 – 23% Type 2 – 2019/20 – 42%	NA
Diabetes eight care processes	↓↔	No formal targets	Type 1 – 2019/20 – 31% Type 2 – 2019/20 – 51%	NA
Cancer screening bowel, breast and cervical	Improvement in most 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 continuing healthcare	↑	<15%	Q1 2021/22 - 4%	No identified risk to delivery for this year
Childhood immunisations in primary care	↑↓	Above the London average for all metrics	Q1 2020/21 – performance is above the London average for all metrics	No identified risk
LD and Autism – annual health checks	↑	Q1 2021/22 – 82	Q1 2021/22 – 69	Performance is currently just 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

- For SEL CCG, IAPT access performance was **below plan in Q4 2020/21 at 4.6% against a Q4 plan of 6.2%**. This was largely driven by referral reductions during COVID however referral numbers have started to recover and are now almost double compared to the same period last year.
- The borough is meeting the IAPT recovery rate standard of 50% with a performance of 59.0% in May 2021 and also met the 6 and 18 week **IAPT waiting times standards**.
- 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.
- The borough met the dementia diagnosis target of 66.7% in June 2021 with a performance of 67.0%.

## 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 Q1 2021/22 performance which shows that all are **significantly below the 60% target**.

## NHS continuing healthcare

- The borough is required to ensure no more than **15% of CHC assessments take place in an acute setting**, and in **Q1 2021/22** 4% of assessments took place in an acute setting.



## Childhood immunisations in primary care

- The borough performed **above the London average** on all 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.
- The borough was not able to report a performance position for July 2021 and is reviewing its data reporting methods. Progress to implement a number of initiatives across SEL to expand provision in 2020/21 were delayed due to the COVID-19 pandemic but work is underway to implement these initiatives in 2021/22.

## 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 and insufficient local data which limits our ability to monitor progress in year.
- For 2020/21 the immediate focus is to establish robust SEL CCG/ICS governance and to progress the Diabetes Strategy post-Covid.

## Cancer Screening

- Refreshed cancer screening performance data for SEL is now presented in the report. According to the latest available data **SEL was not meeting the screening targets for breast and cervical screening but was 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 all screening programmes.

## Learning Disability and Autism

- There are currently **72 inpatients in SEL, six below the target position for July 2021**. The borough provided 69 **annual health checks** in Q1 2021/22 which was below the target of 82.

# Non-acute performance

## Mental Health

# Improved Access to Psychological Therapies

# IAPT: 2019/20 year-end & 2020/21 performance

## 2019/20 Year End Position – SEL boroughs

	Standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
<b>IAPT performance – March 2020</b>								
IAPT Access Rate - rolling three months	5.50%	4.33%	5.28%	4.34%	5.64%	4.98%	5.57%	5.11%
IAPT Recovery Rate - rolling three months	50%	48.0%	52.0%	55.0%	57.0%	47.0%	52.0%	52.4%
IAPT Waiting Times 6 Weeks	75%	99.0%	92.0%	91.0%	95.0%	86.0%	94.0%	92.3%
IAPT Waiting Times 18 Weeks	95%	100%	95.0%	100%	100%	98.0%	99.0%	98.3%

## 2020/21 Current Performance Position – May 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 May 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
<b>IAPT performance – May 2021</b>								
IAPT Access Rate – rolling three months	6.2%	TBC – Borough baselines not available at present – published performance data does not include expected population figures for locally commissioned services						4.6% (Q4 2020/21)
IAPT Recovery Rate - rolling three months	50%	55.6%	59.0%	55.3%	55.4%	55.6%	50.8%	54.7%
IAPT Waiting Times 6 Weeks	75%	78.6%	93.0%	95.9%	96.9%	90.9%	91.5%	92.9%
IAPT Waiting Times 18 Weeks	95%	92.9%	97.7%	100%	100%	100%	98.6%	98.7%

<b>Key</b>	Not achieving national standard
	Achieving national standard

Top Performer
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Worst performer
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# IAPT: performance and improvement actions

## Context

- The SEL MH Performance team have regular meetings with the IAPT providers where issues around performance are discussed. All providers are achieving the recovery rate and waiting times targets except for Bexley Mind. Bexley Mind has started to address their reporting issues and has shown improvements against the recovery rate and 6 week waiting time standards. It is likely that Bexley Mind's performance figures will continue to improve once they are able to resubmit their 2020/21 data in the coming months.
- All providers found it challenging to achieve the access rate target of 6.25% in Q4. However, early indications show that SEL CCG is on track to deliver the Q1 trajectory of 5.0%.
- The SEL Commissioning Team is in the process of disseminating the key recommendations from the IAPT review to providers and to the place base Mental Health Commissioning Managers.

## Improvement actions

- Bexley Mind has previously reported data quality issues due to changes made to the national data submission in October 2020. Improvements have already been made and there has been positive impact on performance. It is expected that once the organisation has resubmitted 2020/21 data and resolved the routine reporting / submission issues, the national data will accurately reflect the true performance of their service.
- SEL IAPT providers are working with primary care and other local mental Health providers to promote their services with the aim to increase referrals.
- All IAPT providers are increasing access to group work, especially for people with Long Term Conditions.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
First to Second Treatment within 90 days Rolling 3 months (May 2021)							
Current month	76.7%	65.0%	86.0%	94.4%	83.5%	84.1%	85.0%
Trend since last month	↓	↔	↑	↑	↑	↑	↓

## Context

- The current IAPT waiting time standards measure waiting times from diagnosis to starting treatment (i.e. first treatment) and mandate that 75% of patients start treatment within 6 weeks and 95% within 18 weeks.
- Performance against the IAPT waiting times standards remains compliant with all SEL providers (except Bexley Mind) delivering above the national targets. Although fewer people have entered treatment, providers have used available capacity to reduce waiting lists.
- Waits for second treatment are variable across IAPT providers and this issue will be picked up at provider performance/contract meetings.

Key	↑	Worsening position
	↓	Improving position

Top Performer

Worst performer

# 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 – June 2021	62.6%	67.0%	62.7%	73.4%	68.4%	67.2%	66.8%
2019/20 year end	68.0%	70.4%	65.1%	77.5%	74.9%	78.3%	71.7%

### Context

- SEL CCG have achieved the national standard in June 2021 with reported performance of 66.8% against the target of 66.7%.
- The Oxleas services in Bexley, Bromley & Greenwich have started to show improvement in this area due to the restructure of their Older Adult services which entails bringing all three boroughs under a single management structure.

