

## Newham ICB Sub Committee meeting

Friday 3 November 2023, 14.05 – 15.00pm  
Via MS Teams

**Chair: Colin Ansell**

### AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	<b>Welcome, introductions and apologies</b>	14.05 (5 mins)	Chair	Verbal	Note
1.1	<ul style="list-style-type: none"> <li>Declaration of conflicts of interest</li> </ul>			Attached	Note
1.2	<ul style="list-style-type: none"> <li>Minutes from 1 September 2023 meeting</li> </ul>			Attached	Approve
1.3	<ul style="list-style-type: none"> <li>No outstanding actions</li> </ul>			<i>Pages 1 - 6</i>	
2.0	<b>Questions from the public</b>	14.10 (10 mins)	Chair	Verbal	Discuss/ note
3.0	<b>System development plan</b>	14.20 (15 mins)	Jo Frazer-Wise/ Marie Trueman-Abel	Attached <i>Pages 7 - 11</i>	Discuss / Note
4.0	<b>Finance update</b>	14.35 (15 mins)	Sunil Thakker	Attached <i>Pages 12 - 25</i>	Note
5.0	<b>Any Other Business</b>	14.50	Chair	Verbal	Discuss
<b>Date of next meeting</b> <b>ICB sub-committee: 5 January 2024</b>					

- Declared Interests as at 20/10/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
Karen Livingstone	Chief Executive of Newham Health Collaborative,	Newham Health and Care Partnership Newham ICB Sub-committee	Financial Interest	Newham Health Collaborative	Chief Executive of Newham Health Collaborative. We are a Primary Care provider - providing services to the residents of Newham for vaccination, General Practice appts in the evenings and weekends, some home visiting services, health	2020-10-05		Declarations to be made at the beginning of meetings

					checks and a range of primary care support services.			
Muhammad Naqvi	Newham Primary Care Development Lead	Newham Health and Care Partnership Newham ICB Sub-committee Primary Care Collaborative sub-committee	Financial Interest	Woodgrange Medical practice	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee	2012-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Newham Health and Wellbeing Board	Co-Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee	2021-01-01		Declarations to be made at the beginning of meetings
Nadeem Faruq	Primary care lead Newham	Newham Health and Care Partnership Newham ICB Sub-committee	Indirect Interest	Market Street Health Group	Chair of Newham Health Collaborative and GP partner Market Street Health Group	2020-08-01	2021-12-24	Declarations to be made at the beginning of meetings
Ryan Suyat	Borough Transformation Lead	Newham Health and Care Partnership Newham ICB Sub-committee	Non-Financial Personal Interest	Balaam Street Surgery	I am a registered patient of this practice	2023-04-01		

- Nil Interests Declared as of 20/10/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Tower Hamlets ICB Sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Jo Frazer-Wise	Newham Head of Delivery and Place / Acting Interim Director of Delivery	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Marie Trueman-Abel	Head of Commissioning and Transformation / Interim Director of Delivery	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Rima Vaid	Clinical Director, Newham Health and Care Partnership	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Sam Walker	Engagement and Community Communications Manager	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.

Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Simon Ashton	Chief Executive Newham University Hospital	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Colin Ansell	Chief Executive	ICB Population, Health & Integration Committee ICB Workforce & Remuneration Committee NEM Remuneration Committee Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Jason Strelitz	Member of Newham Health and Care Partnership Board	Clinical Advisory Group Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Julie Pal	Member of Newham Health and Care Partnership	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.

## Minutes of the Newham ICB Sub-Committee

**1 September 2023**

<b>Members:</b>	
Colin Ansell (CA) (Chair)	Chief Executive/Place Partnership Lead, London Borough of Newham (LBN)
Dr Rima Vaid (RV)	Clinical/Care Director, NHS North East London
Jo Frazer-Wise (JFW)	Newham Director of Delivery (Interim/job share),
Karen Livingstone (KL)	Chief Executive Officer, Newham Health Collaborative
Julie Pal (JP)	Chief Executive, Healthwatch Newham
Richard Fradgley (RF)	Director of Integrated Car & Deputy Chief Executive Officer, East London Foundation Trust
Nadeem Faruq (NF)	Chair, Newham Health Collaborative
Simon Reid (SR)	Director of Commissioning, LBN
Sunil Thakker (SA)	Executive Director of Finance, NHS North East London
Claire Solley (CS)	Director of Quality Assurance, Safeguarding and Workforce Development (rep for Jason Strelitz)
<b>In Attendance:</b>	
Kelvin Hankins (KH)	Associate Director, Unplanned Care, NHS North East London
Charlotte Pomery (CP)	Chief Participation and place Officer, NHS North East London
Dotun Adepoju (DA)	Senior Governance officer, NHS North East London
Debbie Harris (DH)	Governance officer, NHS North East London
Ryan Suyat (RS)	Borough Transformation Lead, NHS North East London
<b>Apologies:</b>	
Marie Trueman- Abel (MTA)	Newham Director of Delivery (Interim/job share),
Chetan Vyas (CV)	Director of Quality, NHS North East London
Tim Aldridge (TA)	Director of Children's Services
Jason Strelitz (JS)	Director of Adult Social Care and Public Health, LBN
Simon Ashton (SA)	Chief Executive Officer, Newham University Hospital
Sarah Wilson (SW)	Director of Specialist Services (Children's), East London NHS Foundation Trust

Item No.	Item title	Action
<b>1.0</b>	<b>Welcome, introductions and apologies</b>	
	Colin Ansell welcomed members to the meeting. All members joined the meeting virtually. Apologies were noted as above.	
<b>1.1</b>	<b>Declaration of conflicts of interest</b>	
	The Chair asked members to ensure they had all completed their Declarations of Interest form. No other declarations were declared.	
<b>1.2</b>	<b>Minutes from the previous meeting – 7 July 2023</b>	
	Minutes from the previous meeting were agreed as an accurate record.	

