

ONE BROMLEY

One Bromley Local Care Partnership Board

Date: Thursday 17 November 2022

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber

Chairs: Dr Andrew Parson and Councillor Colin Smith

Members of the One Bromley Local Care Partnership are asked to report any conflict of interest, in respect of any of the following agenda items to Avril Baterip, Corporate Governance Lead, immediately upon receipt of this agenda.

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairs	9:30
2.	Declarations of interest	Enc. 1	Chairs	9:35
3.	Public Questions received in advance of the meeting	Enc. 2	Chairs	9:40
4.	Minutes of the meeting held on the 27 September 2022 For approval	Enc. 3	Chairs	9:45
5.	Actions for the Board For approval	Enc. 4	Chairs	9:50
For Information and Noting				
6.	Partnership Report For information	Enc. 5	Dr Angela Bhan	9:55
7.	Bromley Hospital @ Home Update For information	Enc. 6	Elliott Ward	10:05
8.	Winter Plan Communication For information/noting	Enc. 7	Jodie Adkin	10:15

9.	Finance Month 6 Update For information	Enc. 8	David Harris	10:25
10.	Assurance Report For information	Enc. 9	Mark Cheung	10:35
For Approval				
11.	Primary Care Group Terms of Reference For approval	Enc. 10	Harvey Guntrip	10:45
Reports from Key Sub-Committees for Noting				
12.	Primary Care Group Report For noting	Enc. 11	Chairs	10:55
13.	Contracts and Procurement Group Report For noting	Enc. 12	Chairs	11:05
Appendices				
14.	Appendix 1: Glossary of terms	Enc. 13	For information	
15.	Any Other Business	Verbal	All	11:15
Next Meeting:				
16.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 26 January 2023 and will start at 9:30am in Bromley Civic Centre, The Council Chamber.			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 07/11/2022

Name	Who do you currently work for	Position/ Relationship with ICB/	Declared Interest	Nature of interest	Valid From	Valid To
Jonathan Lofthouse	Kings College Hospital NHS Foundation Trust	Site Chief Executive - Princess Royal University Hospital Chair of One Bromley Executive and Member of the One Bromley Local Care Partnership Board	Non-Financial Professional Interest	I am a retained Executive level Specialist Adviser to the Care quality Commission	05/08/2022	
Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley	28/01/2015	
			Financial Interest	Self employed General Practitioner	01/01/2020	
Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place)	01/11/2011	
Dr Maya Lasrado	Crays Collaborative PCN Broomwood Health Centre	PCN Clinical Director, Crays Collaborative GP Partner, Broomwood Health Centre	Financial Interest	GP Partner, Broomwood Health Centre	02/04/2007	
Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is the business partnership which currently includes the contract holders for Chislehurst medical practice and The woodlands practice both in Chislehurst and currently going through a merger process. Both contracts are for PMS General Practice. Both Practices are members of the MDC PCN in Bromley . Both Practices hold contracts from Bromley Health care for delivery of the Advanced Practitioner Care Practice in Diabetes.	01/07/2022	
				Chislehurst Medical Practice – Lead partner, CQC registered manager and contract holder for PMS medical practice. Practice is a member of the MDC PCN in Bromley.	01/07/2022	
Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	Bromley GP Alliance (BGPA) The Chislehurst medical practice is a member and shareholder of BGPA .	01/07/2022	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 07/11/2022

Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The Woodlands Medical Practice I am a contract holder for this PMS practice which is going through a merger process as mentioned above. The practice is a member of the MDC PCN in Bromley.	01/07/2022	
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley	01/07/2022	
Avril Baterip	South East London ICB	Corporate Governance Lead - Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	No interests declared			
Kim Carey	London Borough of Bromley	Director of Adult Services	No interests declared			
Nada Lemic	Other	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer Committee Member representing voluntary sector	No interests declared			
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	No interests declared			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			

One Bromley Local Care Partnership Board – Public Questions received

Log no	Public Question	Date raised	Response from the Board	Comments
1.	Would the LCP consider restarting the Bromley Cardiac Support Group which ran prior to the pandemic?	18.10.2022	<p>The Bromley Cardiac Support Group brought together people with cardiology conditions on a regular basis, where they could hear from healthcare professionals and build up a peer support group. The aim was to make the group self-sufficient by getting accreditation from the British Heart Foundation. Administrative support was provided by health commissioners to run the group.</p> <p>Bromley health commissioners were unique in terms of facilitating a local patient cardiac support group. Given increased demand on health care services, the LCP is not able to organise these meetings. However we will support members with accommodation for meetings and help/advice to become self-sufficient in running the group.</p> <p>Bromley Well provides a Health and Wellbeing eight week programme which is suitable for those with cardiac conditions, both ongoing and post a cardiac event. More information is available at www.bromleywell.org.uk</p>	To be raised at the LCP Board meeting on the 17/11/2022
2.	Request for an update on the Bromley Health and Wellbeing Centre from a patient representative.	4.11.2022	<p>The scheme to redevelop the Health and Well Being Centre is progressing and the Outline Business Case for the scheme has been approved by the Bromley Local Care Partnership Board. It is now currently proceeding through the Governance process of the SELICB and also the NHS England Regional office, feedback received so far has been positive.</p> <p>The work on the design and the rest of the programme is proceeding at pace to meet the target date for completion for the scheme in Spring 2024. We are working with our partners at</p>	To be raised at the LCP Board meeting on the 17/11/2022

		<p>Bromley Council in implementing the procurement approach and agreeing commercial and legal terms for the development and the site. A planning pre-application was submitted to LBB for the proposed works in August and a meeting was held with Bromley Council's planning team in September. A formal planning pre-app response from LBB is expected soon. A Full Planning Application is due to be submitted following completion of the final designs in December 2022. A number of site surveys have been arranged for November at the Adventure Kingdom site to inform the design, construction works and costings for the full business case and required development works.</p> <p>Further updates will be brought to the One Bromley LCP Board as the project progresses</p>	
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**One Bromley Local Care Partnership Board
Minutes of the meeting on 27 September 2022
Held in Committee Room 1, Bromley Civic
Centre**

Present:	Name	Title and organisation	[Initials]
	Dr Andrew Parson	Senior Clinical Lead (Co-chair), NHS South East London	AP
	Cllr Colin Smith	Leader of the Council (Co- chair), London Borough of Bromley	CS
	Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	ABh
	Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
	Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London (Item 5, 11 and 12)	MC
	Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
	Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
	Dr Juwairia Hashmi	Clinical Director, Orpington Primary Care Network	JH
	Jonathan Lofthouse	Site Chief Executive – Princess Royal University Hospital, King's College NHS Foundation Trust (Item 10)	JL
	Clive Moss	Senior Commissioning Manager - Urgent & Emergency Care, NHS South East London (Item 7)	CM
	Helen Norris	Healthwatch	HN
	Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley (Item 10)	SR
	Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
	Helen Simmons	Chief Executive, St Christopher's Hospice	HS
	Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
	Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU
	David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
	Paulette Coogan	One Bromley People and System Development Director, NHS South East London (Item 9)	PC
	Dr Maysa Noori	Co-Chair, Londonwide LMCs and Londonwide Enterprise Ltd	MN
	Jodie Adkin	Associate Director of Urgent Care and Discharge Commissioning, NHS South East London (Item 7 and 8)	JA
	Cheryl Rehal	Associate Director of Primary & Community Care, Bromley, NHS South East London (Item 5)	CR
	Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
Apologies:	Andrew Bland	Chief Executive Officer, NHS South East London	ABI

Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Richard Baldwin	Director of Adult Services, London Borough of Bromley	RB
Charlotte Bradford	Healthwatch	CB
Greg Cairns	Director of Primary Care, Londonwide LMCs and Londonwide Enterprise Ltd	GC
Sara Riley	Medical Director, Londonwide LMCs and Londonwide Enterprise Ltd	SRI
James Winstanley	Assistant Director of Primary Care, Londonwide LMCs and Londonwide Enterprise Ltd	JW
David Harris	Associate Director of Finance, NHS South East London	DH

		Actioned by
1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith and Dr Andrew Parson welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Parson invited members to declare any interests in respect to the items on the agenda. Dr Parson declared an interest in the Chislehurst and Woodlands Practice Merger item as a member of the Committee and GP Partner for this practice.	
3.	Public Questions	
3.1	It was noted that no prior public questions were received ahead of the meeting.	
4.	Minutes of the Bromley Borough Based Board meeting 5 July 2022	
4.1	The Committee APPROVED the minutes of the Local Care Partnership Board held on 5 th July 2022 as an accurate record of the meeting.	
4.2	The action log was reviewed. One action remains open in relation to a discussion with Dr Bhan and the Chair of the Health and Wellbeing Board.	ABh
4.3	The Carer's update was noted as matters arising from the previous Local Care Partnership Board on the 5 July 2022.	
5.	Chislehurst and Woodlands Practice Merger	
5.1	Councillor Colin Smith chaired this item in light of Dr Parson's declared interest. Cheryl Rehal and Mark Cheung presented the report on the Chislehurst and Woodlands Practice Merger, the following key points were noted: <ul style="list-style-type: none"> • The Woodlands and Chislehurst Medical practices are planning to merge. The two practices have been working closely together for 	

	<p>several years, and on 1 July 2022 both practices formed a single business partnership.</p> <ul style="list-style-type: none"> • The practices have requested permission to commence the formal merger of their PMS contracts from 1 May 2023. • The practices are seeking this formal merger to further strengthen their partnership working and enable the merged practice to provide patients with good quality primary care services from a wider range of experienced clinicians. The merger will also provide more security and resilience for both practices in terms of clinical and non-clinical workforce, systems and infrastructure. <p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the financial assistance contribution of £15,841.60 from the ICB Primary Care commissioning budget, and the IT-related costs which will be met from the ICB commissioned IT budgets. • Note that should approval be granted, the Bromley Primary Care team and supporting functions of the ICB will proceed working with the practices to progress this merger and to the associated patient communications in line with the standard merger process. Progress with the merger preparations will be reported to the Primary Care Operational Group on a regular basis. <p>The recommendation for the Committee:</p> <ul style="list-style-type: none"> • Following consideration of this request by the Primary Care Operational Group on 8 September 2022 and the Group's recommendation to approve, the Committee is asked to approve the request to merge the PMS contracts and patient lists for Woodlands Practice (Woodlands) and Chislehurst Medical Centre (Chislehurst) with effect from 1 May 2023. 	
5.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Helen Simmons supported the planned merger as it was noted the partnership will lead to a more sustainable offer. She asked for assurance that no redundancies were anticipated as a result of the merger and asked for further information on how the merger might lead to the practices being more sustainable. • In response to this, Ms Rehal noted that the merger will result in a combined workforce which gives economies of scale for the practice and enables cross cover arrangements if required. This merger reflects national policy direction for primary care to encourage increased resilience through greater collaboration between GP practices. • Mr Cheung further explained that combining the workforce better enables the practice to manage the challenges of increasing workloads through the combined resources. • Councillor Colin Smith felt that there was reasonable scrutiny applied to this merger and gave approval. 	
5.3	<p>The Committee APPROVED the Chislehurst and Woodlands Practice Merger</p>	
6.	<p>Partnership Report</p>	

6.1	<p><u>Integrated Care Board (ICB):</u></p> <ul style="list-style-type: none">• Dr Bhan introduced the Partnership report and gave a brief update on the work underway in the ICB, which includes a focus on vaccinations and enhanced access changes. The Board was asked to note the Fuller report which was published in May. This is a strategic document encouraging the development of services on a neighbourhood basis. The reports aligns with Bromley's ambitions to provide more services closer to home, develop out of hospital care, reserving acute care for those patients who need to be in hospital. Bromley already has eight geographically based PCNs or neighbourhoods. There will be further meetings and discussions on how to move this agenda forward by working collaboratively with partners.• Dr Bhan invited partners to report on their areas in addition to the update in the Partnership report. <p><u>St Christopher's Hospice:</u></p> <ul style="list-style-type: none">• Helen Simmons was pleased to announce that St Christopher's Hospice had appointed a new Lead Palliative Consultant, Dr Joy Ross. <p><u>Bromley Third Sector Enterprise (BTSE):</u></p> <ul style="list-style-type: none">• David Walker had two brief points to note -<ol style="list-style-type: none">1. The Bromley Well service have signed a new contract in effect from the 1st October 2022 for five years with an option to extend for a further two years. There have been some changes to Mental Health provision, this will now be delivered by the Wellbeing Hub of Oxleas and BLG Mind with Dementia respite incorporated into the contract.2. Mr Walker was pleased to announce the new BTSE/Bromley Well Annual Impact report for 2021/2022 has been released and was circulated to members last week. Further paper copies are available on site for members and attendees of the Committee. <p><u>Princess Royal University Hospital (PRUH):</u></p> <ul style="list-style-type: none">• Jonathan Lofthouse updated that the National Diagnostic Standard at KCH/PRUH has now been achieved in delivering the recovery of backlogged patients. This is a substantial step for the Trust as the majority of care is attributed to this pathway.• London Region has been recognised as the most improved area for clearance of elective backlogs, with South East London being rated the highest performing ICB in London. KCH/PRUH has been rated as the most improved Trust for backlog clearance of patients waiting for elective surgery,• Work continues with Bromley Council on the development of an Endoscopy unit, with active support for the business case. <p><u>Oxleas NHS Foundation Trust:</u></p> <ul style="list-style-type: none">• Iain Dimond reported that Oxleas has been accredited as a Living Wage Employer, which is welcomed and timely in respect of the current climate and Cost of Living crisis. <p><u>Bromley Council Adult Social Care (ASC):</u></p> <ul style="list-style-type: none">• Kim Carey updated on the Adult Social Care reforms which has impacted on budgets and Bromley Council's financial position. The key issues are summarised in the report and Ms Carey welcomed any questions or	
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6.2	<p>comments on this.</p> <ul style="list-style-type: none"> • Councillor Colin Smith noted that the reforms are placing significant pressures on Bromley Council’s budget with profound concerns on growth and integrity of the service. There is a £15million deficit as a result of these changes whilst lobbying continues at the highest level. <p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Ms Simmons noted, in response to Ms Carey’s report on Adult Social Care, that she attended a strategy day for the ICB though no care homes were represented. This has been raised with the ICB as it was felt that, with the challenges ahead, it was important that providers were included in these discussions. • Mr Walker updated that he attended the same event at the ICB where Bromley was poorly represented in the voluntary sector. Mr Walker had pointed out at the event, that we have statutory duties under Section 25 and Section 91 to consult with carers. This appears to be missing from the current strategy. • Dr Parson noted that these were all important points to enable us to understand the challenges ahead so we can work together collaboratively and ensure the success of the partnership in Bromley for the benefit of patients. • Dr Bhan proposed that a letter be written to the ICB Strategy Team recommending that adequate attention is given to engagement with care homes, home care providers, carers and the voluntary sector to support the development of the SEL ICS strategy. • Dr Hasib Ur-Rub suggested that there may have been an increase in homelessness for 16 to 24 year old’s in Bromley and asked for consideration of this to be included in future Safeguarding Adult and Children’s reports. <i>(Post meeting note, no increase in in homelessness for 16-24 year olds has been reported from housing, nor in the recent children and young people’s needs assessment)</i> 	ABh
6.3	The Committee NOTED the report.	
7.	Winter Planning 2022/23	
7.1	<p>Jodie Adkin and Clive Moss presented a report on Winter Planning for 2022/23, the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Health and Care Winter Plan aims to strengthen the whole system response to seasonal pressures building on previous years’ learning, whilst responding to new and emerging needs. • Winter brings significant challenges to the system with national statistics reporting a sharp increase in excess mortality during Winter attributed to a range of factors. This includes the exacerbation of some long term health conditions e.g respiratory disease, risks associated with seasonal viruses for example influenza and norovirus as well as an increase in children’s viruses, all of which impact on individuals and the workforce. • The Winter Plan is important and requires the engagement with all partners in the system <p>The Bromley Winter Plan 2022/23 has three pillars:</p>	

	<ol style="list-style-type: none"> 1. Increasing System Capacity 2. Meeting Seasonal Demand 3. Information Sharing and Escalation <ul style="list-style-type: none"> • Increasing system capacity is essential to respond to the increase demand during winter. Resources are increased through recurrent funding such as the Better Care Funding (BCF) and some non-recurrent monies received into the local system. Increased capacity is focused on access to primary and community care services, admission avoidance services and hospital discharge pathways. • Meeting seasonal demands – focusses both on exacerbation of key conditions (such as chronic respiratory disease) as well as ensuring services are maintained throughout the Christmas and New Year period. This also includes ensuring a robust vaccination programme. • Information Sharing focuses on how the system works together to respond effectively to demand for example, the Winter Hub looks at issues daily with partners. The impact of the investment into the system is also tracked to ensure we fully maximise the impact of available monies and resources. System escalation is important to put actions into motion and to mitigate any risks in parts of the system as required. Within Bromley, escalation is becoming more focused, with mutual aid between partners becoming a norm. • Winter communication and engagement is pivotal and there are a number of public engagement and campaigns in Bromley as well as communication for the workforce to keep everyone informed on all activities and pressures throughout winter. This includes a borough wide leaflet drop to all residents on services available and how to access health services appropriately with a view of trying to reduce unnecessary demand on urgent and emergency care and primary care services. • 	
7.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Parson thanked Ms Adkin and Mr Moss for the report • Ms Adkin confirmed that more clinical detail on the financial investment will be picked up in the Clinical and Professional Advisory(CPAG) Group to scrutinize and provide a steer for additional capacity and pathways. • Ms Carey noted that the government have announced the release of additional funding to aid hospital discharges over the Winter. There will be a limited time to spend this money and it was proposed that the money is invested directly in areas already identified in the Winter planning work. The group were in consensus on this proposal. • Dr Bhan noted that whilst there are enormous challenges ahead, work would take place to build on the arrangements from last year and continue to work collaboratively with partners within the health and care system. 	
7.3	The Committee APPROVED the report	
8.	Discharge Design Work	

<p>8.1</p>	<p>Jodie Adkin presented the report on Discharge Design work, the following key points were noted:</p> <ul style="list-style-type: none"> • The Covid pandemic helped us to create the infrastructure for the Discharge Design work, which involved all partners. It was driven by national guidance responding to the impact of the rapidly evolving pandemic. • New national guidance released on the 31 March 2022 encouraged local systems to define their hospital discharge processes in line with the new national requirements and in light of the Covid 19 funding coming to an end. In response to this, a Task and Finish Group was established in Bromley and chaired by Sean Rafferty, with senior representatives from all organizations across One Bromley. The redesign work utilised the lessons learnt from Covid to develop the proposal for the Hospital Discharge Design. • The structure creates a streamlined process enabling patients with ongoing health and care needs to be discharged from hospital in a timely way, with coordinated care and support that focuses on recovery. Wrap around plans help meet patient's needs. Clinicians from the Single Point of Access (SPA) produce and deliver robust discharge plans that respond to patients' individual needs. • 'Platinum Plating' focuses on utilizing a range of innovative voluntary sector and assisted technology resources to support patients in their transition back to the community, managing risk effectively. It provides a safety net and wrap around for patients who temporarily need more support or confidence to enable them to be discharged, and to reduce the risk of readmission. • The Discharge Design structure focusses on discharges and integrated working. The final element of the Design work is the Quality Assurance framework using quantitative and qualitative information to ensure the infrastructure is effective. This is being completed and will be agreed through the One Bromley Executive. 	
<p>8.2</p>	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Councillor Colin Smith thanked Ms Adkin for the report and highlighted an issue with patients experiencing delays of four to five hours on occasion, when waiting for hospital transport to take them home. • In response to this, Ms Adkin noted there are two services in place to help alleviate this issue, one is the dedicated transport service for supported discharged clients, which ensures they are transported home individually by 5pm on the day of discharge. This is in addition to the hospital transport and there is a focus on care home patients as a priority for discharge. The other measure in place is the Bromley Take Home and Settle service where volunteers transport clients back to their home from hospital, place food in the fridge and turn on the heating. This is an essential service which reduces the pressures on hospital transport. It is noted that there is an increased reliance on hospital transport and more support from families should be considered. • Dr Andrew Parson noted that post-discharge services are very important as there is a lot of uncertainty and anxiety that could lead to unintended consequences, for example an increase in calls from patients to GPs for 	