### Performance and improvement plans

- A compliant position is being reported for all boroughs except Bexley & Greenwich. Both have seen an improvement in performance against the 66.7% diagnosis rate standard in June compared to May.

### Improvement actions

- Oxleas continues to make progress in implementing the redesign of their MH Older Adult services.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		



# Dementia Diagnosis Waits: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
<b>Dementia diagnosis waiting times (June 2021) – target 85%</b>						
% of people diagnosed within 6 weeks of referral	5.0%	15.0%	17.0%	10.5%	42.0%	10.5%
Average waiting time for diagnosis (days)	157	128	134	153	82	153

### 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.
- Updated waiting times for Memory Services are included in the table above as the monthly reporting regime has been re-established. This return also collates performance information on the number of people diagnosed within 6 weeks of 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 (Q1 2021/22) – target 60%							
% patients receiving check	29.9%	14.1%	13.1%	26.3%	22.3%	32.6%	23.4%
Trend since last quarter	+2.3%	+3.4%	-1.2%	+3.0%	+3.2%	-0.7%	+1.7%

### Context

- SEL CCG Performance and Commissioning leads have previously met with Primary Care colleagues across South East London to discuss plans to improve performance in this area.
- Both SLaM and Oxleas have mentioned the possibility of deploying MH roles in the community, which could undertake health checks on behalf of practices. There is also potential for the CCG to obtain funding from NHSX to use technology to increase the uptake of SMI Physical Health Checks.

### Performance update

- The mental health MDT will continue to work with primary care and acute colleagues to ensure all opportunities available to improve performance are optimised.

### Improvement actions

- The SEL Performance Team is seeking advice from the SEL Clinical Effectiveness Team to understand if borough level reporting for SMI health checks can be generated centrally. This would free up practice time to focus on delivering health checks and enable benchmarking across the boroughs to facilitate shared learning.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

# Non-acute performance

## Other metrics

# NHS Continuing Healthcare

# NHS Continuing Healthcare: overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Proportion of NHS CHC full assessments in an acute setting Q1 2021/22 – Target no more than 15%						
Current month	0%	4%	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 Q1 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	Top Performer	Worst performer
	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
<b>Children receiving DTaP/IPV/Hib % at 12 months – Q4 2020/21</b>									
% patients	91.3%	93.8%	86.7%	85.7%	87.6%	87.3%	88.6%	85.7%	91.6%
Trend since last quarter	↑	↑	↓	↑	↑	↑	↓	↓	↑
<b>Children receiving DTaP/IPV/Hib % at 24 months – Q4 2020/21</b>									
% children	94.7%	94.5%	89.3%	88.8%	88.2%	89.8%	90.7%	89.4%	94.0%
Trend since last quarter	↑	↓	↓	↓	↓	↓	↓	↓	↓
<b>Children receiving DTaP/IPV/Hib % at 5 years – Q4 2020/21</b>									
WHO Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
% patients	93.9%	92.9%	93.6%	90.3%	91.5%	92.4%	92.4%	91.4%	95.3%
Trend since last quarter	↑	↓	↑	↑	↓	↓	↓	↔	↔

Key

Below London average

Above London average

Top Performer

Worst performer



	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
<b>Children receiving MMR1 at 24 months – Q4 2020/21</b>									
% patients	80.9%	87.9%	80.2%	75.4%	79.8%	81.4%	78.7%	80.3%	89.3%
Trend since last quarter	↓	↓	↓	↓	↓	↓	↓	↓	↓
<b>Children receiving MMR1 at 5 years – Q4 2020/21</b>									
% children	92.6%	92.0%	92.4%	86.9%	89.4%	91.2%	90.7%	88.7%	94.3%
Trend since last quarter	↑	↓	↑	↑	↓	↓	↑	↓	↓
<b>Children receiving MMR2 at 5 years – Q4 2020/21</b>									
% patients	81.4%	88.2%	85.1%	77.5%	81.7%	81.4%	82.8%	74.1%	86.7%
Trend since last quarter	↑	↓	↑	↓	↓	↓	↔	↔	↔

## 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

2021/22 target	451	644	558	622	515	494	3,284
July 2021	216	-	427	225	78	199	-
Q2 2021/22 trajectory							1,642

\*Bromley is currently reviewing their reporting of PHBs so their data has not been included in this report.

- SEL provided 2,068 PHBs in 2020/21 which was below the annual target of 2,463. Progress to implement a number of initiatives to improve performance in 2020/21 were delayed due to the COVID-19 pandemic but these will be implemented at the start of 2021/22.
- 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: context – the 3 targets

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)

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

- 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.
- Given the breadth of activity and delivery required in order to create a step change in the quality of care for patients and to improve the models of service provision for diabetes – and following ICS principles – we need to adopt a fully collaborative and joint approach between SEL stakeholders: including the CCG, provider partners/ SEL clinicians, people with diabetes, the South London Health Innovation Network and KHP
- Diabetes and obesity have particular significance in post-Covid planning, given the significant adverse outcomes for BAME patients and the impact of diabetes and obesity as risk factors for Covid-19 related admission and mortality. SEL ICS is undertaking a number of innovative pilots, using different funding sources, seeking to learn and embed positive lessons from Covid, including remote monitoring pilots for people discharged from hospital on insulin and pilots across SE London seeking to reduce health inequalities and improve outcomes (particularly for BAME communities and people living in deprived communities) for people with diabetes, pre-diabetes and hypertension. These pilots align with ICS strategic priorities, particularly population health management, clinical effectiveness and digital innovation.
- The process of standing up of ICS Diabetes and Obesity governance is continuing, with a recent planning workshop (mid-March) for a new Diabetes & Obesity Delivery Board. The workshop was well attended and generated good outputs which will feed directly into an intended first meeting of the Delivery Board in late June/ early July. The Delivery Board will sit within ICS Long-term Conditions governance and help to drive forward diabetes and obesity strategy.

