

Borough Board Assurance report - Bromley

June 2021

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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
 - Childhood immunisations in primary care
 - Personal health budgets
 - Diabetes
 - Learning disability and autism

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 which have not recovered to last year's levels.
- Bromley is meeting the IAPT recovery rate standard of 50% with a performance of 63.3% in March 2021 and the 6 and 18 week **IAPT waiting times standards** were also delivered.
- 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.
- Bromley did not meet the dementia diagnosis target of 67% in March 2021 with a performance of 65.9%.

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 Q4 2020/21 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 **Q4 2020/21** zero assessments took place in an acute setting.

Childhood immunisations in primary care

- The borough performed **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.
- Bromley provided 262 **PHBs by May 2021** which is a further 89 from April 2021 and puts the borough on course to achieve its year-end target of 644. 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

- Up-to-date cancer screening performance data for SEL is not currently available due to national reporting issues. The performance analysis team at NHE/I are working with Public Health England to understand and resolve the reporting issues which may be due to coding errors in Open Exeter.
- According to the latest available data from March 2020, **SEL was not meeting the screening targets for bowel, breast and cervical screening**. Boroughs are supporting the implementation of both national and local programmes to increase uptake rates, however securing sufficient practice and patient engagement was a challenge, even before COVID.

Learning Disability and Autism

- There are currently **79 inpatients, two below the target position for May 2021**.

Non-acute performance

Mental Health

Improved Access to Psychological Therapies

2019/20 Year End Position – SEL boroughs

	Standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
IAPT performance – March 2020								
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 – March 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 March 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 – March 2021								
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%	48.5%	63.3%	58.3%	58.7%	50.8%	51.6%	55.4%
IAPT Waiting Times 6 Weeks	75%	72.2%	96.2%	96.2%	94.2%	90.0%	95.8%	92.0%
IAPT Waiting Times 18 Weeks	95%	97.2%	98.1%	100%	100%	97.1%	100%	98.8%

Key	Not achieving national standard
	Achieving national standard

Top Performer

Worst performer

IAPT: performance and improvement actions

Context

- The SEL mental health performance team have regular meetings with the IAPT providers where issues around performance are discussed. Most boroughs are achieving the recovery rate and waiting times targets for IAPT, except for Bexley Mind, who have informed the CCG that their underperformance is due to data reporting issues.
- Bexley Mind have notified the SEL mental health performance team that they may have the opportunity to resubmit their 2020/21 data in July 2021. This would result in an improved performance position for them and south east London.
- All providers have found it difficult to achieve the access rate target of 6.25% in Q4, and this is partly due to the low number of referrals into IAPT services as a result of the pandemic. However analysis of national data suggest that March 2021 shows the highest level of IAPT referrals since the beginning of the Covid pandemic.
- At the last performance meeting, SLaM reported their remote consultation (assessment and interventions) was seen to be successful.
- The IAPT review is coming to its conclusion and providers will be meeting with the SEL Commissioners to finalise new ways of working.

Improvement actions

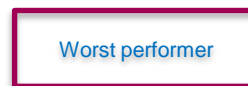
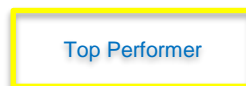
- SEL IAPT providers have started to work with primary care and other local mental health providers to promote their services with the aim to continue to increase referrals.
- The Bromley mental health commissioners are looking at redesigning their entry into local services with a single point of access for all services (including IAPT services). This may increase the number of people being referred to IAPT in their area.
- All IAPT providers are increasing access to group work, especially for people with long term conditions, which should improve the reported recovery rate.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
First to Second Treatment within 90 days Rolling 3 months (March 2021)							
Current month	97.1%	65.0%	84.3%	93.7%	81.9%	81.6%	85.4%
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



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 – March 2021	62.7%	65.9%	62.1%	77.5%	68.1%	67.4%	66.8%
2019/20 year end	68.0%	70.4%	65.1%	77.5%	74.9%	78.3%	71.7%

Context

- SEL CCG performance against this target is 66.8%, just achieving the national standard of 66.7%. The data shows that the boroughs of Bexley, Bromley and Greenwich have consistently performed below the national standard throughout 2020/21.
- The services have moved away from the face to face contact for assessment and intervention to a virtual model. This had a negative impact as it is more difficult to assess patients using a virtual model.

Performance and improvement plans

- Southwark saw a drop in performance back in January 2021 due to staff restructure within the team. The service is now fully staffed and it is anticipated that the service will return to pre-pandemic levels of activity. It has also been reported that patients were being wrongly referred into memory clinics by IAPT services.

Improvement actions

- Oxleas are planning to reorganise their older adult services, which should lead to an increase in performance in this area. Dementia diagnosis rates for Bexley, Bromley & Greenwich will be discussed at the June performance meeting and improvement plans for this area will be requested by the SEL MH Performance Team.
- SLaM will review their IAPT assessment criteria for older adults to reduce transferring patients to the dementia services when their needs can be met within the IAPT service.