<b>1.3</b>	<b>Action Log</b>	
	ACT001 – closed	
<b>2.0</b>	<b>Questions from the Public</b>	
	No questions from the Public were received.	
<b>3.0</b>	<b>Finance update</b>	
	<p>Sunil Thakker presented the Finance paper that outlined the year-to-date and forecast position of the ICS, ICB as at May 23.</p> <p><i>Comments from the Board:</i></p> <ul style="list-style-type: none"> <li>• Commenting on the Provider Year to Date Performance and Forecast position, reference was made to the forecast for month 4 outturn (yellow line) being an almost straight line and is this comparable to the actual spend currently as opposed to the green line (trajectory for 2022/23) which is direction of travel to be taken?</li> <li>• In terms of the system risks and efficiencies have these remained the same as month 4?</li> <li>• What is the 'Ask' of the Sub-Committee of this report besides information? Will a Newham specific report be provided at some point?</li> <li>• It was noted that a Finance Group for the Partnership has been formed.</li> </ul> <p><b>Action:</b> ST to set up a separate meeting with some colleagues to look at what they would like to see in their Place Finance reports.</p> <p>The Board noted the update.</p>	
<b>5.0</b>	<b>AOB</b>	
	None noted	
Date of next meeting 3 November 2023 - ICB sub-committee		



North East London

# ICS System Planning and What it Means for Newham

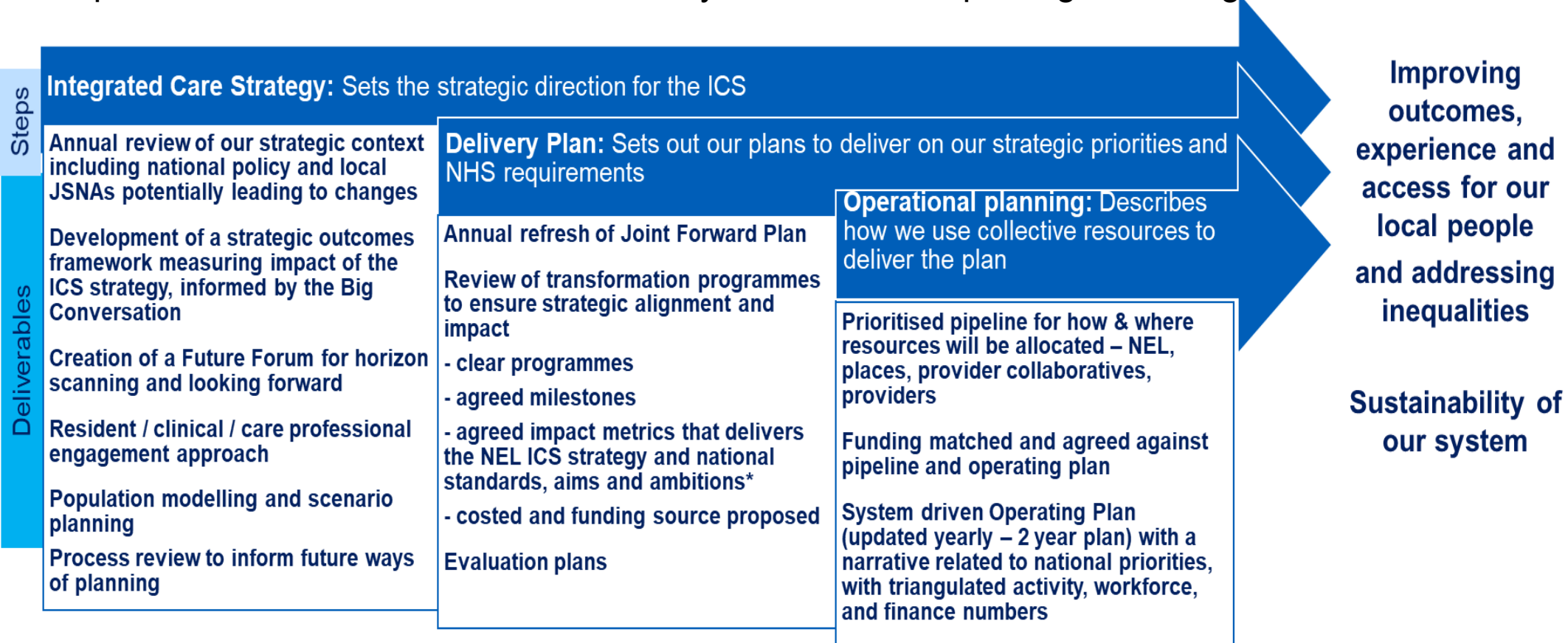
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# The ICS system planning cycle

This has been divided into three steps:

1) integrated care strategy, 2) delivery plan, and 3) operational planning.