## Recent Diabetes-related updates include

- **Diabetes Structured Education:** the Diabetes Book & Learn (DBL) web-based service has had to rapidly move away from face-to-face courses, towards digital/ virtual offers. SEL CCG recently completed a procurement of 1,000 additional digital structured education places, significantly increasing education capacity across SE London. 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 are still lower than pre-pandemic levels, so a comms and engagement piece is planned in Q1 2021/22 to raise referral levels back to pre-Covid numbers.
- **Diabetic Foot:** governance has been stood up again and the terms of reference take into account the implications of Covid on the SEL Foot pathway. Effort continues to be made to strongly support the Multi-Disciplinary Foot Team (MDFT) pathway and the new diabetic foot navigator role.
- Work on a **SE London wide Diabetes dashboard** is starting again now that the significant redeployments of the SEL BI team have ceased. The SEL Diabetes dashboard will provide crucial intelligence to help understand variation in outcomes across SE London.

# Diabetes: performance position

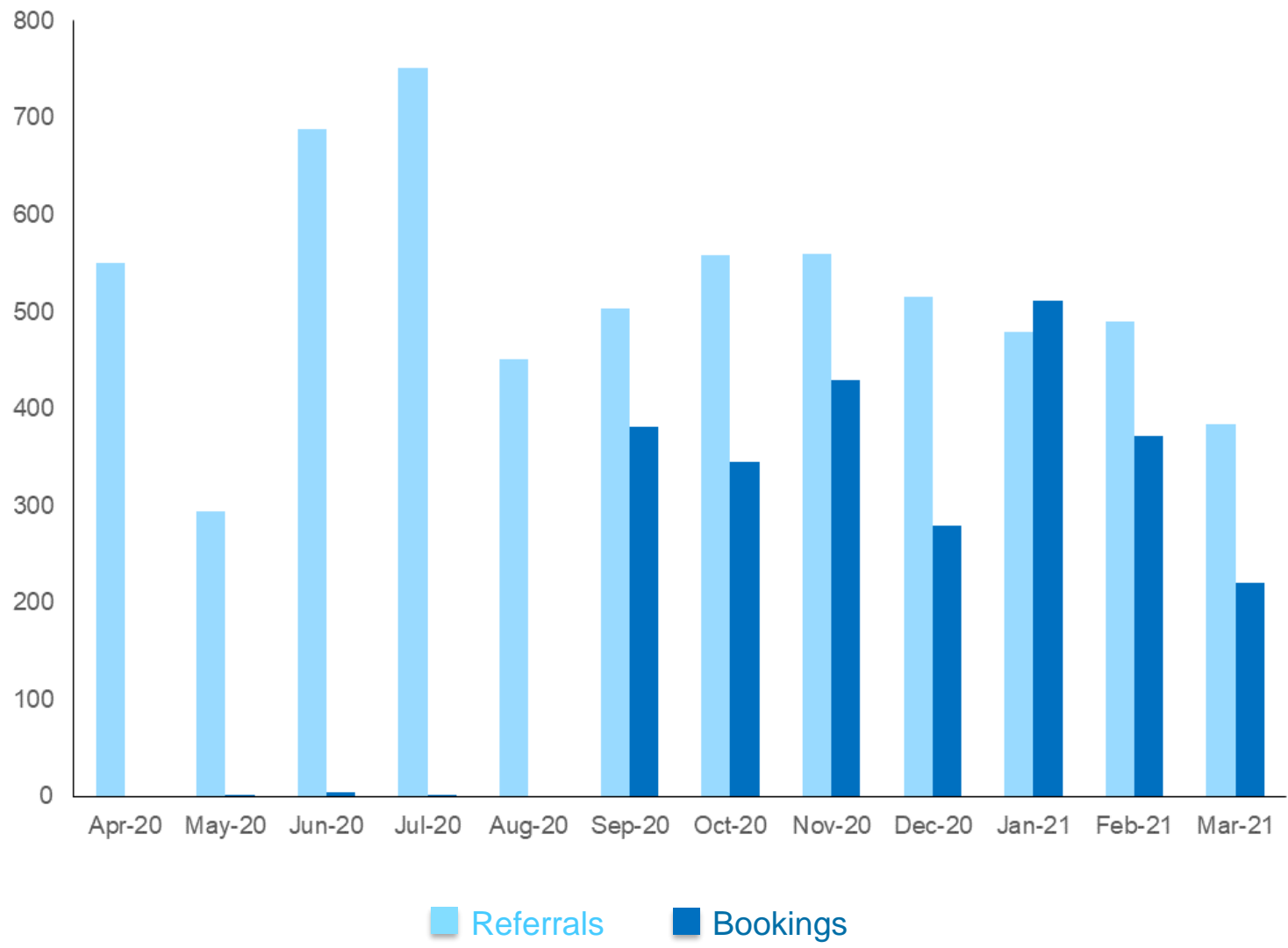
The following tables present the latest available published data from the National Diabetes Audit and covers the period up to 2019/20.

TYPE 1 DIABETES										
	All 8 Care Processes (%)					All 3 Treatment Targets (%)				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
<b>SEL</b>	<b>32%</b>	<b>33%</b>	<b>40%</b>	<b>46%</b>	<b>41%</b>	<b>20%</b>	<b>24%</b>	<b>23%</b>	<b>25%</b>	<b>28%</b>
Bexley	34%	34%	39%	35%	31%	25%	28%	27%	30%	33%
Bromley	25%	26%	30%	36%	31%	19%	23%	22%	20%	23%
Greenwich	32%	27%	35%	34%	30%	22%	25%	24%	25%	30%
Lambeth	36%	41%	54%	62%	56%	20%	22%	22%	23%	31%
Lewisham	28%	28%	33%	44%	43%	18%	24%	23%	28%	28%
Southwark	39%	42%	53%	65%	57%	18%	23%	21%	25%	28%
England	37%	34%	43%	41%	42%	18%	19%	19%	20%	20%