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 (April 2021) – target 85%						
% of people diagnosed within 6 weeks of referral	0%	21.0%	21.0%	12.2%	28.1%	12.2%
Average waiting time for diagnosis (days)	145	114	131	153	80	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 (Q4 2020/21) – target 60%							
% patients receiving check	27.6%	10.7%	14.3%	23.3%	19.1%	33.3%	21.7%
Trend since last quarter	+8.1%	-0.1%	-2.7%	-0.9%	-3.9%	+2.9%	-0.3%

Context

- SEL CCG Performance and Commissioning leads met with primary care colleagues across South East London to discuss how plans can be developed to improve performance in this area. All boroughs have identified physical health checks as an area that requires improvement and have plans to address this over the coming months. The SEL Performance & Commissioning Teams will work with primary care colleagues to develop and implement these plans.
- Both SLaM and Oxleas have mentioned the possibility of deploying mental health roles in the community, which could undertake health checks on behalf of practices.
- There is potential for the CCG to obtain funding from NHSX to utilise 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 Q4 2020/21 – Target no more than 15%						
Current month	0%	0%	0%	0%	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 Q4 2020/21.
- 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
Children receiving DTaP/IPV/Hib % at 12 months – Q3 2020/21									
% patients	89.9%	91.2%	86.9%	83.8%	85.1%	86.3%	87.0%	85.8%	91.5%
Trend since last quarter	↑	↓	↓	↓	↓	↑	↓	↓	↓
Children receiving DTaP/IPV/Hib % at 24 months – Q3 2020/21									
% children	92.7%	94.7%	93.5%	90.5%	91.3%	91.5%	92.4%	89.9%	94.2%
Trend since last quarter	↑	↑	↑	↑	↑	↑	↑	↑	↑
Children receiving DTaP/IPV/Hib % at 5 years – Q3 2020/21									
WHO Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
% patients	93.2%	94.1%	92.4%	89.3%	93.1%	93.1%	92.5%	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
Children receiving MMR1 at 24 months – Q3 2020/21									
% patients	82.7%	92.0%	86.7%	78.7%	83.8%	82.6%	84.5%	82.3%	90.3%
Trend since last quarter	↓	↑	↑	↓	↓	↓	↓	↓	↓
Children receiving MMR1 at 5 years – Q3 2020/21									
% children	92.0%	92.2%	89.6%	86.1%	90.8%	91.7%	90.3%	88.8%	94.3%
Trend since last quarter	↑	↓	↓	↓	↓	↑	↓	↓	↓
Children receiving MMR2 at 5 years – Q3 2020/21									
% patients	78.7%	88.6%	83.7%	77.9%	83.6%	82.9%	82.8%	74.1%	86.7%
Trend since last quarter	↑	↑	↑	↑	↓	↓	↑	↓	↔

Performance overview

- All SEL boroughs have developed a childhood immunisations plan and will ensure robust governance arrangements are in place to further develop and oversee delivery of the plan.
- MMR vaccination rates in SEL are amongst the highest in London and performance has not been significantly impacted by COVID.

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
May 2021	143	262	309	155*	68	140	1,077
Q1 2021/22 trajectory							821

*Due to reporting issues the Lambeth figure does not include children's CHC PHBs so the actual May 2021 figure will be significantly higher than 155.

- 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.
- As of May 2021, 1,077 PHBs are in place in SEL which is above the Q1 2021/22 plan of 821.
- 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)

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: 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.

