

Havering ICB sub-committee

Agenda – 11 September 2024 – 4.30 – 5.00pm Via MS Teams

| | | | | | |
|---|----------------------------------|-----------|---------------|--------------|----------|
| 1.0 | Welcome | 4.30 | Chair | | |
| 1.1 | Declarations of Interest | (5 mins) | | Attached | Note |
| 1.2 | Minutes from the 8 November 2023 | | | | |
| 1.3 | Action log | | | | |
| | | | | Attached | Approve |
| 2.0 | Questions from the public | 4.35 | Chair/Lead | Verbal | Discuss/ |
| | | (10 mins) | | | Note |
| 3.0 | Finance update | 4.45 | Sunil Thakker | Attached | Approve |
| | | (15 mins) | | Pages 9 - 34 | |
| 4.0 | AOB | 5.00 | Chair | | |
| Date of next ICB sub-committee: 13 November 2024 | | | | | |

- Declared Interests as at 04/09/2024

| 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 |
|----------------------|---|--|-------------------------------------|--|---|------------|----------|--|
| Andrew Blake-Herbert | Chief Executive; London Borough of Havering | Havering ICB Sub-committee Havering Partnership Board ICB Board ICS Executive Committee | Financial Interest | London Borough of Havering | Employed as Chief Executive | 2021-05-01 | | Declarations to be made at the beginning of meetings |
| Barbara Nicholls | Strategic Director of People, Havering Council | Havering ICB Sub-committee Havering Partnership Board | Non-Financial Professional Interest | Association of Directors of Adult Social Services (ADASS) | Professional membership | 2016-01-01 | | Declarations to be made at the beginning of meetings |
| Brid Johnson | Member of sub-committee (representative of NELFT) | Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Redbridge ICB Sub-committee Redbridge Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee | Indirect Interest | Mid and South Essex ICB | My Partner is a Non-Executive Director at MSE ICB | 2022-08-25 | | |
| Chetan Vyas | Director of Quality | Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Procurement Group 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 | 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 |

| | | | | | | | | |
|----------------|---|--|-------------------------------------|--|---|------------|------------|--|
| Emily Plane | Head of Strategic Planning - Havering Place based Partnership | Havering ICB Sub-committee Havering Partnership Board | Non-Financial Professional Interest | Petersfield Surgery | I am a registered patient of Petersfield Surgery in Havering. | 2022-11-02 | | |
| Gillian Ford | Councillor Deputy Leader, Cabinet Member for Adults and Wellbeing | Havering ICB Sub-committee Havering Partnership Board ICP Committee | Non-Financial Personal Interest | Avon Road Surgery | Patient of the practice and continue to be. | 2012-06-30 | 2023-08-16 | |
| Ian Buckmaster | Member of Committee | Havering ICB Sub-committee Havering Partnership Board ICB Finance, Performance & Investment Committee ICP Committee | Non-Financial Professional Interest | Healthwatch Havering | I am a director of Healthwatch Havering, which receives some funding from NHS NEL. | 2023-04-01 | | |
| John Timbs | Director - Havering Care Association | Havering ICB Sub-committee Havering Partnership Board | Non-Financial Professional Interest | Care Providers' Voice | Director | 2018-09-03 | | |
| | | | Financial Interest | Lodge Group Care Uk Ltd | Director | 2008-01-01 | | |
| | | | Financial Interest | My Employment Ltd | Director | 2018-10-01 | | Declarations to be made at the beginning of meetings |
| Julia Summers | Head of Finance | Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Redbridge ICB Sub-committee Redbridge Partnership Board | Indirect Interest | Camden and Islington Mental Health Trust | Husband is a director of the Trust. | 2016-02-08 | | |
| Manahil Khan | Transformation Lead | Havering ICB Sub-committee Havering Partnership Board | Non-Financial Professional Interest | Havering Health Ltd | In current Transformation Lead role (since Feb 2020), recently undertaken p/t PCN Management support to South Havering PCN (post PCN split as of 1st July 2024) on an interim basis until the PCN recruits in to the full-time post approx. later this year. I have been declaring my interest at start of meetings and will continue to do so as I am employed by same organisation for both roles/resp. | 2024-07-01 | | Declarations to be made at the beginning of meetings |

| | | | | | | | |
|--------------------|---|---|---------------------------------|----------------------------|---|------------|--|
| Narinderjit Kullar | Clinical Director, Havering Place Based Partnership | Clinical Advisory Group Formulary & Pathways Group (FPG) Havering ICB Sub-committee Havering Partnership Board Primary Care Collaborative sub-committee | Financial Interest | St Edwards Medical Centre | GP Partner at practice | 2017-11-01 | |
| | | | Non-Financial Personal Interest | BHRUT | Wife works within the trust (Quality and Safety) | 2017-11-01 | |
| | | | Non-Financial Personal Interest | Healthbridge GP Federation | Wife's Brother-in-Law is interim CEO of Redbridge GP Federation | 2023-05-01 | |
| | | | Financial Interest | Havering Health Limited | Practice (SEMC) is Shareholder of GP Federation. | 2017-11-01 | |

- Nil Interests Declared as of 04/09/2024

| Name | Position/Relationship with ICB | Committees | Declared Interest |
|--------------------|---------------------------------------|---|------------------------------------|
| Jordanna Hamberger | Head of Primary Care Transformation | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Matthew Henry | Head of PMO | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Ann Hepworth | Member of an ICB committee | Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Selina Douglas | Executive Director of Partnerships | Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest 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 | Indicated No Conflicts To Declare. |

| | | | |
|---------------------|---|--|------------------------------------|
| | | ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel 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 | |
| Patrick Odling-Smee | Director of Housing | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Karina Christensen | Deputy Director - Operations, Finance & contracting | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Mark Ansell | member of a committee | Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Jwala Gupta | Havering North PCN Clinical Director | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Susanne Rauprich | member of a committee | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Laura Neilson | Member of a committee | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Paul Rose | Chair of the Havering Compact | Havering ICB Sub-committee Havering Partnership Board ICP Committee | Indicated No Conflicts To Declare. |
| Luke Burton | Director of Partnerships, Impact and Delivery | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Tom Fowler | Associate Director Live Well - Havering | Havering ICB Sub-committee Havering Partnership Board | Indicated No Conflicts To Declare. |
| Paul Rose | Chair of the Havering Compact | Havering ICB Sub-committee Havering Partnership Board ICP Committee | Indicated No Conflicts To Declare. |

Minutes of the Havering ICB sub-committee

8 November 2023

| Members: | |
|---|---|
| Andrew Blake-Herbert (ABH) Chair ICB sub-comm) | CEO, London Borough of Havering |
| Dr Narinderjit Kullar (NK) | Havering Clinical Director |
| Cllr Gillian Ford (GF) | Councillor, London Borough of Havering |
| Mark Ansell (MA) | Director of Public Health, London Borough of Havering |
| Barbara Nicholls (BN) | Director of Adult Social Care, London Borough of Havering |
| Anne-Marie Dean (AMD) | Chair, Havering Healthwatch |
| Irvine Muronzi (IM) | Integrated Care Director Havering (Interim), NELFT |
| Helen Page (HP) | CEO, Havering Health |
| Patrick Odling-Smee (POS) | Director of Housing, London Borough of Havering |
| Paul Rose (PR) | Chair, Havering Compact |
| Priti Gaberria (PG) | Commissioning and programme manager, LBH |
| Tara Geere (TG) | Director of Children's services, LBH |
| Dr Dan Weaver (DW) | South Havering PCB Clinical Director |
| Dr Mary Burtenshaw (MB) | Clinical and Care Lead – Urgent and Emergency Care & South Havering PCN Clinical Director |
| Dr Yasmin Heerah (YH) | Havering PCN Clinical director |
| In Attendance: | |
| Debbie Harris (DH) | Governance officer, NHS North East London |
| Kirsty Boettcher (KB) | Deputy Director of Delivery - Unplanned Care, NHS North East London |
| Emily Plane (EP) | Head of Strategy and System Development, NHS North East London |
| Paul Archer (PA) | Designated Nurse for Safeguarding and LAC, NHS North East London |
| Dr Ruth Crowley (RC) | South Havering GP & Clinical Director for Digital/IT |
| Dawn Gough (DG) | Operational lead, long term condition, NELFT |
| Vicki Kong (VK) | Clinical and Care Lead – Population Health Management |
| Shelley Hart (SH) | Clinical and Care Lead – Community Connections |
| Joy Maguire (JM) | Havering Designated Nurse for Safeguarding Adults and Local Area Contact: LeDeR |
| Dr Maurice Sanomi | Clinical Lead, Mental Health |
| Shefali Gaur (SG) | Marketing Officer, London Borough of Havering |
| James Hunt (JH) | Head of Housing Strategy, London Borough of Havering |
| Sophia Murphy (SM) | Strategic Design, BHRUT |
| Kate Ezoeki-Griffiths (KEG) | Senior Public Health Specialist, LBH |
| Jennifer Rush (JR) | Senior engagement and community communications manager, NHS North East London |
| Apologies: pls note apologies will only be noted for members | |
| Dr Jwala Gupta (JGu) Co-Chair | Havering PCN Clinical director |
| Luke Burton (LB) | Borough director, NHS North East London |
| Chetan Vyas (CV) | Director of Quality, NHS North East London |

| | |
|--------------------|---|
| Ann Hepworth (AH) | Director of Strategy and Partnerships, BHRUT |
| Sunil Thakker (ST) | Director of Finance, NHS North East London |
| Brid Johnson (BJ) | Interim Executive Integrated Care Director (London) (NELFT) |