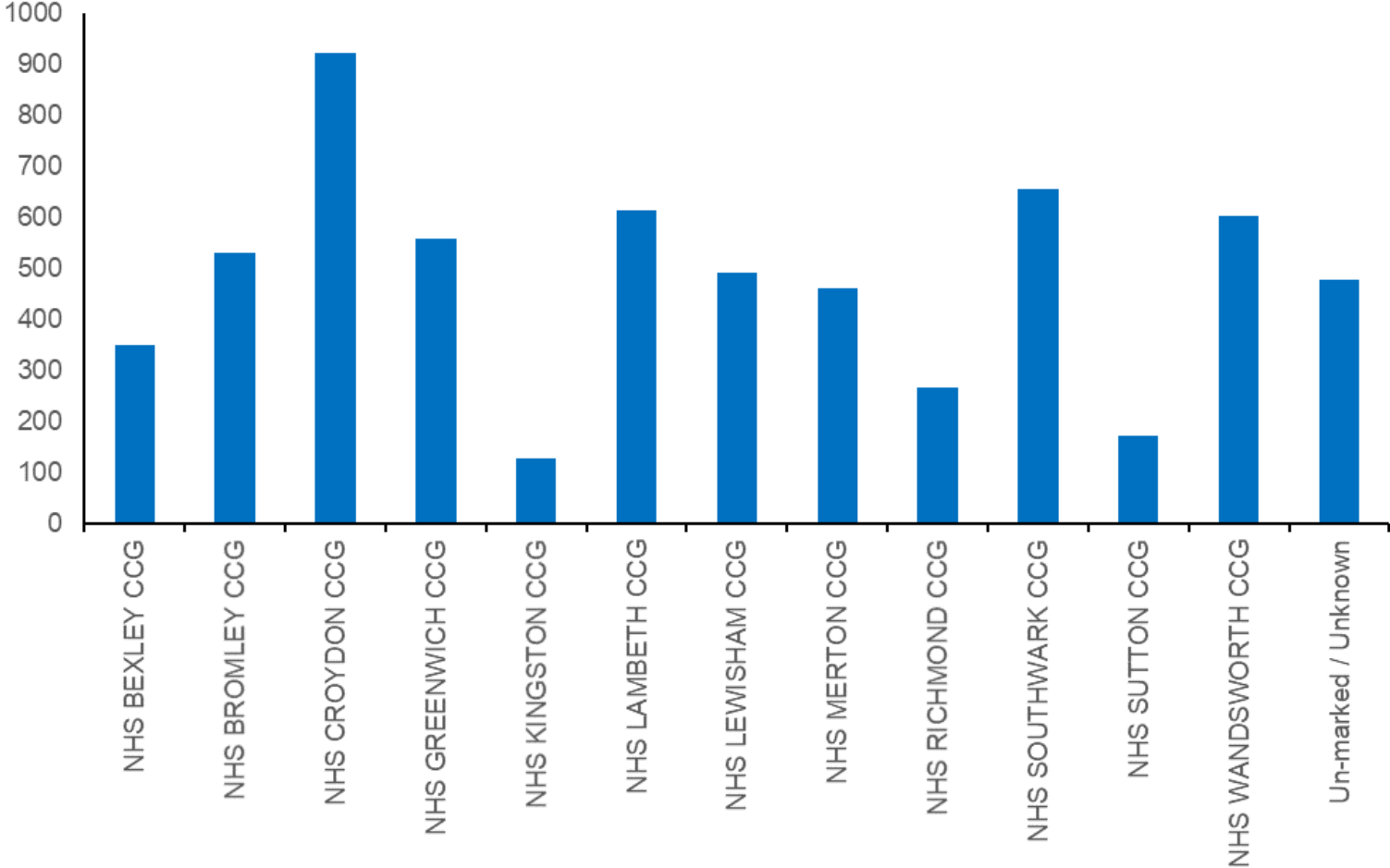
TYPE 2 DIABETES										
	All 8 Care Processes (%)					All 3 Treatment Targets (%)				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
<b>SEL</b>	<b>42%</b>	<b>42%</b>	<b>51%</b>	<b>62%</b>	<b>63%</b>	<b>40%</b>	<b>42%</b>	<b>42%</b>	<b>45%</b>	<b>43%</b>
Bexley	51%	49%	53%	54%	52%	47%	46%	46%	45%	44%
Bromley	43%	40%	47%	51%	51%	44%	44%	42%	43%	42%
Greenwich	44%	40%	45%	47%	45%	41%	41%	41%	42%	41%
Lambeth	44%	46%	61%	77%	81%	37%	38%	39%	44%	43%
Lewisham	34%	34%	40%	58%	59%	36%	42%	42%	46%	41%
Southwark	40%	42%	57%	79%	80%	38%	42%	41%	48%	46%
England	54%	48%	59%	54%	58%	40%	41%	40%	42%	40%



Type 2 diabetes education referrals and bookings by month, since April 2020 – March 2021 for South London



Diabetes education total referrals for south London boroughs from April 2020 – March 2021



# 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. Very recently, the Cancer Alliance has set up an Inequalities in Screening Group that will work closely with the Inequalities in Covid Vaccination Taskforce, to ensure that there is learning across the programmes

## Breast screening

- Breast screening services have largely been maintained during phase 2 of the pandemic. Full programme recovery (in terms of catching up on the invited and screened cohorts) in SEL is still expected by February 2022.
- All programmes in London are finding it challenging to recruit additional staff, and a series of initiatives are being developed across London with HEE, such as additional training for radiology assistants to provide greater support, recruitment initiatives (including international) and more focus on the health and well being of radiology staff.
- A single breast screening administrative hub arranges all invitations and the call/recall system. The vast majority of women are being given 'open' invitations to all venues. A number of other initiatives are in place such as shorter appointments and 7 day services.
- SEL is funding two administrators to call LD patients and those patients who are less easy to reach.
- An information video for SEL is being produced.
- Direct oversight is being provided by London Regional Gold to all breast screening programmes.

## Bowel cancer screening

- Screening service operations and staffing have all returned to normal.
- Colonoscopy accreditation exams are now accessible to colonoscopists – these were previously hampered by the pandemic.
- Any delayed invitations were cleared by last month.
- SEL services are meeting national KPIs.
- Age extension to start for SEL in August 2021 – currently, it is 60-74. Calling over 50 year olds will commence this August.
- Material being produced to support black and ethnic minority communities, including a patient video.

# Cancer screening – context and improvement plans

## Cervical screening

- Despite the impact of wave 2, SEL is doing well in relation to uptake of cervical tests, no deficits in processing of samples.
- In order to maintain testing times and standards, laboratories are moving to an auto authorisation system for negative samples. This means if the sample is negative for HPV and there is no previous history of abnormalities, the sample does not need to go to cytologist for re-checking.
- Colposcopy services have all returned to business as usual.
- DNA rates are within the national target of 10%.
- 2 week waiting time for high grade referrals has been met.
- SEL has developed and circulated a cervical screening questionnaire to sample takers to assess the need for further capacity and training
- CRUK training in place for non clinical practice staff.
- Focus groups are being run for Portuguese women to help understand barriers to uptake of cervical screening.