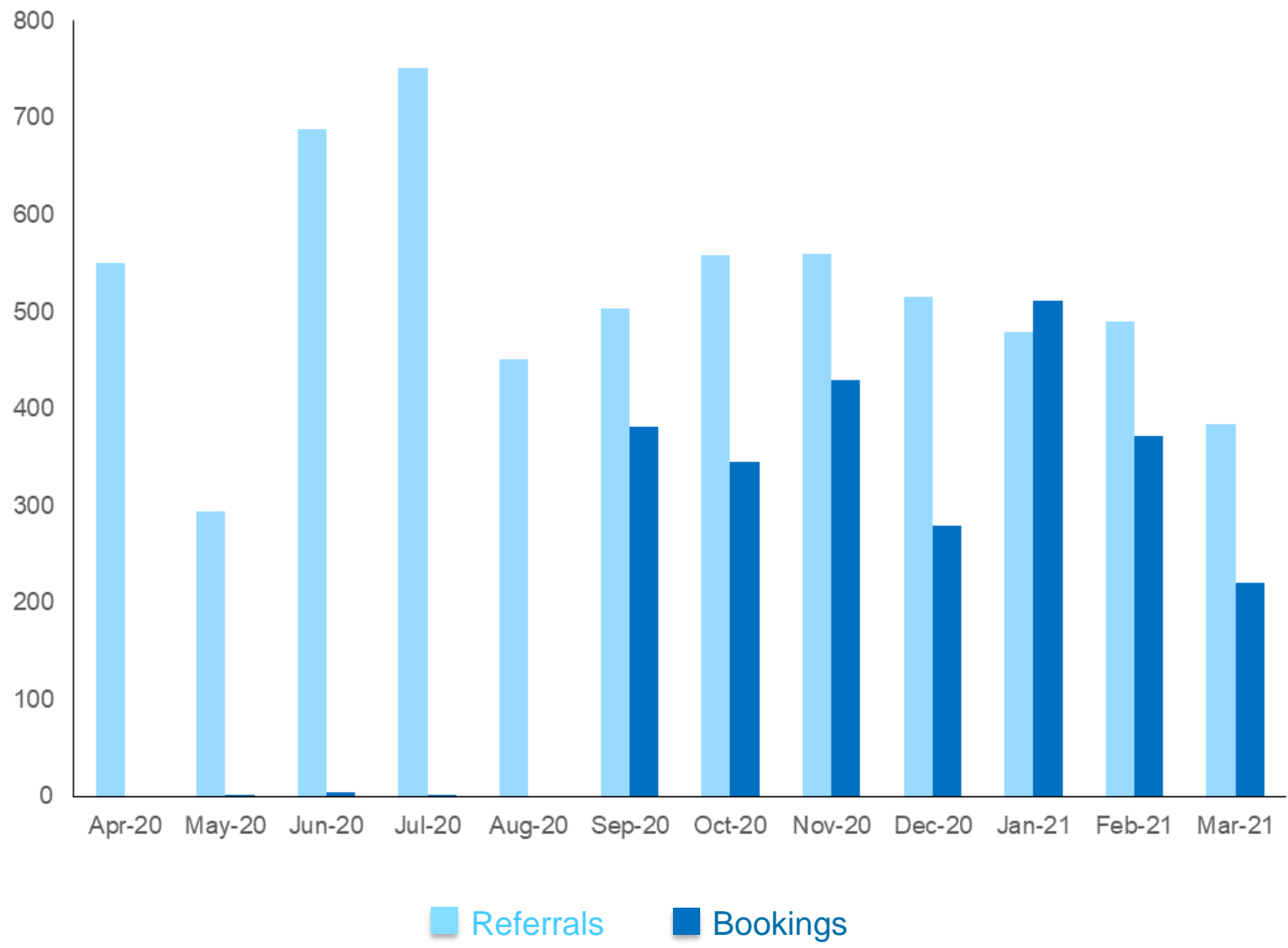
Diabetes: performance position

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

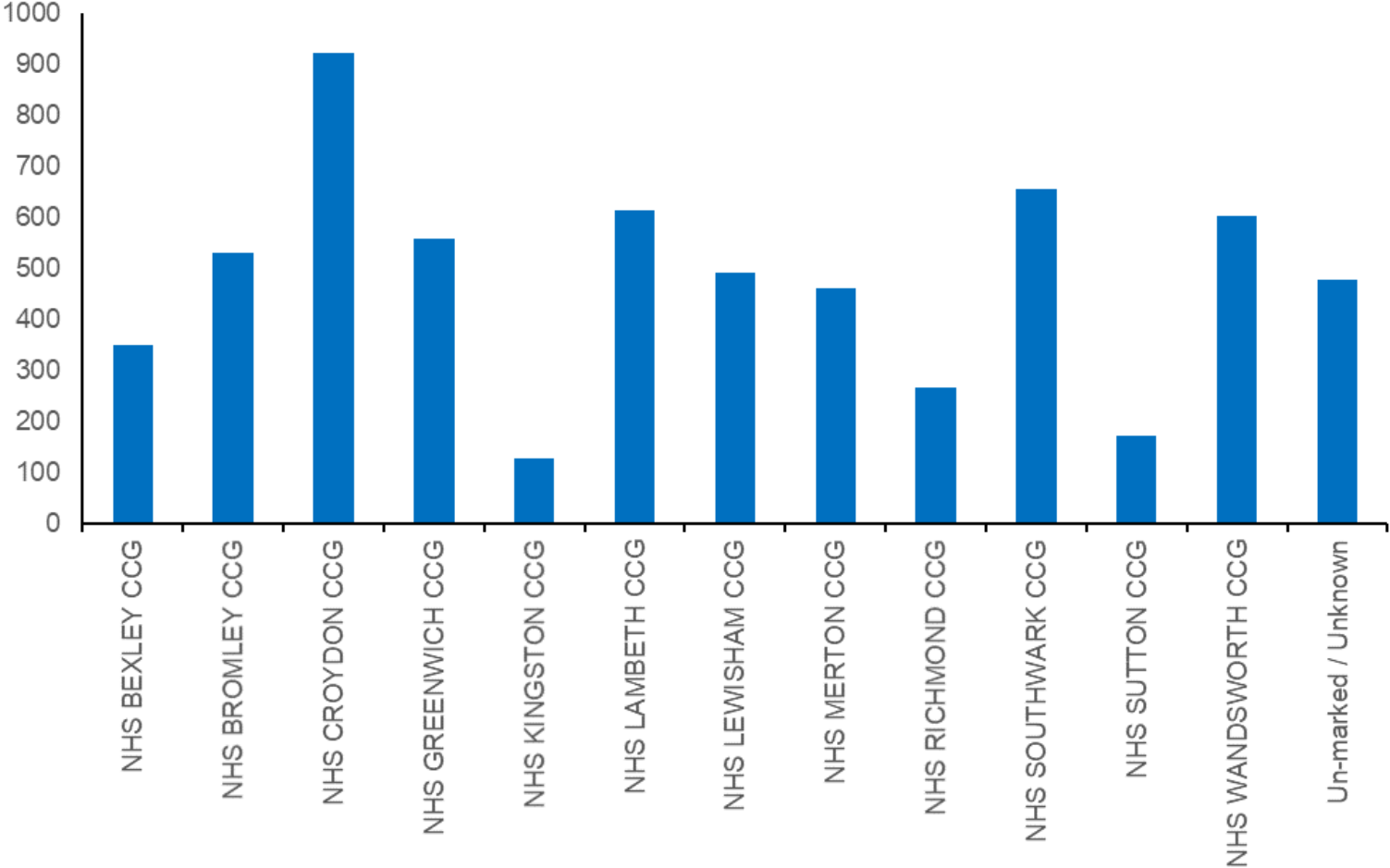
TYPE 1 DIABETES										
	All 8 Care Processes (%)					All 3 Treatment Targets (%)				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
SEL	32%	33%	40%	46%	41%	20%	24%	23%	25%	28%
Bexley	34%	34%	39%	35%	31%	25%	28%	27%	30%	33%
Bromley	25%	26%	30%	36%	31%	19%	23%	22%	20%	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
SEL	42%	42%	51%	62%	63%	40%	42%	42%	45%	43%
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