| Item No. | Item title |
|------------|--|
| 1.0 | Welcome, introductions and apologies |
| | The Chair, Andrew Blake-Herbert, welcomed members to the meeting. Apologies were noted. All members joined the meeting virtually. |
| 1.1 | Declaration of conflicts of interest |
| | The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the of the Havering Place based Partnership Board. No additional conflicts were declared. Declarations declared by members are listed on the ICBs Register of Interests. The register is available via the Governance Team. |
| 1.2 | Minutes from the previous |
| | Minutes from the previous meeting were agreed. |
| 1.3 | Action log of the last meeting |
| | The action log was noted |
| 2.0 | Questions from the Public |
| | No questions from the Public were received. |
| 3.0 | Havering PbP Strategy and NEL System development plan |
| | <p>Emily Plane (EP) talked members through the Havering PbP Strategy and NEL System development plan.</p> <p>Highlights included:</p> <ul style="list-style-type: none"> • The Havering interim strategy articulates the key priorities for the Havering Place based Partnership in 2023/24. • NHS North East London is in the process of a restructure, which includes the establishment of a new team at place for Havering, structured around the life course approach set out within this strategy. The priorities within this strategy will be the key initial areas of focus for the team as it comes into place. • Once the new team is in place, partners intend to integrate commissioning of health and care in Havering as much as possible to ensure that services are seamless, are commissioned around the needs of local people including the wider determinants of health, and deliver value for money. • This will be overseen in terms of impact by the Havering Health and Wellbeing Board who will ensure that the Local Health and Wellbeing strategy and the needs set out within the Havering Joint Strategic Needs Assessment are embedded in the Partnership work as part of a Population Health Management approach. • The Havering Place based Partnership will drive forward the changes needed and oversee their roll out. <p><i>Comments from the Board:</i></p> <ul style="list-style-type: none"> • The strategy demonstrates the benefits of the Partnership, showing how we work integrally. • There will be refreshes on the JSNA so need to ensure that the strategy continues to be a living document. |

| | |
|------------|---|
| | <ul style="list-style-type: none"> • While we are part of NEL ICS and while there is a Joint Forward Plan that the ICS is working towards we can't forget that at Place we have our own identity and priorities. • There is a need for us all to take ownership of this Strategy with the hope that it will reflect what our population is looking for. • This is a draft interim Strategy pending development of a full five-year strategy for next year. • There is a need for members to read the Strategy carefully so they can feed in any items that might have been missed/we can do better. • Patrick Odling-Smee wondered if tackling anti-poverty work that is underway needs to be included in the strategy <p>Action: members to provide feedback to Emily by 24 November 2023.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. noted, reviewed and endorsed the Havering Place based Partnership Interim Health and Care Strategy. 2. Members agreed to receive further updates on progress once the Integrated team are in place. |
| 4.0 | Finance update |
| | <p>Unfortunately, both Sunil Thakker and Kathy Freeman had to give apologies to the meeting. Sunil Thakker asked that members feedback any queries or comments on the finance paper to him via email.</p> <p>The Chair advised that a joint report is being developed to show both sets of finances.</p> <p>The Board noted the update.</p> |
| 5.0 | AOB |
| | <p>Dr Kullar raised an issue on the Clinical and Care leadership team which will have a 30% annual cut to its budget to help the ICB to achieve its target running cost reduction. The final model needs to be submitted by the end of November which achieves this saving. Dr Kullar will be sharing the final model with the Clinical and Care team so they are aware of the proposed changes. Dr Kullar has been working with partners to mitigate against the cuts, and has developed a proposal that will see all members kept in post, but they may have to work across a number of areas and their key priorities may change. Once endorsed an update will come back to the December meeting. Even with the financial implication it is felt that the CCPL will still be able to push forward on the required elements of the Strategy and improve outcomes for local people.</p> |

2024-25 Management Information – Havering

Meeting name: Havering ICB sub-committee

Presenter: Karina Christensen/ Sunil Thakker

Date: 11 September 2024

NEL ICS - Financial Summary Month 4

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 | (4.6) | (10.3) | (5.7) | 0.6 | 0.6 | (0.0) |
| Providers | (27.2) | (65.1) | (37.8) | (35.6) | (35.6) | 0.0 |
| ICS Total | (31.8) | (75.4) | (43.5) | (35.0) | (35.0) | 0.0 |

Month 4 Summary Position

- The year-to-date ICS variance to plan is a **deficit of £43.5m**. This is made up of a provider deficit to plan of £37.8m and ICB deficit to plan of £5.7m.
- The ICS submitted an operating plan forecast deficit of £35m (provider deficit of £35.6m and ICB surplus of £0.6m).
- In line with the operating plan and required reporting requirements the month 4 forecast year-end deficit is £35m.
- The month 4 financial position includes the costs of strike action at the end of June / beginning of July, run rate pressures and slippage on both provider and ICB efficiency schemes.
- Whilst the forecast is in line with plan, the year-to-date run rate suggests a significant overspend. There are outstanding risks in relation to the delivery of the year-end reported position across the ICB and system partners. These risks will need to be managed though the financial sustainability workstream and further updates on the progress of this will be given.
- The mitigating actions in place to manage the risk is an ICB and ICS review of its system wide recovery and sustainability arrangements

ICB INFORMATION AT PLACE

The following slides set out information at a Place level showing comparisons with other Places in North East London where possible. It is important to note that the majority of our expenditure sits within block contracts with our NHS providers and we do not receive budgetary information at a Place level.

Slide 4 - Acute activity for patients registered with Havering GPs.

Slide 9 - Expenditure against budget for Mental Health, Learning Disabilities and Autism

Slide 10 - Expenditure against budget for Community Services outside of our main NHS and hospice contracts.

Slide 11 - Continuing Healthcare expenditure for Havering patients.

Slide 12 - Prescribing data at Place and Primary Care Network (PCN) level with national benchmarking.

Slide 16 - Primary Care budgets for NEL and Havering - delegated and mainstream

Acute - Executive Summary

| Activity Type | Activity | | | | Cost | | | |
|------------------------|----------------|----------------|------------|--------------|----------------|----------------|-------------|--------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | % Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | % Difference |
| A&E | 10,883 | 12,132 | 1,249 | 11% | £2,490,685 | £1,356,424 | -£1,134,260 | -46% |
| Emergency Admissions | 5,000 | 6,360 | 1,360 | 27% | £13,424,782 | £14,779,505 | £1,354,723 | 10% |
| Outpatient Attendances | 51,622 | 50,179 | -1,443 | -3% | £6,339,502 | £6,456,012 | £116,511 | 2% |
| Inpatient Admissions | 6,720 | 6,948 | 228 | 3% | £10,579,159 | £10,123,082 | -£456,078 | -4% |

Headlines:

- Due to an erroneous SUS submission by Homerton, outpatient activity is not correct for this month. This is to be corrected for M3

Notes:

- Data source is SUS. The prices do not reflect actual spend as there will be a portion of activity that does not get submitted to SUS or has local prices attached, for example, Critical Care or High Cost Drugs. The figures here however are to give a flavour of areas of spend.
- Data may also differ from other reports, for example, the Core Metrics, as different criteria is applied.
- The Urgent Care provider at BHRUT, PELC, has been omitted from this data as reporting began mid-way last year. This will be included when comparative data becomes available.
- For outpatient activity and cost, only specific acute data has been included, i.e. midwifery, nurse-led activity, mental health etc. has been omitted.
- This data is using a legacy approach to SUS. More accurate Place attribution is being worked on in further iterations.
- Due to significant uncoded activity at BHRUT, 'Freeze' data is used meaning that this report will be reporting data 3 months ago

Acute - Accident and Emergency

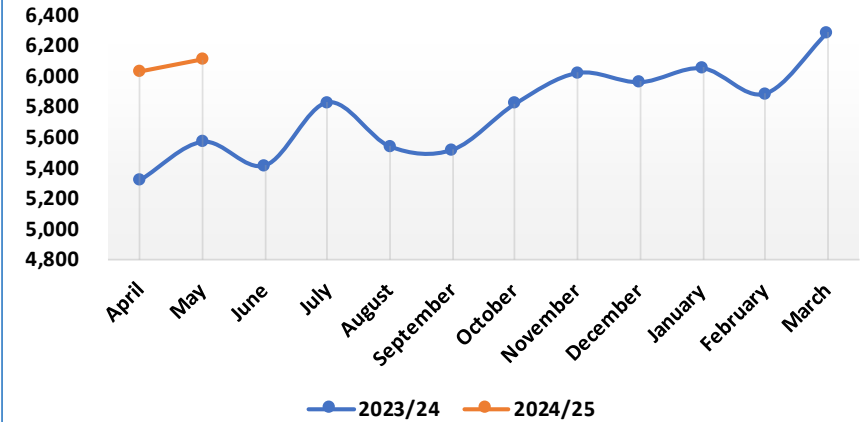
| Provider | Activity | | | Cost | | |
|--|----------------|----------------|--------------|-------------------|-------------------|--------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| Provider | 10,883 | 12,132 | 1,249 | £2,490,685 | £1,356,424 | -£1,134,260 |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 8,831 | 10,011 | 1,180 | £2,147,059 | £994,726 | -£1,152,334 |
| Mid and South Essex NHS Foundation Trust | 427 | 441 | 14 | £72,459 | £75,814 | £3,355 |
| Barts Health NHS Trust | 374 | 379 | 5 | £80,351 | £76,919 | -£3,432 |
| Moorfields Eye Hospital NHS Foundation Trust | 217 | 217 | 0 | £41,264 | £45,163 | £3,899 |
| Tower Hamlets GP Care Group Cic | 70 | 89 | 19 | £5,896 | £7,735 | £1,839 |
| East Suffolk and North Essex NHS Foundation Trust | 75 | 66 | -9 | £7,443 | £6,792 | -£651 |
| University College London Hospitals NHS Foundation Trust | 79 | 65 | -14 | £16,522 | £16,553 | £31 |
| Dartford and Gravesham NHS Trust | 39 | 57 | 18 | £7,045 | £11,355 | £4,310 |
| Homerton Healthcare NHS Foundation Trust | 61 | 50 | -11 | £12,436 | £10,341 | -£2,095 |
| Imperial College Healthcare NHS Trust | 30 | 36 | 6 | £4,662 | £6,598 | £1,936 |
| Other Providers | 680 | 721 | 41 | £95,548 | £104,427 | £8,879 |