## 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 but will all be screened by March 2022.
- Good uptake in patients invited for screening. Some staffing challenges in SEL have been addressed by additional recruitment

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

## Bowel Cancer Coverage (60-74) – Target 60%

Month	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
SEL CCG	57.2%	57.8%	58.2%	57.8%	57.1%	56.6%	56.3%	56.4%	56.9%	57.9%	58.5%	59.2%
London	55.2%	55.7%	56.0%	55.6%	55.0%	54.4%	54.1%	54.2%	54.7%	56.0%	56.8%	57.6%

## Bowel Cancer Uptake (60-74) – Target 60%

Month	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
SEL CCG	57.3%	57.4%	57.4%	57.9%	58.6%	58.5%	58.0%	58.9%	59.6%	59.9%	60.7%	61.9%
London	56.2%	56.2%	56.4%	56.7%	57.3%	57.2%	56.9%	57.7%	58.2%	58.5%	59.1%	59.6%

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

Month	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
SEL CCG	67.9%	67.8%	67.3%	66.1%	64.4%	62.5%	60.8%	59.5%	58.7%	57.9%	Data not available	56.8%
London	64.7%	64.8%	64.3%	63.2%	61.7%	59.9%	58.2%	57.0%	55.9%	55.0%	Data not available	54.0%

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

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

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

Month	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
SEL CCG	65.3%	63.8%	62.6%	62.1%	61.7%	60.2%	59.4%	58.8%	58.3%	58.4%	Data not available	58.6%
London	63.1%	62.3%	61.1%	60.8%	60.3%	59.5%	59.1%	58.7%	58.2%	57.8%	Data not available	56.5%

## Cervical Cancer Coverage (25-49) – 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
SEL CCG	66.2%	65.6%	65.3%	65.0%	64.7%	64.6%	64.7%	64.7%	64.7%	65.0%	65.6%	65.7%
London	61.6%	61.0%	60.7%	60.4%	60.0%	59.9%	60.0%	59.9%	59.9%	60.2%	60.7%	60.9%

## Cervical Cancer Coverage (50-64) – 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
SEL CCG	74.5%	74.4%	74.1%	73.9%	73.8%	73.6%	73.6%	73.6%	73.4%	73.4%	73.5%	73.5%
London	73.1%	72.9%	72.7%	72.5%	72.3%	72.1%	72.0%	71.9%	71.7%	71.6%	71.6%	71.6%

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

# Learning Disability and Autism



# Inpatient count position and trend (1 of 4)

At the end of July there were 72 inpatients (61 x adults, 11 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	82	86	89	83	84	84	72	-	-	-	-	-	-	-	-	
	CCG	35	37	36	31	32	31	23	-	-	-	-	-	-	-	-	
	Spec Comm/SLP Adults	38	38	39	39	39	39	38	-	-	-	-	-	-	-	-	
	Children	9	11	14	13	13	14	11	-	-	-	-	-	-	-	-	
	Adult inpatients per million	59	61	61	57	58	57	50	-	-	-	-	-	-	-	-	
Trajectories	Total LTP Trajectory	-	-	69	-	-	79	78	78	75	75	75	73	72	71	69	
	LTP Adult non secure-Trajectory	-	-	31	-	-	32	32	32	31	31	31	30	30	29	29	
	LTP Adult secure-Trajectory	-	-	31	-	-	38	37	37	36	36	36	35	35	35	34	
	LTP CYP- Trajectory	-	-	7	-	-	9	9	9	8	8	8	8	7	7	6	
Change in month	Net	0	1	3	-6	1	0	-12	-9			-9			-5		
	Admissions	6	8	16	8	4	7	1	In Q2: ~21 admissions expected, with 9 remaining at end of Q2			In Q3: ~18 admissions expected, with 6 remaining at end of Q3			In Q4: ~18 admissions expected, with 6 remaining at end of Q4		
	Discharges	6	6	13	14	3	7	13	18			15			11		

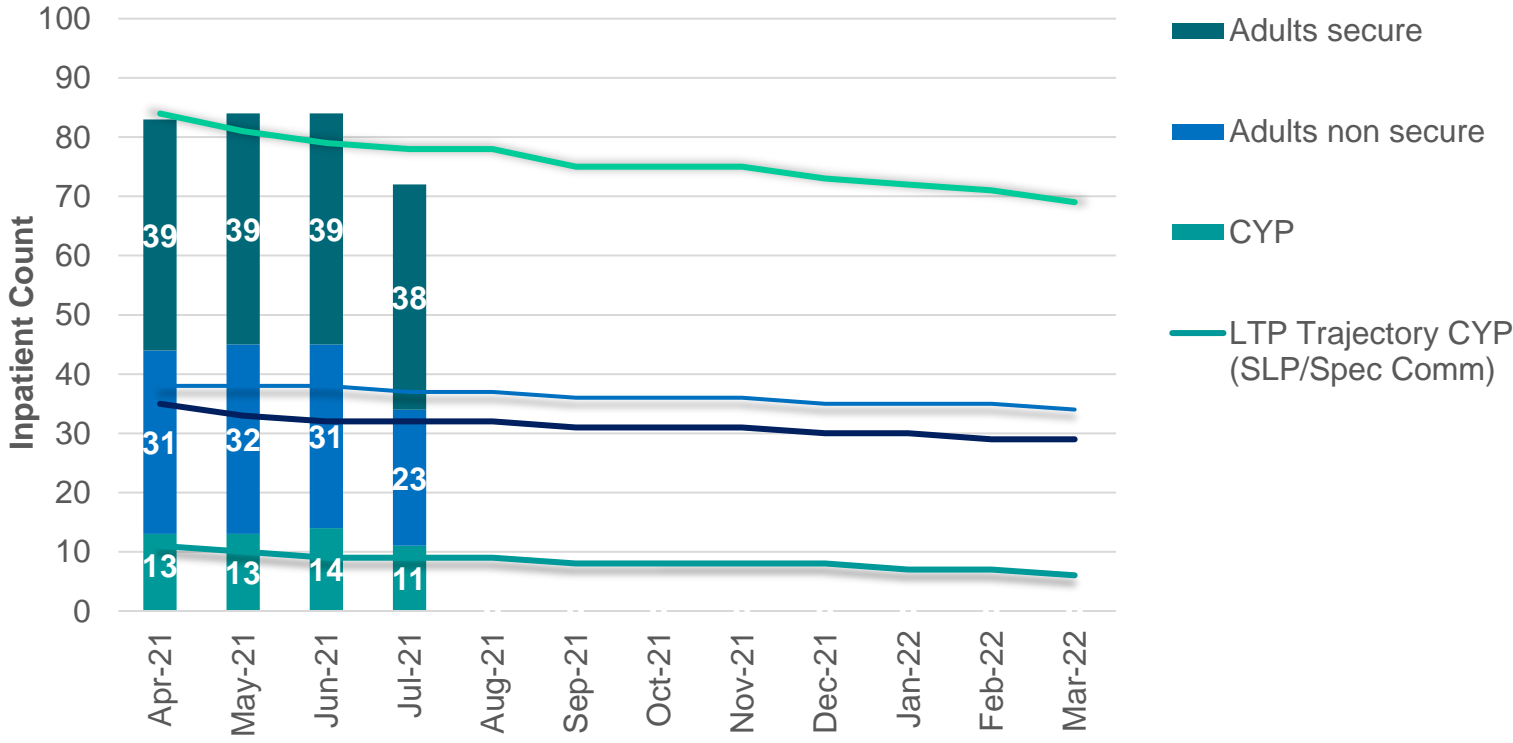
\*Position at 30/07/2021.