CCGs not currently delivering the performance standards

CCG	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL aggregate
Currently off-track	X	X	X	X	X	X	X

Context

The aim of the NHS cancer screening programme is to reduce mortality from cancer, by identifying the eligible population and ensuring efficient delivery with optimal coverage. The national data collection monitors uptake and coverage of screening programmes by eligible populations against nationally set standards.

Transforming Cancer Services Team (Healthy London Partnership) and NHS England work in partnership with key stakeholders including CCGs, cancer alliances, the voluntary sector and local government to review uptake improvement initiatives across London and develop a joint pan-London work-plan. This regional plan will identify key evidence –based priorities for implementation through partnership working and will be overseen by a joint working group.

CCGs have multiple requirements in each of the 3 screening programmes:

NHS Bowel Screening

- Bowel Cancer Coverage (60-74) 60%
- Bowel Cancer Uptake (60-74) 60%

NHS Cervical Screening

- Cervical Cancer Coverage (25-49) 80%
- Cervical Cancer Coverage (50-64) 80%

NHS Breast Screening

- Breast Cancer Coverage (50-70) 80%
- Breast Cancer Uptake (50-70) 80%

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. Although a number of staff members have been unwell with Covid-19, staffing levels have broadly been maintained. Most patients have attended their appointments as expected, though late cancellations (by some patients) has been an issue. Full programme recovery (in terms of catching up on the invited and screened cohorts) is expected by February 2022. All programmes in London are finding it challenging to recruit additional 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. This means that a woman has to book an appointment at a site of her choosing, rather than being sent an appointment for her nearest centre (as was normal previously). A further change is that written information will only go out with a first invitation or if a woman has not attended.

Bowel cancer screening

- As with other diagnostic and treatment services, there are challenges relating to colonoscopy waiting times, especially at KCH. Screening kits continue to be issued to patients when their screening test is due. Processing of these tests is being done speedily and the turnaround time is good for SEL.

Cervical screening

- Despite the impact of wave 2, SEL is doing well in relation to uptake of cervical tests.
- 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.

Diabetic Eye Screening Programme

- All programmes in London are functioning well for phase 1 (patients with elevated clinical risk) and recovery has finished for this cohort in March 2021. Priority 2 patients have been extended for 12 months but will all be screened by March 2022.

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

Note: Up-to-date cancer screening performance data for SEL is not currently available due to national reporting issues. The performance analysis team at NHE/I are working with Public Health England to understand and resolve the reporting issues which may be due to coding issues in Open Exeter.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74) March 2020 – Target 60%							
Current month	Above target	Above target	<5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↑	↑	↑	↑	↑	↑	↑
Bowel Cancer Uptake (60-74) March 2020 – Target 60%							
Current month	Above target	Above target	<5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↔	↓	↓	↑	↓	↑	↔
Breast Cancer Coverage (50-70) March 2020 – Target 80%							
Current month	<5% below target	<5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↔	↑	↓	↓	↓	↔	↓
Breast Cancer Uptake (50-70) March 2020 – Target 80%							
Current month	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↓	↓	↓	↓	↓	↓	↓

Note: Last reporting period, March 2020. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

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

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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Cervical Cancer Coverage (25-49) March 2020 – Target 80%

Current month	5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↔	↓	↓	↓	↓	↓	↓

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

Current month	<5% below target	<5% below target	>5% below target	>5% below target	<5% below target	>5% below target	<5% below target
Trend since last reported period	↓	↓	↓	↓	↓	↓	↓

Note: Last reporting period, March 2020. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

Learning Disability and Autism

Inpatient count position and trend (1 of 4)

At the end of May there were 79 inpatients (68 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	87	82	79	-	-	-	-	-	-	-	-	-	-
	CCG	35	37	36	32	30	-	-	-	-	-	-	-	-	-	-
	Spec Comm/SLP Adults	38	38	38	38	38	-	-	-	-	-	-	-	-	-	-
	Children	9	11	13	12	11	-	-	-	-	-	-	-	-	-	-
	Adult inpatients per million	59	61	60	57	55	-	-	-	-	-	-	-	-	-	-
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	1	-5	-2	-	-2			-2			-2		
	Admissions	6	8	14	9	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	2	-	11			8			8		

*Position at 01/06/2021.