These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.



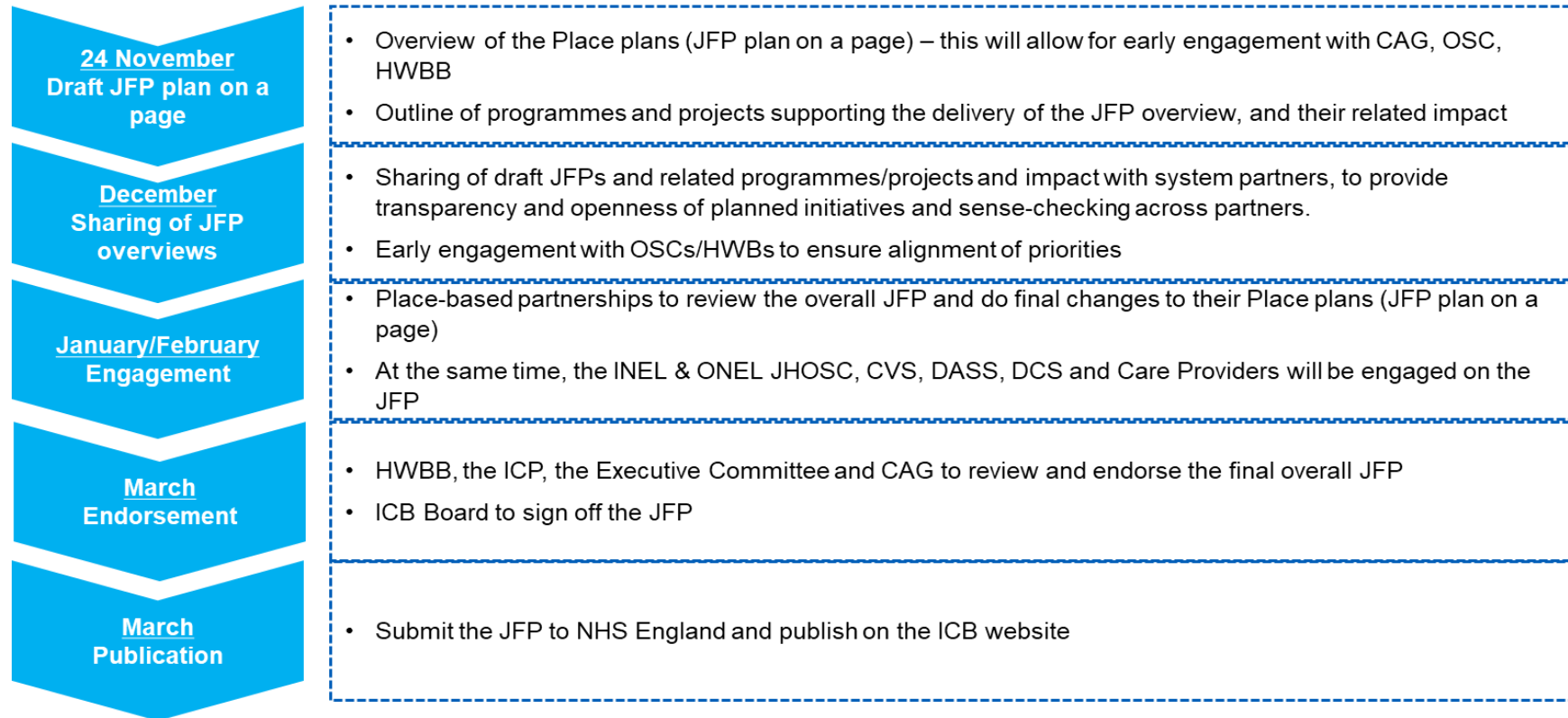
\*reflect the NHS planning guidance and other NHSE guidance



# The development of the Joint Forward Plan

Our place-based partnerships are being asked to lead the development of local plans and feed these into the Joint Forward Plan (JFP), working with place partners, the provider collaboratives and wider system partners. The high-level timeline is outlined below:

## Joint forward plan development - The ask of the place-based partnerships



# What this means for Newham

- Requirement to update and develop our plan on a page for the Joint Forward Plan.
- Work with our chosen partner on population growth programme which reflects and incorporates some of these priorities and also identifies new ones.
- Ensure we have final document for endorsement by the Partnership and Health and Wellbeing Board by March 2024

# Newham Health and Care Partnership vision, aims and priorities

Our vision

Working with our diverse communities of all ages to maximise their health, wellbeing and independence. Supported by a health and care system that enables easy access to quality services, in your neighbourhood, delivered by people who are proud to work for Newham.