\*\*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 July there were 72 inpatients, 61 adults and 11 CYP, 3 below the overall target position by end of Q2 2021/22. The significant drop of inpatients in July 2021 was driven by the discharge of patients who were previously experiencing a delayed transfer of care and also due to successful admission prevention support.
- The SEL target for Q2 2021/22 is 67 adults, 8 CYP.



\*Position at 30/07/21.

\*\*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.

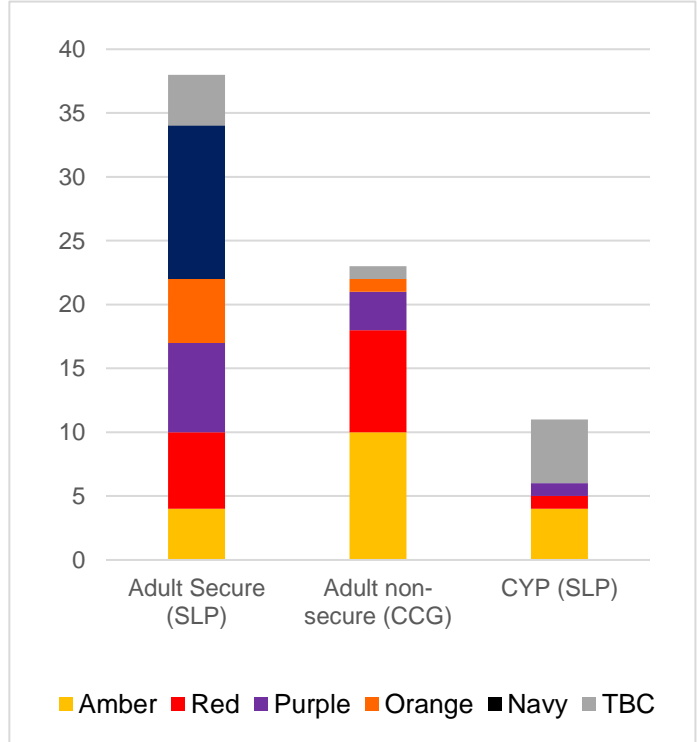
DATA SOURCE: SEL TCP Inpatient Tracker

# Inpatient count position and trend (3 of 4)

Of the 72 inpatients, 18 are estimated to be suitable for discharge by the end of Q2 2021/22\*

- There are 18 inpatients not expected to be discharged before March 2021, 11 of whom are adults in a low/medium secure setting (SLP) and 6 in high secure ( Spec Comm). There are 10 patients with a expected discharge date as TBC.

Target Discharge Date Group	Target Discharge Date	Bex	Bro	Gre	Lam	Lew	Sou	CYP (SLP/ SC)	Adult Secure (SLP/ SC)	Total
<b>Amber</b>	Jul 2021- Sep 2021 (Q2)	1	0	2	5	1	1	4	4	<b>18</b>
<b>Red</b>	Oct 2021- Dec 2021 (Q3)	1	0	0	2	0	5	1	6	<b>15</b>
<b>Purple</b>	Jan 2022- Mar 2022 (Q4)	0	1	0	0	1	1	1	7	<b>11</b>
<b>Orange</b>	April 2022 - March 2023	0	0	0	1	0	0	0	5	<b>6</b>
<b>Teal</b>	April 2023- March 2024	0	0	0	0	0	0	0	0	<b>0</b>
<b>Navy</b>	No expected discharge before March 2024	0	0	0	0	0	0	0	12	<b>12</b>
<b>TBC</b>	TBC	0	0	0	1	0	0	5	4	<b>10</b>
		<b>2</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>11</b>	<b>38</b>	<b>72</b>



\*Position at 30/07/21.  
DATA SOURCE: SEL TCP Inpatient Tracker

# Inpatient count position and trend (4 of 4)

There has been 1 admission in July 2021.