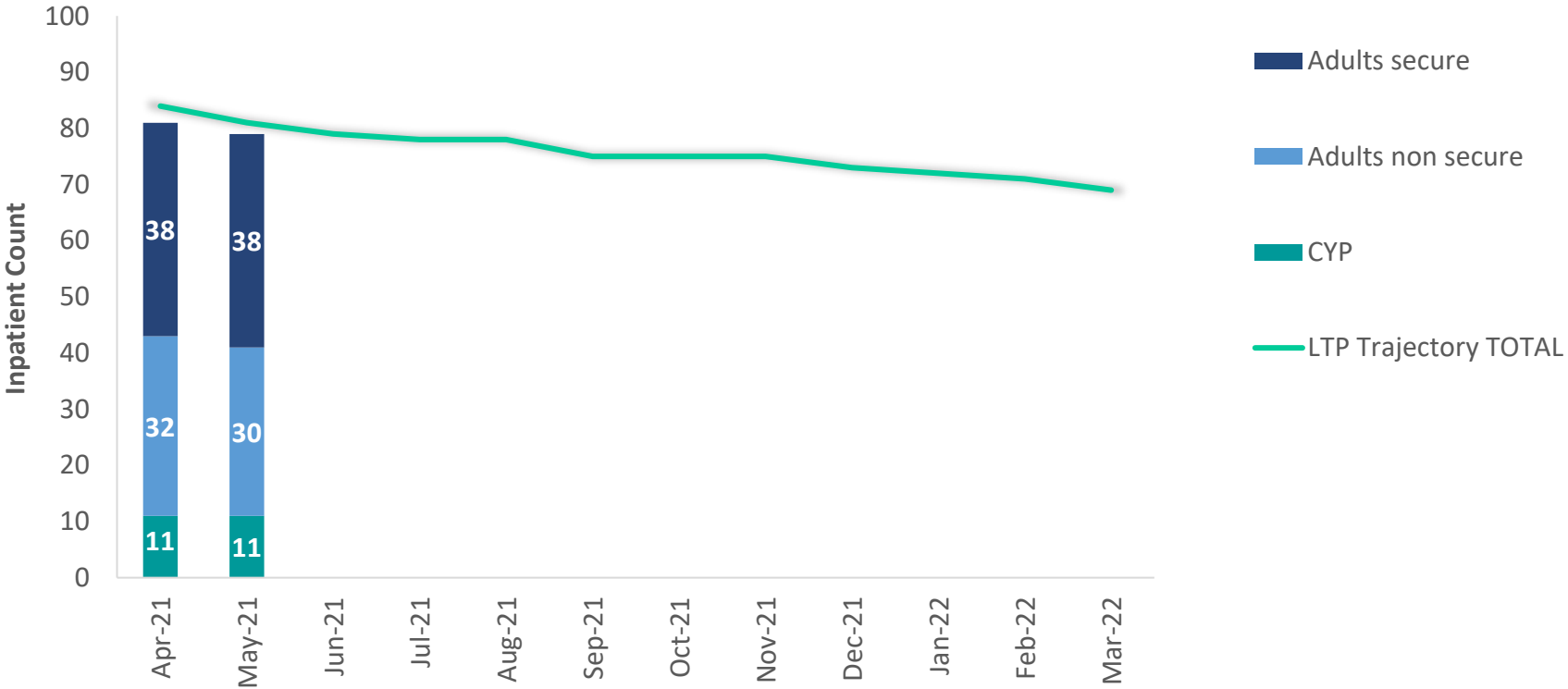
**The TCP Forecast target was built on the analysis of the current cohort and modelling based on the review of historical data, and the expected positive impact new services will have on the trajectory.

DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (2 of 4)

At the end of May there were 79 inpatients, meeting the overall target position by end of Q1 2021/22.

- The SEL target for Q1 2021/22 is 70 adults, 9 CYP.



*Position at 01/06/2021.

**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.

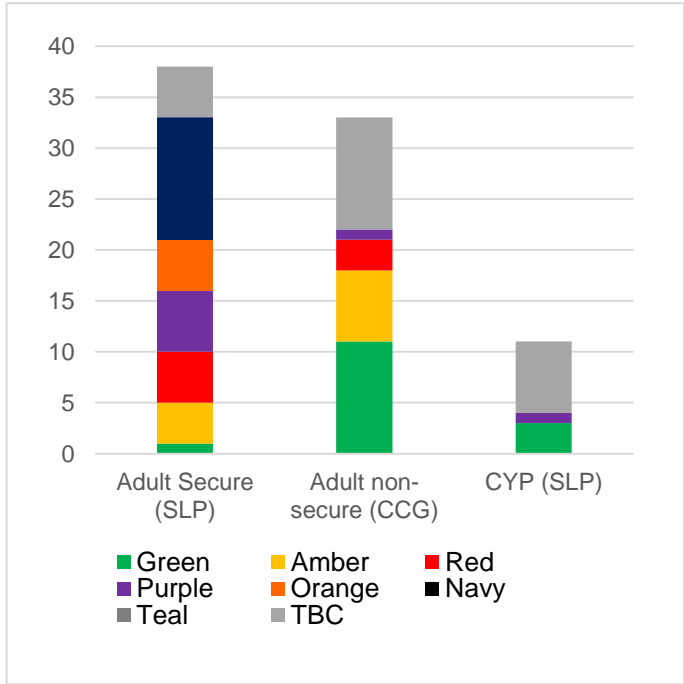
DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (3 of 4)

Of the 79 inpatients, 15 are estimated to be suitable for discharge by the end of Q1 2021/22*

- There are 17 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).