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

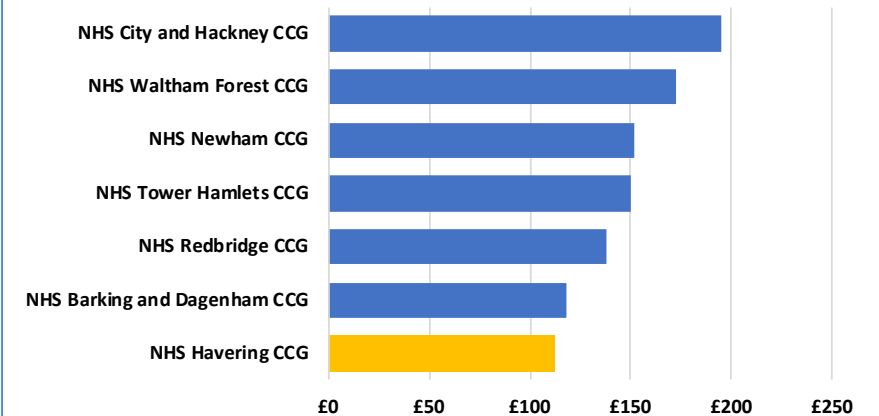
| HRG Description | Activity | | | Cost | | |
|--|----------------|----------------|--------------|-------------------|-------------------|--------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| HRG Description | 10,883 | 12,132 | 1,249 | £2,490,685 | £1,356,424 | -£1,134,260 |
| Emergency Medicine, Any Investigation with Category 5 Treatment | 9 | 3 | -6 | £4,414 | £1,552 | -£2,862 |
| Emergency Medicine, Category 3 Investigation with Category 4 Treatment | 436 | 88 | -348 | £215,886 | £44,672 | -£171,214 |
| Emergency Medicine, Category 3 Investigation with Category 1-3 Treatment | 2,178 | 850 | -1,328 | £756,931 | £305,355 | -£451,576 |
| Emergency Medicine, Category 2 Investigation with Category 4 Treatment | 624 | 132 | -492 | £216,612 | £45,932 | -£170,681 |
| Emergency Medicine, Category 2 Investigation with Category 3 Treatment | 99 | 44 | -55 | £26,222 | £11,928 | -£14,294 |
| Emergency Medicine, Category 1 Investigation with Category 3-4 Treatment | 128 | 62 | -66 | £27,355 | £13,277 | -£14,079 |
| Emergency Medicine, Category 2 Investigation with Category 2 Treatment | 727 | 521 | -206 | £158,170 | £115,672 | -£42,498 |
| Emergency Medicine, Category 2 Investigation with Category 1 Treatment | 3,592 | 2,152 | -1,440 | £720,188 | £440,765 | -£279,423 |
| Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment | 1,579 | 1,589 | 10 | £230,080 | £236,991 | £6,911 |
| Emergency Medicine, Dental Care | 0 | 0 | 0 | £0 | £0 | £0 |
| Emergency Medicine, No Investigation with No Significant Treatment | 1,260 | 1,147 | -113 | £125,198 | £117,611 | -£7,587 |
| Emergency Medicine, Patient Dead On Arrival | 1 | 2 | 1 | £101 | £196 | £94 |
| Unrecorded | 250 | 5,542 | 5,292 | £9,526 | £22,474 | £12,949 |

Activity and Cost showing top 10 HRGs ordered by 2023/24 highest to lowest of severity. Difference in costs could be due to tariff changes between the years.

A&E Attendances 2024/25 v 2023/24



A&E Average Price per Attendance



Acute - Emergency Admissions

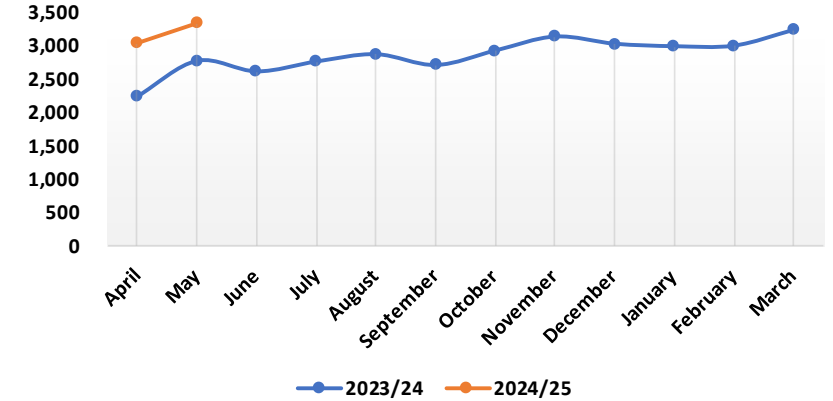
| Provider | Activity | | | Cost | | |
|--|----------------|----------------|--------------|--------------------|--------------------|-------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| | 5,000 | 6,360 | 1,360 | £13,424,782 | £14,779,505 | £1,354,723 |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 4,543 | 5,827 | 1,284 | £12,068,294 | £13,385,722 | £1,317,427 |
| Barts Health NHS Trust | 139 | 167 | 28 | £457,713 | £741,182 | £283,469 |
| Mid and South Essex NHS Foundation Trust | 126 | 154 | 28 | £288,390 | £217,750 | £-70,640 |
| North East London NHS Foundation Trust | 21 | 28 | 7 | £0 | £0 | £0 |
| Homerton Healthcare NHS Foundation Trust | 27 | 18 | -9 | £53,685 | £31,914 | £-21,771 |
| Dartford and Gravesham NHS Trust | 4 | 12 | 8 | £7,243 | £12,737 | £5,494 |
| University College London Hospitals NHS Foundation Trust | 17 | 10 | -7 | £191,102 | £56,536 | £-134,566 |
| Moorfields Eye Hospital NHS Foundation Trust | 9 | 10 | 1 | £21,104 | £22,286 | £1,183 |
| Lewisham and Greenwich NHS Trust | 4 | 10 | 6 | £7,646 | £47,401 | £39,755 |
| Guy's and St Thomas' NHS Foundation Trust | 20 | 8 | -12 | £51,006 | £22,080 | £-28,926 |
| Other Providers | 90 | 116 | 26 | £278,601 | £241,898 | £-36,703 |

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

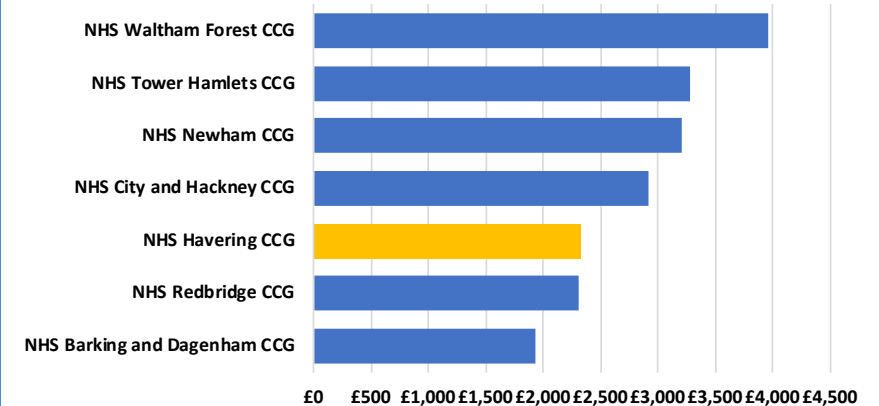
| HRG Chapter | Activity | | | Cost | | |
|--|----------------|----------------|--------------|--------------------|--------------------|-------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| | 5,000 | 6,360 | 1,360 | £13,424,782 | £14,779,505 | £1,354,723 |
| Infectious Diseases, Immune System Disorders and other Healthcare contacts | 340 | 2,323 | 1,983 | £1,119,164 | £2,111,818 | £992,654 |
| Diseases of Childhood and Neonates | 406 | 632 | 226 | £514,775 | £733,264 | £218,488 |
| Cardiac | 689 | 560 | -129 | £1,457,841 | £1,622,865 | £165,024 |
| Respiratory System | 570 | 543 | -27 | £1,866,461 | £1,969,106 | £102,645 |
| Digestive System | 594 | 456 | -138 | £1,596,986 | £1,669,549 | £72,563 |
| Urinary Tract and Male Reproductive System | 443 | 360 | -83 | £1,114,688 | £1,170,646 | £55,957 |
| Musculoskeletal System | 490 | 307 | -183 | £1,539,458 | £1,520,319 | £-19,138 |
| Nervous System | 325 | 221 | -104 | £1,447,761 | £1,218,691 | £-229,070 |
| Skin, Breast and Burns | 183 | 163 | -20 | £417,782 | £415,181 | £-2,601 |
| Endocrine and Metabolic System | 146 | 143 | -3 | £292,008 | £380,629 | £88,621 |
| Other HRG Chapters | 814 | 652 | -162 | £2,057,857 | £1,967,436 | £-90,421 |

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.