	<p>queries on medical prescriptions which can take a long time to resolve. If there are solutions to improve the bottlenecks in the patient's journey, then this should be addressed at the point of discharge.</p> <ul style="list-style-type: none"> • Dr Hasib Ur-Rub thanked Ms Adkin for the report and had a similar question to that raised by Dr Parson. Statistics show, for example, that 50% of discharges result in follow-up work for primary care. He asked how this could be cushioned so that the impact on other parts of the system could be minimized. He also asked if there was a fast-track process for those patients to get follow up and/or diagnostics if things did not go according to plan? • In response to the questions raised, Ms Adkin noted that themes from complaints had led to engagement with KCH Volunteer services and the Communications team to co-produce a bespoke, discharge document for patients who have had an acute episode in hospital. The purpose of the document is to ensure that patients understand their discharge information. A telephone number is provided for discharged patients (and their carers) to contact the SPA call centre if there are any questions or concerns. Care navigators from the third sector will support these patients to navigate between the networks and services available. • Helen Simmons thanked Ms Adkin for the good work evident in the report and had a question on the palliative care provision and the referral process in hospitals. • In response to the question, Ms Adkin noted that the PRUH and St Christopher's Hospice have some of the best discharge arrangements in the country for patients at the end of life, with a significant number of patients discharged home to die where this is their chosen place of death. There is a Specialist Discharge Co-ordinator for palliative care that has the freedom to initiate referrals from wards, not only from the palliative care teams. There are End of Life (EoL) huddles for acute and community providers to support the management of dying patients back into the community. • David Walker raised two points – the Take Home and Settle service has been recommissioned by Bromley Well service and Age UK for five years which includes a redesign of the sitting service as on the old model, one in three were not taking place. Mr Walker is working with Ms Adkin and Mr Rafferty on the future plans for this service. It was noted that the Handy person service had issued 1000 key safes in the last year along with providing grab rails and provision of carers' support. It was important to note that a successful discharge includes keeping clients safely at home. <ul style="list-style-type: none"> • Jonathan Lofthouse noted that there is a need to have a single version of the performance report, as a collective system moving forward. The One Bromley Executive will put together a proposal to bring back to the board. • Dr Parson expressed his appreciation for the fantastic work delivered by the One Bromley partnership and noted there are significant challenges ahead to meet and support the system in the right places 	
8.3	The Committee NOTED the report.	
9.	Bromley Cadet Programme	

<p>9.1</p>	<p>Dr Angela Bhan introduced the One Bromley Cadet programme report as an example of a multiagency approach to improving and developing the workforce. Workforce remains one of the biggest challenges facing the NHS in the UK, and there is a huge focus on improving recruitment and retention of staff. The Cadet programme is just one initiative that is being implemented within Bromley.</p> <p>Paulette Coogan presented the report, the following key points were noted:</p> <ul style="list-style-type: none"> • The programme is designed to provide young people with a wider understanding of careers in health and care in Bromley and give them experience of being in a health or care work setting, aiming to improve career prospects of local residents and widening participation • 24 Career Ambassadors across One Bromley organisations have been recruited and are supporting the programme. They are also supporting other initiatives including a careers fairs, and a spring 'Pod,' which is a virtual Careers Fair. • A pilot cohort of the One Bromley Cadets programme has taken place and feedback was sought from schools and the participants. The feedback from teachers and students has been very positive and thoughtful. This has led to a revised programme for cohort two. The revised programme still includes virtual and face to face sessions but the focus is on more face to face. • 18 students from 3 Bromley schools completed the first cohort of the One Bromley Cadets programme. There were mainly female students (98.99%) and there was a good ethnic mix within this cohort. • The programme has been extended to focus on 16- to 19-year-olds as a request from this committee., • The next programme commences in one week and there will be five sessions in total involving six schools and 20 young people 	
<p>9.2</p>	<p>In considering the presentation, members raised the following comments:</p> <ul style="list-style-type: none"> • Jacqui Scott had a question on tracking individual conversion rates into successful recruits. Ms Coogan explained that this is difficult as we do not have access to the contact details of the individual students, as some schools prefer us to liaise though them. There is a potential to explore how we could do this, but it needs to be recognized that many of the first cohort were aiming to go to university and so the impact would be some time off. • David Walker gave his praise for this brilliant work and offered to connect Ms Coogan with the Bromley Well service for internships and mentoring from an ambassador's perspective. Ms Coogan thanked Mr Walker for this link and would make contact to take this forward. • Iain Dimond had a question on the engagement by colleagues at Oxleas on this. Ms Coogan confirmed that the engagement has been excellent and all One Bromley partner organisations have been engaged with the programme including primary care, the PRUH, Bromley Healthcare and the voluntary sector • Councillor Diane Smith thanked Ms Coogan for this fantastic work and asked was she linked with the work being led by social care. Ms Coogan confirmed that the Organisational Development Lead was a member of 	<p>PC/DW</p>

	<p>the One Bromley workforce group and that continued efforts were being made to involve more social care colleagues</p> <ul style="list-style-type: none"> • Helen Simmons noted that the proportion of students (18) from the three schools is a small number. In response to this, Ms Coogan agreed that this was the case, but it was difficult to expand substantially because of the resources that would be required, including from all the partner organisations. However, Spring Pod's objective is to invite all secondary school students. The event would be open to hundreds of students as it was virtual, and the aim was to launch this in January 2023. Within this event, there will be panels for discussions with doctors, nurses, other clinical/non-clinical and managerial roles, to give a widened perspective of careers in the health and care service. • Dr Parson thanked Ms Coogan for the report noting this is a very encouraging and positive piece of work and should be celebrated by the team 	
9.3	The Committee NOTED the report.	
10.	Terms of Reference for Key Sub Committees	
10.1	<p>Jonathan Lofthouse presented the draft terms of reference for the One Bromley Executive Group, the following key points were noted:</p> <ul style="list-style-type: none"> • These terms of reference were presented to the One Bromley Executive in June 2022 to operationalize and set the strategic direction of travel • The sentiment is to hold the One Bromley Executive to robust account ensuring we are meeting our legal and statutory requirements with national guidance to support this • The terms of reference will be routinely reviewed and updated. • The recommendation is to seek approval of the terms of reference from this committee. 	
10.2	<p>In considering the report, members raised the following comments:</p> <p>No comments were received from members.</p>	
10.3	The Committee APPROVED the terms of reference for the One Bromley Executive.	
10.4	<p>Sean Rafferty presented the draft terms of reference for the Bromley Contracts and Procurement Group, the following key points were noted:</p> <ul style="list-style-type: none"> • This group is responsible for the contracts and procurement of delegated budgets • This group was in existence in the CCG, however it has now been formalized as part of the new governance arrangements for the One Bromley Local Care Partnership • The group meets every six weeks and due to the nature of the business discussed, conflicts of interest need to be managed closely in line with the ICB's policies 	
10.5	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Jacqui Scott noted that the Memorandum of Understanding (MOU) exists between the ICB and LCP and contains details on the discharge of this function. Dr Bhan will sign the MOU document and circulate to members. • Mark Cheung noted that the Scheme of Delegation, which is delegated 	AB

	to Dr Bhan and this board, links in with the MOU and describes the level of business cases and invoices for signing off. Mr Cheung will share the document with the committee.	MC
10.6	The Committee APPROVED the terms of reference for the Bromley Contracts and Procurement group.	
11.	Finance Month 4 Update	
11.1	<p>Mark Cheung gave apologies for Dave Harris, and presented the Month 4 financial report, the following key points were noted:</p> <ul style="list-style-type: none"> • The overall ICB position is £190k overspend at Month 4 • Bromley’s delegated budget for July has a small underspend on £46k • The key variances for this month include: <ul style="list-style-type: none"> ○ Small overspend on mental health due to cost per case activity, this is volatile area with low volume and high cost, it is expected to be managed in year ○ Overspend on prescribing budgets, to note this is only based on two month’s data due to the reporting cycles. There has been increased in pressure on the budget due to the impact of the pandemic suppressing outturn spend over the last two years on which the budget is based and the QIPP savings targets required. This includes expectations in relation to self-care. Activity levels have increased across South East London and the team is analysing the impact of this and developing further actions to mitigate against the forecast overspend ○ Continuing healthcare is also reporting an overspend in month 4, which is a similarly volatile area of spend but the team expect that this will be back within budget by the end of the year 	
11.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Parson thanked Mr Cheung for the report appreciating that the costs of prescribing are increasing, due to technological advancements and the development of medicines. It was noted that prescribing costs are an important spend for not only treating patient’s illnesses but by also keeping people out of hospital. The quality of prescribing and the cost of supplies impact on each other and at present, supply chains are interrupted nationally which is causing pressure on the system. • Helen Simmons thanked Mr Cheung noting that many of her questions had been answered. Ms Simmons raised that there is considerable amount of repetition in the report. Mr Cheung explained that this report will be further developed over the next few months and acknowledged the repetition in the report is due to having to balance reporting for the ICB and Bromley’s position. The feedback will be taken back to the team to produce a more, concise report in future. • Kim Carey noted the £46k underspend described as in Bromley. The report needs to be clear that this relates to the NHS ICB/LCP budgets • Jacqui Scott raised a question on QIPP savings met by non-recurrent savings and the plan to move this forward, which was proposed at the One Bromley Executive meeting. In response to this, Mr Cheung confirmed that QIPP savings are recurrent and non-recurrent achieved through a budget review and more detail will be provided in the next 	

	<p>report. Going forward there will need to be a more system wide approach to meeting the Borough savings target</p> <ul style="list-style-type: none"> • Dr Parson thanked everyone for their feedback noting the importance of accuracy and using concise language, and looked forward to the report developing in the future. 	
11.3	The Committee NOTED the report.	
12.	Assurance Report	
12.1	<p>Dr Bhan introduced the report and explained that this is not the final version of the sort of report that the board would get in the future. A combined approach to assurance was required for the Board. In this report, Dr Bhan noted that the metrics in many areas showed a positive trend.</p> <p>Mark Cheung presented the Assurance report, the following points were noted:</p> <ul style="list-style-type: none"> • SMI Health checks are not as high as what we would like it to be – there is a new initiative with GPs and most practices are participating in this to improve uptake and work with patients to understand the reasons for not attending • There has been an improvement in performance against the Personal Health Budgets target which gives choice and control to clients • CHC are doing well, considering Bromley has an older and larger population than other boroughs. There are huge challenges for the workforce and changes within the CHC team to have a better, more resilient workforce. • Childhood immunisations achieved good performance in this area, the MMR vaccination campaigns have started. Covid-19 and influenza vaccinations are already in progress. The Polio uptake has not been very good and further work is ongoing to improve uptake in this area. • Health checks LD and Autism – performance is satisfactory, however we are trying to improve and increase the number of clinics • GP Practices and CQC report – there were two further inspections carried out – one was rated as “Good” and the other “Requires Improvement”. It is important to note that there is only one GP Practice in Bromley that has been rated as “Requires Improvement” • A Performance, Quality and Safeguarding committee is to be established, as part of the new governance arrangements. A Task and Finish group is in progress with a view to having an all-encompassing report produced in the future including all partner organisation’s metrics. 	
12.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Iain Dimond noted that Oxleas and SLAM had been successful with a joint bid for the Inequalities Fund and will take forward the Physical Health checks with SMI as outreach work in Bromley and Oxleas. • David Walker noted that he has met with colleagues in relation to the issue with carers and SMI health and LD checks. Mr Walker is supporting the carers and information has been provided to them. • Helen Simmons noted that the CQC website has very useful information and all ratings for organisations including GP Practices, hospitals, care homes and hospices. • Dr Bhan noted that the Performance, Quality and Safeguarding group will be the committee where we take the Assurance report through to highlight key variances and scrutinise the performance reviewing 	

	metrics and quality indicators	
12.3	The Committee NOTED the report.	
13.	Decisions taken by Chair's Action outside of the meeting – Enhanced Access Plans	
13.1	<p>Dr Bhan introduced the report on Enhanced Access Plans, the following points were noted:</p> <ul style="list-style-type: none"> Enhanced Access Plans went to members of this committee for final sign-off at the end of August 2022 but due to the timescales, it was not formally taken through the board The report details the changes to be implemented for community extended access to commence by the 1st October 2022 Extended GP hours has been in place for a while, but responsibility for the service now falls to PCNs. It was confirmed that PCN plans had gone through the assurance processes. The objective of Enhanced Access Plans is to extend the hours of availability of GP practice staff and ensure there is a consistent level of access available. As a result of these changes, appointments can now be scheduled on week-day evenings and Saturdays, which is beneficial for patients who may require out of hours appointments Processes included the setting up of an Assurance Group with subject matter expertise, to review the eight PCN plans in a systematic manner and to provide feedback on the plans The plans were finalized by the Assurance Group Next steps are for PCNs to have their first clinics on Saturdays, along with weekly check-ins 	
13.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> No comments were received from members. 	
13.3	The Committee NOTED the report.	
14.	Any Other Business There was no other business discussed at the meeting.	
15.	Date of Next Meeting: Thursday 17 th November 2022, 9.30am	

One Bromley Local Care Partnership Board – Action Log

Log no	Action point	Date raised	Responsible	Due Date	Status	Comments
5.	9.2: Suggestion to present the Celebration of Achievements presentation to the Health and Wellbeing Board or Health Oversight Scrutiny Board.	16.06.2022	Dr Angela Bhan	17.11.2022	Closed	This action has been completed.
11.	6.2: Letter to be written to SEL ICB Strategy Team recommending increased engagement with care home and home care providers and the voluntary sector on the SEL ICS strategy	27.09.2022	Dr Angela Bhan	17.11.2022	Closed	This action has been completed.
12.	9.2: David Walker to share contact details of Career Ready Organisation which may align with the Cadet programme	27.09.2022	David Walker/ Paulette Coogan	17.11.2022	Closed	DW met with PC on 31/10 to discuss links with schools, colleges and engagement with Young Carers. Introductions made to Bromley Well Young Carers and Care Navigators to support the Cadet Programme.
13.	10.5: Dr Bhan to sign the MOU document (which includes the Scheme of Delegation) and share with Board members	27.09.2022	Dr Angela Bhan	17.11.2022	Closed	Circulation of the signed MOU and Scheme of Delegation

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ENCLOSURE: 5

AGENDA ITEM: 6

One Bromley Local Care Partnership Board

DATE: 17 November 2022

Title	Partnership Report	
This paper is for information .		
Executive Summary	The purpose of this report is to provide the Committee with an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative.	
Recommended action for the Committee	The Committee is asked to note the update.	
Potential Conflicts of Interest		
Impacts of this proposal	Key risks & mitigations	Not Applicable
	Equality impact	Not Applicable
	Financial impact	Not Applicable
Wider support for this proposal	Public Engagement	Not Applicable
	Other Committee Discussion/Internal Engagement	Not Applicable
Author:	Joint report from SEL ICB, the PRUH, Oxleas, St Christophers Hospice, Bromley Council Adult Social Care, Bromley Third Sector Enterprise (BTSE), Bromley Healthcare, Bromley GP Alliance (BGPA), Bromley Primary Care Networks	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	



Partnership Report

Integrated Care Board Report

NHS South East London wins award for its Community Pharmacy Vaccine Champion Scheme

NHS South East London has been recognised for its Integrated and Joint Working for the Community Pharmacy Vaccine Champion Scheme at the prestigious annual NHS PrescQipp awards.

The COVID Champion scheme, which ran from July 2021 to March 2022, significantly increased vaccination coverage and reduced health inequalities across south east London, and was particularly active in Bromley. Twelve local community pharmacies were involved, with over 700 clinical interventions. Of these interventions, 310 individuals who were initially reluctant to have Covid vaccination went on to be vaccinated, mostly in community pharmacies. Six of the pharmacies involved with the scheme were in the Crays and Penge area where our uptake of Covid vaccination has been lower.

NHS South East London worked with Local Pharmaceutical Committees (LPCs) to increase vaccine uptake across SEL, especially across areas of low-uptake and high levels of vaccine hesitancy by successfully using community pharmacies as part of an “every contact counts” approach.

The scheme involved opportunistically identifying patients and residents who had not had their vaccine, discussing the vaccination programme and, with consent, booking the patient for a vaccination or signposting them to their local walk-in centre.

In addition to community pharmacies, virtual community wellness outreach was completed through the LPC to local community groups to discuss self-care, improving wellness, explain the pharmacist role in helping people look after their own health, and schemes that pharmacists offer including vaccinations.

Vanessa Burgess, Chief Pharmacist for NHS South East London said:

“With 89% of the population in south east London living within 20 mins of a community pharmacy, they are uniquely placed to target the hardest to reach communities, and this proved vital during the vaccine programme”.

Our pharmacists stepped up to the plate when needed and delivered during this very challenging time, and we are delighted that the importance of community pharmacies in improving health outcomes has been publicly acknowledged like this, especially in one of the most contested categories.”

Medicines Optimisation Quality Improvement Work

A number of medicines optimisation quality improvement initiatives have been ongoing over the last year.

The Clinical Effectiveness South East London (CESEL) group has launched a guide to improve the management of diabetes, which has resulted in a significant growth in Bromley

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in the prescribing of newer diabetes drugs and the monitoring agents/devices. Similarly, CESEL has launched a guide on the management of hypertension, which encourages more proactive management and drug treatment. Running alongside this is the nationally commissioned community pharmacy hypertension case-finding service, resulting in more prescribing.

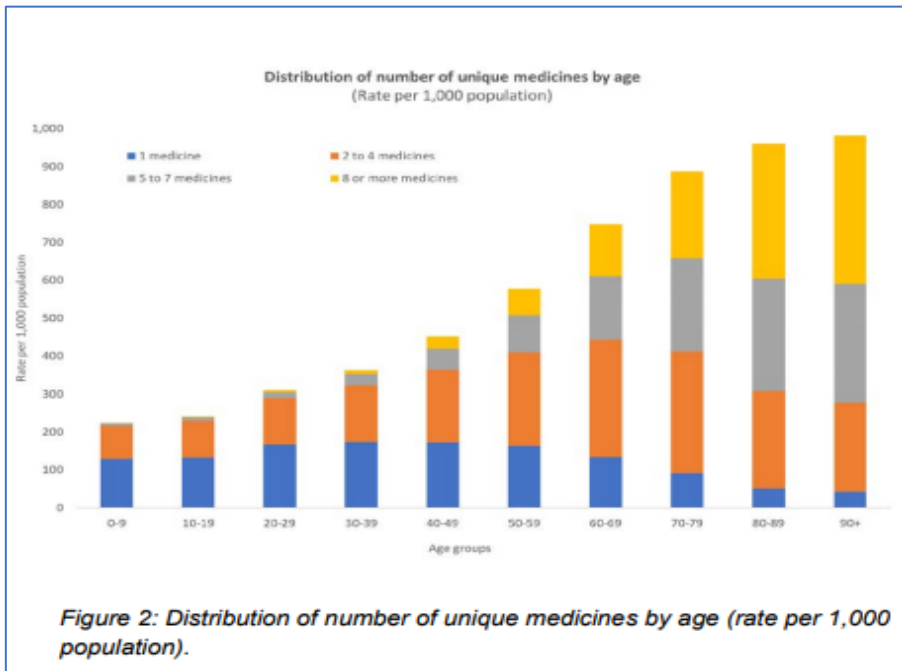
Another commissioned local community pharmacy service is the Making Every Contact Count to provide health and wellbeing advice and brief interventions in areas such as coronary heart disease, targeting smoking cessation, obesity and hypertension.

The Discharge Medicines Service has been commissioned to improve the links between community pharmacy and hospital to support patients at the point of discharge.

Other quality improvement initiatives currently in progress include:

- Bromley Prescribing Improvement Scheme – This includes a number of quality improvement elements for practices to implement:
 - Optimising lipid management in cardiovascular secondary prevention
 - Reviewing patient safety message alerts relating to medicines
 - Reviewing patients receiving end-of-life care with a view to reducing unnecessary prescribing
- CESEL guide on Chronic Kidney Disease, which will encourage proactive identification and drug management using newer drugs
- Lipid Modification – Work to improve the management of patients supported by the Health Innovation Network (HIN) will be starting in two Bromley primary care networks initially, this will involve stepping up treatment in some patients to newer drugs, aiming to result in fewer hospital admissions and deaths
- Respiratory and sustainability – Metered Dose Inhalers (MDIs) are a significant contributor to NHS greenhouse emissions. There is ongoing work to reduce the use of MDIs to alternative inhalers which are less damaging to the environment but are more costly
- Overprescribing – The National Overprescribing Review Report was published last year with a number of key recommendations to tackle inappropriate polypharmacy, while also taking into account unwarranted variation e.g. inequalities. A programme of work is commencing in SEL to implement the report recommendations, with an ambitious national target to reduce the number of items prescribed by 10% per annum. It is well known that polypharmacy is most prevalent in older people (see Figure 2). Since Bromley has the oldest demographic in South East London, successful implementation of this programme should have a considerable impact.

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One Bromley Initiative: One Bromley Health Hub

The new One Bromley Health Hub was officially opened on 6 October by Drs Angela Bhan and Nada Lemic and Jonathan Lofthouse.

Located in the centre of the Bromley Glades Shopping Centre, the hub currently provides vaccinations, delivered by the King's team. In the future more services will be added such as health promotion, health checks etc.



The hub is the first of its kind in the borough and over time will offer a range of health and care services in this central and convenient location. [For more information, please read the press release about the opening.](#)

One Bromley Initiative: Winter Schemes Update

Mobilisation of Winter Schemes in Bromley November 22-23

The majority of winter schemes in Bromley are now either fully up and running or close to mobilisation. The schemes can broadly be broken down into a few main aspirations: reducing admission and attendance to the Emergency Department; increasing the system's

bed base; aiding hospital discharge; meeting specific seasonal demand and winter-focused information sharing and escalation.

One of the most advanced schemes so far is the primary care hub and clinical assessment service (CAS) which has been running since 3 October. Provided by the Bromley GP Alliance, and based at the Princess Royal University Hospital, the service can take 60 virtual and 66 face-to-face appointments per day at the weekend and on bank holidays when routine primary care is not available. There are plans in place to ensure staffing levels remain adequate at the Urgent Treatment Centre over winter, as well as GP out of hours capacity over the Christmas and new year period. Following the successful funding award, the Bromley @Home Service is being developed to provide acute care to up to 30 patients in their own home preventing the need for hospital admission. The service is expected to mobilise from mid-December, building on the existing community IV Antibiotics service. In line with the **NHSE: Going further ask**, Bromley Healthcare has enhanced their current Urgent Community Response offer to also provide a falls pickup element for level 2 falls in the borough taking pressure off the London Ambulance Service.