Target Discharge Date Group	Target Discharge Date	Bex	Bro	Gre	Lam	Lew	Sou	CYP (SLP/ SC)	Adult Secure (SLP/ SC)	Total
Green	Apr 2021- Jun 2021 (Q1)	0	1	1	5	2	2	3	1	15
Amber	Jul 2021- Sep 2021 (Q2)	0	0	1	3	1	2	0	4	11
Red	Oct 2021- Dec 2021 (Q3)	1	0	0	1	0	1	0	5	8
Purple	Jan 2022- Mar 2022 (Q4)	0	0	0	0	0	1	1	6	8
Orange	April 2022 - March 2023	0	0	0	0	0	0	0	5	5
Teal	April 2023- March 2024	0	0	0	0	0	0	0	0	0
Navy	No expected discharge before March 2024	0	0	0	0	0	0	0	12	12
TBC	TBC	1	4	1	1	0	1	7	5	20
		2	5	3	10	3	7	11	38	79



*Position at 01/06/2021
DATA SOURCE: SEL TCP Inpatient Tracker

Inpatient count position and trend (4 of 4)

There has been 1 admission in May 2021.

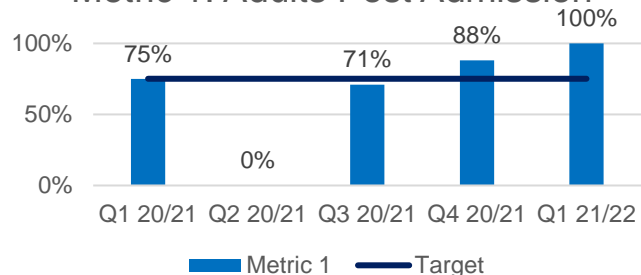
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Total
Adult non-secure (CCG)	-	-	-	-	-	-	-
<i>Unique Admissions</i>	-	-	-	-	-	-	-
<i>Readmissions</i>	-	-	-	-	-	-	-
Adult non-secure (SLP/Spec Comm)	-	-	-	-	-	-	-
<i>Unique Admissions</i>	-	-	-	-	-	-	-
<i>Readmissions</i>	-	-	-	-	-	-	-
CYP (SLP)	-	-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

*Position at 01/06/2021
DATA SOURCE: SEL TCP Inpatient Tracker

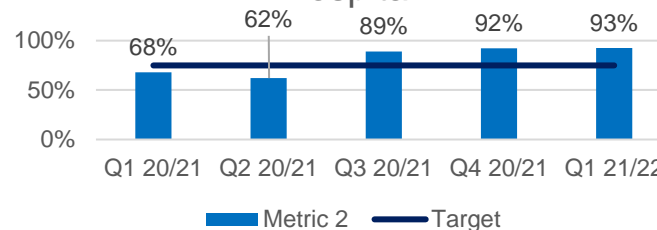
Challenges remain in completion of pre and post-admission CTRs.

Borough compliance Metrics 1,2,3,4 and 5	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Spec Comm/SLP
	100%	100%	100%	70%	100%	100%	84%