Emergency Admissions



Emergency Admissions Average Price per Attendance



Acute - Outpatient Attendances

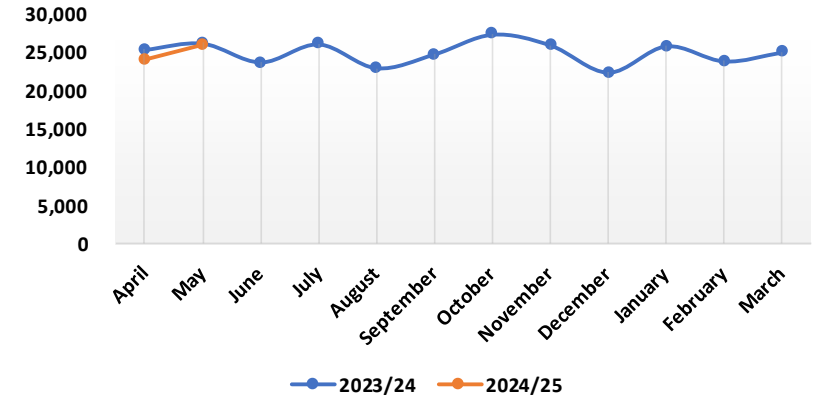
| Provider | Activity | | | Cost | | |
|--|----------------|----------------|---------------|-------------------|-------------------|-----------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| Provider | 51,622 | 50,179 | -1,443 | £6,339,502 | £6,456,012 | £116,511 |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 29,610 | 29,700 | 90 | £3,799,087 | £4,078,477 | £279,390 |
| Barts Health NHS Trust | 3,238 | 3,178 | -60 | £447,583 | £455,496 | £7,912 |
| Practice Plus Group Hospital - Ilford | 2,313 | 3,114 | 801 | £291,254 | £414,612 | £123,358 |
| University College London Hospitals NHS Foundation Trust | 2,476 | 2,074 | -402 | £159,364 | £141,265 | £-18,099 |
| Guy's and St Thomas' NHS Foundation Trust | 1,070 | 1,486 | 416 | £146,681 | £131,431 | £-15,250 |
| Mid and South Essex NHS Foundation Trust | 1,130 | 1,424 | 294 | £124,594 | £153,618 | £29,024 |
| Moorfields Eye Hospital NHS Foundation Trust | 1,409 | 1,380 | -29 | £179,310 | £174,520 | £-4,790 |
| Dmc Healthcare HQ | 1,900 | 1,307 | -593 | £266,228 | £162,240 | £-103,988 |
| Communitas Clinics | 0 | 694 | 694 | £0 | £62,551 | £62,551 |
| Spamedica Romford | 669 | 672 | 3 | £80,209 | £85,138 | £4,929 |
| Other Providers | 7,807 | 5,150 | -2,657 | £845,190 | £596,663 | £-248,527 |

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

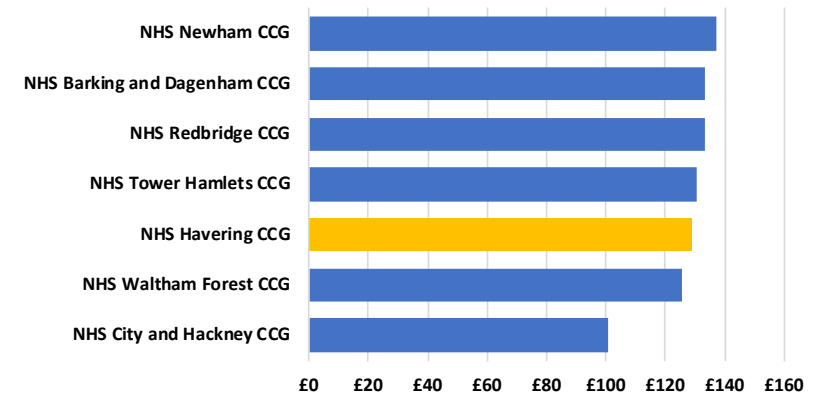
| Specialty | Activity | | | Cost | | |
|-----------------------|----------------|----------------|---------------|-------------------|-------------------|-----------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| Specialty | 51,622 | 50,179 | -1,443 | £6,339,502 | £6,456,012 | £116,511 |
| Trauma & Orthopaedics | 7,303 | 7,592 | 289 | £772,832 | £826,224 | £53,392 |
| Ophthalmology | 5,744 | 6,124 | 380 | £685,402 | £742,311 | £56,909 |
| General Surgery | 3,888 | 3,765 | -123 | £517,980 | £525,702 | £7,722 |
| Dermatology | 3,763 | 3,434 | -329 | £455,977 | £388,600 | £-67,378 |
| Gynaecology | 2,521 | 2,862 | 341 | £431,598 | £535,817 | £104,220 |
| Urology | 2,458 | 2,665 | 207 | £324,250 | £371,043 | £46,794 |
| Clinical Haematology | 2,312 | 2,352 | 40 | £222,568 | £267,671 | £45,103 |
| Ear Nose and Throat | 1,529 | 2,348 | 819 | £178,828 | £263,303 | £84,475 |
| Cardiology | 1,300 | 1,776 | 476 | £149,403 | £226,267 | £76,864 |
| Gastroenterology | 1,922 | 1,740 | -182 | £301,129 | £195,093 | £-106,036 |
| Other HRG Chapters | 18,883 | 15,521 | -3,362 | £2,299,535 | £2,113,980 | £-185,555 |

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.

Outpatients



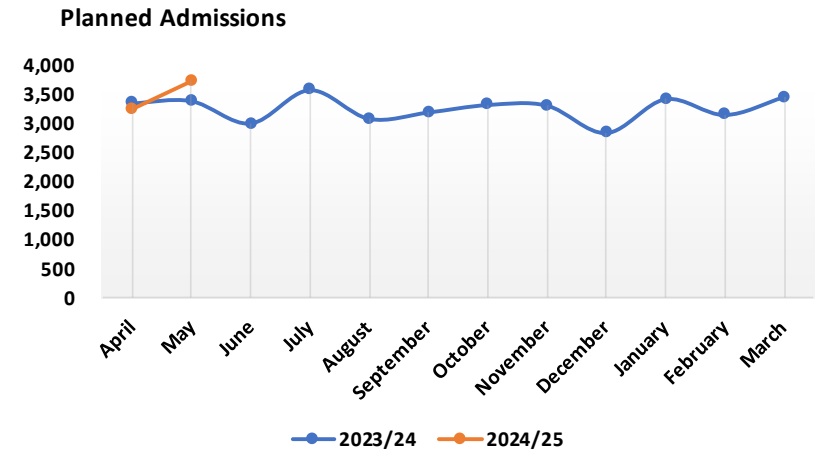
Outpatients Average Price per Attendance



Acute - Planned Admissions

| Provider | Activity | | | Cost | | |
|--|----------------|----------------|------------|--------------------|--------------------|------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| Provider | 6,720 | 6,948 | 228 | £10,579,159 | £10,123,082 | -£456,078 |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 4,288 | 4,809 | 521 | £6,003,629 | £6,298,955 | £295,325 |
| Practice Plus Group Hospital - Ilford | 410 | 291 | -119 | £861,425 | £668,582 | -£192,843 |
| Barts Health NHS Trust | 271 | 271 | -0 | £477,336 | £434,728 | -£42,608 |
| Spamedica Romford | 378 | 233 | -145 | £408,209 | £242,478 | -£165,731 |
| University College London Hospitals NHS Foundation Trust | 231 | 184 | -47 | £704,999 | £333,836 | -£371,163 |
| Mid and South Essex NHS Foundation Trust | 133 | 153 | 20 | £206,010 | £206,992 | £981 |
| Guy's and St Thomas' NHS Foundation Trust | 102 | 142 | 40 | £90,588 | £203,622 | £113,034 |
| Spire Hartswood Hospital | 67 | 106 | 39 | £254,025 | £362,174 | £108,149 |
| Nuffield Health the Holly Hospital | 93 | 96 | 3 | £123,252 | £122,300 | -£952 |
| Spire London East | 109 | 74 | -35 | £201,612 | £165,160 | -£36,451 |
| Other Providers | 638 | 589 | -49 | £1,248,075 | £1,084,255 | -£163,820 |

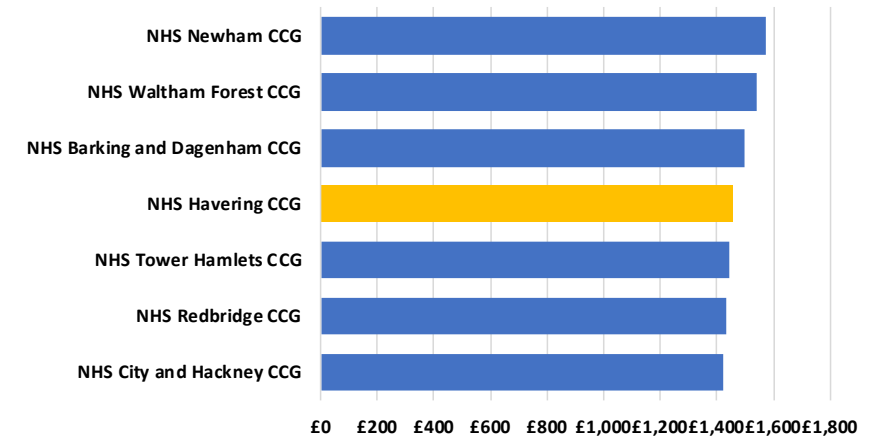
Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.



| Specialty | Activity | | | Cost | | |
|--|----------------|----------------|------------|--------------------|--------------------|------------------|
| | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference | M2 YTD 2023/24 | M2 YTD 2024/25 | Difference |
| Specialty | 6,720 | 6,948 | 228 | £10,579,159 | £10,123,082 | -£456,078 |
| Digestive System | 1,650 | 1,665 | 15 | £1,861,688 | £1,598,902 | -£262,786 |
| Musculoskeletal System | 852 | 734 | -118 | £2,759,802 | £2,394,326 | -£365,477 |
| Skin, Breast and Burns | 493 | 654 | 161 | £617,421 | £728,221 | £110,800 |
| Eyes and Periorbita | 745 | 595 | -150 | £837,879 | £691,668 | -£146,211 |
| Ear, Nose, Mouth, Throat, Neck and Dental | 400 | 455 | 55 | £657,192 | £690,185 | £32,993 |
| Urinary Tract and Male Reproductive System | 417 | 424 | 7 | £800,162 | £804,726 | £4,564 |
| Nervous System | 401 | 406 | 5 | £560,611 | £434,578 | -£126,034 |
| Infectious Diseases, Immune System Disorders and other Healthcare contacts | 276 | 339 | 63 | £74,170 | £129,592 | £55,422 |
| Vascular Procedures and Disorders and Imaging Interventions | 319 | 331 | 12 | £415,204 | £377,451 | -£37,753 |
| Female Reproductive System and Assisted Reproduction | 304 | 267 | -37 | £477,193 | £426,733 | -£50,460 |
| Other HRG Chapters | 863 | 1,078 | 215 | £1,517,837 | £1,846,699 | £328,863 |

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.