Our aims

Reduce the prevalence and impact of long-term conditions on residents' lives

Enable people to stay well in their own homes by proactively organising and managing their care & support

Improve the mental well being of residents and ensure people have access to mental health support when and how they need it

Involve, engage and co-produce all our plans with residents

Ensure people stay in hospital for the optimum time and are supported to rehabilitate and recover

Ensure when people need urgent help they can access it quickly and as close to home as possible

Develop and integrate children's services to ensure children have the best start in life

Prepare for significant population growth in Newham and North East London and strengthen prevention initiatives

## Working together to address and improve equity of access and outcomes for Newham Residents

Our priorities

Key alignment with NEL priorities & Newham Health and Wellbeing Strategy

### Babies, Children and Young People

- Speech and language therapy
- Roll out family hubs with a range of integrated services
- Improve outcomes for women, birth people and babies with a focus on black and Asian people and vulnerable people
- Develop our MH offer including for those with the most complex needs and those with lower needs (Thrive model)
- Integrate care across primary, community and secondary care with a focus on LTCs, MDTs and our youth zone offer
- Continued improvement of the SEND support offer

### Primary Care

- Develop our Primary Care Strategy in line with the Fuller Report recommendations, ensuring swift access and continuity of care for different groups and needs
- Reduce variation in practice and outcomes especially LTCs

### Mental Health

- Understand, reduce and tackle the inequalities of our diverse communities by improving access to mental health and well-being services and support
- Integrating mental health and well-being income and employment support
- Focusing on the barriers of care – getting the basics right (access, waiting times etc.)
- Supported accommodation transformation

### Ageing Well

- Improve the dementia pathway (incl. pre and post diagnostic care), with an initial focus on timely and accurate diagnosis
- Develop our falls pathway and services to provide preventative and wraparound support
- Roll out our frailty pilot across the borough with a focus on MDTs and delivery of virtual ward services

### Learning Disabilities and Autism

- Autism Diagnostic Service and Autism service mapping
- Reduce inpatient beds in line with NHSE\* Learning Disability and Autism Programme\* targets and reduce the length of time that people stay in an inpatient setting
- Improve recording of LD&A data on both Council database and Primary Care Learning Disability Register
- Supported accommodation transformation

### Urgent Care

- Demand and Capacity Management at the Front Door
- Same Day Emergency Care
- Develop the Urgent Treatment Centre
- Admission Avoidance
- Virtual Ward
- Discharge Transformation

Enablers

OD and workforce planning

Comms, Engagement and Co-production

ICT / Digital Data

Estates

Population Health Management

Better Care Fund

## Newham ICB sub-committee

3<sup>rd</sup> November 2023

<b>Title of report</b>	M05 2023-24 Financial Reporting
<b>Author</b>	Vincent Heneghan, Head of Finance
<b>Presented by</b>	Sunil Thakker Dir of Finance
<b>Contact for further information</b>	<a href="mailto:Vincent.Heneghan@nhs.net">Vincent.Heneghan@nhs.net</a>
<b>Executive summary</b>	<p><b>Key issues</b></p> <ul style="list-style-type: none"> <li>The attached presentation outlines the year-to-date and forecast position of the ICS, ICB as at August 23.</li> <li>The ICS have reported an unfavourable system variance to plan at Aug 23 of £74m, primarily due to inflationary pressures and under delivery of savings target, staffing (including agency usage) industrial action and other run rate pressures. However, the forecast position remains plan.</li> <li>The ICB have reported an unfavourable variance to plan at Aug 23 of £16m, primarily due to prescribing, Mental Health and under delivery of efficiencies. However, the forecast position remains plan.</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>Note the contents of the report</li> </ul>
<b>Action required</b>	Note
<b>Previous reporting</b>	N/A
<b>Next steps/ onward reporting</b>	Regular updates to Newham Healthcare Partnership Board
<b>Conflicts of interest</b>	No conflicts of interest
<b>Strategic fit</b>	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> <li>To enhance productivity and value for money</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	Update on financial sustainability of the system
<b>Impact on finance, performance and quality</b>	Financial plans are set of the resources available. The report provides an update on financial performance.
<b>Risks</b>	Risks are flagged on slide System Risk and Efficiencies tab.

## **1.0 Introduction**

- 1.1 The Month 05 finance report provides the partnership board with an update of the ICB and wider NEL system financial position.
- 1.2 The Partnership Board is asked to note the information in the presentation attached to this report. The attachment will be available to the committee electronically and a hard copy can be provided on request.
- 1.3 The report provides a summary of the Month 5 financial position and describes the drivers of spend and risks to the reported position.
- 1.4 This paper links to the requirement to deliver a break even position.

## **2.0 Key messages**

- 2.1 The NEL health system is operating in an economic climate facing significant pressures and uncertainty. As a result of the current pressures the year to date position for health partners is a deficit of £74m against plan. At Month 05 the health system is forecasting plan at year end.

## **3.0 Month 05 Reporting**

- 3.1 The attached presentation details the financial position of the ICB and NEL health partners. It flags pressures in the system in relation to inflation, under delivery of efficiencies and run rate pressures in continuing healthcare & prescribing.

## **4.0 Risks and mitigations**

- 4.1 Total risks across the NEL health system is £184m at M05.
- 4.3 Potential impact of risk across NEL health system after mitigations £55m of risk at M05.
- 4.2 Mitigations are being driven through the financial recovery plan and throughout each of the organisations in the NEL health system.

## **5.0 Conclusion / Recommendations**

- 5.1 The partnership board is asked to note the information in the attached document.

## **6.0 Attachments**

- 6.1 Month 05 2023-24 Financial Reporting

## **7.0 End**

- 7.1 Vincent Heneghan, Head of Finance NEL ICB.