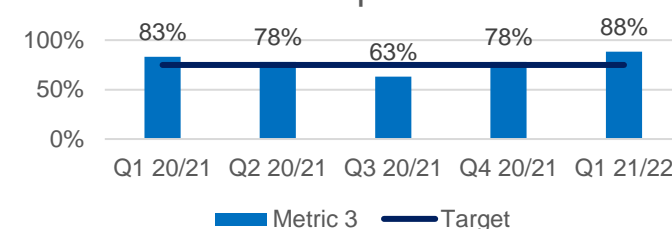
Metric 1: Adults Post Admission



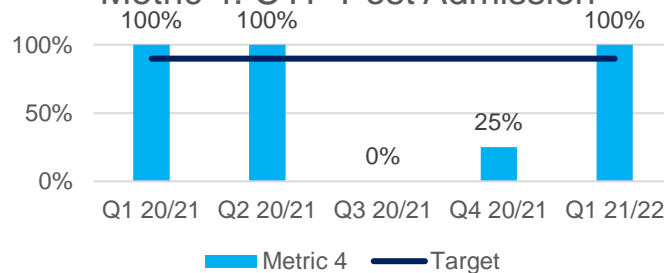
Metric 2: Non-Secure Adults in Hospital



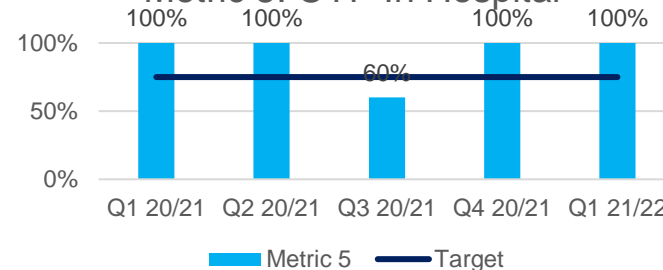
Metric 3: Secure Adults in Hospital



Metric 4: CYP Post Admission



Metric 5: CYP In Hospital



- 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

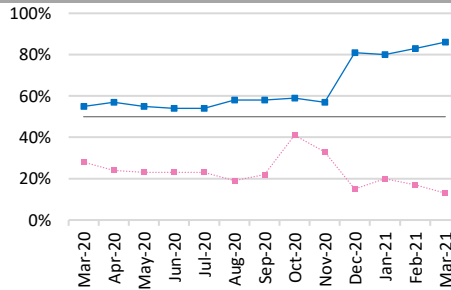
*Position at 01/06/21.
DATA SOURCE Master SEL TCP Inpatient Tracker

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

Borough	Lead	Actions in place	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	<ul style="list-style-type: none"> AHC promotion in surgeries CLDT nurses visits for AHC support LD register cleansing Exemplar funding to be used for support worker to improve data 	998	1155	Data period: April 2020 to March 2021 696	68.6	Data period: April 2021 34	3.7	*Data Source: EMIS and Vision. - Q1 2021/22 Operational target of 100
Bromley 2021/22 Target: 920 AHCs	Remiel Mitchell - Commissioning Development Lead	<ul style="list-style-type: none"> Practice level performance and reporting/data management. CLDT nurses visits for AHC support Bespoke communications strategy to individual practices Exemplar funding to be used for tailored training with A4A provider 	1147	1217	Data period: April 2020 to March 2021 936	81.6	Data period: April 2021 36	3.6	*Data Source: EMIS. - Q1 2021/22 Operational target of 100
Greenwich 2021/22 Target: 990 AHCs	Simon James - Primary Care Delivery Manager	<ul style="list-style-type: none"> CLDT nurses visits for AHC support Exemplar funding to be used for tailored training 	1318	TBC	Data period: April 2020 to March 2021 860	65.3	Data period: April 2021 TBC*	TBC	*Data Source: EMIS and Vision. - Q1 2021/22 Operational target of 100
Lambeth 2021/22 Target: 1090 AHCs	Antoinette Scott - Locality Manager Primary Care	<ul style="list-style-type: none"> Practice level performance management. Regular comms updates to GPs Exemplar funding to be used for tailored training and robust communications strategy 	1467	TBC	Data period: April 2020 to March 2021 1149	78.2	Data period: April 2021 TBC*	TBC	*Data Source: EMIS. - Q1 2021/22 Operational target of 200
Lewisham 2021/22 Target: 1150 AHCs	Ashley O'Shaughnessy - Associate Director of Primary Care	<ul style="list-style-type: none"> Support pack for GP practices 12-month pilot of Lewisham LD Health Ambassador project AHC promotion in surgeries Exemplar funding to be used for support worker to reach people not regularly accessing AHCs 	1538	TBC	Data period: April 2020 to March 2021 1095	73.5	Data period: April 2021 TBC*	TBC	*Data Source: EMIS. - Q1 2021/22 Operational target of 200
Southwark 2020/21 Target: 850 AHCs	Gerry Baker - Learning Disability and Autism Lead	<ul style="list-style-type: none"> Support pack for GP practices Regular comms to GP practices Practice level performance management Exemplar funding to be used for experienced liaison workers for PCNs. 	1126	TBC	Data period: April 2020 to March 2021 928	86.6	Data period: April 2021 TBC*	TBC	*Data Source: EMIS. - Q1 2021/22 Operational target of 100

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
Sep-20	226	20%	58%	22%
Oct-20	226	0%	59%	41%
Nov-20	231	0%	67%	33%
Dec-20	222	4%	81%	15%
Jan-21	231	0%	80%	20%
Feb-21	235	1%	83%	17%
Mar-21	235	1%	86%	13%

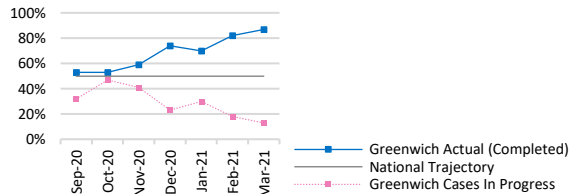


National Key Performance Indicators

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

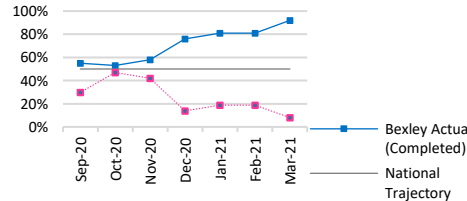
—■ SEL actual (completed)
— National Trajectory
- - -■ SEL cases in progress