Planned Admissions Average Price per Attendance



MH&LDA - Month 4 Financial information

| Category 2 | YTD Budget | YTD Actual | YTD Variance | Annual Budget | Forecast | Forecast Variance |
|--|----------------|----------------|---------------|----------------|----------------|-------------------|
| 1 - Children & Young People's Mental Health (excluding LD) | £301k | £275k | £26k | £902k | £824k | £78k |
| 10 - Mental Health Act | £943k | £972k | £-29k | £2,829k | £2,916k | £-87k |
| 14 - Adult and older adult acute mental health out of area placements | £175k | £175k | £0k | £526k | £526k | £0k |
| 18c - Learning Disability & Autism (LDA) | £231k | £251k | £-20k | £693k | £694k | £-1k |
| 19 - Dementia | £68k | £69k | £-1k | £204k | £208k | £-4k |
| 8 - Ambulance response services | £0k | £0k | £0k | £0k | £0k | £0k |
| 9a - 1. Community A – community services that are not bed-based / not placements | £165k | £166k | £-0k | £496k | £497k | £-1k |
| 9b - 2. Community B – supported housing services that fit in the community model, that are not be delivered in hospitals | £140k | £140k | £1k | £421k | £419k | £2k |
| ADHD | £12k | £17k | £-4k | £37k | £50k | £-13k |
| Efficiency | £-72k | £0k | £-72k | £-407k | £0k | £-407k |
| Grand Total | £1,964k | £2,064k | £-100k | £5,700k | £6,135k | £-434k |

- Spend allocated to Havering place excludes services held at a NEL level (e.g. the NELFT contract).
- Mental Health and LDA services are reporting a year-to-date overspend of £100k in month 4 and a forecast overspend of £434k.
- There is a year-to-date overspend against LDA packages and mental health act that have been partly offset by an underspend against children & young people's mental health spend.
- An efficiency target has been allocated to MH&LDA. There is zero delivery at month 4 but it is expected that places will identify schemes to deliver the target in their forecast position.

Community Health Services – Month 4 Financial information

| Category 2 | YTD Budget | YTD Actual | YTD Variance | Annual Budget | Forecast | Forecast Variance |
|------------------------|----------------|----------------|--------------|-----------------|-----------------|-------------------|
| Ageing Well | £25k | £25k | £-0k | £75k | £75k | £-0k |
| Better Care Fund (BCF) | £2,933k | £2,942k | £-8k | £8,800k | £8,825k | £-25k |
| Children | £493k | £493k | £-0k | £1,478k | £1,478k | £-0k |
| Community Equipment | £217k | £106k | £111k | £652k | £419k | £233k |
| Diabetes | £277k | £286k | £-9k | £831k | £857k | £-26k |
| Discharge | £2,324k | £1,906k | £417k | £6,971k | £5,718k | £1,252k |
| Early Intervention | £66k | £66k | £0k | £199k | £199k | £0k |
| Health Inequalities | £245k | £245k | £-0k | £736k | £736k | £-0k |
| Hospices | £71k | £51k | £20k | £214k | £154k | £60k |
| Mildmay | £24k | £24k | £0k | £72k | £72k | £0k |
| Older People | £8k | £8k | £-0k | £24k | £24k | £-0k |
| Ophthalmology | £0k | £0k | £0k | £0k | £0k | £0k |
| Other CHS | £63k | £33k | £30k | £188k | £99k | £89k |
| Rehabilitation | £414k | £614k | £-200k | £1,243k | £1,843k | £-600k |
| Safeguarding | £28k | £28k | £0k | £83k | £83k | £0k |
| Tuberculosis (TB) | £0k | £0k | £0k | £0k | £0k | £0k |
| Wheelchairs | £329k | £330k | £-1k | £987k | £991k | £-4k |
| Efficiency | £-94k | £0k | £-94k | £-530k | £0k | £-530k |
| Grand Total | £7,424k | £7,158k | £266k | £22,023k | £21,573k | £450k |

- The CHS budget sitting outside the main contracts and hospices is broken down by place across NEL.
- Spend with the main provider (NELFT) and hospices is reported at a NEL level rather than place level.
- Spend allocated to Havering place is showing an underspend of £266k at month 4, primarily in relation to the discharge pathway and community equipment.
- An efficiency target has been allocated to place budgets. It is assumed that schemes will be identified to deliver at year-end.

Continuing Healthcare – Month 4 Financial information

| Category 3 | YTD Budget | YTD Actual | YTD Variance | Annual Budget | Forecast | Forecast Variance |
|---------------------------------------|-----------------|-----------------|--------------|-----------------|-----------------|-------------------|
| Cont Care- Children | £618k | £589k | £29k | £1,853k | £1,768k | £86k |
| Cont Care- Palliative Care | £1,418k | £1,241k | £177k | £4,255k | £3,723k | £532k |
| Cont Care- Prior Year Payments | £0k | £1k | £-1k | £0k | £4k | £-4k |
| Cont Care-FNC Client Continence Allow | £172k | £203k | £-31k | £516k | £608k | £-92k |
| Cont Care-Funded Nursing Care Allow | £1,655k | £1,713k | £-58k | £4,966k | £5,140k | £-174k |
| Cont Care-Learning Disab(<65) | £1,950k | £1,879k | £71k | £5,849k | £5,636k | £213k |
| Cont Care-Learning Disab(65+) | £1k | £0k | £1k | £3k | £0k | £3k |
| Cont Care-Mental Health (<65) | £355k | £446k | £-91k | £1,064k | £1,338k | £-274k |
| Cont Care-Mental Health (65+) | £1,387k | £1,007k | £380k | £4,162k | £3,021k | £1,141k |
| Cont Care-Physical Disab (65+) | £1,290k | £1,567k | £-277k | £3,870k | £4,702k | £-832k |
| Continuing Care- Equipment | £109k | £0k | £109k | £326k | £0k | £326k |
| Grand Total | £11,676k | £11,456k | £220k | £35,027k | £34,367k | £660k |

- Across the ICB CHC services are reporting an overspend driven by run rate pressures and efficiency slippage.
- At month 4, CHC are reporting a year-to-date underspend of £220k, increasing to £660k at year-end.

Prescribing – M2 (May 24) Overview

May 2024

LATEST MONTHS DATA

ACTUAL COST PER 1,000 PATIENTS YTD

HAVERING PLACE

CHANGE FROM PREV YEAR: £99

£12,084 ▲

% CHANGE FROM PREV YEAR: 0.8%

NEL ICB

CHANGE FROM PREV YEAR: £79

£9,934 ▲

% CHANGE FROM PREV YEAR: 0.8%

ENGLAND ALL ICB AVERAGE

CHANGE FROM PREV YEAR: -£10

£12,883 ▼

% CHANGE FROM PREV YEAR: -0.1%

ACTUAL COST OF PRESCRIBING YTD

HAVERING PLACE

CHANGE FROM PREV YEAR: £373,105

£5,894,028 ▲

% CHANGE FROM PREV YEAR: 6.8%

NEL ICB

CHANGE FROM PREV YEAR: £2,692,562

£48,233,454 ▲

% CHANGE FROM PREV YEAR: 5.9%

ALL ENGLAND ICB SPEND

CHANGE FROM PREV YEAR: £64,351,230

£1,697,354,290 ▲

% CHANGE FROM PREV YEAR: 3.9%

ACTUAL COST, ITEMS AND PATIENT LIST COMPARISONS BY MONTH - CURRENT YEAR

| MONTH ↓ | FY - 2024/2025 | | | | | | | |
|---------|--------------------------------|-------------------------|----------------------------|-------------------------|------------------|-------------------------|----------|-------------------------|
| | ACTUAL COST PER 1,000 PATIENTS | % CHANGE FROM PREV YEAR | ACTUAL COST OF PRESCRIBING | % CHANGE FROM PREV YEAR | ITEMS PRESCRIBED | % CHANGE FROM PREV YEAR | PATIENTS | % CHANGE FROM PREV YEAR |
| SUMMARY | £11,991 | 4.1% | £5,894,028 | 6.8% | 670,410 | 10.8% | 245,778 | 2.6% |
| Apr | £11,897 | 7.7% | £2,923,138 | 10.6% | 333,717 | 15.5% | 245,696 | 2.8% |
| May | £12,084 | 0.8% | £2,970,891 | 3.2% | 336,693 | 6.4% | 245,860 | 2.3% |

Prescribing - Havering Place

HOW MUCH HAVE WE SPENT? (ACTUAL COST OF PRESCRIBING)

LATEST MONTH SPEND
£2,970,891 ▲

LATEST 3 MONTHS SPEND
£8,616,341

£ CHANGE
£91,962

£ CHANGE
£158,768

% CHANGE
3.2%

% CHANGE
1.9%

WHAT ABOUT SPEND PER PATIENTS? (ACTUAL COST PER 1,000 PATIENTS)