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

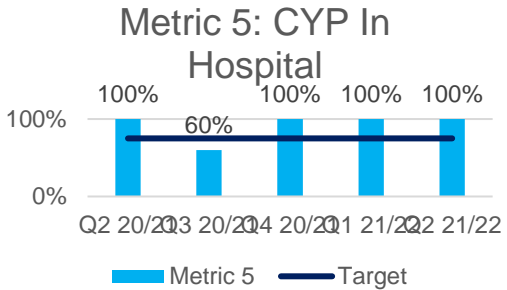
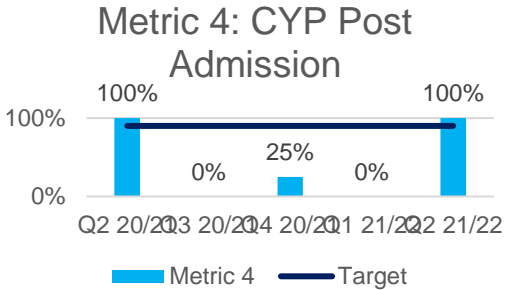
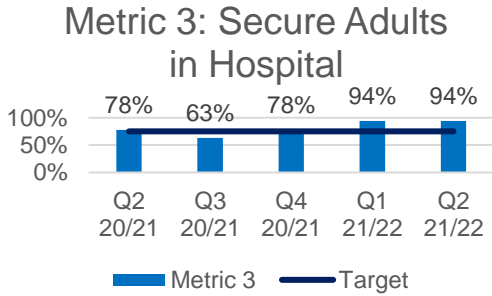
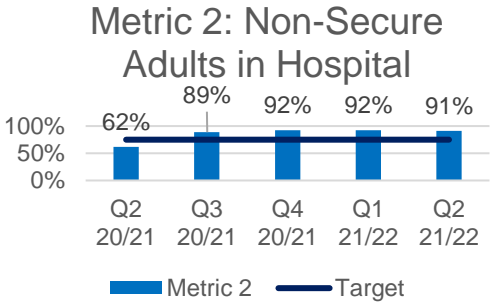
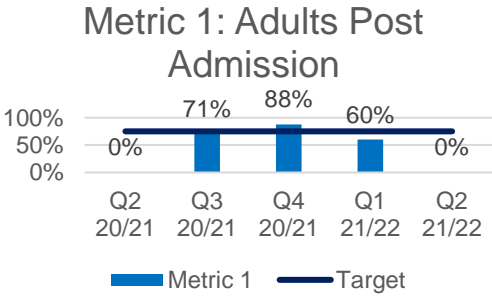
\*Position at 30/07/21.

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%	89%	100%	100%	95%



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 30/07/21.  
 DATA SOURCE Master SEL TCP Inpatient Tracker

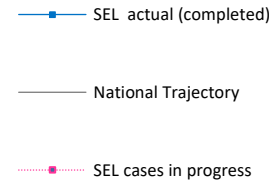
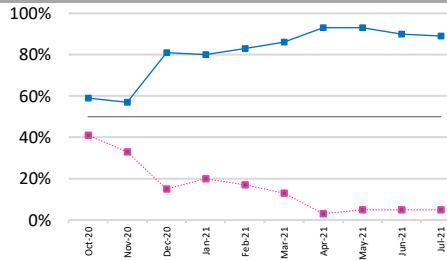
# LD Register and Annual Health Check Dashboard

- 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

Borough	Lead	On register		Health checks				Notes
		20/21 actual	21/22 to date*	2020/21 total		2021/22 to date*		
				#	%	#	%	
<b>Bexley</b> 2021/22 Target: <b>750</b> <b>AHCs</b>	<a href="#">Elizabeth Deeves</a> - Head of Integrated Commissioning	998	1214	Data period: April 2020 to March 2021 696	69	Data period: April- June 2021 <b>75</b>	8	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 100
<b>Bromley</b> 2021/22 Target: <b>920</b> <b>AHCs</b>	<a href="#">Remiel Mitchell</a> - Commissioning Development Lead	1147	1338	Data period: April 2020 to March 2021 936	82	Data period: April- June 2021 <b>69</b>	7	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 100
<b>Greenwich</b> 2021/22 Target: <b>990</b> <b>AHCs</b>	<a href="#">Simon James</a> - Primary Care Delivery Manager	1318	1550	Data period: April 2020 to March 2021 860	65	Data period: April- June 2021 <b>193</b>	15	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 100
<b>Lambeth</b> 2021/22 Target: <b>1090</b> <b>AHCs</b>	<a href="#">Antoinette Scott</a> - Locality Manager Primary Care	1467	1889	Data period: April 2020 to March 2021 1149	78	Data period: April- June 2021 <b>185</b>	10	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 200
<b>Lewisham</b> 2021/22 Target: <b>1150</b> <b>AHCs</b>	<a href="#">Ashley O'Shaughnessy</a> - Associate Director of Primary Care	1538	1949	Data period: April 2020 to March 2021 1095	74	Data period: April- June 2021 <b>137</b>	10	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 200
<b>Southwark</b> 2020/21 Target: <b>850</b> <b>AHCs</b>	<a href="#">Gerry Baker</a> - Learning Disability and Autism Lead	1126	1364	Data period: April 2020 to March 2021 928	87	Data period: April- June 2021 <b>164</b>	15	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 100
<b>South East London</b> 2020/21 Target: <b>5750</b> <b>AHCs</b>	<a href="#">Lewis Synan-Jones</a> - Learning Disability and Autism Programme Officer	7594	9304	Data period: April 2020 to March 2021 5630	79	Data period: April- June 2021 <b>823</b>	11	*Data Source: NHS Digital.  - Q1 2021/22 Operational target of 800

## SELCA LeDeR Performance

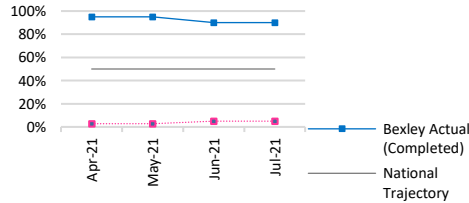
Greenwich CCG / Bexley CCG / Bromley CCG / Southwark CCG / Lambeth CCG / Lewisham CCG				
SEL CCG		Key Performance Indicators (KPIs)		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	253	4%	93%	3%
May-21	255	3%	93%	5%
Jun-21	261	4%	90%	5%
Jul-21	264	5%	89%	5%



### National Key Performance Indicators

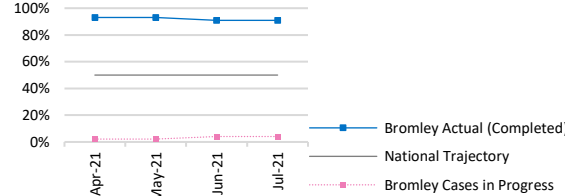
- % unassigned reviews = <10% Awaiting allocation/with LAC for allocation
- % completed reviews = >50%

### Bexley CCG



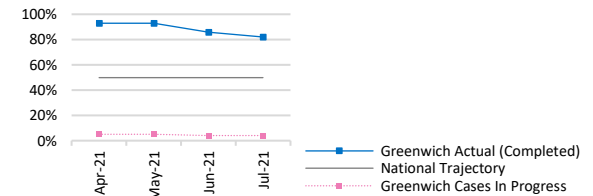
Bexley CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	38	3%	95%	3%
May-21	38	3%	95%	3%
Jun-21	40	5%	90%	5%
Jul-21	40	5%	90%	5%