In anticipation of higher respiratory illness rates over winter, Bromley Healthcare are identifying and proactively supporting patients at high risk of exacerbation as well as providing additional community respiratory clinics and Pulmonary rehab sessions to ensure newly diagnosed and recently exacerbated patients are able to receive timely input to recover and manage their condition preventing deterioration. Furthermore, as we are expecting higher viral illness in children, access to specialist paediatric provision is being put into the Urgent Treatment Centres.

The dedicated discharge transport scheme has helped with ensuring timely discharge for patients being discharged into community services with capacity for 30 patients per week. In line with the **NHSE: Going further ask**, Bromley Healthcare has enhanced their current Urgent Community Response offer to also provide a falls pickup element for level 2 falls in the borough taking pressure off the London Ambulance Service.

The recruitment process for an additional High Intensity User clinician is progressing – this will enable us to support more people who are significant users of NHS services.

This winter there is a big focus on self-care and ensuring patients are accessing the most appropriate NHS service in order to ensure services aren't overwhelmed and can see the right patients. The 2022/23 Guide to Keeping Well over winter is being distributed to every household in the borough. It includes information on using the right service, staying safe and well and vaccinations. The Primary Care Directory of services has been refreshed and shared with primary care colleagues and the One Bromley staff 'winter live launch event' takes place on 17 November. The event will provide staff with important information on what is available to support the workforce and patients this winter. In addition, the One Bromley Making a Difference Together staff bulletin will continue to be distributed to ensure staff are kept informed of updates and to share examples of good work being undertaken across the borough.

One Bromley Initiative: Polio Vaccination Pop-up Clinics

Polio booster for eligible children

Our continued response to the London wide polio booster vaccination campaign has achieved vaccination of nearly 6,000 children registered with a Bromley GP. These have

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been delivered by a combination of routes, including GP surgeries, a regular Saturday clinic at the One Bromley Health Hub in the Glades, and pop-up clinics run by Bromley GP Alliance. In addition, the ICB worked with Guy's and St Thomas' NHS Foundation Trust to run a special October half term pop-up clinic at Bromley Central Library. Further vaccination events are being scheduled in locations across the borough during November, supported by information and promotion in areas where uptake appears lower. Details of all the clinics and how to book are available at : [Polio vaccination sites - NHS South East London \(selondonics.org\)](https://selondonics.org)

Bromley All-Age Continuing Care

Earlier this year, the Bromley Borough Based Board agreed to the transformation of the current operating model for children and young people's continuing care (CC)/adults' continuing healthcare (CHC) into a new service to be called, Bromley All-Age Continuing Care. This transformation is now underway, comprising an ongoing staff consultation on the new model and ways of working, as well as a procurement for a new partnership delivery service. We are very excited about the improvements that this transformation will bring for service users and we will be keeping the Local Care Partnership Board updated on progress.

Children and Young People's Mental Health and Wellbeing Services (CAMHS)

There have understandably been concerns about pressures on our local CAMHS provision, with high waiting times in Bromley (as in other areas). We are working with local services to overcome this situation and we are working to a recovery plan from which set out steps for improvements and a reduction in waiting times. Alongside this work, the Children and Young People's Mental Health and Wellbeing Partnership Board recently agreed £608K investment to create a fully integrated Single Point of Access (SPA) for children and young people's mental health and wellbeing services in the borough. This will sit alongside a new 'Getting Help Team' across Oxleas and Bromley Y – which will help more children and young people with complex challenges who need additional support. In the coming year, Bromley CAMHS will be undertaking a transformation project to align its services with the needs of the borough and ensure that children and young people are able to achieve the best possible outcomes.

Adults Mental Health and Wellbeing Services

Mental health and wellbeing services for adults have seen significant improvements this year as we have grown and strengthened the new Bromley Mental Health Hub. The hub provides a single point of access into services and enables those people who do not need more clinical care to access help from the voluntary sector. In 2022, we have seen a number of additional services begin in the Hub, including support for people with drug and alcohol challenges, as well as housing support. Whilst this has been taking place in the Hub, we have commenced work to transform housing support services for people with mental health challenges to create better quality, more independent provision. This work will continue into the coming year and will enable more people who have mental health needs to access housing and help in their own home. Finally, we are commencing work to improve the uptake of physical health checks for people with mental health conditions, as we know that this is an area where we can make a significant difference on the health and wellbeing of people with mental health issues.

Princess Royal University Hospital NHS Trust and South Sites Report:

This update outlines recent PRUH and South Sites performance, matters of interest and the status of our key estate developments.

We continue to make significant progress in addressing the build-up of elective waits over the Covid period, a challenge across the whole acute sector. Of note, we have:

- Met the diagnostic performance target for DM01 for the sixth month this financial year. Our unvalidated October performance improved to 0.18%, well within the national 1% target and is likely to improve marginally once validation is complete. Only four modalities incurred breach/es, Urology Cystoscopy with seven and one each for Sleep, Non-obstetric ultrasound and Gynaecological urodynamics.
- We eliminated many of our longest waiters and are slightly ahead of plans to reduce the backlog of patients waiting. We now have zero patients waiting over 104 weeks, three over 78 weeks and 290 for those over 52 weeks. However, with over 34,400 patients on the waiting list, over which 10,800 have waited over 18 weeks, the challenge remains significant.

In common with local trusts and many nationally, our ED performance remains poor, with 63.06% against the four-hour wait target for all types of attendance in October. To improve our Discharge To Assess (DTA) and ambulance handover performance times, we are participating in the national improvement programme and have undertaken a number of ward moves to create an augmented clinical space for our ED staff to safely receive patients from ambulances. Whilst recent recruitment successes, include appointments to ED senior nursing posts and five Acute Medicine consultant posts, Winter monies will be targeted across several staffing areas to ensure sufficient capacity and sustainable flow throughout the period.

Covid continues to be less prevalent amongst the general population and our relaxed in-hospital personal protection guidance to visitors and staff remains in place. As at 9am 7 November 2022, the PRUH had 67 patients with Covid in general and acute beds, and 1 patient in critical care.

We expect the CQC to shortly release its final report concerning the care across two of our medical wards. The CQC has conducted further work at our Denmark Hill site and notified the Board of its intention to undertake a Well-led review on 15-16 November 2022.

Our development to build a new six-room Endoscopy theatre suite is now likely to begin major works in the summer of 2023. Much of the supporting groundworks will begin well in advance, and we have been working with Bromley Council on the planning application.

Our car park development nears successful completion and will be opened to vehicles from Monday 12 December.

Bromley Council Adult Social Care Report:

Work continues to prepare for the Adult Social Care Reforms, despite some uncertainty about whether the reforms in their entirety will be carried forward by the new government

leaders. We met the first deadline for completion of the Fair Cost of Care return, together with the Market Sustainability Plan, which summarised the information shared by Care Providers about the costs of delivering care and our response to this. At the current time the reforms are adding an extra pressure of £5m into the Council's budget for next year alone, which represents a part year effect.

In relation to this, we continue to work up plans for transformation and efficiencies as part of the budget setting process, which will be signed off by members in February. No services are being cut within Adult Social Care, with efficiencies reflecting opportunities to better manage our financial and staffing resources to respond to growing demand. At the moment, in year, this is being managed within the available resources.

[Bromley GP Alliance \(BGPA\) Report:](#)

There has been no change to core BGPA activities. Since the changes to the Enhanced Access arrangement, we have worked with some primary care networks and have reconfigured our service to the new commissioned service plan. Operationally the process has gone smoothly.

BGPA continues to work with all partners in supporting health care provision in Bromley.

Bromley winter homeless healthcare clinics win a national award

The One Bromley Winter Homeless Healthcare Clinics won the Innovation Helping Address Health Inequalities Award at the 2022 national Innovate Awards in September.

Bromley GP Alliance began running the Homeless Winter clinics in December 2019 to address health inequalities amongst the homeless and rough sleeping population in Bromley. Now funded by the One Bromley Local Care Partnership, the clinics offer a range of treatments provided by One Bromley partners to help manage common health issues including vaccinations, mental health, drug and alcohol service and podiatry.

[St Christopher's Hospice Report:](#)

Extending our reach

- We are finalising a specification for refurbishing our in-patient wards working in partnership with the charity CRASH. Early in Q2 the Care Director met with an architect, sourced by CRASH to discuss the broad vision for the programme.
- Winter Pressures – Having been approached by several providers, we are currently discussing feasibility of providing 1 ward of 10 beds to assist with Winter pressures (December to March).
- Spiritual Care Review – We have received our external review report of our Spiritual care offer to ensure that St Christopher's provides contemporary spiritual care to both staff, patients and carers. A draft action plan is now in place with a view to recruiting a lead to deliver on the recommendations.

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- Care Navigation - In the Spring, St Christopher's recognised the need to have a post, within our Single Point of Contact, for a Social Prescriber. We now have two of these posts who have managed 190 referrals in 18 weeks.

Improving the quality of services for people whose experience of end of life can be poor

- Individualised care- The Care Directorate is cognisant of the need to ensure we deliver services that have a focus on particular characteristics such as age attuned or for those living with a learning disability. We have been successful in recruiting a Clinical Nurse Specialist with an interest in learning disability who can also support our younger client base. This will also include working up a proposal to better support those in transition.
- Supported through both St Christopher's CARE and the Social Work Team a conference focusing on Homelessness and end of life was held in September. This was an extremely successful conference and resulted in many links being forged to develop networks. We are looking for funds within Bromley to develop support to hostels for the homeless in line with our innovative project in Croydon.
- Members of the Senior Care Directorate submitted a bid to the Burdett Foundation for funds to support high impact Cardiovascular Interventions and were successful in securing c£100k to create and test an integrated and more comprehensive model of community care for patients living with and dying from advanced heart failure.
- We have recently been awarded £200,000 for two permanent positions to work on outcomes achieved through Winter Projects in Care Homes in 2020 and 2021 to help build an integrated service enabling professionals to move across sites in Bromley including the community / care homes / ED & Frailty Unit. The team would demonstrate the ability to work closely with Rapid Response at home team, CPCT, Bromley Healthcare (District Nurses/Matrons) and GPs to support hospital avoidance for people with palliative care needs and the frail elderly. This will be achieved through timely assessment and intervention in a community place of care where possible and/or close working with the frailty unit. This will include:
 - Proactive ACP and ceilings of treatment, to ensure individualised care focused on 'what matter most' to the patient
 - On transition from hospital to home/Care Home, ensuring key handover of information and transfer of care to new setting for patients on a palliative pathway, and linking back into relevant community
 - Developing close working to ensure rapid turnaround where possible for patients already reaching ED.
- We have been aided to utilise CHS to source CHC funded and self-funded care home placements. This will make an amazing difference to the people we have on our inpatient unit who have needed placements but have experienced significant delays. Over the last four years, a number of patients have died before being able to move to a Care Home.

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Increasing throughput of patients in receipt of clinical support from the hospice

- We are focusing over the coming six months on strategic development of services across both the In-Patient Unit and Community settings to ensure there is seamless high-quality service provision. We continue to look at ways that we can encourage self-referral for care.
- Choose Home continues to grow in its offer, and we continue supporting people discharged to both Care Homes and back into their own homes by undertaking a next day visit to ensure they are settled back into their place of residence. The Team has supported 192 people between April 2022 and mid-September 2022.

Responding to needs post COVID

- St Christopher's continues to actively participate in both south east London and Pan London Palliative and End of life work to help shape and deliver contemporary hospice services into the future.
- We have been working, with the support of our commissioners to expedite discharges from the wards having access to the same processes of 'Discharge 2 Assess' that acute hospitals have. This has recently been agreed and will start in early October. We are hoping this reduces lengths of stay for people awaiting a Care Home placement.

Recruitment

- We have been successful at recruiting high quality clinicians. We have successfully recruited to our Lead Consultant post and are pleased to say Dr Joy Ross has accepted this post and will move to fulfil the requirements of the post from Bromley to Sydenham in November. Dr Sara Robbins has joined us from Imperial Healthcare as a new consultant.
- As we develop the programme within St Christopher's CARE to develop Consultant Nurses we have at least 12 external organisations who have expressed an interest in signing up to the programme.

[Bromley Healthcare Report:](#)

Urgent Falls Service

In line with NHSE winter preparations, the Urgent Community Response offer is being expanded to incorporate the Urgent Falls pick up service. Referrals will be received directly from 111 and 999 and the team will be dispatched to help people who have fallen in their home or in care homes in order to avoid unnecessary trips to hospital. It is anticipated that this service will free up London Ambulance trips in order to provide more capacity to treat other patients. The service formally launched on 11 November.

ONE BROMLEY

Transforming Wound Care Test and Evaluation Site (working with the Health Innovation Network)

In 2019, there were an estimated 739,000 leg ulcers in England with estimated associated healthcare costs of £3.1 billion per annum. The biggest proportion of the burden of wound care is due to lower limb wounds.

Early modelling indicated that improving lower limb wound care would release 11% of community nursing time for other areas of care and reduce the spend on dressings due to faster healing and lower recurrence rates.

Bromley Healthcare has been selected as a pilot Test and Evaluation Site for the new national Transforming Wound Care programme and will be working with the Health Innovation Network, the Academic Health Science Network (AHSN) for south London to establish a dedicated Lower Limb Wound Service for the local population. The national wound care strategy will significantly reduce healing times for people, provide a better quality of life and maximise our nursing time.

The programme aims to ensure all patients with lower limb wounds receive evidence-based care which leads to:

- faster healing of wounds
- improved quality of life for patients
- reduced likelihood of wound recurrence
- uses health and care resources more effectively

The programme uses the evidence, learning and recommendations from the [National Wound Care Strategy Programme](#) (NWCSP).

Supporting Orpington and Crays Primary Care Networks (PCNs) Inequalities project

Bromley Healthcare has supported the Orpington/Crays PCN's inequalities project to co-produce an anticipatory care model for patients not yet unwell enough to need Integrated Care Network Proactive Care Pathway input.

A Neighbourhood Frailty Hub will be established building on the Orpington Well Being café project to offer an integrated service across Primary, Community and Third Sector providers delivering anticipatory care to the practice population of Orpington and Crays PCNs.

All over 65s in the Orpington/Crays population will be invited to the Hub to access support with:

- Undiagnosed or poorly controlled long term conditions with a particular focus on hypertension and COPD
- Mental Wellbeing Issues
- Keeping warm, reducing isolation and tackling social issues including the cost of living issues facing our population

These interventions will include creating a shared health and care plan.

Strategy development

Following a refresh of Bromley Healthcare's values, work has now commenced on the development of our three year strategy. A 'Better Together' Staff collaborative group is being formed to seek views internally from across the organisation. Key partners are also being contacted to ensure that their views and perspectives are incorporated. This work is expected to be completed by the end of February 2023.

Bromley Third Sector Enterprise (BTSE) Report:

Bromley Well

BTSE has begun delivering the Bromley Well Primary and Secondary Intervention Service (PSIS) for 2022-27 with the further option of a two-year extension. This is a great vote of confidence in BTSE, Operational Partners (Age UK Bromley and Greenwich, Citizens Advice Bromley, Bromley Mencap and Bromley, Lewisham and Greenwich Mind) and Bromley Well staff and volunteers.

We are working though reporting issues with Commissioners and developing new Key Performance Indicator (KPI) dashboards and revising our initial contact form and data collection to better demonstrate impact. We are now able to segment data by pathway, location and characteristics to understand patterns of demand. New dashboards pulled directly from our Charity Log Customer Relationship Management (CRM) system indicate that 3 in 8 (37.5%) of the over 30,000 clients supported during the 2017-2022 contract had a disability and that currently this figure is still well over 30%. The scope of the Sitting Service has been resolved and we have confirmed transitional arrangements on the Dementia Respite Service (previously delivered directly by Bromley, Lewisham and Greenwich Mind).

Cost of Living Issues

Cost of Living issues have become increasingly notable across pathways including Physical and Learning Disabilities as well as a significant increase in demand for foodbank vouchers and advice on housing and particularly energy bills for both Bromley Well Single Point of Access (SPA) and Information, Advice and Guidance (ILAG). An emerging trend is energy debts with a huge spike in people coming to us with fuel debts in September (nationally Citizens Advice Bromley has seen more energy enquiries by the end September than the whole of 2021). To this end BTSE has produced a Cost of Living Guide available on the Bromley Well website, which can be accessed via the link below:

<https://www.bromleywell.org.uk/our-services/cost-of-living/>

This is also available via the London Borough of Bromley (LBB) website and is featured in the new One Bromley Keep Well over Winter guide and the latest editions of Life in Bromley and Life in Orpington Magazines. We urge partners to share as widely as possible. We hope that in the first instance those needing help will use the guide as we are seeing significant increases in demand.

We have also been working with colleagues in Community Links to support their recent Cost of Living Summit and with other partners including BTSE Associate Members to understand

and where possible seek to provide further Warm Hubs, given one in four Bromley residents are likely to experience Fuel Poverty this winter.

We are also working towards having a SPA presence at the new Health Hub in The Glades, funded by One Bromley, to provide further accessible outreach on top of our existing outreach, which is kept up to date on the Bromley Well Website.

Service Delivery

Other notable service developments for the quarter ending September demonstrate increased service demand: SPA received 2446 calls from 1883 clients (45% higher than previous quarter). ILAG continued to record excellent financial outcomes of £471,453. Learning Disability pathway referrals have reached an all-time high for the service, with clients accessing the service for assistance with managing day-to-day affairs, learning skills, and increasing independence. There had also been a significant increase in Physical Disability referrals where income generated for clients as a result of Council tax reviews, Personal Independent Payment (PIP) appeals and grants totalled in excess of £20,000. In total Bromley Well helped residents claim over half a million pounds in benefits and support in the last quarter.

Elderly Frail Services continue to experience significant demand. The Handyperson Service installed 107 key safes, 85 grab rail and 24 complex jobs, 231 in total. This is a 24% increase in activity compared to the previous quarter. Long Term Health Conditions reported its busiest quarter since the start of the pandemic and the Hospital Aftercare Service received 53 referrals of which 37 were completed.

We continue to support the transition of mental health services into the new Wellbeing Hub and have seconded a member of staff to provide triage from the SPA. Demand is significant with 150 new clients successfully triaged into the Mental Health & Wellbeing Service. An additional 408 enquiries have been managed by the Mental Health Triage Advisor.

Carers

Carers continues to be a significant area of work, with BTSE successfully submitting our Carer's Trust Excellence for Carers additional evidence on time in early October with help from the Carers' Working Group. The new Young Carers App is currently being tested and expected to be operational before the end of the year. This has been codesigned with Young Carers from the outset. There have been significant increases in referrals to Mental Health Carers with 43 new clients referred to the service. 198 individual client contacts made successfully throughout this last quarter, made up of support offered via Zoom, telephone and email. Mutual and Adult carers also continue to experience high demand. New videos have been produced for Winter pressures and we have continued to engage with One Bromley and LBB on the Carers Agenda. We have also engaged with SEL ICS and secured a specific strategy meeting on carers at the end of November.

Profile

The Impact Report has proved to be an excellent tool to engage with Partners. Hard copies went to every councillor and MP after a delay due to mourning for the late Queen. One Bromley also received copies as did the SEL ICS Chair and CEO. Soft copies have gone far

and wide and feedback has been universally positive. This has generated a number of positive meetings and increased the profile of our work.

Oxleas NHS Trust Report:

Developments in Child and Adolescent Mental Health Services (CAMHS)

Partnerships – Bromley Y and CAMHS

The business case for an integrated Single Point of Access, in partnership with Bromley Y, is progressing positively. This will include joint review of referrals with an increased role for CAMHS offering supervision and support. This work is also being supported by Kaleidoscope to build on existing relationships between the organisations and will be taken forward by Get Real Change.

iThrive Framework

Work is in progress, supported by Get Real Change, to redesign CAMHS and align to the THRIVE framework. Bromley are commencing their scoping and design work and work to design the universal pathway for CAMHS is also ongoing to reduce unwarranted variation.

All teams are maintaining staff engagement through regular briefings. Local leadership teams are also holding weekly sessions to move the work forward. This will include leadership development in each area.

Workforce Challenges/Waiting Times

Vacancy rates in CAMHS remain high in Bromley, which impacts on waiting times due to reduced capacity.

Waiting times for the adolescent pathway have stabilised and the service is now working to reduce the numbers waiting for assessment within the Generic, Looked After Children and Neuro teams. There is ongoing oversight of the overall CAMHS demand with a waiting list cleanse in progress. Bromley Leadership Team are also exploring options to sub-contract a digital provider to gain additional capacity. At the beginning of October, the Tri-borough Crisis Team took ownership of the duty rota from the Bromley Team releasing capacity back to the borough service.

The Generic and Neuro Teams have begun to pilot the use of the Development and Well-Being Assessment (DAWBA) with the aim of reducing the numbers of initial assessment appointments required.

Waiting times for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are being closely monitored and the Directorate has continued to fund additional fixed term posts to support the management of the waiting list in both areas.