# Month 5 2023-24 Finance Overview

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Meeting name: Newham ICB Sub Committee

Presenter: Sunil Thakker

Date: 3<sup>rd</sup> of November 23

# Executive Summary - Finance

## Month 5 ICS Position - YTD £74m deficit variance against plan.

The ICS has reported a year to date deficit at month 5 of £79.2m. This gives an adverse variance to plan of £74m.

The main drivers are inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures.

Month 5 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(5.2)	0.0
Actual	£m	(79.2)	0.0
<b>Variance</b>			
Surplus / (Deficit)	£m	(74.0)	0.0

## Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £184m.

Main drivers – inflation, efficiency risk, run rate risks and income risks to providers.

The net risk is £54.9m. This assumes £129.1m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(184.0)	(184.0)
Operational improvements and recurrent mitigations	£m	0.0	70.3
Non Recurrent mitigations	£m	0.0	58.8
<b>Total</b>	<b>£m</b>	<b>(184.0)</b>	<b>(54.9)</b>

## NEL ICB – YTD deficit variance of £16m against plan.

The ICB planned year-to-date surplus of £6.4m. The year-to-date reported position is a deficit of £9.6m which gives an adverse variance to plan of £16m, which is in line with the recently developed financial recovery plan (FRP).

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

Month 5 I&E NEL ICB

		YTD	Forecast
Target	£m	6.4	15.4
Actual	£m	(9.6)	15.4
<b>Variance</b>			
Surplus / (Deficit)	£m	(16.0)	0.0

## ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £98.1m. Actual delivery of £65.1m, resulting in under delivery of £33.1m.

The ICB reports an over delivery of efficiencies at year-end with providers reporting under delivery. The net position is an under delivery of £5.4m.

		YTD	Forecast
Target	£m	98.1	277.8
Actual	£m	65.1	272.4
<b>Variance</b>			
£m		(33.1)	(5.4)

# NEL ICS - Financial Summary Month 5

## Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
North East London ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0
Providers	(11.6)	(69.7)	(58.0)	(15.3)	(15.3)	0.0
<b>ICS Total</b>	<b>(5.2)</b>	<b>(79.2)</b>	<b>(74.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Month 5 Summary Position

- The year-to-date ICS position against the plan is a **deficit of £74m**. This is made up of a provider deficit of £58m and ICB deficit of £16m.
- In line with the operating plan and the national reporting protocol the forecast position at month 5 is **reported as a breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- However, as reported in previous month the year-to-date position suggests there is a **risk of a year-end deficit**. This has resulted in a formal Financial Recovery Plan (FRP).
- The FRP has been developed and signed off by the ICB, Trust CEO's and CFO's and shared with regulators at the beginning of August. The FRP assesses the impact of cost improvement schemes (CIPs) and other corrective actions. This leaves a **potential system gap at year-end of £54.9m**. Regulators have requested that further work is done to bring the position back in line with the plan (breakeven position at year-end).



# NEL Financial Summary Month 5 - Health

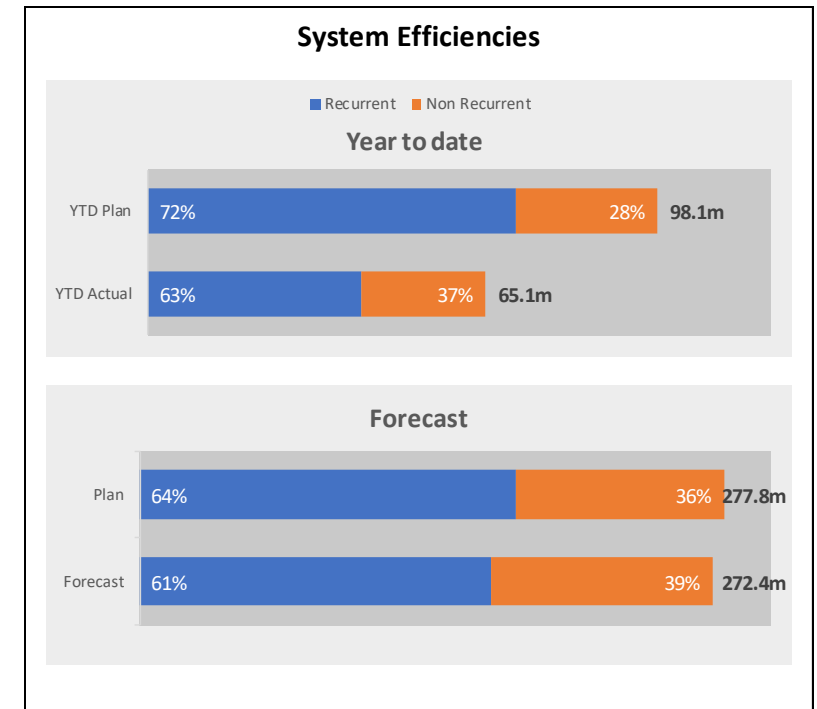
Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(2.9)	(19.5)	(16.6)	(0.2)	(0.2)	0.0
Barts Health	(11.6)	(42.5)	(30.9)	(27.8)	(27.8)	0.0
East London NHSFT	0.6	(2.4)	(3.0)	5.4	5.4	0.0
Homerton	(0.1)	(7.5)	(7.4)	0.2	0.2	0.0
NELFT	2.4	2.2	(0.2)	7.0	7.0	0.0
<b>Total NEL Providers</b>	<b>(11.6)</b>	<b>(69.7)</b>	<b>(58.0)</b>	<b>(15.3)</b>	<b>(15.3)</b>	<b>0.0</b>
NEL ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0
<b>NEL System Total</b>	<b>(5.2)</b>	<b>(79.2)</b>	<b>(74.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Month 5 Summary Position