### Bromley CCG



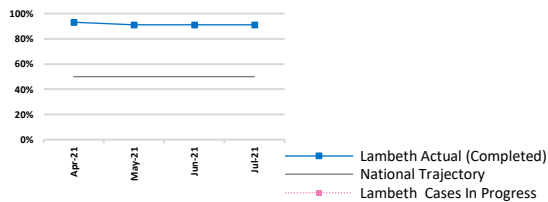
Bromley CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	46	4%	93%	2%
May-21	46	4%	93%	2%
Jun-21	47	4%	91%	4%
Jul-21	47	4%	91%	4%

### Greenwich CCG



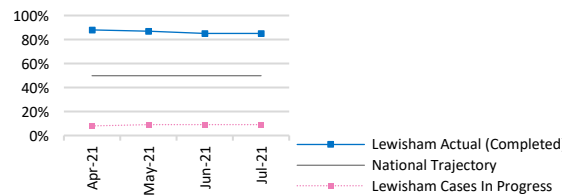
Greenwich CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	37	3%	93%	5%
May-21	40	3%	93%	5%
Jun-21	43	9%	86%	5%
Jul-21	45	13%	82%	4%

### Lambeth CCG



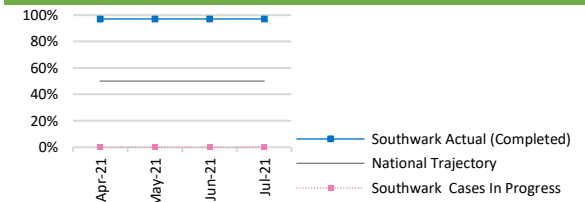
Lambeth CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	41	2%	93%	5%
May-21	41	2%	91%	7%
Jun-21	45	2%	91%	7%
Jul-21	45	2%	91%	7%

### Lewisham CCG



Lewisham CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	52	4%	88%	8%
May-21	53	4%	87%	9%
Jun-21	54	6%	85%	9%
Jul-21	54	6%	85%	9%

### Southwark CCG



Southwark CCG				
Key Performance Indicators		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Apr-21	34	3%	97%	0%
May-21	33	3%	97%	0%
Jun-21	34	3%	97%	0%
Jul-21	34	3%	97%	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><b>Inpatient:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The operational target for inpatients by March 2022 is: 69 inpatients ( 62 Adults and 7CYP).</li> </ul> <p><b>LeDeR:</b></p> <ul style="list-style-type: none"> <li>South East London was the first STP in London to establish a LeDeR Steering group. Programme KPIs ( &lt;10%notifications unassigned and &gt;50% notifications completed).</li> </ul> <p><b>LD Annual Health Checks:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>Inpatients</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>There are a lack of local specialised support services for people living in the community with learning disabilities and/ or autism and their families.</li> <li>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.</li> </ul> <p><b>Annual Health Checks</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>Discharge improvement:</b></p> <ul style="list-style-type: none"> <li>Dedicated case managers in post.</li> <li>Regular case management rhythm established.</li> <li>Monthly inpatient surgeries.</li> <li>Escalation channels open to SEL AO and NHSE national.</li> <li>Positive Behaviour Support (PBS) to support discharge</li> </ul> <p><b>Admission prevention:</b></p> <ul style="list-style-type: none"> <li>Introduction of compulsory admissions root cause analysis.</li> <li>PBS training to family carers and professional workforce.</li> <li>Autism awareness training to professional workforce.</li> <li>Borough level review of risk register processes.</li> <li>Positive Behaviour Support (PBS) to prevent admission</li> </ul> <p><b>Capacity building:</b></p> <ul style="list-style-type: none"> <li>Mobilisation and extension of SLaM &amp; Oxleas autism support services pilots.</li> <li>BBG intensive community support service piloted. Agreement between Oxleas and CCG to fund as a service development on a recurrent basis when pilot ends.</li> <li>Commissioning of Lewisham Intensive Community Support service. This has not yet mobilised.</li> </ul> <p><b>LeDeR</b></p> <ul style="list-style-type: none"> <li>Extension of the LeDeR coordinator role, 12 months pilot until June 2022.</li> </ul>

## 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	SEL BAF risk
<p><b>Discharge improvement:</b></p> <ul style="list-style-type: none"> <li>Regular case management rhythm established including monthly surgery meetings chaired by Deputy SRO, supported by weekly case manager/TCP PMO update and escalation calls.</li> <li>Escalation channels open to SEL AO and NHSE national team.</li> <li>Additional positive behaviour support funded for patients on discharge pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing case management and monitoring.</li> <li>Ongoing case management and monitoring.</li> <li>Ongoing case management and monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>There is a shortage of suitable residential/supported living services which can lead delays to discharges.</li> </ul>	<p><b>SEL BAF Reference:</b></p> <p>a) SEL-07 b) SEL-27</p> <p><b>Current risk rating:</b></p> <p>a) 4 x 3 = 12 (medium risk) b) 4 x 5 = 20 (high risk)</p>
<p><b>Admission prevention:</b></p> <ul style="list-style-type: none"> <li>Enhanced process for the Dynamic Support Register under review.</li> <li>Introduction of compulsory root cause analysis for all admissions and monthly CTR breaching reporting.</li> <li>CYP Key worker model to support the Dynamic Support Register processes and case management.</li> </ul>	<ul style="list-style-type: none"> <li>Q2 2021/22.</li> <li>Implemented.</li> <li>Q1 2021/22.</li> </ul>	<ul style="list-style-type: none"> <li>There is a shortage of suitable community support services which can lead to unnecessary admissions/ re-admissions and can cause delays to discharges.</li> </ul>	
<p><b>Capacity building:</b></p> <ul style="list-style-type: none"> <li>Commissioning of SLam &amp; Oxleas autism support services.</li> <li>Commissioning BBG intensive community support service.</li> <li>Kick-off mobilisation of the Lewisham CCG proposal for community support services pilot.</li> </ul>	<ul style="list-style-type: none"> <li>Q3 2021/22.</li> <li>Complete</li> <li>Not started</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	

# 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