Acute and crisis mental health service developments

Crisis resolution and home treatment team

Increase in home visits by our crisis resolution and home treatment team colleagues as a result of re-setting these teams to support the philosophy of "home first". This also contributes to the aim of earlier and more effective intervention to reduce the need for attendance at emergency departments.

Liaison team at Princess Royal University Hospital

There is a well-functioning Liaison Team at the PRUH. Work is underway to conduct a review to make sure that the staffing and clinical models are in line with latest evidence, best practice and activity.

Mental Health Assessment Area at Princess Royal University Hospital

This has been open since mid-December 2021. An evaluation is underway to review benefits for patients and system benefits.

Crisis Line

There has been significant and sustained improvement following the development work completed in January 2022. Call answering time, quality of clinical advice and caller experience are the key pillars of this service, and the service is performing very well across 24 hrs.

Inpatient wards and delayed discharges

We continue to experience high occupancy on our wards. Delays to discharge are mainly due to delays in navigating the accommodation pathway with patients and families and securing accommodation in a timely way. We continue to work with partners in South East London to establish a consistent accommodation pathway and a consistent understanding of this pathway. Social issues, such as breakdown of family relationships and difficulties coping with daily living activities, are commonly identified when people are assessed in ED or when they are admitted to our inpatient units, crisis resolution or home treatment teams. We expect the cohort of people whose underlying vulnerabilities are exacerbated by social deprivation and anxieties about the cost of living to increase in the coming months and years.

Community mental health services

Adult Community Mental Health Transformation

The Community Mental Health Framework outlined the National Long Term Plan's vision for place-based community mental health models. It articulated how Community Mental Health Trusts (CMHTs) should be modernised to offer whole-person, whole population health approaches aligned to the Primary Care Networks (PCNs). This new community offer should include access to psychological therapies, improved physical health care, employment

support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use and be proactive in addressing racial disparities.

As part of the additional investment into Community Mental Health Transformation, South East London ICS are working towards delivering a core offer for all CMHTs across the 6 boroughs.

This core offer is to ensure there is a:

- Single point of contact for adult mental health access accepting self-referrals as well as referrals from other professionals.
- Holistic provision of care – access to housing, benefit and employment support, Multi Disciplinary Team (MDT) clinical support, social prescribing and peer support.
- Single assessment process with a specific outcome within 4 weeks.

In 2021, Oxleas set out to deliver both the National and ICS priorities. The additional investment we received enabled us to set up a new Mental Health Hub, to ensure the delivery of local care to support people with severe mental illness in accessing holistic support, whilst also working on changes to the pathways within our specialist secondary care teams.

The Hub in Bromley is a partnership between Oxleas and Bromley, Lewisham and Greenwich Mind. This has brought both opportunities and some challenges, but the teams are working through these with a steering group to guide and monitor progress.

Bromley, Lewisham and Greenwich Mind are completing assessments and delivering short term interventions alongside the Oxleas clinical Primary Care Plus team. They have also started to implement the use of dialog+ but this continues to be challenging, as it is a change in the way staff in both organisations gather information from people. Therefore, further training has been planned for November.

Recruitment for the posts in the Hub has been completed. Bromley Mental Health Hub have agreed a logo and branding which has been co-produced by all the staff and residents. This is an important part of developing the identity of the service and also ensuring that it is recognised in the wider community.

Annual Members' Meeting and exhibition

Our first face-to-face Annual Members' Meeting for three years welcomed members and colleagues to hear how we are taking our strategy forward and working as part of an integrated care system. In addition to the formal business of the day, we held an exhibition showcase detailing how our members can get involved with Oxleas NHS and make a difference for those who use our services. Attendees were also able to enjoy some wellbeing activities for both mind and body. A film of the event is available at the link below:

<https://vimeo.com/oxleasnhs/amm2022>

Bromley Primary Care Networks Report:

Enhanced Access

The new PCN-led Enhanced Access services went live across the country on 1 October 2022 and Bromley's services have been operating successfully since the commencement date. This has represented a hugely significant change for PCNs and their member practices, and involved considerable efforts to mobilise their services, including establishing new systems, workforce rotas and clinical governance arrangements to enable the clinics to go live.

PCNs are now focusing on increasing the uptake of these appointments, embedding the new procedures with their member practices and ensuring the clinics are functioning effectively. There have been a number of technical challenges with the EMIS clinical system and PCNs are deploying workarounds whilst these are being resolved.

Seasonal vaccinations

PCNs and their member practices commenced their flu campaigns this autumn. Where possible, PCNs and member practices are offering co-administration with Covid, dependent on the availability of suitably trained workforce and patient preference. PCNs are continuing to collaborate on the running of the regular Covid vaccination services at Oaks Park Medical Centre, London Lane Clinic, and the BGPA-led clinics at Orpington Health & Wellbeing Centre.

Health Inequalities

Healthcare partners in the Orpington/Crays Neighbourhood (Bromley Healthcare working with Orpington and The Crays PCNs) have identified, working with local communities, an unmet need for people over 65 who would benefit from an integrated wellbeing service linked to the Orpington Wellbeing Café. A proposal has been developed and approved for funding which will supply tailored interventions targeted at specific population groups with inequalities or gaps in care (particularly management of ambulatory care sensitive conditions, (ACSC). It will deliver a range of measurable benefits including reduced health inequalities, reduced acute admissions/readmissions and improved access/satisfaction for patients.

The other PCNs are building on their current health inequalities plans and working on proposals for FY2023/2024 and FY2024/2025. These initiatives will take an integrated approach, working with partner organisations, and PCNs will be in contact with One Bromley partners about their ideas ahead of the February 2023 submission deadline.

Mental Health Practitioners (MHPs)

Working with Oxleas, the PCNs have now successfully recruited at least one Mental Health Practitioner (MHP) per PCN and recruitment continues for additional posts. Where already established, the MHPs are providing support to patients with mental health needs.



Integrated neighbourhood teams

PCNs are undertaking a number of initiatives that present the foundations for integrated neighbourhood teams as recommended by the Fuller stocktake report. As well as vaccination services and inequalities interventions, PCNs are contributing towards collaborative, cross-system proposals, including plans to develop respiratory hubs, children and young people's hubs and initiatives to improve outcomes for people with diabetes. PCN Clinical Directors are participating in the One Bromley system leadership programme to further consider these and wider integrative opportunities and will contribute towards the ongoing work on the Fuller delivery plan for Bromley.

General practice

GP practices, alongside all parts of the NHS, are continuing to experience very high levels of demand. Practices are working very hard to deliver high levels of face to face appointments, telephone consultations and e-consults. Demand for appointments continues to exceed the available capacity. GP practices are also finding it challenging to recruit and retain staff, and the PCN Clinical Directors welcome the One Bromley Workforce initiative to support recruitment and attract people to the sector.

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ENCLOSURE: 6

AGENDA ITEM: 7

One Bromley Local Care Partnership Board

DATE: 17 November 2022

Title	Implementing virtual wards in Bromley
<p>This paper is for information</p>	
Executive Summary	<ul style="list-style-type: none"> • This presentation provides an update for the Board on the implementation of Bromley Hospital at Home. • In September, Bromley was awarded £1.8m from the national virtual ward fund allocated to South East London ICB for the expansion of acute level care in the community. • The national ambition is for a phased approach to deliver 50 virtual acute beds per 100,000 population by the end of next year. The aim is to improve patient experience and outcomes while mitigating emergency demand. • We have been working with patients, the public and partners across One Bromley to develop this service for adult patients who would otherwise need to be in a hospital bed. • The service is like our existing Children’s Hospital at Home service but is on a larger scale and involves more partners. • The care provided by the new service is a combination of virtual and face to face, building on our community intravenous antibiotics service to now offer care to patients requiring respiratory, frailty and/or palliative expertise. • Recruitment is under-way to support the expansion of the service by 30 additional beds for this winter which operates 8am-8pm, 365 days a year. • We have significant ambitions for the service, including in developing a teaching faculty for a new qualification in hospital at home and education for informal voluntary carers (friends and family). • This service is a core component of our ambition to move more hospital level care into the community, the importance of which was again underlined in the recent national Fuller Stocktake Report.
Recommended action for the Committee	<p>Next steps for implementation:</p> <ul style="list-style-type: none"> • Completing first round recruitment • Finalising governance to enable working across One Bromley organisations • Completing the first service handbook, including standard operating procedures.

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	The Committee is asked to note the update and endorse the work.	
Potential Conflicts of Interest	Nil to date.	
Impacts of this proposal	Key risks & mitigations	<p>There is a risk that the service is unable to recruit to the necessary posts for expansion resulting in the service not being able to expand as planned ahead of winter 2022/23.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Early advertising for some posts ahead of confirmation of finances, • Recruitment to permanent posts to stimulate the market and using permanent recruitment given wider vacancies in services • Joint posts between providers to support attractiveness of recruitment • Assessment of which posts may be suitable for agency fill in extremis to support delivery for winter 2022/23 • Review of staffing and service offer ahead of winter 2022/23. <p>There is a risk that putting in place the enablers to well-governed expansion of the service extends post planned go-live, putting at risk service delivery for winter 2022/23.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Taking joint legal advice and a backstop of sub-contracting to specify governance and liability arrangements. <p>There is a risk that pump-prime funding for 2023/24 is less than 2022-23 resulting in the service being unaffordable using purely national funding.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Focus on capturing service impact to inform decision making on allocation of national funds to Bromley • Increasing utilisation of technology to support safe remote care so reducing staffing needs

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		<ul style="list-style-type: none"> Identifying other funding sources – including our qualification in Hospital at Home. <p>There is a risk that a proportion of patients otherwise suitable for the service are excluded due to challenges with digital technology. This could result in a negative equality impact and reduced impact of the service on ED and wider hospital flow.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> Tailoring the technology deployed to the needs of each patient Training for patients and informal carers Where necessary being able to offer face to face visits.
	<p>Equality impact</p>	<p>Equalities impact continues to be considered through the implementation phase of the model. Hospital at Home services can be associated with improved access and experience of services for patients with a variety of protected characteristics by removing barriers to access.</p> <p>There is an acknowledged challenge around digital exclusion in virtual wards which the model aims to mitigate through training for patients, use of technology in a way that is suitable for each patient and at home visits where appropriate.</p>
	<p>Financial impact</p>	<p>Initial modelling suggests at full operation (2024+) an annual notional direct benefit of around £5 million to partners, however costs are in the same region.</p> <p>Identifying true cost and benefit is a key plank to the phased delivery plan with the proposal that One Bromley Executive approve the transition between phases to maintain strong executive oversight of costs and benefits.</p> <p>In years 1 and 2, national pump priming funding through SEL will be a key income stream for the service (2022/23 and 2023/24) to demonstrate impact. SEL & Bromley to agree subsequent year funding based on project success.</p>

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Wider support for this proposal	Public Engagement	<p>Initial plans developed through an iterative Delphi approach, including 13 clinical and other professionals and 222 patient and public respondents.</p> <p>Currently establishing a patient co-design group to run December 2022 to –March/ April 2023 to help us refine the service through its initial stages.</p>
	Other Committee Discussion/ Internal Engagement	<p>The development of Bromley Hospital at Home has been taken to the Clinical and Professional Advisory Group and One Bromley Executive at key decision points through 2022.</p> <p>The programme is now also overseen by it's own Programme Board with representatives from all involved One Bromley organisations.</p>
Author:	Elliott Ward, Programme Lead	
Clinical lead:	Dr Lynette Linkson	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	



ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Implementing virtual wards in Bromley

Elliott Ward, Programme Lead, Bromley Hospital at Home

17 November 2022

National ask



*A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the **acute care, monitoring and treatment** they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.*

National ask that we have 40-50 virtual ward beds per 100,000 population, and to be delivering at scale by December 2023. For Bromley that is 130-160 virtual beds.



Where we are starting in Bromley

- Second oldest population in London
- Increasing chronic condition exacerbation
- Over reliance on hospital-based interventions
- Waits for beds resulting in poor patient experience
- Increasing innovation and joint working between acute and community
- In general patients can often move from one service to another, telling their story multiple times



Developed an evidence-based model

13 clinical and
other professional
experts

222 patients
and members
of the public

- Hospital data
- Joint Strategic Needs Assessment
- Literature review
- Delphi engagement rounds with clinicians, professionals and patients
- Public engagement
- One Bromley clinical and executive approval

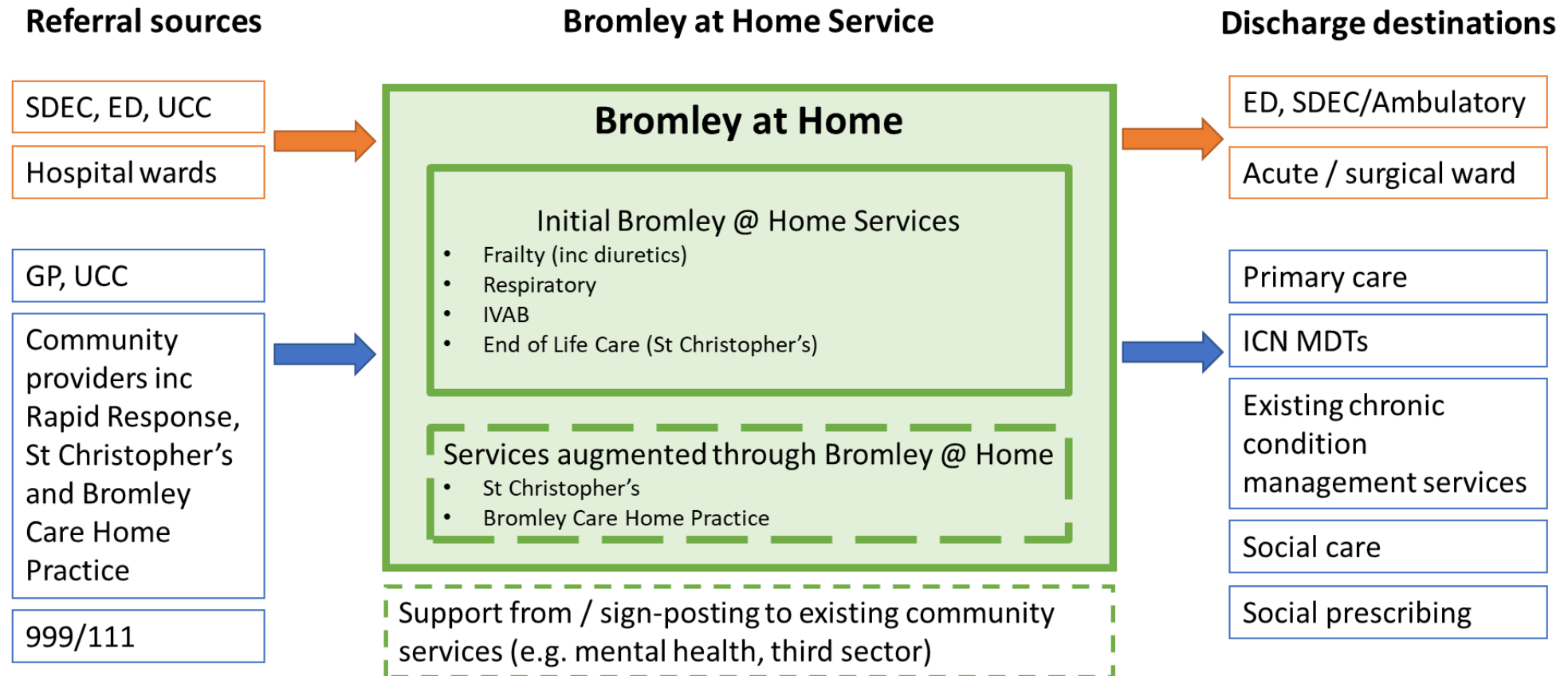


Vision for Success

- Integrated service across One Bromley partners – single service across Bromley
- Consultant led multidisciplinary team with clinical responsibility for its patients
- Providing assessment, treatment and monitoring of patients in their usual place of residence
- Co-produce personalised care plans with patients and carers
- Capacity building for Bromley:
 - 2022/23: additional 30 virtual and hospital at home beds
 - Maximizing national pump priming funding to establish the model and facilitate growth



Links across the Bromley health and care system



Being bold



- Recognise this is a different type of care
 - Hierarchy of support for staff: clear escalation plans for patients
 - Staff qualification in hospital at home
 - Training for voluntary informal carers to build confidence
- Maximising the use of technology – in a way that responds to our population and service needs
- Contributing to and learning from partners across the Integrated Care System
- Publish our work and findings - contribute to the development of international literature
- Identifying and managing our risks through governance: clinical, contractual, organisational

Benefits for patients we expect

- Better patient outcomes compared to a hospital stay
 - More realistic place to assess patient needs – and have voice heard
 - Reduced opportunity for infection
 - Increased opportunity for physical activity
 - Comforts of home to aid recovery
 - Friends and family more easily able to visit and support
 - Less chance of falls for those easily confused in new environments
 - More joined-up care – between acute and community; community and wider health and care system
- Increased system capacity relieving pressure on emergency department and hospital beds – supporting system for those most critically ill



Making it happen



- Recruiting staff
- Staff working between organisations
- Creating our culture
- Refining pathways and support hierarchy
- Ordering equipment
- Building our training
- Establishing our patient co-design group to help us refine our service through winter

Patient feedback so far

Patient feedback on our initial service: Patient A is an elderly patient with chest and lung problems. The patient is widowed and cannot easily travel to and from the hospital for the regular IV antibiotic treatment they require.

...*'extremely satisfied'* with the service ...

...felt very vulnerable going into hospital due to ongoing health issues and Covid-19... *this service reduced their worries...*

They also felt their *condition had improved* when they were treated at home.

...received their treatment at a time suitable for them and in a comfortable environment.

...staff were very attentive and *'absolutely marvellous'*... emotional support provided by the team was also highly praised: *"staff took the time to get to know you"*

...considers the service as *essential for patients who are deemed clinically vulnerable.*





ENCLOSURE: 7

AGENDA ITEM: 8

One Bromley Local Care Partnership Board

DATE: November 2022

<p>Title</p>	<p>Winter Plan - Communication and Engagement</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>Communication and Engagement is one of the key pillars of the ONE Bromley Winter Plan 2022/23. Proactive and effective communication and engagement is critical to ensure there is clear and timely information for the public and local system during this high-pressured period.</p> <p>The 2022/23 Winter communications and engagement approach draws and builds upon successful activity undertaken last year. This includes general and targeted communication to the public, as well as several proactive and reactive communication streams to support the workforce and local providers supporting Bromley residents.</p> <p>Underpinning the communication and engagement activity this year are some key messages around using the right services to meet needs, managing patient expectations, and promoting confidence, to try and reduce system demand and meet residents needs in the most appropriate place possible. This includes:</p> <ul style="list-style-type: none"> ▪ Localisation of national, regional and SEL campaigns and information on vaccinations, using the right service at the right time, keep warm, keep well and self-care for local residents, including: <ul style="list-style-type: none"> • Winter health booklet to be distributed door to door. • Regular winter health advertorials to be place in the local newspapers. • Translated and easy read versions to be available based on demand/need. • Utilise the One Bromley Health Hub to do outreach with key information on winter health. • Outreach through Community Champions ▪ To provide regular and accurate information for system partners and professionals to support system pressures and challenges – to include:

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	<ul style="list-style-type: none"> • Regular comms through the One Bromley E-Bulletin utilise the One Bromley winter branding – a visual identifier for winter messaging • Refresh the winter services directory for system partners and professionals. • Review use of videos produced on different services and commission more where there are gaps • Teams live session to launch winter efforts across Bromley (using model developed last year) • To use national and local key dates/activities to help promote winter/vaccination messaging. • Continuing advice to care homes and care settings throughout the winter period. <p>Responsibility for delivering and managing the range of communication and engagement approaches is managed through the One Bromley Winter Communication & Engagement Sub-group, reporting into the wider One Bromley Communication & Engagement workstream and Bromley A&E delivery board.</p>	
<p>Recommended action for the Committee</p>	<p>It is recommended the Local Care Partnership:</p> <ul style="list-style-type: none"> ▪ Note the key messages underpinning the communication campaign to support the system through winter ▪ Note the communication that has been shared to date – as per the attached presentation 	
<p>Potential Conflicts of Interest</p>	<p>None</p>	
<p>Impacts of this proposal</p>	<p>Key risks & mitigations</p>	<p>Resource to support the winter communication and engagement activity, mitigated through dedicated funding to support materials and professional services to support campaigns</p>
	<p>Equality impact</p>	<p>No direct impact on equalities</p>
	<p>Financial impact</p>	<p>£30,000 worth of funding to support the Winter Comms and Engagement Campaign has been agreed though the Better Care Fund Winter Budget</p>
<p>Wider support for this proposal</p>	<p>Public Engagement</p>	<p>Specific communication material is discussed with established patients and user engagement groups</p>
	<p>Other Committee Discussion/Internal Engagement</p>	<p>The overarching ONE Bromley Winter Plan has been discussed previously at the Local Care Partnership, ONE Bromley Executive structure as well as individual organisation governance arrangements.</p>

ONE BROMLEY

Author:	Jodie Adkin – Associate Director – Urgent Care, Hospital Discharge and Transfers of Care, SEL ICB (Bromley)
Clinical lead:	Lucia Anthonypillai, Clinical Lead, Urgent Care
Executive sponsor:	Dr Angela Bhan, Bromley Executive Lead, SEL ICB (Bromley)

Winter Comms and Engagement Update

Local Care Partnership

November 2022



Executive summary

Communication and Engagement is one of the key pillars of the ONE Bromley Winter Plan 2022/23 with approached being adopted drawing and building upon successful activity undertaken last year.

key messages around self help and keeping well, using the right services to meet needs, managing patient expectations, and promoting confidence in a range of services, to try and reduce system demand and meet residents needs in the most appropriate place possible.