- One of the main drivers of the ICS position is a year-to-date under delivery against the efficiency target. The total year-to-date position on efficiencies is an under delivery of £33.1m. This position is expected to improve at year-end as the result of the FRP stretch measures.
- ICB efficiency slippage accounts for £11.8m of its reported overspend. The balance is made up of ongoing run rate pressures in prescribing, mental health and community health services activity based contracts (such as adult placements, equipment and discharge to assess schemes).
- Provider efficiency slippage accounts for £21.3m of its reported overspend. System providers are also reporting pressures in relation to inflation, industrial action and staffing (including pay awards and agency usage).
- In terms of agency usage system providers are exceeding the agency cap set by NHSE for 23/24. The annual agency cap is set at £140.6m. Month 5 year-to-date spend on agency is £82m (58% of the cap). The extrapolated run rate suggests that provider outturn spend on agency could be in the region of £197m. However, providers are expecting to put corrective measures in place and have reported forecast agency spend of circa £157m (£16m above the cap).

# System Efficiencies – Month 5 and Forecast

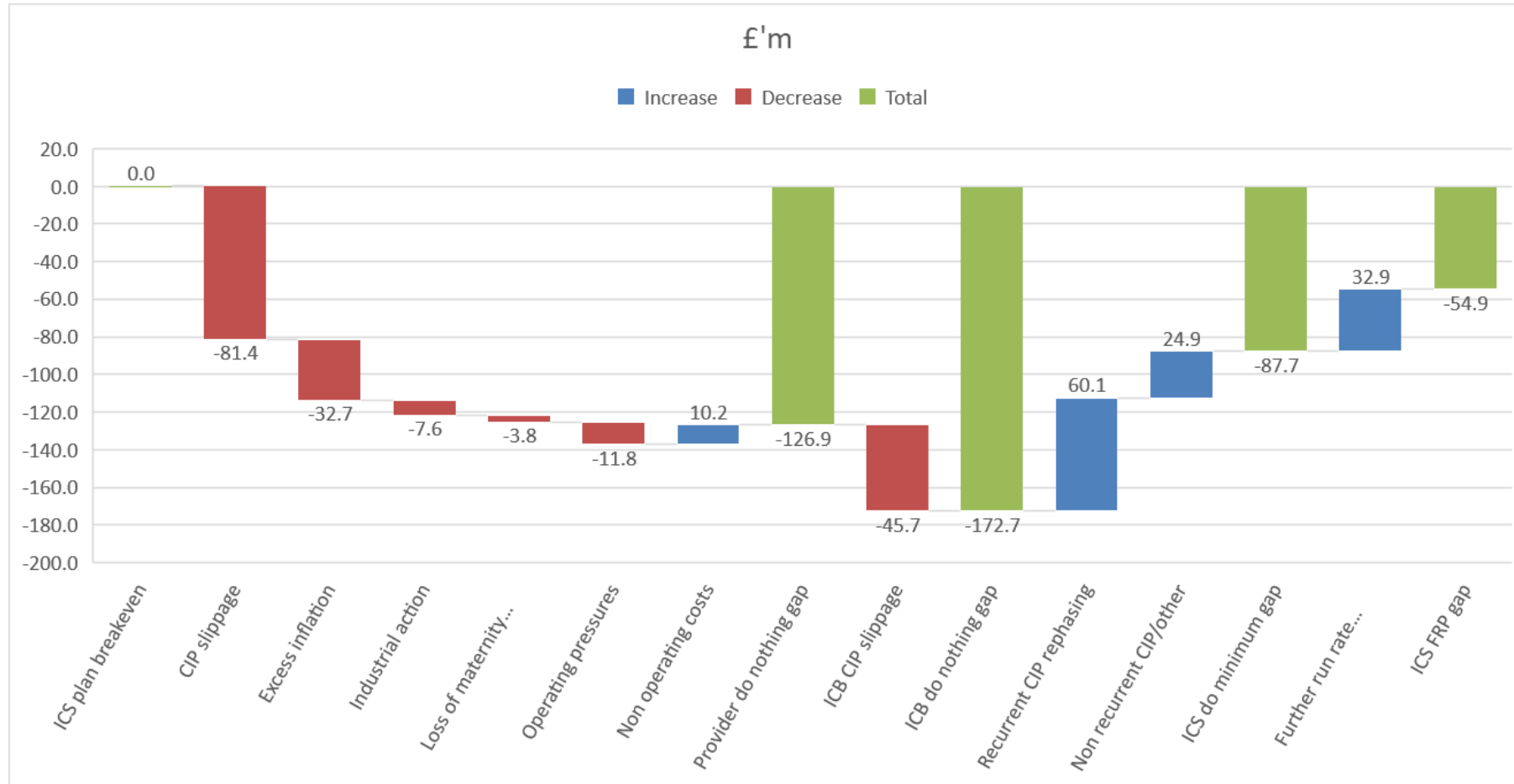
- The total year-to-date planned efficiency target for the NEL system is £98.1m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £65.1m, resulting in under delivery against the target of £33.1m.
- Delivery of efficiencies is a major risk to the system and there was a slow start to the delivery of efficiency schemes. The FRP has detailed a stretch to existing schemes which will improve the delivery run rate. It is, therefore, expected that there will be improvements in the identification and delivery of efficiencies over the remaining months of the financial year. This will lead to an improved position against the efficiency target by year-end.
- As a result of the FRP and system work, the ICB is forecasting an over delivery against the efficiency target of £11.8m, with providers expecting under delivery of £17.2m. The total year-end position is a forecast under delivery of £5.4m.
- The information on the right is based on information submitted to NHSE from ICB data sources and provider financial returns. The chart shows the proportion of recurrent and non-recurrent schemes both in terms of the plan and actual performance.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
<b>Total Provider Efficiency</b>	<b>75.9</b>	<b>54.6</b>	<b>(21.3)</b>	<b>195.2</b>	<b>178.0</b>	<b>(17.2)</b>
NEL ICB	22.2	10.4	(11.8)	82.6	94.4	11.8
<b>Total System Efficiency</b>	<b>98.1</b>	<b>65.1</b>	<b>(33.1)</b>	<b>277.8</b>	<b>272.4</b>	<b>(5.4)</b>