LATEST MONTH
£12,084 ▲

LATEST 3 MONTHS
£11,694

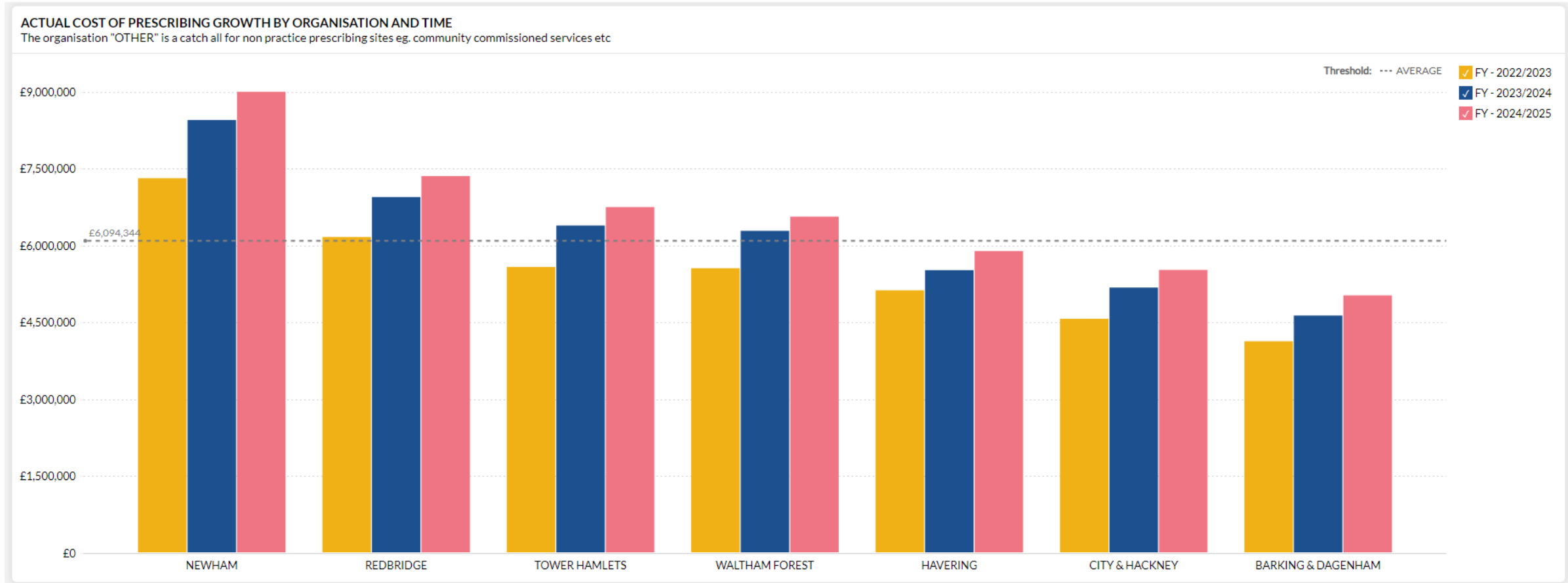
£ CHANGE
£99

£ CHANGE
£99

% CHANGE
0.8%

% CHANGE
0.8%

Prescribing – Actual Cost of Prescribing Growth



Prescribing – Havering Place

PCN YEAR ON YEAR CHANGES - CURRENT YEAR

| Row Labels | FY - 2024/2025 | | | | | |
|-------------------------|--------------------------------|-------------------------|----------------------------|-------------------------|------------------|-------------------------|
| | ACTUAL COST PER 1,000 PATIENTS | % CHANGE FROM PREV YEAR | ACTUAL COST OF PRESCRIBING | % CHANGE FROM PREV YEAR | ITEMS PRESCRIBED | % CHANGE FROM PREV YEAR |
| SUMMARY | £11,871 | 4.1% | £5,894,028 | 6.8% | 670,410 | 10.8% |
| ☒ HAVERING CREST PCN | £11,988 | 7.9% | £966,962 | 9.4% | 123,907 | 10.2% |
| ☒ HAVERING MARSHALL PCN | £10,727 | 1.8% | £1,044,415 | 2.9% | 116,850 | 8.4% |
| ☒ HAVERING NORTH PCN | £12,375 | 6.8% | £2,275,145 | 9.1% | 252,850 | 10.9% |
| ☒ HAVERING SOUTH PCN | £12,395 | -0.3% | £1,607,506 | 4.7% | 176,803 | 12.5% |

Primary Care – Total Primary Care – Month 4 Financial information

| Month 4 | YTD | | | Annual/Forecast | | |
|---|--------------|--------------|--------------|-----------------|----------------|------------|
| | Budget | Actual | Variance | Budget | FOT | Variance |
| Spend Category | £m | £m | £m | £m | £m | £m |
| Barking & Dagenham | 15.4 | 15.4 | 0.0 | 46.2 | 46.2 | 0.0 |
| City & Hackney | 24.4 | 24.5 | 0.1 | 73.3 | 73.6 | 0.3 |
| Havering | 17.7 | 17.8 | 0.0 | 53.2 | 53.3 | 0.1 |
| Newham | 31.3 | 31.4 | 0.1 | 93.9 | 94.1 | 0.2 |
| Redbridge | 19.8 | 19.9 | 0.1 | 59.5 | 59.7 | 0.2 |
| Tower Hamlets | 26.1 | 26.1 | 0.0 | 78.2 | 78.2 | 0.1 |
| Waltham Forest | 20.4 | 20.4 | (0.1) | 61.3 | 61.1 | (0.2) |
| Prescribing and other NEL-wide programmes | 182.8 | 182.3 | (0.5) | 547.3 | 546.9 | (0.4) |
| Total Primary Care Position | 338.0 | 337.8 | (0.2) | 1,012.9 | 1,013.2 | 0.4 |

Primary Care – Havering Delegated and mainstream – Month 4 Finance

| Month 4 | YTD | | | Annual/Forecast | | |
|--|-------------|-------------|--------------|-----------------|-------------|--------------|
| | Budget | Actual | Variance | Budget | FOT | Variance |
| Spend Category | £m | £m | £m | £m | £m | £m |
| GMS/PMS/APMS Specific | | | | | | |
| GP Contractual Service | 10.0 | 10.0 | (0.0) | 30.1 | 30.1 | (0.0) |
| Enhanced Services | 0.1 | 0.1 | (0.0) | 0.4 | 0.4 | (0.0) |
| Quality Outcomes Framework (QOF) | 1.2 | 1.2 | (0.0) | 3.6 | 3.6 | (0.0) |
| Premises Reimbursements | 1.4 | 1.4 | (0.0) | 4.1 | 4.1 | (0.0) |
| Other Administered Funds | 0.1 | 0.1 | 0.0 | 0.4 | 0.4 | 0.0 |
| Personally Administered Drugs | 0.1 | 0.1 | (0.0) | 0.2 | 0.2 | 0.0 |
| GMS/PMS/APMS Specific Total | 12.9 | 12.9 | (0.0) | 38.7 | 38.7 | (0.0) |
| Primary Care Networks (PCN) | 3.1 | 3.1 | (0.0) | 9.2 | 9.2 | (0.0) |
| Other | 0.5 | 0.5 | 0.0 | 1.6 | 1.6 | 0.0 |
| Total Delegated Primary Care Position | 16.5 | 16.5 | (0.0) | 49.6 | 49.6 | (0.0) |

| Month 4 | YTD | | | Annual/Forecast | | |
|---|------------|------------|------------|-----------------|------------|------------|
| | Budget | Actual | Variance | Budget | FOT | Variance |
| Spend Category | £m | £m | £m | £m | £m | £m |
| Prescribing | 0.4 | 0.4 | 0.0 | 1.1 | 1.1 | 0.0 |
| LES and Other | 0.5 | 0.5 | 0.0 | 1.5 | 1.6 | 0.1 |
| Access Hubs / Same Day Access | 0.3 | 0.3 | (0.0) | 1.0 | 1.0 | 0.0 |
| ICB Funded Primary Care Services | 1.2 | 1.2 | 0.0 | 3.6 | 3.7 | 0.1 |

PLACE INFORMATION – LB Havering and ICB

We've asked LBH to provide and would like to report on the following going forward:

- Overall LBH financial position
- Drivers of overspend
- Update on LBH financial recovery plans by workstream (start well, live well, age well, public health etc)
- Performance against LBH financial recovery plans by workstream (start well, live well, age well, public health etc)

For Place, as the ICB is beginning to set efficiency targets for Place we would like to report on the following once available:

- Financial Recovery Plans to delivery efficiency targets set for Place by the ICB
- Performance against Financial Recovery Plans to delivery efficiency targets set for Place by the ICB

APPENDIX

- ICB Expenditure by Programme Month 4 and Forecast
- Provider Month 4 and Forecast Position
- ICB Month 4 Efficiency Delivery
- System Efficiencies – Month 4 and Forecast
- NEL ICS – Run rate position – Month 4
- NEL ICS – Risks and Mitigations Month 4

ICB Expenditure by Programme Month 4 and Forecast

| | YTD Budget | YTD Actual | YTD Variance | Annual Plan | Forecast | Forecast Variance |
|--------------------------------|----------------|----------------|--------------|----------------|----------------|-------------------|
| | £m | £m | £m | £m | £m | £m |
| Acute | 819.2 | 823.4 | (4.2) | 2,432.2 | 2,449.7 | (17.5) |
| Mental Health & LD | 167.4 | 168.1 | (0.8) | 499.1 | 503.9 | (4.8) |
| Community Health Services | 165.6 | 164.5 | 1.1 | 492.9 | 492.6 | 0.3 |
| Continuing Care | 65.2 | 69.3 | (4.1) | 195.6 | 204.5 | (9.0) |
| Prescribing | 98.7 | 98.8 | (0.1) | 296.2 | 296.4 | (0.2) |
| Primary Care Services | 24.5 | 24.1 | 0.4 | 73.1 | 72.9 | 0.2 |
| Primary Care Co-Commissioning | 138.0 | 138.1 | (0.1) | 413.9 | 414.4 | (0.5) |
| DOPS | 76.7 | 76.7 | 0.0 | 229.6 | 229.6 | (0.0) |
| Other | 23.0 | 23.1 | (0.1) | 68.1 | 47.4 | 20.8 |
| Programme Wide Admin Corporate | 10.6 | 8.5 | 2.1 | 31.9 | 21.4 | 10.5 |
| Running Costs | 11.9 | 11.9 | 0.0 | 35.7 | 35.7 | 0.0 |
| TOTAL EXPENDITURE | 1,600.9 | 1,606.6 | (5.7) | 4,768.5 | 4,768.5 | (0.0) |
| Revenue Resource Limit | (1,596.3) | (1,596.3) | 0.0 | (4,769.1) | (4,769.1) | 0.0 |
| Surplus (Deficit) | (4.6) | (10.3) | (5.7) | 0.6 | 0.6 | (0.0) |

- The ICB position at month 4 is a year-to-date deficit of £10.3m against a planned year-to-date deficit of £4.6m, giving an adverse variance to plan of £5.7m.
- The forecast position is in line with the revised system position submitted to NHSE and shows an expected year-end surplus of £0.6m.