Localisation of national, regional and SEL campaigns and information on vaccinations, using the right service at the right time, keep warm, keep well and self-care for local residents, including:

- Winter health booklet to be distributed door to door.
- Regular winter health advertorials to be place in the local newspapers.
- Translated and easy read versions to be available based on demand/need.
- Utilise the One Bromley Health Hub to do outreach with key information on winter health.
- Outreach through Community Champions

To provide regular and accurate information for system partners and professionals to support system pressures and challenges – to include:

- Regular comms through the One Bromley E-Bulletin utilise the One Bromley winter branding – a visual identifier for winter messaging
- Refresh the winter services directory for system partners and professionals.
- Review use of videos produced on different services and commission more where there are gaps
- Teams live session to launch winter efforts across Bromley (using model developed last year)
- To use national and local key dates/activities to help promote winter/vaccination messaging.
- Continuing advice to care homes and care settings throughout the winter period.

Responsibility for delivering and managing the range of communication and engagement approaches is managed through the One Bromley Winter C&E Sub-group, reporting into the wider One Bromley C&E workstream and Bromley A&E delivery board.

Public Communication – Keeping Well

See the full leaflet here: [Keep well this winter – resident guide](#)

KEEP WELL THIS WINTER

Bromley residents are urged to take good care of themselves this winter and seek medical help early when they need it.

To help them, the new One Bromley Keep Well This Winter guide will be delivered to every Bromley home during November. It provides top tips for staying well and where to go when you need help. It is available online and in other languages on request.

Dr Angela Bhan, Executive Director for the South East London Integrated Care System (Bromley) explains,

“ Winter is always tough on health and care services and this year will be no different. As we continue to mix more socially, the risk of spreading viruses and bugs increases. We are already seeing spikes in cases of flu and respiratory illnesses, especially in children, so please help us to help you this winter and have any winter vaccinations you are due. Vaccines are our first line of defence against these viruses, so it is vital you have your COVID-19 and flu vaccination (if eligible) to protect you and your family.”

Dr Nada Lemic, Director of Public Health for Bromley said,

“ Winter is a challenging time, with darker days and cold weather which can affect our physical, mental, and emotional wellbeing. It can also make some health problems worse and lead to serious complications. Please take good care of yourself by keeping warm, having a daily hot meal and being as active as you can manage.”



Dr Lucia Anthonypillai, Bromley GP asks Bromley residents to think self-care, Pharmacy, NHS 111, and GP when they feel ill.



Dr Andrew Parson, Bromley GP said,

“ As we age, our immune systems become weaker and less able to fight off viruses. We gradually lose the muscle mass that helps us keep warm and moving about. And the cold makes health conditions harder to manage – it can even affect our hearts and circulation. The good news is that there's lots we can do to help keep ourselves well in winter and we hope our Keep well This Winter guide will help.”

“ Emergency services are always busier over winter and must be available to quickly treat those with critical and life threatening needs. When you or a family member feel ill, please use the right service to get the help you need quickly.”

The guide also signposts residents to where they get more information if they are worried about the rising cost of living, especially heating their homes as the colder months approach. Advice and information is available from Bromley Well at www.bromleywell.org.uk/our-services/cost-of-living or from their freephone helpline on 0808 278 7898. Advice and support is also available on the Bromley Council website at www.Bromley.gov.uk/supportingresidents

The Bromley resident guide to keeping well this winter has been produced jointly across One Bromley organisations to provide clear information and signposting to information and advice on keeping well over winter.

It includes advice on which service to use when you are ill, how to protect yourself with vaccinations, self-care and keep warm advice and information on how primary care is working. It is available in other formats and languages on request. The guide will be delivered to every household in the borough over November and will be promoted through newspaper and digital advertising.

Winter vaccinations

A One Bromley Communications and Engagement sub-group has been set up to plan and deliver information about winter vaccinations. Activity feeds into the Bromley Vaccination Task Force and the South East London Integrated Care System Vaccination Gold Command.

This collaborative effort across Bromley enables further reach to communities. Based on intelligence captured during the COVID-19 vaccination campaign, a range of media is being used to reach the eligible groups. Including:

- Information and signposting in the Winter Guide to Keeping Well – delivered to each home.
- Print and digital advertising including focused online advertising to reach target groups.
- Social media
- Outreach through community champions and partners and using 'trusted voices'.
- Professional video production focused on groups with lower uptake of flu and COVID.
- Bus advertising will start at the end of November.
- Shopping centre marketing event
- Promotion of pop up clinics.



NHS

BOOST

your immunity this winter

Find out if you're eligible for the
Flu jab + COVID-19 booster

nhs.uk/wintervaccinations



NHS

BOOST YOUR IMMUNITY

GET VACCINATED WITH THE FLU + COVID-19 VACCINES

Flu and COVID-19 can be life-threatening, so help protect yourself, your family and patients.
Don't delay, get your vaccines now.

Primary Care Campaign

The campaign focuses on five key messages.

- **People will be seen by the most appropriate healthcare professional** based on their needs from an expanded and multi-skilled practice team.
- **Getting an appointment.** Avoid using the phone if your need is not urgent. Sign up for eConsult or the NHS App. Demand is higher than ever so there are queues on the phone lines. Please be patient.
- **Use your community pharmacist** for minor ailments and health advice. They offer a wide range of services, can help with repeat dispensing and are experts in medicine.
- **Promote the range of services** people can refer themselves to in order to avoid the need for a GP appointment.
- **Promote the role of social prescribers** to reduce the number of 'social' appointments being undertaken by primary care clinicians.

Meet your friendly GP practice team*



Receptionist

First point of contact, trained in medical administration and initial triage to direct your query to the most appropriate service or professional to help you further.



GP

Senior medical generalist in primary care. Diagnoses and treats patients with most complex conditions.



Practice Nurse

Dressings, wound care, minor injuries, vaccinations, and routine screening. Some are specialists, eg in diabetes and respiratory care.



Advanced Nurse Practitioner

Highly skilled specialist nurse, qualified to make independent decisions on assessment, diagnosis and treatment.



Clinical Pharmacist

Specialist advisor for patients on multiple and long-term medications, ensuring patient safety.



Social Prescriber

Connects people to a wide range of local community services to help people with their physical and mental health and wellbeing, and welfare.



Community pharmacist

Trained to provide advice on a range of minor ailments and conditions, and offers appointments via your GP practice.



Physiotherapist

Assess, diagnose, and provide advice on managing musculoskeletal conditions. Refers to specialist services if necessary.



Physician Associate

Works under supervision, clinically trained to diagnose and treat patients, order tests, make referrals and provide continuity of care for those with long term conditions.



Mental Health Practitioner

Trained in mental health care, and able to signpost to specialist services if this needed.



Healthcare Assistant

Healthcare assistants work alongside nurses and other practice staff and can be your first point of contact for a range of care such as wound dressing, health advice and checks.

*These are some of the new roles working in primary care. Not all practices will have all these roles.

#YourPrimaryCare



For more information visit www.selondonics.org/bromleyprimarycare

Public Communication: Using The Right Service

Arranging for you to be seen in primary care services

Dear Sir/Madam

During your attendance at the Urgent Treatment Centre (UTC) today, the assessment by our clinicians determined your care would be more appropriately provided at a GP practice.

The UTC focuses on treating patients who need urgent medical attention such as strains, sprains, suspected broken limbs, scalds, burns and minor head injuries.

Please contact your GP practice or alternative services via the methods provided below. If we have arranged a GP appointment for you, please attend at the venue/time allocated. This appointment will ensure you receive continuity of care from your GP practice and they can decide whether you need an onward referral to another service.

For future non-urgent healthcare needs, please consider alternatives such as pharmacies, NHS 111 online (www.111.nhs.uk) or GP practice by getting in contact using the following methods:

- o To contact your GP practice to get access to advice and appointments, use **eConsult**, the **NHS app**, **telephone** or **Patient Access**. If you need an appointment, you will receive a phone call from a member of the practice team who will assess you and decide whether you need a further virtual GP appointment, or be booked into a face-to-face appointment.
- o Visit your **local pharmacist** who can provide clinical advice or over the counter medicines for a wide range of minor health concerns such as coughs, colds, sore throats, tummy trouble and aches and pains.
- o Use **NHS 111 online** (www.111.nhs.uk). If you do not have access to the internet, please call 111 and speak to an adviser.
- o To get advice on **staying well this winter** – www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well/

For more information on how to get in touch with your GP practice and how primary care is working – visit www.selondonics.org/Bromleyprimarycare

Yours sincerely,

Redirecting patients attending UTC whose care would be better met in primary care or alternative settings

Supported by a package of proactive communication including print and online advertising to encourage people to use the right services first time

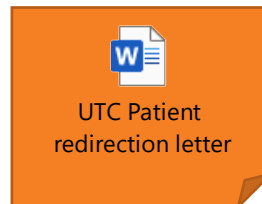
Which Service should I use when I feel ill:

Emergency services are always busier over winter and must be available for those with critical and life threatening needs.

When you or a family member feel ill, please use the right service to get the help you need quickly. Please think self-care, pharmacy, GP or NHS 111 first.




- SELF-CARE:** Treat minor illnesses such as headaches, cuts and bruises, coughs, and colds at home. Use over the counter medicines, drink plenty of water and get some rest.
- PHARMACY:** Qualified staff can advise on medicines and the treatment of minor ailments and injuries. No appointment is needed.
- GP PRACTICE:** If you are feeling unwell and it's not an emergency. Appointments are also available on weekday evenings and Saturdays.
- NHS 111:** Check out your symptoms and seek further advice at 111.nhs.uk. If you can't get online, then call 111. If you have an urgent medical problem or your GP is closed, NHS 111 will provide advice and if necessary, make an appointment for you at a local service.
- URGENT TREATMENT CENTRES:** For urgent needs only. Use an urgent treatment centre when you are advised to by NHS 111. There are urgent treatment centres at the Princess Royal University Hospital and at Beckenham Beacon.
- 999/A&E:** Only use this service if you or someone else is seriously ill and their life is in danger.



UTC Patient
redirection letter


Supporting Care home Residents



Bromley Care Settings Programme Update


 Care Home Forum, 30th September 2022

Sara Quirke, Joint Care Home Programme Lead, London Borough of Bromley / NHS South East London ICB




Today

- National Updates**
 - Integrated Care Systems (ICS)
 - NHSE/1's Enhanced Health in Care Homes Framework Refresh
- Care Setting Programme Update**
 - RESTORE2
 - Falls Prevention
 - Digital
- Winter**
 - Winter support
 - Vaccinations




 Care Homes Programme update - W



Winter 2022/23 Resource Pack for Bromley Care Settings

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- End of Life Communication Tool 9
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 Using RESTORE2™ when a resident is showing signs of deterioration

NEWS2 ESCALATION GUIDANCE

SLIP SCALE, if the well resident has:

- NEWS of 3 - 6, or
- NEWS of 7+ but is stable

Outside GP hours, if the well resident has:


- NEWS of 3 - 6, or
- NEWS of 7+ but is stable

At ALL TIMES, if the well resident has a NEWS of 7+ and is unstable

Remember, if a resident is admitted to the Princess Royal University Hospital, notify the Transfer of Care Bureau (TCB) on 020 896 8862. You will likely receive a consultant discharge.

Remember to use the SBAR tool when escalating to the appropriate health professional:

- Situation
- Background
- Assessment
- Recommendation
- Decision



 Care Homes Winter Resource Pack

One Bromley Winter Launch Event

SPEAKERS INCLUDE:



Jonathan Lofthouse

Site Chief Executive, Princess Royal University Hospital and South Sites



Jodie Adkin

Associate Director - Discharge Commissioning, Urgent Care and Transfer of Care Bureau, NHS SEL CCG and London Borough of Bromley



Sean Rafferty

Assistant Director of Joint Commissioning for NHS SEL CCG and London Borough of Bromley



Kim Carey

Interim Director of Adult Services, London Borough of Bromley



Dr Andrew Parson

Bromley GP and clinical lead for NHS South East London Clinical Commissioning Group - NHS SEL CCG

This year the event will be held on the 17th November, 14:00-15:00 via Teams and is open to all staff working in Bromley.

It provides a chance to get some of the key winter messaging across to a range of different staff representing multiple providers.

There will be short talks from some of the senior leadership team, as well as videos that have been collected that detail some of the most important services that are available this winter.

Last year's event was well-attended and featured the above speakers

Keeping staff informed



Directory of Services



ONE BROMLEY

BROMLEY SERVICE DIRECTORY FOR PRIMARY AND COMMUNITY SERVICES

If your GP practice is experiencing a business continuity issue or at risk of being unable to maintain contractual opening hours, please contact bromley.primarycare@seelondonics.nhs.uk for urgent support.

SERVICE	HOW TO REFER/BOOK	DESCRIPTION	MORE INFORMATION
PCN Enhanced Access clinics	Book patients in using EMS. Enhanced Access extends general practice appointment availability to 8pm on weekdays, and 9:30 on Saturdays. A range of appointment types are available including in person, telephone, online.	From October 2022, PCNs have taken over responsibility for the additional appointments on weekday evenings and Saturdays. The clinics on offer have been determined by each PCN. Appointments are for a mix of primary care services delivered by a multi-disciplinary team of health and care professionals.	Each practice is able to offer Enhanced Access appointments for their patients. Please speak to your practice reception team or PCN lead for more details of the appointment types on offer.
Rapid response (BHC)	GP referral by phone on 020 8315 8722 . Referrals can be made using the Referrals Optimisation Protocol: Community/Referrals/Bromley HealthCare Single Point of Entry Form.	Two hour or same day crisis response. 8am-8pm, seven days a week, from an advanced clinician to assess, treat, and arrange follow up in patient's own home.	www.bromleyhealthcare.org.uk/explore-our-services/medical-response-team/
Rapid access to therapy team (BHC)	GP referral via EMS. Referrals can be made using the Referrals Optimisation Protocol: Community/Referrals/Bromley HealthCare Single Point of Entry Form.	Provision of urgent therapy services so patients can remain at home and avoid hospital attendance.	www.bromleyhealthcare.org.uk/explore-our-services/rapid-access-therapy-team-ratrrat/leaflet/
Community health services (BHC)	GP referral via EMS. Referrals can be made using the Referrals Optimisation Protocol: Community/Referrals/Bromley HealthCare Single Point of Entry Form.	Includes: • Community nursing • Falls and Fracture Prevention • Bladder and Bowel • Community Therapy (SLT, physio and OT) • Dietetics	www.bromleyhealthcare.org.uk/explore-our-services/community-team/
Mental Health crisis line/support (Oxleys)	Phone numbers for GPs (non-crisis line): Bromley East CMHT 01689 892300 or Bromley West CMHT 020 8609 2151 Mental Health crisis Line is 0800 330 8990 (24 hours)	Telephone crisis line available 24 hours a day to individuals and their families/carers.	Patients can also call crisis line directly on 0800 330 8990 www.oxleys.nhs.uk/advice-and-guidance/how-to-get-help/
Community based services for vulnerable residents (Bromley Well)	Direct access by patients by calling 0808 278 7888 . Referrals can be made using the Referrals Optimisation Protocol: Palliative Medicine > Referrals > St Christopher's Palliative Care Referral Form.	• Long term health condition support services • Handy person service • Carer support services	www.bromleywell.org.uk spa@bromleywell.org.uk
Community palliative care service (St Christopher's Hospice)	Refer by phone on 020 8768 4500 . Referrals can be made using the Referrals Optimisation Protocol: Palliative Medicine > Referrals > St Christopher's Palliative Care Referral Form.	For people with palliative care needs to remain at home and live well until they die.	www.stchristophers.org.uk/patients/homecare
Choose home (St Christopher's Hospice)		Short, rapid intervention to bridge the gap of care and enable palliative patients to remain at home.	
Post-Covid Syndrome Community pathway (BHC)	Refer via EMS. Referrals can be made using the Referrals Optimisation Protocol: COVID-19/Referrals/Post-COVID Assessment Service.	Integrated service for those experiencing long term health effects of Covid infection.	
GP locum bank (Versatile GP, BGPA and Lantam)	www.versatilegps.com/ https://documentcloud.com/primary-care https://www.lantam.com/register/practice	Help with finding GP cover for the practice, either fee free or at low cost.	Versatile GP – willian.lucas@bromley.nhs.uk Locum's Nest – sally@locumsonbank@bromley.nhs.uk Lantam – support@lantam.com
Lateral Flow Test (LFT)	To help contain the spread of Covid-19, please visit and provide LFTs on the GOV.UK website.		Personal Protective Equipment (PPE) Go here to have sufficient stocks of PPE in readiness for winter: www.seelondonics.nhs.uk . Practice Managers will hold the sign details.

These provide a list of useful services available to healthcare staff in both settings, with the details about how to refer into them.



ONE BROMLEY

BROMLEY SERVICE DIRECTORY FOR ACUTE HOSPITAL SERVICES

SERVICE	HOW TO REFER/BOOK	DESCRIPTION	MORE INFORMATION
DISCHARGE PLANNING			
Transfer of Care Bureau (TOCB)	PHNs must refer to the TOCB via EPR Support/Discharge Referral or email discharge.referral@seelondonics.nhs.uk for support. Discharge Referral or email discharge.referral@seelondonics.nhs.uk for support. Discharge Referral or email discharge.referral@seelondonics.nhs.uk for support. Discharge Referral or email discharge.referral@seelondonics.nhs.uk for support. TOCB ext 8542	TOCB will support with pathway decisions, care manager complex cases and provide specialist advice and support including: • Advice and coordination of new Package of Care • Care Home Referrals • Enhanced Care at Home - Live in care and night care to support people with long term and support needs for a maximum of 2 weeks and alternative to care home admission • Discharge of End of Life patients with complex care and support needs • Step Down Beds - Intensive community beds • Deep venous thromboses • Out of Borough residents requiring care and support • Mental Health Flow Manager Supporting discharges of patients with mental health needs • Patient Transport ("Dialysis Bus") Dialysis Transport to prevent dialysis patients from being discharged to hospital	EOL Needs The EOL Needs supports a timely and safe transfer of care for patients with end of life needs from the acute setting. This includes end of life care, symptom management, bereavement support, and support for the patient, family and carers. For more information please visit www.bromleyhealthcare.org.uk/explore-our-services/end-of-life-needs/ Hospice Referrals The hospice referrals support the facilitation of the smooth transfer of patients with complex end of life needs from the acute setting into the community. Please contact the Transfer of Care (TOCB) at discharge.referral@seelondonics.nhs.uk for more information. Referrals to the community should be made to the local weekly needs meeting. Meetings are held Tuesday and Thursday 10:30 - 12:00.
Single point of access (SPA) for supported discharge	SPA: 020 8315 8700	For access to all post-discharge health and social care support including: • Discharge Planning • Bromley Rehabilitation Services (comprising of Bromley Road Based Rehab, Home Based Rehab, and Rehabilitation) • Rapid Access to Therapy Team to enable a rapid discharge with therapy needs assessed at home • New or Increased Package of Care • Fracture Pathway - care and support for non-weight bearing	Please have all information relating to the patient's current care and requirements, clinical presentation including medication, Covid status, and any other relevant details.
Proactive Care Pathway	Via request to GP or ED	Holistic assessment by community ration discussed at community MDT	
Discharge support via community based services for vulnerable residents (Bromley Well)	Email SPA@bromleywell.org.uk or 0800 278 7888	• Take home and settle patients taken home in a car • Heavy person and volunteer who will settle them at home • Heavy person and volunteer who will settle them at home and also help with tasks including laundry and other light housework • Spring Service - 24/7 Monday to Saturday • Frailty Care Navigator and 8 weeks Hospital Adherence Service to provide ongoing support, assessment and monitoring to patients requiring ongoing assessment and monitoring to patients requiring ongoing assessment and monitoring to patients requiring ongoing assessment and monitoring	www.bromleywell.org.uk
Restart existing Package of Care	Use the repeat checklist form in Health & Transfer of Care Bureau > Patient	Any decision on repeat care using the repeat checklist.	