# ICS - FRP, Risks and Mitigations

- The run rate of year-to-date ICS spend gives a straight line extrapolation of £172 (based on month 3). The FRP details delivery and control commitments that would potentially bring the ICS deficit position to £55m (this is the month 5 risk position reported to regulators). The bridge between the operating plan, straight line extrapolation and potential deficit is shown in the bridge below:



## ICS – Month 5 FRP Trajectory

Organisation	Year to date M1-5 Actuals £m	FRP		Industrial Action (IA) Impact M1-5	
		FRP Expected M1-5 £m	Variance from FRP £m	Adjusted Actuals (IA) £m	Adjusted Variance from FRP £m
BHRUT	(19.5)	(15.5)	(4.0)	(16.0)	(0.5)
Barts Health	(42.5)	(36.8)	(5.6)	(36.3)	0.5
East London NHSFT	(2.4)	(1.8)	(0.7)	(2.3)	(0.6)
Homerton	(7.5)	(5.4)	(2.1)	(6.7)	(1.3)
NELFT	2.2	2.4	(0.2)	2.5	0.1
<b>Total NEL Providers</b>	<b>(69.7)</b>	<b>(57.1)</b>	<b>(12.6)</b>	<b>(58.8)</b>	<b>(1.8)</b>
NEL ICB	(9.6)	(9.4)	(0.1)	(9.6)	(0.1)
<b>NEL System Total</b>	<b>(79.2)</b>	<b>(66.5)</b>	<b>(12.7)</b>	<b>(68.4)</b>	<b>(1.9)</b>

- The FRP trajectory requires an improvement on the monthly run rate position, with an expectation of an in-month breakeven position from month 7.
- In month 5 the system financial performance was £12.7m off the FRP trajectory. However, industrial action has impacted on the overall financial position. Taking into account the impact of industrial action the variance from FRP trajectory was less than £2m.

# ICS – Risks and Mitigations

- The table below shows the financial risks reported to NHSE at month 5. As detailed in the previous slide the potential after mitigations is in line with the FRP and shows £54.9m outstanding risk.

Organisation / System wide	Description of risk	Risk Level	Potential Impact before mitigations £m	Potential Impact after mitigations £m
System wide	Efficiency delivery	High	(128.1)	(128.1)
System wide	Excess inflation	High	(32.7)	(32.7)
System wide	Industrial Action	High	(7.6)	(7.6)
System wide	Lost maternity CNST	High	(3.8)	(3.8)
System wide	Operational pressures	High	(11.8)	(11.8)
System wide	Operational improvements	Medium	0.0	10.2
System wide	Delivery of efficiencies - recurrent	Medium	0.0	60.1
System wide	Delivery of efficiencies - non recurrent	Medium	0.0	24.9
System wide	Run rate improvements	Medium	0.0	33.9
<b>Total Risk</b>			<b>(184.0)</b>	<b>(54.9)</b>

- The total unmitigated risk across the system is £184m. The main risks flagged by providers and the ICB are in relation to efficiency delivery, excess inflation and operational pressures. Additionally, the providers have flagged industrial action and lost maternity CNST income.
- The FRP has identified a series of potential mitigations, totalling £129.1m. These are in relation to operational and run rate improvements and further delivery of recurrent and non-recurrent efficiency schemes. The FRP has been shared with regulators, who have requested that the system continue to develop further mitigating actions to clear the outstanding risk and deliver the operating plan breakeven position at year-end.
- There is a high level of risk associated with the financial position of the ICS. This has been added to the risk register with a risk rating of 25 for both the ICB and ICS. This means that the risk of non-delivery remains very high.