Greenwich CCG



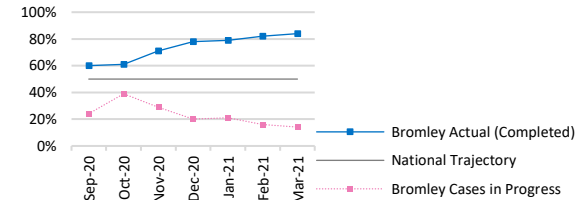
Greenwich CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	34	15%	53%	32%
Oct-20	34	0%	53%	47%
Nov-20	34	0%	59%	41%
Dec-20	35	3%	74%	23%
Jan-21	37	0%	70%	30%
Feb-21	38	0%	82%	18%
Mar-21	38	0%	87%	13%

Bexley CCG



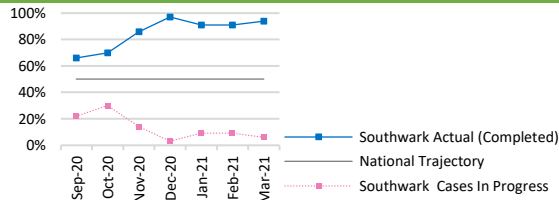
Bexley CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	33	15%	55%	30%
Oct-20	34	0%	53%	47%
Nov-20	33	0%	58%	42%
Dec-20	37	11%	76%	14%
Jan-21	37	0%	81%	19%
Feb-21	37	0%	81%	19%
Mar-21	37	0%	92%	8%

Bromley CCG



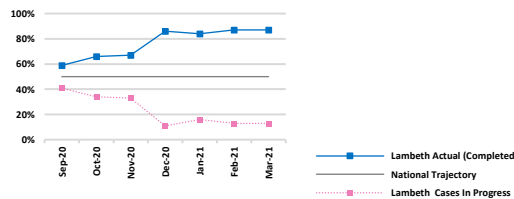
Bromley CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	42	17%	60%	24%
Oct-20	41	0%	61%	39%
Nov-20	38	0%	71%	29%
Dec-20	40	3%	78%	20%
Jan-21	42	0%	79%	21%
Feb-21	44	2%	82%	16%
Mar-21	44	2%	84%	14%

Southwark CCG



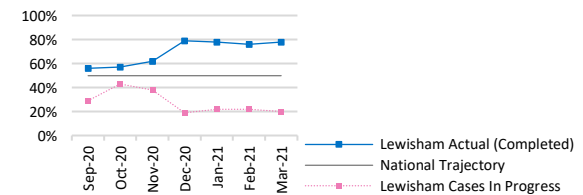
Southwark CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	32	13%	66%	22%
Oct-20	30	0%	70%	30%
Nov-20	29	0%	86%	14%
Dec-20	30	0%	97%	3%
Jan-21	32	0%	91%	9%
Feb-21	32	0%	91%	9%
Mar-21	32	0%	94%	6%

Lambeth CCG



Lambeth CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	39	23%	59%	18%
Oct-20	35	0%	66%	34%
Nov-20	36	0%	67%	33%
Dec-20	37	3%	86%	11%
Jan-21	38	0%	84%	16%
Feb-21	38	0%	87%	13%
Mar-21	38	0%	87%	13%

Lewisham CCG



Lewisham CCG		Key Performance Indicators		
Month	All notifications in scope	% unassigned > 10%	% complete < 50%	% in progress
Sep-20	45	16%	56%	29%
Oct-20	44	0%	57%	43%
Nov-20	45	0%	62%	38%
Dec-20	43	2%	79%	19%
Jan-21	45	0%	78%	22%
Feb-21	46	2%	76%	22%
Mar-21	46	2%	78%	20%

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. <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. ~80% of the current cohort is amenable to change and ~20% 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	SEL BAF risk
<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>SEL BAF Reference:</p> <p>a) SEL-07 b) SEL-27</p> <p>Current risk rating:</p> <p>a) $4 \times 3 = 12$ (medium risk) b) $2 \times 3 = 6$ (medium risk)</p>
<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"> Q2 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	LTP – Long Term Plan
BMI – Body Mass Index	MDT – Multi-Disciplinary Team
CAN – Accountable Cancer Network	NDA – National Diabetes Audit
CAG – Clinical Advisory Group	NHSE – NHS England
CCG – Clinical Commissioning group	NHSI – NHS Improvement
CTR – Care Treatment Review	NICE – National Institute of Clinical Excellence
CYP – Children and Young People	PHB – Personal Health Budget
DBL – Diabetes Book & Learn	PRUH – Princess Royal university Hospital
DH – Denmark Hill	PCSP – Personal Care & Social Prescribing
DSE – Diabetes Structured Education	PTL – Patient Tracking list
EIP – Early Intervention in Psychosis	QEH – Queen Elizabeth Hospital
GSTT – Guy’s & St Thomas’ NHS Trust	RTT – Referral to treatment
IAF – Improvement Assessment Framework	SMI – Severe Mental Illness
KCH – King’s College Hospital Trust	SEL – South East London
KHP – Kings Healthcare Partnership	SELCA – South East London Cancer Alliance
KPI – Key Performance Indicator	TCST – Transforming Cancer Services Team
LCP – Local Care Provider	UHL – University Hospital Lewisham
LGT – Lewisham & Greenwich Trust	
LTC – Long Term Condition	