SERVICE	HOW TO REFER/BOOK	DESCRIPTION	MORE INFORMATION
LOCAL AUTHORITY/SOCIAL CARE			
Adult Social Care	Mon-Fri 9am to 5pm 020 8461 7777 Out of hours 0300 303 8871		https://www.bromley.gov.uk/info/10000/health_and_social_care
Homelessness and housing advice (LBB)	Mon-Fri 9am to 5pm 020 8461 7721 Out of hours 0300 303 8871		https://www.bromley.gov.uk/info/10000/housing
COMMUNITY SERVICES			
Community health services	All community health care services offered via Single Point of Access (SPA) form on EPR or 020 8315 8722	• Falls and Fracture Prevention • Community Health Rehab • Bladder and Bowel • Community Therapy (SLT, physio and OT) • Dietetics • Podiatry • Community Respiratory/Primary Rehab	For any queries or services or advice on appropriate pathways of care visit the Single Point of Access (SPA) to speak to a community clinician. www.bromleyhealthcare.org.uk/explore-our-services/community-response-team/
Community based rapid response (BHC)	Tel 020 8315 8722	Two hour or same day crisis response. 8am-8pm, seven days a week, from an advanced clinician to assess, treat, and arrange follow up in patient's own home - can be used for assessment follow up to avoid admission.	www.bromleyhealthcare.org.uk/explore-our-services/medical-response-team/
Community Intravenous Antibiotic Service (IVABS)		Supporting people whose treatment is complete and only requires a final course of IVAB to finish their course.	For any queries or services or advice on appropriate pathways of care visit the Bromley SPA to speak to a community clinician.
END OF LIFE CARE			
End of life and palliative care service (St Christopher's Hospice)	Email: stchristophers@nhs.net Tel: 020 8768 4500 www.stchristophers.org.uk/health-professionals/home-care-referral	Bromley Community Palliative Care Service - for people with advanced cancer and Bromley Hospice at Home and Respite. Living Well at Home Team - using therapists and volunteers for those people with chronic conditions.	www.stchristophers.org.uk
STROKE REHAB			
Stroke Rehab	Referred from lg.bromleyrehab@nhs.net	The Bromley stroke rehabilitation team (SBRT) provides specialist acute rehabilitation to patients in Bromley, either in their own homes, nursing homes or residential homes. Service includes Early Supported Discharge, Supported Discharge and Targeted Health Management Team.	For any queries or services or advice on appropriate pathways of care visit the Bromley SPA to speak to a community clinician.
OTHER			
High Intensity User Service	Contact High Intensity Users Liaison Lead on 0777 381 8534 Or contact the referral clinic: kch-4.bromley@highintensity-uro-service@nhs.net	Provides a de-medicalised approach to better meet the needs and reduce pressure on health services to provide acute care circumstances they contribute to their frequent ED attendances.	



ONE BROMLEY

Directory of Services

Think Twice!

DRAFT

When discharging a patient, think:

- Does the patient need any blood/urgent follow up tests?
- If patients need blood/urgent follow up tests within a week, it should be arranged before they leave the hospital
- Make patients aware of the possibility of self-referrals i.e. MSK, physio, IAPT
- Make any changes in medication clear and obvious so community health care staff can see this when they look at the patient record.
- Manage patient expectations – make patients aware of reasonable time periods that they may have to wait before the next stage of their care.



ENCLOSURE: 8

AGENDA ITEM: 9

One Bromley Local Care Partnership Board

DATE: 17 November 2022

Title	September 2022/23 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<p>The Month 6 financial position for the South East London Integrated Care Board (SEL ICB) was as follows:</p> <p>The SEL ICB financial position was £48k overspent.</p> <p>The Bromley ICB/LCP position was £284k overspent.</p>	
Recommended action for the Committee	The Board is asked to NOTE the financial position at Month 6.	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

17 November 2022

Month 6 2022/23, SEL ICB Finance Report

1. South East London Integrated Care Board (SEL ICB)

Month 6 Financial Position

- This report sets out the Month 6 financial position of the SEL Integrated Care Board (ICB). The SEL ICB is reporting an overall £48k overspend to Month 6. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.
- In month, the SEL ICB has received an additional £69,968k of allocations (largely relating to pay inflation), giving the SEL ICB a total allocation of £3,021,944k at Month 6. The table below summarises the SEL ICB and Bromley ICB/LCP budget position.

	Total SEL ICB	Bromley ICB/LCP
	£'000s	£'000s
Annual Budget	3,903,078	215,006
CCG Final Budget	964,249	53,434
ICB Start Budget	2,938,829	161,573
Month 6 Budget (including new allocations)	3,021,944	169,206

- At Month 6 the SEL ICB is forecasting a break-even position for the 2022/23 financial year.
- The SEL ICB QIPP (savings) target for 22/23 is £29,305k. The plan is reporting an adverse variance of £651k at Month 6 due to slippage in both the prescribing and continuing care savings plans. The forecast outturn is reported as break-even, which reflects the work being undertaken by boroughs to mitigate slippage and ensure savings plans are delivered in full by the end of the year.
- The detailed Month 6 SEL ICB Report is set out at *Appendix 1*.

2. Month 6 Bromley ICB/LCP Financial Position

M6 position

	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£'000s	£'000s	£'000s
Acute Services	1,637	1,617	19
Community Health Services	19,299	19,264	34
Mental Health Services	3,172	3,231	(59)
Continuing Care Services	6,019	5,953	66
Prescribing	11,313	11,700	(387)
Other Primary Care Services	698	698	(0)
Other Programme Services	9	9	(0)
Delegated Primary Care Services	13,811	13,811	-
Corporate Budgets	1,178	1,136	42
Total Year to Date	57,135	57,419	(284)

The Delegated Bromley ICB/LCP is reporting an overall £284k overspend at Month 6. The reported position includes a £387k overspend on Prescribing and £59k overspend on Mental Health. This is offset by underspends in Acute, Community, Continuing Healthcare and Corporate budgets.

Community budgets are £34k underspent. There are some contracts recording small overspends, including the AQP Audiology contract. They will be closely tracked and action plans to mitigate spend will be implemented.

The mental health overspend of £59k is a result of an increase in cost per case activity in the early part of the year. These clients are reviewed regularly.

The Prescribing position is £387k overspent, based on the Month 4 PPA (Prescription Pricing Authority) data. This is primarily due to higher than budgeted activity in the early part of this financial year and a cost pressure relating to Category M drugs and NCSO drugs (No Cheaper Stock Obtainable). A detailed analysis of the prescribing position is set out on the next two slides.

The 2022/23 borough savings requirement is £3,841k. The savings schemes, including the additional system savings requirement, have been identified and are set out on slide 5. At Month 6 the borough is reporting an under delivery of £101k caused by the prescribing position. All other schemes are on target and the forecast position is breakeven.

The borough is reviewing budgets, expenditure and working to identify further savings schemes to ensure the financial pressures in the borough are mitigated and the forecast breakeven position is delivered.

3. Bromley ICB/LCP Prescribing Position (1 of 2)

Current position

- The Month 6 position was £387k overspent. The Month 7 draft position is showing a deteriorating position with the overspend increasing to £689k and the forecast year end position as £1,556k overspent.
- Within this position the cost of Cat M & NCSO drugs for the period from July to October 2022 is £699k. The cost of these drugs in the same period last year was £116k. Therefore the year on year increase is £583k.
- Activity has increased by 5% compared to the same period last year.
- The cost of living issues have led to an increase in prescribing for OTC medicines for self care.
- Areas of highest growth in Bromley are detailed below and are above the SEL average, most of these can be attributed to the demographics of the Bromley population ie older population with more co-morbidities and highest number of care home residents:
 - Diabetes – in newer drugs and agents/devices for monitoring are the highest area of growth and above average in SEL, this is mainly due to recent quality improvement work in diabetes and more proactive management.
 - Drugs in malignancy – demographics and also catch-up post pandemic.
 - Anticoagulants – older population and therefore higher both primary and secondary prevention eg cardiovascular issues and strokes.

Action plan

- SEL QIPP action plan – a high impact dashboard this has been agreed across SEL focussing on areas with the greatest potential savings.
- Prescribing Improvement Scheme (PIS) – a local scheme has been developed with quality improvement and financial indicators, the latter to support delivery of target savings.
- A number of medicines optimisation quality improvement initiatives have been ongoing over the last year. The Bromley Clinical Effectiveness South East London (CESEL) group have launched a guide to improve the management of diabetes, which has resulted in a significant growth in Bromley in the prescribing of newer diabetes drugs and the monitoring agents/devices. Similarly, CESEL have launched a guide on the management of hypertension, which encourages more proactive management and drug treatment. Running alongside this is the nationally commissioned community pharmacy hypertension case-finding service, resulting in more prescribing.
- Other quality improvement initiatives currently ongoing include: Medicines review in end-of-life care; Chronic Kidney Disease; Lipid Modification; Respiratory and sustainability; Discharge Medicines Service; Patient safety alerts; Overprescribing; Community pharmacy champion scheme (award winning).

4. Bromley ICB/LCP Prescribing Position (2 of 2)

Action plan (continued)

- Awareness campaigns – refresh and relaunch of campaigns to support the self-care and waste reduction work
- Practice prescribing meetings – all GP practices have had meetings with the Medicines Optimisation Team, providing individualised data, information and resources to support delivery of the action plan and PIS
- Team QIPP work – the Medicines Optimisation (MO) Team are working with practices to implement the QIPP plan

Mitigating factors

- QIPP plan and PIS – work to implement these, from both the practices and the medicines optimisation team has now started and the savings have yet to be seen in the data (prescribing data is not live and is available 2 months later)
- Direct-acting Oral AntiCoagulant (DOAC) rebate – a national framework has been negotiated to prescribe the most cost-effective DOAC, the rebate expected for Bromley is expected to be approx. £166k for Q2-Q4
- Other rebates (SEL) – income from rebate schemes relating to other drugs is expected to be approx. £124k to £150k for Q2-Q4
- Drug patents (sitagliptin) – this is expected to come off patent imminently, which is estimated to provide an estimate saving of approx. £117k for Q2-Q4
- NCSO – although this has been a significant cost pressure to date, more recent data is showing a reduction in these costs, however this is unpredictable. The issue of this cost pressure in primary care has been raised with NHS England, along with a request for mitigation.

Summary

- The mitigations set out above and the impact of the savings target in the latter part of the year should help to reduce the current forecast overspend. However they are unlikely to cover the overspend completely, see table below:

	Potential saving £'000
QIPP plan	377
DOAC Rebate	166
Other rebates	137
Drug patents	117
TOTAL	797

5. Update on Bromley ICB/LCP QIPP

The table to the right sets out the Month 6 Bromley ICB/LCP savings delivery by area. At Month 6 the forecast year end position was breakeven.

Community services have the largest savings target (£1,387k) and a breakdown of how these savings have been achieved is set out below.

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Delivery Variance £'000
Additional System Savings Requirement	566	283	283	0	566	0
Community Services	1,387	694	694	0	1,387	0
Continuing Care Services	568	284	284	0	568	0
Corporate/Running Cost	241	121	121	0	241	0
Mental Health Services	103	52	52	0	103	0
Other Acute Services	26	13	13	0	26	0
Other Primary Care Services	45	23	23	0	45	0
Other Programme	267	134	134	0	267	0
Prescribing	638	131	30	-101	638	0
Grand Total	3,841	1,733	1,632	-101	3,841	0

2022/23 Community savings schemes	£'000	Commentary
Tariff efficiency	610	This is the 1.1% efficiency passed onto providers as part of the NHS uplift figure.
Local UTC provider	156	Changes to contractual arrangements with local UTC provider
Audiology	150	Reset of the Audiology budget to reflect pre-covid activity levels
Contract reviews	78	Various contracts
External UTC	240	Budget reduction based upon historic expenditure trends
Growth funding	153	Growth funding not fully allocated to contracts
Total	1,387	

A further additional systems savings target of £566k has recently required from the LCP. This has been achieved through removing budgets for other planned investments (£430k) and also further contract savings from growth reductions (£136k).

6. Update on One Bromley Financial Reporting

SEL Reporting

- The indicative borough breakdowns for acute, mental health and community contracts that are managed on a SEL wide basis were shared with the Bromley Local Care Partnership Board at the meeting in September 2022.
- The borough information is currently being updated to include new allocations, including the cost uplift factor increase relating to pay awards. This information will be included in the January 2023 Bromley Local Care Partnership Board Finance Report.

One Bromley Partners Financial Reporting

- Reports have been received from Bromley Partners, including BHC and PRUH.
- A draft Bromley wide report is being developed and will be shared with the One Bromley Executive for review and comment.

SEL ICB Finance Report (For information)

Month 6 2022/23

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1. Executive Summary

- This report sets out the Month 6 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,020,897k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,021,944k**. The ICB is reporting an overall **£48k overspend** to Month 6. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£48k)** overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget. Prescribing data is received two months in arrears, so the latest information we have relates to July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. If this trend continued into future months, the full year forecast impact would be circa **£3,400k** before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. This is set out later in this report. There were no other material changes in-month.
- In reporting this Month 6 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

- The table below sets out the movements in the Revenue Resource Limit at Month 6. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations emerged.
- In month, the ICB has received an additional £69,968k of allocations (largely relating to pay inflation), giving the **ICB a total allocation of £3,021,944k** at Month 6. An assessment will be made in-month in respect of forecasted spend against additional allocations.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
Month 4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
Month 1-3 Carry Forward (Allocated)							1,047	1,047
Month 4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
Month 5 Internal adjustments	708	765	762	959	838	801	(4,834)	-
Month 5 allocations	-	-	50	26	33	30	7,741	7,880
Month 5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
<i>Internal Adjustments</i>								
SMI Outreach				(78)	(105)		183	-
Virtual Wards	1,112	1,830	1,406	479	560	479	(5,865)	-
Post Covid	328	425	328		100		(1,181)	-
Delegated Primary Care	22	46	32	77	101	38	(317)	-
<i>Month 6 Allocations</i>								
Additional Pay inflation	275	1,126	646	470	241	110	48,297	51,165
LA/HEE related Pay inflation		327					3,763	4,090
Employers NIC adjustments							(5,549)	(5,549)
Demand and Capacity							7,590	7,590
Covid funding for Royal Brompton							4,687	4,687
Cancer Funding							1,763	1,763
Learning Disabilities and Autism							2,723	2,723
HIV Testing Programme							910	910
Hep and Reflex testing							733	733
Primary Care Transformation							586	586
DOAC rebates							443	443
DWP IAPT	98						335	433
Other Allocations							394	394
Month 6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overall overspend of **£48k** at Month 6 relating to Covid vaccination expenditure. We are expecting that this will be fully reimbursed by NHSE as per national funding arrangements. Once received a **break-even** (green rated) position will be reported.
- All other financial duties have been delivered for the year to Month 6 period. A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	-	(48)	-	(48)	Yellow
Expenditure not to exceed income	1,014,070	1,014,118	3,044,323	3,044,371	Yellow
Operating Under Resource Revenue Limit	1,006,611	1,006,660	3,021,944	3,021,992	Yellow
Not to exceed Running Cost Allowance	9,084	8,842	27,251	26,525	Green
Month End Cash Position (expected to be below target)	4,188	690	4,125	500	Green
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	Green
95% of NHS creditor payments within 30 days	95.0%	96.1%	95.0%	96.1%	Green
95% of non-NHS creditor payments within 30 days	95.0%	97.9%	95.0%	97.9%	Green
Mental Health Investment Standard (Annual)	133,106	133,114	399,319	399,343	Green

4. Budget Overview

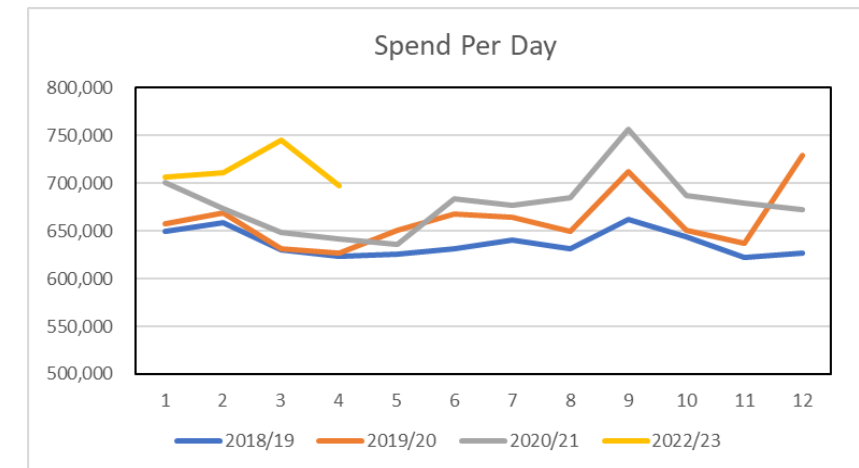
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	1,164	1,637	5,999	392	490	246	546,131	556,059	-	556,059
Community Health Services	4,188	19,299	6,688	5,623	6,213	7,113	58,739	107,864	-	107,864
Mental Health Services	2,635	3,172	2,124	4,981	1,574	1,524	113,359	129,368	-	129,368
Continuing Care Services	5,925	6,019	6,429	7,428	5,044	4,837	-	35,682	-	35,682
Prescribing	8,290	11,313	8,163	9,496	9,604	7,862	306	55,034	-	55,034
Other Primary Care Services	692	698	575	714	308	124	6,144	9,255	-	9,255
Other Programme Services	6	9	(114)	45	83	86	17,173	17,288	-	17,288
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	866	1,178	1,199	1,554	1,084	1,128	7,808	14,817	-	14,817
Total Year to Date Budget	32,754	57,135	42,560	48,079	37,095	37,127	751,863	1,006,612	-	1,006,611
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual										
Acute Services	1,179	1,617	5,951	243	482	239	545,650	555,362	-	555,362
Community Health Services	4,201	19,264	6,670	5,616	6,230	7,121	58,781	107,884	-	107,884
Mental Health Services	2,529	3,231	1,804	4,891	1,391	1,582	113,409	128,836	-	128,836
Continuing Care Services	5,715	5,953	6,556	7,785	5,043	4,659	-	35,712	-	35,712
Prescribing	8,462	11,700	8,464	9,640	9,776	7,906	306	56,254	-	56,254
Other Primary Care Services	692	698	575	714	308	124	6,357	9,467	-	9,467
Other Programme Services	12	9	(114)	45	26	94	17,415	17,486	48	17,534
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	766	1,136	1,147	1,408	1,038	1,024	7,847	14,365	-	14,365
Total Year to Date Actual	32,544	57,419	42,549	48,188	36,989	36,955	751,968	1,006,612	48	1,006,660
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance										
Acute Services	(15)	19	48	149	8	7	480	697	-	697
Community Health Services	(13)	34	18	7	(16)	(8)	(42)	(20)	-	(20)
Mental Health Services	106	(59)	320	89	183	(58)	(50)	532	-	532
Continuing Care Services	209	66	(127)	(357)	1	178	-	(30)	-	(30)
Prescribing	(172)	(387)	(302)	(144)	(172)	(45)	0	(1,221)	-	(1,221)
Other Primary Care Services	0	(0)	0	0	0	(0)	(213)	(212)	-	(212)
Other Programme Services	(6)	(0)	(0)	(0)	57	(8)	(242)	(198)	(48)	(246)
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	100	42	52	146	46	105	(39)	452	-	452
Total Year to Date Variance	210	(284)	11	(109)	106	171	(105)	(0)	(48)	(48)

- At Month 6, the ICB is reporting an overall **£48k overspend**. This relates to expenditure on the **Covid vaccination programme** for which the ICB is expected to be reimbursed. This is shown in the Covid-19 column of the table. **All BAU budgets overall are breaking-even**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£1,221k overspend** against its **prescribing position**. This position is based upon M01-04 2022/23 data and represents a like for like **deterioration of the position in-month** of around £250k. Prescribing activity has increased by around 5% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to the growth of patients with long term conditions, availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10.
- Across the ICB’s Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,209k** relating to non-block activity. **This is offsetting the overspend in prescribing highlighted above**.
- The overall **continuing care** financial position is **£30k overspent**, although the underlying pressures are variable across the boroughs. In particular in Greenwich and Lambeth. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. Price negotiations are on-going with providers and there is a risk that costs will increase as we move through the year, although budget provision has been made for additional price inflation. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The underspend of **£452k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 6 prescribing position is based upon M01-04 2022/23 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£1,221k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase in items of around 5%**. On a borough basis, the increase ranges from Southwark (3.6%) to Bexley (7.1%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	-	12,167	-	12,943	-	11,989	-	15,586	-	10,774	-	12,402	-
September	78,128	-	12,736	-	13,377	-	11,862	-	16,097	-	11,151	-	12,903	-
October	77,572	-	12,703	-	13,883	-	11,880	-	15,659	-	10,799	-	12,647	-
November	79,855	-	12,873	-	14,021	-	12,078	-	16,371	-	11,556	-	12,954	-
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Average	79,298	82,039	12,704	13,216	13,719	14,129	12,303	12,733	16,187	16,783	11,324	11,651	13,059	13,527
YTD Average Comparison	78,210	82,039	12,345	13,216	13,438	14,129	12,188	12,733	16,025	16,783	11,154	11,651	13,057	13,527



- If this increase in activity and high acuity continued into the second half of the year, the full year forecast impact would be circa **£3,340k**, before mitigations. The table to the right is showing the borough level impact. This is £898k higher compared to a straight line forecast as a result of using a more granular, practice level forecasting approach. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information in-month, and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley. More work on this will be carried out in month.

Borough	ICB Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	25,077,900	(455,905)
BROMLEY	33,645,508	34,815,153	(1,169,645)
GREENWICH	24,144,054	24,955,389	(811,335)
LAMBETH	28,540,306	28,659,078	(118,772)
LEWISHAM	27,822,713	28,545,580	(722,867)
SOUTHWARK	23,472,795	23,526,565	(53,770)
SOUTH EAST LONDON	0	7,903	(7,903)
Total	162,247,371	165,587,568	(3,340,197)

6. Prescribing – Key Drivers of Growth and Mitigations

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas including Cat M & NCSO (No Cheaper Stock available). There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- In addition, where the prices of medicines are increasing, this is not in the control of our local system but driven by stock shortages and the NCSO/Cat M price decisions made by national government.