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# Draft Better Care Fund (BCF) 2023-24

- 23/24 BCF remain draft and is included for illustrative purposes.
- Section 75 variation letters to be completed by TBC
- The ICB minimum spend contribution has increased in line with planning guidance by 5.66%
- The BCF contains metrics for admissions avoidance, discharge to the usual place of residence (NHS), care home admissions and reablement (local authority). Additionally, for 2022/23 a demand and capacity template was submitted which includes urgent care response and discharge related services.
- Additional schemes in the ICB (£30m) include payments to ELFT. These services are monitored as part of the overall month end closedown process and are expected to report a breakeven position at year-end.

<i>Newham BCF Summary 23/24</i>	<i>£(000)s</i>
Historical Protection	£11,344
CHC/Joint Funding	£2,257
FNC	£940
Equipment	£2,226
Protection of Social Care	£6,900
Care Act	£1,312
Social Prescription	£201
Wheelchair Services	£1,745
COVID IDH	£282
Inequality, Prevention, Transformation	£279
<b>Total</b>	<b>£27,488</b>
Total Transfer as above	£27,488
Improved Better Care Fund	£17,193
LA Capital funding	£2,848
Total LA pooled / non pooled amounts	£4,702
Additional schemes (non-contribution based)	£108,978
<b>Total Transfer &amp; Pooled amount</b>	<b>£161,208</b>

# Financial Position Quarter 1 – London Borough of Newham

- This position reflects the Quarter 1 position presented to cabinet
- Growth and savings allocations have been included to but budget variances in context
- Adult Social Care and Temporary Accommodation are the areas of most significant pressure

Revenue Budget Forecast 2023/24, May, Month 2	GROWTH AWARDED IN 2023/24 £m	SAVINGS AGREED FOR 2023/24 £m	2023/24 REVISED BUDGET £m	2023/24 FORECAST £m	2023/24 VARIANCE £m
Children and Young People	8.7	(2.8)	109.7	111.3	1.6
Inclusive Economy & Housing - Non TA	0.3	(1.3)	7.7	8.0	0.3
Adults & Health	11.7	(3.5)	111.3	116.0	4.7
Environment and Sustainable Transport	4.0	(3.1)	20.5	22.2	1.6
Marketing	0.9	(0.1)	8.0	7.8	(0.2)
Digital	2.8	(0.2)	17.6	17.6	0.0
Transformation	0.2	(0.2)	3.2	3.2	0.0
Resources	1.0	(0.5)	(1.5)	(1.5)	0.0
RMS	0.0	0.0	0.0	0.0	0.0
oneSource Non Shared	4.2	(0.2)	(2.8)	(2.1)	0.7
oneSource Shared	0.6	(0.0)	4.2	6.0	1.8
Central Budgets - General	16.0	(7.3)	63.2	64.3	1.1
<b>Sub total</b>	<b>50.4</b>	<b>(19.4)</b>	<b>341.2</b>	<b>352.8</b>	<b>11.6</b>
Inclusive Economy & Housing - TA Only	10.0	0.0	21.7	23.7	1.9
<b>Total before available contingency</b>	<b>60.4</b>	<b>(19.4)</b>	<b>363.0</b>	<b>376.5</b>	<b>13.5</b>
Applied contingency	0.0	0.0	0.0	(5.3)	(5.3)
<b>Total before use of available contingency</b>	<b>60.4</b>	<b>(19.4)</b>	<b>363.0</b>	<b>371.2</b>	<b>8.2</b>



# NEL ICB Continuing Healthcare (CHC) – Month 4 Update

Place	CHC Spend Area	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Forecast Variance
Newham	CHC - Adult	6,208	5,838	(370)	18,625	17,512	(1,113)
	CHC - Children	1,178	1,349	171	3,534	4,047	513
	Funded Nursing Care	448	437	(10)	1,343	1,312	(31)
	Assessment & Support	0	3	3	0	11	11
	<b>Total</b>	<b>7,834</b>	<b>7,627</b>	<b>(207)</b>	<b>23,503</b>	<b>22,882</b>	<b>(621)</b>

- CHC budgets for 23/24 have been based on 22/23 outturn, uplifted for AQP and other planning uplifts.
- CHC spend at the end of Month 4 for Newham is £7.6m, resulting in a £0.2m underspend against budget. The forecast position in Newham is a £0.6m underspend. This position is driven by a reduction in volume and package costs in adult CHC packages compared to 22/23. This is partly offset by an overspend in Children’s CHC.
- Although CHC spend is broken down by place, the Newham position does not include a share of the expected delivery of the efficiency target. Across the entire CHC portfolio there is an efficiency target of £15m. Whilst plans are in development this target is reported at a NEL wide level rather than a place level. Year-to-date delivery against the CHC efficiency target has been slower than expected and the ICB is reporting year-to-date slippage of £3.9m with expected slippage of £5.1m by year-end.
- As a result of the overall financial position of the ICB, further work is underway to establish additional workstreams and look for additional stretch. The forecast position against the efficiency target assumes that a further stretch measure is achieved. This remains a risk for the ICB as schemes are yet to be identified and there are ongoing inflationary pressures from both AQP (Any Qualified Provider) and non-AQP providers.