The key headlines in the ICB financial position are as follows;

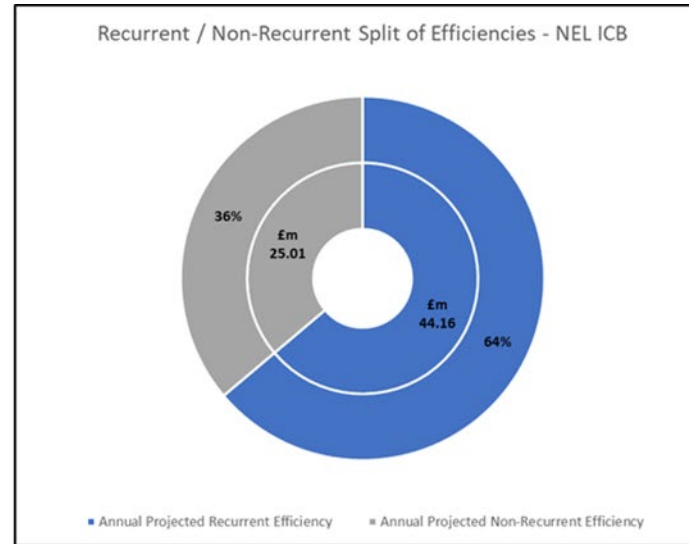
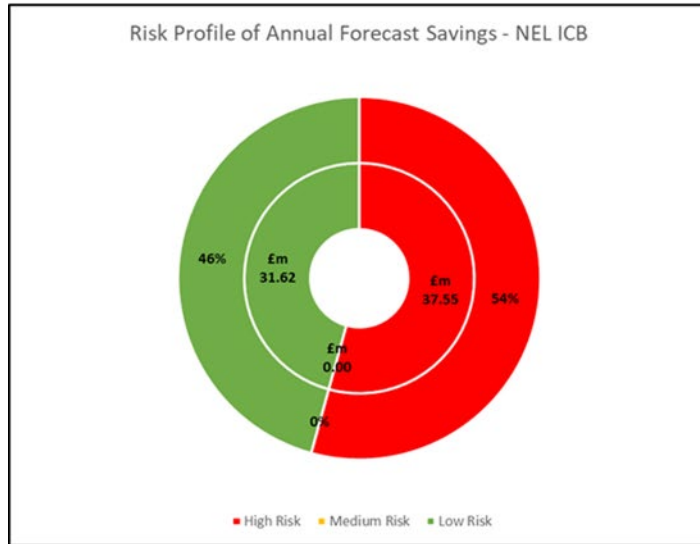
- Efficiencies** – the ICB year-to-date efficiency target is £18.3m. Actual delivery was £10.3m which means there was slippage of £8m. It is expected that the ICB will recover this position throughout the financial year.
- Run rate** – part of the CHC year-to-date overspend relates to efficiency slippage (£3.1m), the remainder relates to ongoing run rate pressures (circa £1m). The remaining run rate pressure (£0.6m) relates to pressures in acute against independent sector contracts.
- Mitigations** – the forecast assumes full delivery of efficiencies. However, to achieve financial balance the ICB has assumed that further underspends and opportunities will be identified throughout the financial year.

NEL ICS - Provider Month 4 and Forecast Position

| Organisations | Month 4 YTD | | | Month 12 Outturn | | |
|----------------------------|---------------|---------------|----------------|------------------|---------------|----------------|
| | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m |
| BHRUT | (8.3) | (16.4) | (8.1) | (10.2) | (10.2) | 0.0 |
| Barts Health | (4.9) | (15.4) | (10.5) | (14.2) | (14.2) | 0.0 |
| East London NHSFT | (2.8) | (10.7) | (7.9) | 0.0 | 0.0 | 0.0 |
| Homerton | (6.8) | (10.0) | (3.2) | (6.3) | (6.3) | 0.0 |
| NELFT | (4.5) | (12.6) | (8.1) | (4.9) | (4.9) | 0.0 |
| Total NEL Providers | (27.2) | (65.1) | (37.8) | (35.6) | (35.6) | 0.0 |
| NEL ICB | (4.6) | (10.3) | (5.7) | 0.6 | 0.6 | (0.0) |
| NEL System Total | (31.8) | (75.4) | (43.5) | (35.0) | (35.0) | 0.0 |

- NEL providers are reporting a **year-to date deficit of £65.1m** which is a variance to plan of £37.8m.
- The operating plan year-end position for NEL providers was a deficit of £35.6m. At month 4 NEL providers have reported a forecast in line with the plan.
- The key drivers for overspends at a provider level are as follows;
 - Industrial action – part of the provider year-to-date pressure is driven by the impact of industrial action at the end of June and beginning of July. Providers have estimated this to be in the region of £7.6m.
 - Cyber-attack – Barts have flagged a year-to-date cost pressure of £0.7m in relation to this.
 - Efficiency and cost improvement plans - providers reported efficiency slippage of £9.3m at month 4. Barts and the Homerton are expecting efficiency slippage to continue to year-end and have reported total year-end slippage of £26.5m.
 - Run rate pressures – at month 4 mental health providers have reported pressures in relation to private beds over and above planned levels and increased acuity in patients on their wards. Run rate pressures at acute providers include renal dialysis capacity pressures (Barts) , critical care / non-elective activity and mental health patients and specialising costs (BHRUT) and lost income on a NCL fertility contract (Homerton).

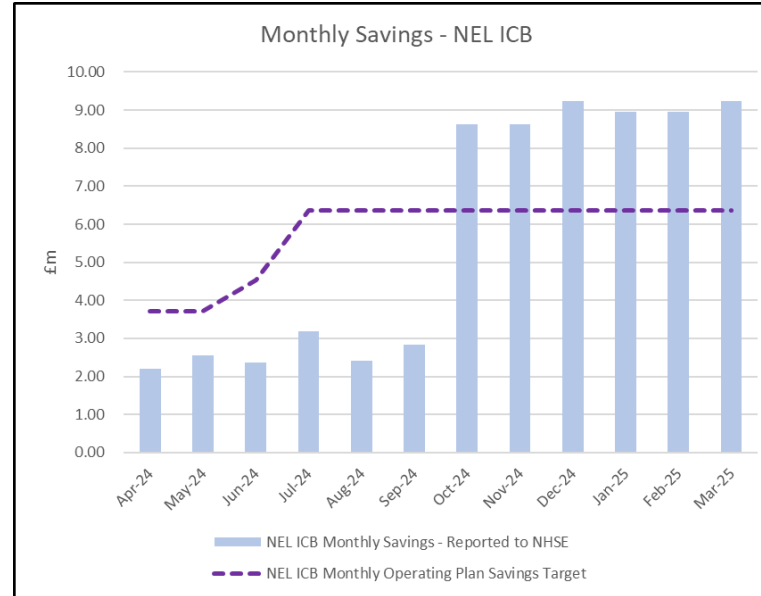
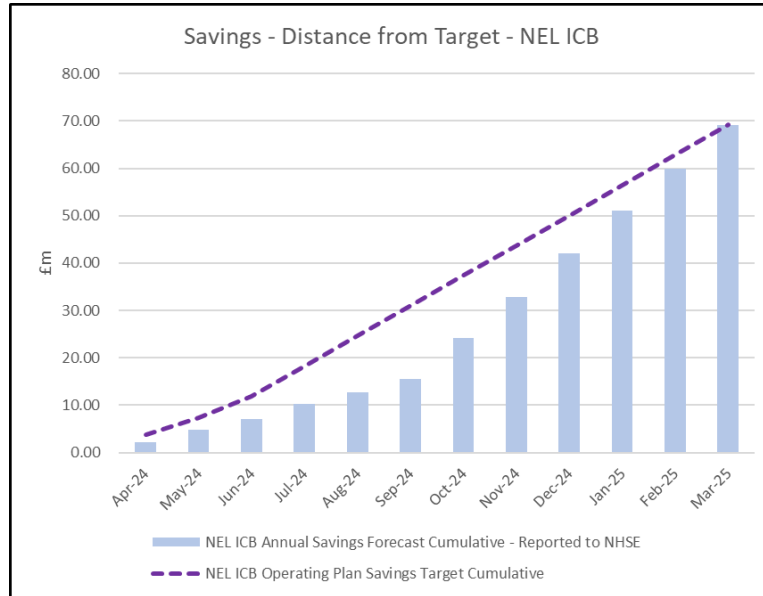
NEL ICB Month 4 Efficiency Delivery



- Year-to-date slippage of £8m.
- Forecast expected to be on target.
- 54% of efficiency programmes categories as high risk, 0% medium risk and 46% low risk.
- 36% of all schemes are expected to deliver non-recurrently. This will impact on the ICB underlying position in 25/26.

| Delivery Area | YTD Operating Plan Efficiency Target £m | YTD Actual Efficiency - Reported to NHSE £m | YTD Variance £m | Annual Operating Plan Efficiency Target £m | Annual Projected Efficiency - Reported to NHSE £m | Annual Variance £m | High Risk | Medium Risk | Low Risk | High Risk | Medium Risk | Low Risk |
|---|--|--|--------------------|---|--|-----------------------|--------------|-------------|--------------|------------|-------------|------------|
| | | | | | | | £m | £m | £m | % | % | % |
| Prescribing | 4.58 | 4.50 | (0.08) | 13.74 | 13.73 | (0.00) | 0.00 | 0.00 | 13.73 | 0% | 0% | 100% |
| Continuing Healthcare | 3.26 | 0.66 | (2.60) | 9.79 | 4.89 | (4.90) | 3.00 | 0.00 | 1.89 | 61% | 0% | 39% |
| Corporate Savings | 2.37 | 2.37 | 0.00 | 7.10 | 7.10 | 0.00 | 0.00 | 0.00 | 7.10 | 0% | 0% | 100% |
| Decommissioning / Service Reconfiguration | 6.36 | 2.04 | (4.31) | 33.08 | 16.25 | (16.84) | 9.54 | 0.00 | 6.71 | 59% | 0% | 41% |
| Non-Recurrent / Stretch | 0.00 | 0.00 | 0.00 | 0.00 | 25.01 | 25.01 | 25.01 | 0.00 | 0.00 | 100% | 0% | 0% |
| Specific Funds | 1.73 | 0.74 | (0.99) | 5.47 | 2.19 | (3.28) | 0.00 | 0.00 | 2.19 | 0% | 0% | 100% |
| NEL Total | 18.30 | 10.31 | (7.98) | 69.17 | 69.17 | (0.00) | 37.55 | 0.00 | 31.62 | 54% | 0% | 46% |