SOUTH EAST LONDON						Price Change 2022/23 vs 2021/22
	Price Per Item					
	2018/19	2019/20	2020/21	2021/22	2022/23	
April	8.07	8.09	8.58	8.88	8.55	
May	8.15	8.19	8.62	8.90	8.62	
June	8.27	8.23	8.76	8.98	8.77	
July	8.10	8.28	8.79	8.77	8.93	
August	8.27	8.48	8.72	8.69		
September	8.28	8.50	8.90	8.84		
October	8.14	8.38	8.81	8.57		
November	8.09	8.37	8.79	8.68		
December	8.08	8.41	8.82	8.78		
January	8.07	8.24	8.82	8.51		
February	8.07	8.34	8.91	8.56		
March	8.21	8.96	8.91	8.68		
Annual average price per item	8.15	8.37	8.79	8.74	8.72	

- The table to the left compares the average price of items prescribed across 2022/23 and 2021/22, and back to 2018/19. Overall, prices are broadly flat over this year and last. This would imply that activity growth is the key driver of the current increase in expenditure.

- Actions being implemented to best mitigate the growth in prescribing activity include:
 - Formation of a SEL wide Integrated Medicines Optimisation Committee
 - Implementation of PCN medicines optimisation plans
 - Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan
 - Borough medicines optimisation teams working with overspending practices to identify and implement recovery actions

7. NHS Continuing Healthcare - Overview

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).
- The overall CHC financial position at Month 6 is an **overspend of £30k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth continues to present the largest risk to the position, with an overspend of **£357k (4.8%)** as at Month 6.
- Generally boroughs are experiencing some increase in activity in year, although this currently being offset by lower than anticipated price pressures. However, it is still early in the financial year, with price negotiations on-going with providers and a risk that costs will increase as we move through the year. As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of **£1,800k** to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough has now been completed.
- A piece of work has been started to analyse CHC expenditure across the Boroughs on a price and activity basis. Results from this are set out on the following slide.

8. NHS Continuing Healthcare – Benchmarking

	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £	No of Clients	Average Price £
Budget	587	3,334	741	2,613	481	4,391	469	5,342	388	4,227	356	4,538
Month 2	650	5,823	723	5,044	461	9,757	377	13,749	422	7,647	340	9,034
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	613	3,091	865	2,122	479	4,592	362	7,375	449	3,739	406	3,760
Month 5	821	2,374	919	1,962	502	4,958	389	7,462	427	4,020	421	3,608
Month 6	705	2,654	954	1,942	467	4,644	356	7,444	448	3,732	446	3,415

No. of Clients	Bexley			Bromley			Greenwich			Lambeth			Lewisham			Southwark		
	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6	Month 4	Month 5	Month 6
Active Number of Clients cost > £1,500/ WK	65	65	62	49	47	49	81	77	76	123	129	132	71	73	75	62	65	64

- The above tables set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The Month 2 position includes both April and May. The second table shows the number of care packages > £1,500 per week per borough for the Q2 period.
- The table shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth average price is significantly higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore it is price rather than activity increases which are driving the Lambeth position.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- Key actions being undertaken to mitigate the pressures include:
 - Reviewing the conversion rate of applications to funded cases, and the operation of the panel
 - Targeting robust reviews against high-cost packages

9. Provider Position

Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.
- In year, the ICB is forecasting to spend circa **£2,142,697k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

• Guys and St Thomas	£519,574k
• Kings College Hospital	£562,675k
• Lewisham and Greenwich	£445,600k
• South London and the Maudsley	£209,572k
• Oxleas	£161,990k
- As at month 6, the ICB position is showing a **£697k** underspend, with activity lower than anticipated with the ICB's acute independent sector providers and in the community position due to a slight underperformance against minor eye condition (MECs) activity. This position is anticipated to be driven by seasonal factors, with the year end position likely to be at **break-even**.

10. QIPP - Overview

- The ICB has a total QIPP savings ask of **£29,300k** for 2022/23. The table below shows the latest position as at Month 6 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£651k** at Month 6. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. The main causes of the slippage are set out in the following slide. Currently of the **£13,208k** delivered as at Month 6, **£8,748k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£21,553k**, which will have a full year recurrent effect of **circa £29,000k** going into 2023/24. Boroughs have been asked to ensure that their 2022/23 savings ask is fully identified on a recurrent basis by the start of Q4, to enable a maximum full year effect for 2023/24 onwards.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	922	829	-94	768	61.0	2,013	1,892	121
Bromley	3,841	1,733	1,632	-101	1,311	321.0	3,841	3,600	241
Greenwich	2,891	1,397	1,140	-258	736	404.0	2,891	2,084	807
Lambeth	2,555	1,193	891	-302	562	329.0	2,555	2,555	-
Lewisham	2,623	971	1,081	111	749	332.0	2,623	1,960	663
Southwark	1,963	934	926	-8	682	244.0	1,963	1,581	382
SEL Central	13,419	6,710	6,710.0	0	3,941	2,769.0	13,419	7,881	5,538
Total	29,305	13,859	13,208	-651	8,748	4,460	29,305	21,553	7,752

- The forecast outturn is reported as **break-even**, which reflects the work being undertaken by boroughs to mitigate slippage and ensure savings plans are delivered in full by the end of the year. Prescribing and continuing care activity, in particular, is very closely monitored on a on-going basis and recovery actions are highlighted in the following slide. Progress against savings plans is monitored on a monthly basis with budget holders; where slippage is evident, mitigating actions are agreed – these include the use of underspends and uncommitted growth funding.

11. QIPP – Update on Prescribing and Continuing Care Savings

- The table below shows the delivery of savings by budget areas. Current slippage in the YTD savings plan is **£651k**, driven primarily by Prescribing and Continuing Healthcare. Additional narrative is provided right and below:

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Delivery Variance £'000
Additional System Savings Requirement	7,000	3,500	3,500	0	7,000	0
Central budgets	491	246	246	0	491	0
Community Services	2,541	1,310	1,310	0	2,620	0
Continuing Care Services	3,429	1,715	1,392	-323	3,429	0
Corporate/Running Cost	2,727	1,364	1,416	52	2,727	0
Mental Health Services	601	301	301	0	601	0
Other Acute Services	812	407	407	0	814	0
Other Primary Care Services	194	301	301	0	601	0
Other Programme	8,349	3,930	3,930	0	7,861	0
Prescribing	3,161	786	405	-381	3,161	0
Total	29,305	13,858	13,207	-651	29,305	0

Continuing Care

- Continuing Healthcare under delivery (**£323k**) is primarily in Lambeth and Greenwich. Deep dive exercises are being undertaken in both boroughs to review the costs of all care packages and improve the accuracy of the client databases. Pressures are primarily generated by both the number and acuity of clients, together with some increase in the price of care packages. The key ongoing actions are a focus on better management of market rates (using joint procurement initiatives with Local Authorities for example) and a prioritised review of current care packages.

Prescribing

- Under current under delivery is **£381k**. There is a risk to one of our high impact QIPP areas of reducing spend in self care medicines due to the cost of living crisis. Funding and implementation of pharmacy first schemes targeting deprived communities and families to access a small range of effective self care medicines without charge is being explored to ensure access to medicines in CORE20PLUS5 populations. Income from rebate schemes and patent loss are being used to mitigate growth in the prescribing budget in year, along with checking for miscoded prescribing from prescribers now working outside SEL but using their SEL prescribing codes. Borough medicines optimisation teams are also reviewing prescribing with overspending practices/PCNs to identify areas of unexpected spend which could be addressed.
- A system approach to medicines value is in place within SEL. A SEL integrated Medicines Optimisation Committee ensures that all partners collaborate on our medicines pathways and guidelines. As a partner to this committee, a medicines value group provides the cross sector pharmacy leadership to review high impact initiatives including investments in medicines and savings, ensuring that we work collaboratively across partners to implement these effectively. Outputs from this group will feed into the 2023/24 planning process. A primary care QIPP group feeds into this, identifying high impact opportunities for South east London primary care prescribing.
- We now have a large number of practice pharmacists and PCN pharmacists working in ARRS roles and this workforce is key to implementing PCN medicines optimisation plans. These opportunities should be taken to develop these roles through primary care pharmacist networks, engage with PCN clinical directors to reduce unwarranted variation in medicines spend and ensure that they are working effectively, supported by borough medicines teams.



ENCLOSURE: 9

AGENDA ITEM: 10

One Bromley Local Care Partnership Board

DATE: 17 November 2022

<p>Title</p>	<p>LCP Assurance Report – October 2022</p>
<p>This paper is for information/discussion</p>	
<p>Executive Summary</p>	<p>1. Introduction</p> <p>The attached report sets out the Bromley October performance of local indicators included in the national performance frameworks. An update narrative is provided below for each of the reported metrics setting out the latest performance position and key points.</p> <p>A One Bromley working group has been set up to take forward establishment of the One Bromley Performance, Quality and Safeguarding Committee. The terms of reference have been amended and updated and a draft assurance report has been shared with partners. A further update will be provided to future LCP Board meetings.</p> <p>2. Reported metrics</p> <p>2.1. Serious mental illness – physical health checks</p> <p>We have seen an increase in our SMI health check uptake in Bromley, which was at the end of Q2 was 39.1% compared with 34.6% at the end of Q1. This is still below the national target, but Bromley has seen the largest increase in SEL and continues to have in place further initiatives to improve our performance.</p> <ul style="list-style-type: none"> • The SMI Health Check Incentive Scheme has been implemented. • Two webinars have been delivered by the Clinical Lead for Mental Health encouraging health checks activity and providing advice about reasonable adjustments to optimise attendance by patients. • Recruitment is underway by Oxleas for workers to encourage patients to attend and accompany them if necessary, as well as for a nurse to carry out health checks in outreach settings. • Work is also ongoing to facilitate the transfer of data from Oxleas to practices on health checks completed at Oxleas (which are currently not measured).

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- Uptake is closely monitored and if necessary, catch up clinics will be set up to operate in Q4, these were successful in increasing uptake last year.

2.2. Personal health budgets

Bromley continues to perform well reporting well above trajectory. In Bromley, continuing care clients are already able to access PHBs with many taking the up the offer of a direct payment through the joint LBB/ LCP pilot. Personal Wheelchair Budgets (PWB) are embedded within the Bromley Wheelchair and Specialist Seating service and have been in place since April 2022. The work continues to roll out PHBs for clients with learning disabilities of mental health challenges.

2.3. NHS Continuing health care

The Bromley continuing care (CC)/continuing healthcare (CHC) team delivers work to meet the statutory requirements of the (i) National Framework for Children and Young People's Continuing Care – 2016 and (ii) National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care – October 2018

Bromley has a larger and older population than the other five boroughs in South-East London, with a greater number of residential care and nursing homes. This results in a significant amount of additional activity in the Bromley CC/CHC team relative to other areas.

Bromley has seen a drop in its performance against all the performance indicators for continuing health compared to the previous period.

The challenges to the service have been reported to previous Borough based boards and LCP Boards and the proposed transformation of the current service into an all-age continuing care model with two elements:

- (i) a commissioned service which would cover standard/core CHC functions around the nurse-led assessment and review of clients.
- (ii) an in-house service which would have a particular remit around strategy/decision-making, complex cases and children and young people.

The transformation programme is being implemented with the change process requiring both a reorganisation of the current team and also the procurement of a new partner agency.

This is a significant change and it is recognised that performance has dipped around this, with Bromley not meeting the 28 day target for CHC decisions at this time. In the coming months, with the new model starting

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to come into place, including with new posts, we are expecting that performance in this area will improve again.

2.4. Childhood Immunisations

There has been no update to the national figures provided in the previous report, which reported strong performance against the national targets.

Work is continuing through the Bromley Immunisations Board to oversee that performance is at least maintained and then improved further, with a focus on increasing uptake by identifying and removing barriers to access and developing a cross-organisational approach to any issues identified.

2.5. Learning disability and autism – annual health checks

365 LD HCs have been completed to the end of October and it should be noted that there have been higher numbers of LD HCs completed in the 14 to 25 year age group than in previous years as a result of promotion activity for this cohort. Further work is being carried out in this area involving schools and transition services.

As part of a national requirement, practices invited 88% of the patients who had missed their health checks last year by the end of September.

One of the LCP Clinical Leads in LD will be calling all practices individually to encourage health check activity and to offer support. In addition, we have a strong focus on quality and are carrying out audits and learning sessions with practices.

There is a webinar for practices on 9th of November to emphasise the importance of health checks and to share good practice.

2.6. GP practices – CQC ratings

Since the last meeting, the CQC have undertaken a desktop review of Gillmans Rd surgery, just looking at the areas rated as requires improvement in the safe key question at the last inspection. This key question is now rated Good with the report published 31/10/22

Recommended action for the Committee

- The LCP Board is asked to note this report

Potential Conflicts of Interest

None

Impacts of this proposal

Key risks & mitigations

Key risks are reported as part of the ICB Risk Register

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	Equality impact	Not applicable for the contents of this report
	Financial impact	None
Wider support for this proposal	Public Engagement	This report provides an overview of the LCP local performance position and is for information at the public LCP Board
	Other Committee Discussion/ Internal Engagement	None
Author:	Emma Smith / Mark Cheung / Subject leads	
Clinical lead:	N/A	
Executive sponsor:	Mark Cheung	

Bromley Local Care Partnership supplementary performance data report

October 2022

Introduction and summary

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Performance overview [PAGE 4](#)

Reported metrics

SMI physical health checks [PAGE 6](#)

Personal health budgets [PAGE 7](#)

NHS Continuing health care [PAGE 8](#)

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CQC overall ratings [PAGE 13](#)

Outline and structure of report

- The aim of this report is to report the latest positions on areas of performance that have been delegated to the Local Care Partnership via the SEL ICB board. The metrics covered in this report are also drawn from national performance frameworks, such as the NHS System Oversight Framework and Long Term Plan.
- The content of the report will be continuously reviewed to reflect the latest NHS planning guidance and any changes in delegated functions.
- The report provides the definition and latest performance position for each metric and a brief narrative of the central SEL context and the definition and SEL context and an explanation of the current performance position. Benchmarking data has also been reported where available.
- The paper reports mitigating actions to address areas of under performance and also highlights areas of good performance and best practice.

Rating performance

- Performance is RAG rated against the delivery of nationally mandated standards or agreed trajectories. Performance is red rated where there is variance against target and green rated where the target is achieved.

Bromley performance overview

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
SMI Physical Health Checks	↑	National standard 60%	39.1%	Performance is significantly below target.
Personal health budgets	↑	Q2 2022/23 Trajectory - 469	848	Performance is above the Q2 2022/23 trajectory
NHS CHC assessments in acute	↔	National standard No more than 15%	0%	Performance is on target as at Q2 2022/23
NHS CHC 28 days assessments	↓	Completed within 28 days Trajectory - 40%	33%	Performance is below the trajectory as at Q2 2022/23
NHS CHC 12 weeks referrals	↑	Q2 2022/23 Trajectory – no more than 6 per borough	20	Performance trajectory is not being met as at Q2 2022/23
Childhood immunisations in primary care	↔	Above the London average for all 7 metrics	Above the London average for all metrics	Performance being met for all metrics
LD and Autism – annual health checks	↑	August 2022/23 Trajectory - 230 health checks	221	Performance is below the August trajectory.
CQC overall ratings	↓	No target	95.2% (40) rated Good	1 Requires Improvement 1 No Rating

Performance data

Description of metric and SEL context

- South east London is committed to leading work to reduce the premature mortality among people living with severe mental illness (SMI). People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease.
- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**. As at Q2 2022/23 all SEL LCPs performed well below the planned target of 60% and the SEL overall performance was 35.2%.
- Delivery against the SMI physical health check target for 2022/23 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. A steering group was set-up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation.
- South London and Maudsley NHS FT (SLaM) has recently mobilised an outreach team to work with primary care to carry out physical health checks for Lambeth, Lewisham and Southwark.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q2 2022/23) – target 60%							
% patients receiving check	38.7%	39.1%	25.5%	33.9%	33.4%	42.9%	35.2%
Trend since last quarter	+2.6%	+4.5%	+1%	-2.8%	+2.1%	-1.4%	+0.4%

Description of metric and SEL context

- As of Sept 2022, 2,061 PHBs were in place in SEL which is 330 below the Q2 target of 2,391. Bexley and Bromley are the only boroughs in SEL performing above their planned Q2 trajectory.
- The personal wheelchair budgets offer has been restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership.
- New PHB offers have been introduced including PHBs for people with learning disabilities that are at risk of admission to hospital, across SEL ICS.
- The personalised care team is part of the continuing healthcare working group, ensuring that PHBs are considered in future CCC/CHC plans.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A ‘Community of Practice’ has been developed to support the workforce to implement personalised care across the ICS.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Number of PHBs provided – Q2 2022/23							
Target – Q2 2022/23	328	469	406	453	375	359	2,391
Q2 2022/23	335	848	285	236	92	265	2,061

Proportion of assessments taking place in an acute setting

- ICSs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person's long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- ICSs are required to ensure no more than 15% of assessments take place in an acute setting. All boroughs in South East London are meeting this target as at Q2 2022/23.
- All boroughs are working to local discharge to assess arrangements.

Percentage of assessments completed in 28 days

- ICSs are expected to make a decision about eligibility for a full assessment for NHS continuing healthcare within 28 days of an initial assessment or request for a full assessment.
- Performance across SEL ICS varies significantly against the 40% trajectory. Only Bexley, Lewisham and Southwark achieved the trajectory for Q2 2022/23.

NHS CHC referrals exceeding 12 weeks

- ICSs are expected to minimise the number of incomplete NHS CHC referrals exceeding 12 weeks.
- Only Lewisham and Southwark achieved the locally agreed trajectory in Q2 2022/23.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of NHS CHC full assessments in an acute setting Q2 2022/23 – Target no more than 15%							
Quarter 2 2022/23	0%	1%	0%	0%	0%	0%	0%
Trend since last reported period	↔	↑	↔	↔	↔	↔	↔
Percentage assessments completed in 28 days Q2 2022/23 – Trajectory at least 40%							
Quarter 2 2022/23	41%	33%	18%	22%	59%	51%	37%
Trend since last reported period	↑	↓	↓	↑	↓	↑	↓
Incomplete referrals over 12 weeks Q2 2022/23 – Trajectory no more than 6 per borough and 39 SEL							
Quarter 2 2022/23	0	20	14	24	3	0	61
Trend since last reported period	↔	↑	↓	↓	↑	↓	↓

Description of metric and SEL context

- The NHS vaccination schedule is in place to support parents and carers to ensure that their children are offered the best protection in their early years and promote a strong immune system. By monitoring the progress of the screening programme we are able to identify vulnerable groups and those that have not been able to access the vaccination programme.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months – Q4 2021/22									
% patients	87.9%	88.7%	81.5%	59.1%	80.8%	78.6%	79.1%	80.7%	89.7%
Trend since last quarter	↑	↑	↑	↑	↑	↑	↑	↓	↓
Children receiving MMR1 at 5 years – Q4 2021/22									
% children	92.1%	92.3%	89.5%	85.8%	88.2%	89.7%	89.5%	87.9%	93.5%
Trend since last quarter	↓	↓	↑	↓	↑	↑	↑	↔	↔
Children receiving MMR2 at 5 years – Q4 2021/22									
% patients	83.6%	87.2%	79.6%	76.7%	80.2%	81.0%	81.3%	74.8%	85.9%
Trend since last quarter	↑	↓	↓	↓	↓	↓	↓	↑	↑

Childhood immunisations: six-in-one vaccination rate

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months – Q4 2021/22									
% patients	90.3%	91.8%	90.0%	83.7%	85.3%	88.2%	88.0%	87.1%	91.9%
Trend since last quarter	↑	↓	↑	↓	↑	↑	↓	↑	↓
Children receiving DTaP/IPV/Hib % at 24 months – Q4 2021/22									
% children	92.8%	92.7%	86.2%	88.1%	88.6%	88.0%	89.3%	87.4%	93.0%
Trend since last quarter	↑	↑	↓	↑	↑	↑	↑	↑	↔
Children receiving pre-school booster (DTaPIPv%) % at 5 years – Q4 2021/22									
% patients	84.0%	82.4%	74.4%	70.2%	73.3%	78.0%	76.7%	72.8%	84.6%
Trend since last quarter	↑	↑	↑	↑	↑	↑	↑	↑	↑
Children receiving DTaP/IPV/Hib % at 5 years – Q4 2021/22									
% patients	92.8%	93.7%	91.6%	88.5%	90.7%	91.3%	91.4%	90.3%	94.5%
Trend since last quarter	↓	↓	↑	↓	↑	↓	↓	↓	↓

Description of metric and SEL context

- People with a learning disability often experience poorer physical and mental health outcomes but this does not need to be the case. South east London is committed to offering 75% (5,811) of patients aged 14 and over on a GP register with learning disability the opportunity to have an annual health check. An annual health check will aid earlier detection of any health issues, which may need further investigation and appropriate interventions made.
- In south east London 1686 annual health checks were completed between April and August 2022 exceeding the August trajectory of 1630. Workforce challenges continue to impact on the delivery of health checks in primary care. There is also a recovery target in place to reach out to patients who did not receive a health check in 2021/22 which added further pressures on capacity.
- Resources have been made available by NHS England for the most challenged areas, which will be used to fund additional staff hours or training where possible.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Annual Health Checks August 2022/23							
August 2022/23	248	221	240	332	336	309	1686
Local trajectory August 2022/23	230	230	230	360	380	200	1630

Description of metric and SEL context

- The CQC is responsible for monitoring, inspecting and regulating GP practices. The inspections gather information and evidence from people accessing the services and assess the standard of care that is provided.
- Practices will receive one of five assessment outcomes; Outstanding, Good, Inadequate, Requires improvement and No rating.
- Bexley is the only borough to have one Outstanding practice, with all other boroughs with the exception of Southwark having more than 90% of their practices rated as Good.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Summary of latest published CQC ratings – Sept 2022							
Outstanding	4.8% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0.5% (1)
Good	85.7% (18)	95.2% (40)	93.5% (29)	97.5% (39)	97.0% (32)	75% (24)	95% (181)
Inadequate	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	3.1% (1)	0.5% (1)
Requires improvement	4.8% (1)	2.4% (1)	6.5% (2)	2.5% (1)	0% (0)	15% (5)	5.6% (11)
No rating	4.8% (1)	2.4% (1)	0% (0)	0% (0)	3% (2)	6.25% (2)	2.0% (4)

* Number of practices reported in ()



ENCLOSURE: 10

AGENDA ITEM: 11

One Bromley Local Care Partnership Board

DATE: 17 November 2022

<p>Title</p>	<p>Primary Care Group Terms of Reference</p>
<p>This paper is for decision</p>	
<p>Executive Summary</p>	<p>Prior to 1 July, there was a Primary Care Operational Group which made recommendations for approval to a South East London Primary Care Commissioning Committee (PCCC) which met in public. The PCCC has now been disbanded and it is expected that all primary care related decisions are delegated to place level as part of the new ICS arrangements in South East London. A review has taken place to establish suitable governance to support effective primary care decision-making as a result of these changes.</p> <p>Therefore, and in support of the management and oversight of delegated budgets, this report makes proposals on the terms of reference for a Primary Care Group that will work as a sub-committee of the One Bromley Local Care Partnership.</p> <p>The purpose of the Group will be to:</p> <p>a) Function as a corporate decision-making body for the management of the delegated primary care functions and the exercise of the delegated powers afforded to One Bromley LCP. This includes taking decisions relating to the commissioning of primary medical services, including:</p> <ul style="list-style-type: none"> • GMS, PMS and APMS contracts • Local improvement schemes, enhanced services and commissioned services • Practice mergers, closures and new practices • 'Discretionary' payments in line with the PGM. <p>b) Provide leadership, challenge, oversight and guidance to One Bromley LCP for:</p> <ul style="list-style-type: none"> • The delivery of high quality primary care services in Bromley responding to the needs of our local population and with local providers. • Strategic transformation and innovation in primary care, aligned with the Fuller Stocktake report, the NHS Long Term Plan and NHS England strategic direction.