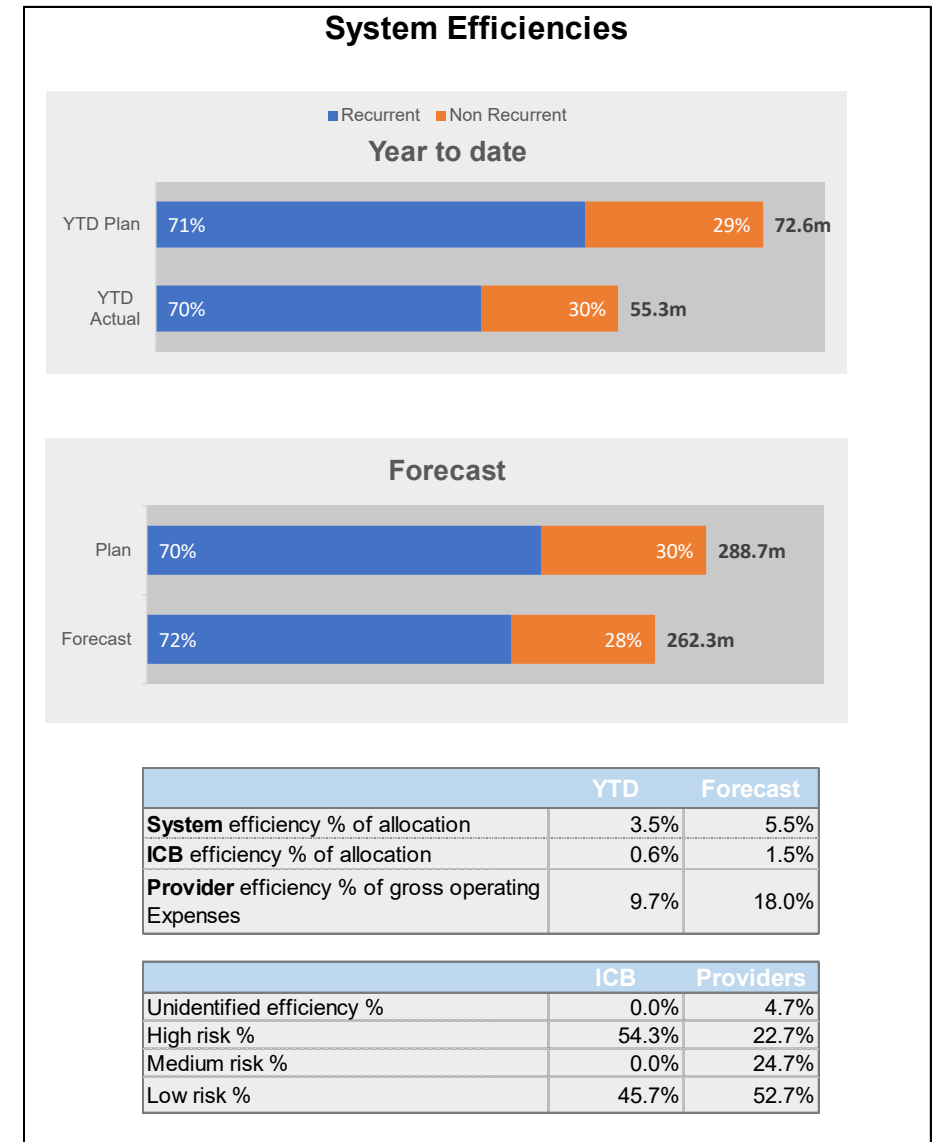
NEL ICB Month 4 Efficiency Delivery



- Delivery of the ICB's year-end position is dependent on the delivery of the cost improvement programme (CIP).
- The graph on the left shows that the ICB is below its CIP trajectory at month 4. However, the forecast position assumes full delivery by year-end.
- The graph to the right shows expected monthly delivery against the ICB operating plan target. This shows that for the first six months of the financial year, delivery is projected to remain below target. The graph assumes that schemes will be identified and will deliver over and above the monthly plan levels from October onwards. Revised trajectories will be developed for all schemes through the Financial Sustainability programme.
- At month 4, the ICB has delivered £10.3m of CIPs. This means that there is £58.8m due to be delivered over months 5 to 12. This is a stretching target and there is a risk in the delivery of this.

System Efficiencies – Month 4 (NHSE Reporting)

- At month 4 NEL ICS delivered £55.3m of cost improvement programmes (CIP) against a target of £72.6m, resulting in under delivery against the target of £17.3m. Provider under delivery is £9.3m and ICB under delivery is £8m.
- At year-end under delivery is expected to be £25.5m. This under delivery is reported by Barts and the Homerton. All other providers and the ICB are expecting to deliver against plan at year-end.
- There is a high level of risk associated with delivery of efficiencies and regular updates will be given to FPIC.
- As with 23/24 a proportion of efficiency schemes have been categorised as non-recurrent (circa 28%). This is a risk and will impact further on the 25/26 underlying position.
- There is a further risk to delivery of the efficiency target with 54.3% of the ICB forecast delivery being categorised as high risk and 22.7% of the provider forecast delivery being categorised as high risk. Additionally, a proportion of ICS schemes are categorised as an opportunity rather than a worked-up plan or plan in progress. Schemes will continue to be reviewed and developed over the course of the financial year.



NEL ICS – Run rate position Month 4

| Organisation | M4 YTD Actuals £'000 | NR Adjustments | | | Adjusted Extrapolated M4 YTD £'000 | Other unplanned run rate changes £'000 | Other risks to delivery of forecast £'000 | Identified mitigations £'000 | Unidentified mitigations £'000 | Forecast/Plan £'000 |
|---------------------------|-------------------------|------------------------------|---------------------------|----------------------------------|---------------------------------------|---|--|---------------------------------|-----------------------------------|------------------------|
| | | Extrapolated M4 YTD £'000 | to Extrapolation £'000 | Impact of plan phasings £'000 | | | | | | |
| BHRUT | -16,405 | -49,216 | 4,000 | 24,946 | -20,270 | 0 | -36,000 | 25,150 | 20,946 | -10,174 |
| Barts | -15,361 | -46,083 | 2,737 | 8,882 | -34,464 | 0 | -5,000 | 15,700 | 9,532 | -14,232 |
| ELFT | -10,670 | -32,011 | 3,824 | 25,961 | -2,226 | 1,100 | -29,282 | 8,812 | 21,596 | 0 |
| Homerton | -10,020 | -30,060 | 1,638 | 0 | -28,422 | -1,656 | 0 | 467 | 23,291 | -6,320 |
| NELFT | -12,607 | -37,821 | 8,320 | 12,000 | -17,501 | 0 | -19,500 | 4,700 | 27,391 | -4,910 |
| Subtotal providers | -65,064 | -195,191 | 20,519 | 71,789 | -102,883 | -556 | -89,782 | 54,829 | 102,756 | -35,636 |
| ICB | -10,326 | -50,632 | -4,428 | 55,696 | 636 | 0 | -35,010 | 10,000 | 25,010 | 636 |
| Total ICS position | -75,389 | -245,823 | 16,091 | 127,485 | -102,247 | -556 | -124,792 | 64,829 | 127,766 | -35,000 |

- At month 4 NHSE required the ICB to provide a bridge between the straight-line forecast and their planned forecast position.
- The month 4 year-to-date position calculates a straight-line forecast deficit for the ICS of circa £246m by year-end.
- The table above shows the bridge from the straight-line extrapolated deficit of £246m to the forecast deficit of £35m.
- The bridge shows non-recurrent spend / mitigations of £16.1m, the impact of efficiency phasing, plan, investment and reserve phasing of £127.5m. This results in an adjusted extrapolated deficit of £102.2m. There are other unplanned run rate changes of £0.6m, meaning that there is circa £67.8m of unidentified mitigations that the system does not have a plan to mitigate. This may pose a risk to the delivery of the expected deficit of £35m.
- Additionally, the system was asked to quantify other risks to the delivery of the forecast. These relate to CIP delivery, industrial action and run rate pressures and total £124.8m. There are identified mitigations of £64.8m (including the assumption that industrial action will be funded), which leaves a further net risk (unidentified mitigation) of £60m, resulting in a total unidentified mitigation of £127.8m.

NEL ICS – Risks & Mitigations Month 4

- At month 4 risks to delivery of the forecast and identified mitigations were collected by NHSE as part of a run rate exercise. This showed a substantial risk to the financial outturn position of all NEL organisations.
- Total risks flagged were circa £125m. They largely relate to risk of CIP slippage, income risks to the providers, use of private sector bed demand pressures, staffing levels to continue to be over establishment . These have in part been mitigated and the system has flagged £65m of identified mitigations that may offset the risk.
- ICB specific risks are £35m of the £125m total. These relate to the risk of CIP slippage (£25m) and £10m risk of run-rate pressures in relation to prescribing and mental health placements. The ICB has assumed that there will be £10m of non-recurrent mitigations leaving an unidentified mitigation of £25m.
- The year-to-date position suggests that the risks in relation to run rate pressures and efficiencies have materialised. However, the current forecast assumes that risks will be managed, and that the system delivers its control total. This means that further mitigating actions will need to be put in place.
- The mitigating actions in place to manage the risk is an ICB and ICS review of its system wide recovery and sustainability arrangements. This includes the appointment of a Financial Sustainability Director who has overseen the introduction of a revised governance model across the ICS. This includes;
 - i. A system wide financial sustainability committee
 - ii. The establishment of an ICB Financial Sustainability Board
 - iii. Wider communication to staff in relation to financial sustainability, including the implementation of standardised processes
 - iv. ICB and providers are holding monthly financial assurance meetings to discuss and agree plan performance, pressures and recovery actions.