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	The Primary Care Group will report on its activities to the One Bromley Local Care Partnership, summarising key points of discussion, decisions taken, and improvement work by the Group.	
Recommended action for the Committee	The Committee is asked to approve the terms of reference of the Primary Care Group.	
Potential Conflicts of Interest	Some members of the LCP are providers of primary care services, and may benefit from decisions taken by the Primary Care Group. The Terms of Reference account for this potential conflict of interest and how it will be managed.	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group will ensure there is a dedicated focus on primary care contractual and strategic matters and will take responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	The cost of running the Primary Care Group will be met within existing ICB budgets.
Wider support for this proposal	Public Engagement	The Primary Care Group includes Healthwatch amongst its membership. The Primary Care Group is responsible for assessing whether suitable engagement has been undertaken with the public prior to decisions being taken.
	Other Committee Discussion/ Internal Engagement	The draft terms of reference have been presented to the Primary Care Group members.
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	



Bromley Primary Care Group

Terms of Reference

1. Introduction

1.1 As part of the establishment of the South East London (SEL) Integrated Care System, the Integrated Care Board (ICB) has agreed a mandate and a scheme of delegation with each of the Local Care Partnerships (LCP) for the planning, delivery and associated decision-making for out of hospital services, including general practice.

The Bromley Primary Care Group (**the Group**) has been established as one of the prime groups of the One Bromley LCP.

1.2 The purpose of the Group is to

a) Function as a corporate decision-making body for the management of the delegated primary care functions and the exercise of the delegated powers afforded to One Bromley LCP. This includes taking decisions relating to the commissioning of primary medical services, including:

- GMS, PMS and APMS contracts
- Local improvement schemes, enhanced services and commissioned services
- Practice mergers, closures and new practices
- 'Discretionary' payments in line with the PGM.

b) Provide leadership, challenge, oversight and guidance to One Bromley LCP for:

- The delivery of high quality primary care services in Bromley responding to the needs of our local population and with local providers.
- Strategic transformation and innovation in primary care, aligned with the Fuller Stocktake report, the NHS Long Term Plan and NHS England strategic direction.

1.3 The Group will provide a forum for partnership discussions which enable the delivery of primary care services where required through Primary Care Networks, GP practices, the GP federation and other partner organisations.

Primary care includes all services that can be accessed directly by the GP-registered population of Bromley or those that are normally resident within the borough. This includes, but is not limited to, GP practices or forms of organisations providing core general and primary medical services (GMS/PMS/APMS), Primary Care Networks (PCN), the GP federation and out of hours GP services. As the SEL ICB takes on further delegated responsibilities, over time this may also include Community Pharmacy, Opticians and Dentists, whereupon these Terms of Reference and its membership will be reviewed.

1.4 The Group will provide a place for all Bromley related matters to be discussed and decided upon or, where a formal decision is required outside its powers as a group, be worked up for recommendation to One Bromley LCP Board.

2. Remit and Responsibilities

- 2.1 Provide leadership and oversight for the development, implementation and assurance of primary care service delivery, quality improvement and transformation, focused on the needs of our local population, the strategic objectives of One Bromley, and in alignment with the ICS and national strategic direction.
- 2.2 The Group will:
 - Support robust decision-making within primary care contracting, with recommendations to One Bromley LCP Board when required
 - Be accountable for the expenditure of the primary care delegated budget
 - Have assurance of the delivery of improvements in primary care quality
 - Oversee primary care performance
- 2.3 To support officers to make transactional contractual decisions within the scope of their remit, for reporting to the Group and to the LCP as required.
- 2.4 The Group will receive information about local and SEL performance, finances, risks and other analysis related to primary care. The Group will identify risks and issues relating to primary care and monitor mitigations, escalating risks to the LCP as appropriate.
- 2.5 Provide leadership and support to Bromley GP practices, Bromley Primary Care Networks (PCN) and the federation in Bromley towards their continued development, resilience and sustainability to meet the requirements of the national and local contracts. This will include overseeing the organisational development and culture change to deliver integration, innovation and transformation.
- 2.6 Provide commissioning advice and guidance on local workstreams and programmes to ensure these achieve rapid and dynamic change. This will include advice on proposals relating to investment, finance, commissioning, delivery and performance management, to enable a consistent approach.
- 2.7 Understand the total NHS and Local Authority resources available and direct those resources to support the delivery of high-quality primary care services and integration with other services as appropriate.
- 2.8 Establish relationships for engaging with local communities, the public and service users and assure itself that any service change reflects the views and experience of local people and users of services, as well as member practices.
- 2.9 Be transformational and innovative when challenging the delivery of primary care services to ensure a reduction of unwarranted variation in Bromley and the delivery of high-quality patient care.
- 2.10 Ensure we work to the robust and supportive contract management structure for primary care providers.
- 2.11 Ensure there are finance reporting processes providing assurance to the One Bromley LCP.
- 2.12 Ensure services are whole population focused and geographically coherent and planned against a deep understanding of that population's need; and focused on prevention and a reduction in health inequalities.

- 2.13 Work collaboratively with the Local Authority and other One Bromley partners to ensure that commissioning, strategic planning and measures of success are aligned and conducted jointly where appropriate.
- 2.14 As part of the ongoing pandemic response and recovery, there may a requirement for timely/urgent discussions and decisions to enable changes to be made to the way that primary care has traditionally been provided within the contractual framework.

3. Format of the Bromley Primary Care Group

- 3.1 The Primary Care Group meetings will be arranged into Part 1 and Part 2 sections, to ensure that there are robust arrangements in place to protect individual and collective interests, and that the most appropriate individuals are considering the agenda items.
 - A Part 1 meeting to discuss the main business with a lay member and representatives from key stakeholder organisations.
 - A Part 2 meeting to cover commercially or contractually sensitive, or otherwise confidential matters
- 3.2 Part 1 members may be invited to join specific agenda items in Part 2, where it is appropriate to do so, taking into account professional and personal conflicts.
- 3.3 The Group will determine what standing items should be brought to each meeting.
- 3.4 The Group will consider establishing a series of 'deep dive' topics at consecutive meetings to support a thematic approach to discharging its responsibilities.

4. Accountability and reporting arrangements

- 4.1 The Group will be accountable to the One Bromley LCP Board for the expenditure of the primary care budget delegated to Bromley. The Group also advises and assures the One Bromley LCP Board relating to primary care matters . The Group will specifically:
 - Make commissioning decisions or recommendations and reports on primary care development and commissioning;
 - Oversee the delivery of primary care including contract management and the quality of local services;
 - Make recommendations and/or provide assurance to the One Bromley LCP Board, acting as the working group including whether urgent planned or urgent unplanned decisions need to be made.
- 4.2 The Group will report on its activities to the One Bromley Local Care Partnership. In addition, an accompanying report will summarise key points of discussion, decisions taken, and improvement work by the Group.

5. Membership

5.1 The membership of the Group is outlined in the table.

Part 1	Part 2
Voting Members	Voting Members
Bromley Lay Member (Chair)	Bromley Lay Member (Chair)
One Bromley Clinical Lead	One Bromley Clinical Lead
Place Executive Lead	Place Executive Lead
Programme Director for One Bromley	Programme Director for One Bromley
Associate Director of Primary Care	Associate Director of Primary Care
Associate Director of Medicines Optimisation	Associate Director of Medicines Optimisation
One Bromley Consultant in Public Health	One Bromley Consultant in Public Health
Associate Director of Finance, Bromley	Associate Director of Finance, Bromley
Quality Manager for Bromley Primary Care	Quality Manager for Bromley Primary Care
SEL Head of Primary Care	SEL Head of Primary Care
Non-voting Members	
Workforce lead for Primary Care	
Local Authority representative (Public Health)	
PCN CD representative	
Bromley Federation representative	
LMC representative	
Healthwatch representative	

5.2 Deputies, other subject matter experts and wider stakeholders may be invited to attend meetings as appropriate dependent on agenda items and business needs.

6. Quoracy Rules

6.1 Quoracy for Part 1 will require the clinical lead (or deputy) and at least 51% of the voting members of the Group. Quoracy for Part 2 will be the same as for Part 1.

6.2 In cases where a Chair's action decision is required, namely, where a time-critical decision is required that falls outside of the meeting cycle, this request will be distributed via email. It will require an affirmative response from the clinical lead and at least 51% of the voting members of the Group. The outcome of the Chair's action will be reported to the next meeting of the Group.

7. Conflicts of interest

7.1 Any Conflicts of Interest (real or perceived) will be managed in accordance with the ICB's Standards of Business Conduct and Conflict of Interest Policy.

- 7.2 In accordance with the ICB constitution and Col policy, where an individual member or attendee is aware of an interest which has not been declared, either in the register or orally, they will declare this at the start of the meeting.
- 7.3 Where an interest has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- 7.4 The Chair of the meeting, with advice from Corporate Governance as appropriate, will determine how any conflicts will be most appropriately managed.

8. Meeting frequency, duration and attendance

- 8.1 Meetings will be held at least bi-monthly. A minimum of three meetings should take place each year, and these should aim to take place a minimum of two weeks before the next One Bromley LCP Board, to enable recommendations or decisions requiring ratification to be made at the earliest opportunity.
- 8.2 Members will be asked to nominate a deputy to attend in their place should they be unavailable.
- 8.3 Guests to be invited should be notified and agreed by the Chair and Associate Director of Primary & Community Care before the meeting.

9. Decision making

- 9.1 Decision-making (recommendations) will be by consensus in the vast majority of cases and wherever possible. Voting will only take place where a matter cannot be otherwise resolved. A vote will be carried whereby more than 60% of voting members vote affirmatively.

10. Administration

- 10.1 The Bromley ICB team will provide business support to the Group, including scheduling of meetings.
- 10.2 Agendas and papers will be issued one week in advance of the meeting and late papers will only be accepted where it was not feasible to issue them sooner due to evolving circumstances of the subject matter of the paper.
- 10.3 The meeting secretariat will aim to provide draft minutes to the Chair for approval within ten working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within fifteen working days of the meeting.

11. Review

- 11.1 The Group shall undertake a self-assessment of its effectiveness on at least an annual basis. The Terms of Reference will be reviewed in conjunction with this.

Date: November 2022, v1.0



Appendix A: Roles of members on this Group

- a) Members of the Group have a collective responsibility for the operation of the Group. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- b) Members of the Group will be expected to represent their subject matter or service and to have sufficiently engaged with the relevant colleagues as required prior to the meeting of the Group in order to contribute fully.
- c) The Group may seek to delegate tasks to individual members or sub-Groups as it sees fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- d) Members of the Group shall respect confidentiality in attending and undertaking the business of the Group.

Appendix B: Map of governance

To follow

Will include:

- LCP Board
- Safeguarding executive
- Quality
- Prescribing
- Local Estates Forum
- Bromley Digital Group
- SEL groups



ENCLOSURE: 11
AGENDA ITEM: 12

One Bromley Local Care Partnership Board

DATE: 17 November 2022

<p>Title</p>	<p>Bromley Primary Care Group: November 2022 report</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>Following the establishment of the Bromley Primary Care Group (PCG) to take decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high quality services, strategic transformation and innovation in primary care across Bromley, the following matters were discussed at the November meeting of this group.</p> <p>a) Strategic approach to access: the Fuller stocktake report and recommendations This item advised the PCG of the requirement for each ICS to produce a delivery plan in response to the report’s recommendations and shared the initial working draft of the Bromley delivery plan. Members were invited to be part of the ongoing iteration process.</p> <p>b) Patient experience: Healthwatch quarterly report Healthwatch shared themes relating to feedback for general practice services gathered during Quarter 2 2022-23. Of the 159 service user comments provided to Healthwatch, 69% were positive, 23% were negative, and 8% were neutral. In comparison to Quarter 1, the positive reviews increased by more than 10%. The majority of service users were satisfied with Staff Attitudes, Quality of Care/Treatment, and Cleanliness, Hygiene and Infection Control and Waiting Times. The main topic with negative feedback related to Communication.</p> <p>The PCG was advised that Healthwatch has redesigned the feedback report to improve the process for service users and to help providers make use of the feedback data. The PCG further discussed how to make most use of the insights to be gained through the Healthwatch feedback process.</p> <p>c) Enhanced Access services The PCG received an update on the progress with the new Enhanced Access services across Bromley. The PCG was advised that all 8 PCNs mobilised their services to commence successfully from 1 October as</p>

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planned, and are working through technical and operational matters to fully embed the services. The PCG was advised that national reporting requirements are still to be confirmed, so local work is underway to develop a common data set on how the new services are performing.

d) Improving access through digital transformation

The PCG received a summary of digital transformation initiatives underway to improve patient experience and quality of primary care. The PCG noted the importance of these developments towards assisting general practice to better meet the needs for their patients.

e) Improving patient experience through the Primary Care Communications campaign

The PCG was appraised of progress on a public campaign in Bromley to explain the changes taking place in primary care via five key messages:

- **People will be seen by the most appropriate healthcare professional** based on their needs from an expanded and multi-skilled practice team.
- **Getting an appointment.** As well as the phone, appointments can be made via eConsult or the NHS App. Demand is higher than ever, so at peak times, there may be queues on the phone lines.
- **Use your community pharmacist** for minor ailments and health advice. They offer a wide range of services, can help with repeat dispensing and are experts in medicine.
- **Self-referral is available for a range of services** which can enable direct access for people and avoid the need for a GP appointment.
- **Social prescribers in primary care can help** with a wide range of non-clinical matters affecting people's health and wellbeing.

The PCG welcomed the campaign to engage with the public, noted its intentions to further promote these messages through additional routes, and that a complementing south east London wide campaign will present a further opportunity to explain the changes in how to access primary care.

Endorsed for approval by the Local Care Partnership Board

f) Terms of Reference

The PCG considered the refreshed Terms of Reference for the group and endorsed the proposal for formal approval by the One Bromley Local Care Partnership Board (please see separate paper).

Recommended action for the Committee	The Local Care Partnership Board is asked to note the work undertaken by the Primary Care Group.
Potential Conflicts of Interest	Some members of the LCP are providers of primary care services, and may benefit from decisions taken by the Primary Care Group. No key

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	decisions were taken at the November meeting and therefore no potential conflicts of interest identified.	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual projects.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	



ENCLOSURE: 12

AGENDA ITEM: 13

One Bromley Local Care Partnership Board

DATE: 17 November 2022

<p>Title</p>	<p>Bromley Procurement & Contracts Group – September 2022 update</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>Following the establishment of the Bromley Procurement & Contracts group to support of the management and oversight of delegated budgets in terms of compliance with procurement and contract management, the following items were discussed and agreed at the September committee.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> • Advocacy Services at PRUH - Following the undertaking of an Expression of Interest Procurement exercise where only one expression was received the contract has been award to Advocacy First (incumbent provider) for a period of 3 years at a total contract value of £97.5k <p><u>Contract Extensions</u></p> <p>Within the contractual terms of the NHS Standard contract the following contracts have been extended:-</p> <ul style="list-style-type: none"> • PML – 2 year extension as per schedule 1C <p><u>Upcoming Procurements</u></p> <p>There was agreement to move forward with Procurement exercises for the following service areas:-</p> <ul style="list-style-type: none"> • Interpreting Services – Service will be commissioned vai Framework agreement, contract to commence December 2022. • Community Anti-coagulation – following an expression of interest exercise where 3 submissions were received a competitive tender process will be undertaken commencing November 2022. • Identification and Referral to Improve Safety (IRIS) – a tender opportunity will be published in November 2022 to identify an appropriate provider for the services from April 23 onwards. • Tailor Dispensing Service – Options were reviewed, and the committee supported the option to commission the service through SEL Community Pharmacy Federation. This will require a Single Tender Waiver for direct award. <p><u>Future Procurements</u></p> <p>The group reviewed the Procurement Pipeline and noted that the following contracts are due to expire by October 2023 and acknowledged the timescale for options papers to be taken to the committee.</p>

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	Date contract expires	Area	Proposed option
	January 23	Community Headache Service	Options paper being taken to Bromley Committee (November) – recommend enacting extension under Schedule 1C
	March 23	GP Enhanced Services (43)	Options paper being taken to Bromley Committee (November) – recommend enacting extension under Schedule 1C – longer term view being worked-up.
	March 23	Integrated Diabetes	Options paper being taken to Bromley Committee (November).
	March 23	MSK	Options paper being taken to Bromley Committee (November) – recommend enacting extension under Schedule 1C.
	May 23	Denosumab in a community setting	Options paper being taken to Bromley Committee (November)
	October 23	Community Cardiology Diagnostics Service	Options paper taken to Bromley Committee (January)
	<p><u>Implied contracts</u> The group acknowledged that the following contracts remain ‘implied’ whilst further work is undertaken:-</p> <ul style="list-style-type: none"> • Community Phlebotomy – awaiting outcome of SEL wide work. • Overnight Palliative Care / Rapid Response – awaiting outcome of SEL wide work. • Dynamic Mattresses – awaiting outcome and implication of London wide procurement for Community Equipment. 		
<p>Recommended action for the Committee</p>	<p>The Committee is asked to note the work undertaken by the Procurement and Contracts group.</p>		
<p>Potential Conflicts of Interest</p>	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this committee to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>		

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Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SELICB and Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Borough Director	

Appendix 1: Glossary of Terms

Glossary			
Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ACSC	Ambulatory Care Sensitive Conditions	ICP	Integrated Care Partnership
AHP	Allied Health Professional	ICS	Integrated Care System
AHSN	Academic Health Science Network	ILAG	Information, Advice and Guidance
BCF	Better Care Fund	IPU	Inpatient Unit
BGPA	Bromley General Practice Alliance	ITT	Invitation to Tender
BLG	Bromley, Lewisham and Greenwich (Mind)	KCH	Kings College Hospital
BTSE	Bromley Third Sector Enterprise	KPI	Key Performance Indicator
CAB	Citizens Advice Bromley	LAS	London Ambulance Service
CAMHS	Child & Adolescent Mental Health Service	LBB	London Borough of Bromley
CAS	Clinical Assessment Service	LCP	Local Care Partnership
CC	Continuing Care	LGT	Lewisham & Greenwich (NHS) Trust
CHC	Continuing Healthcare	LMC	Local Medical Committees
COPD	Chronic Obstructive Pulmonary Disease	LPC	Local Pharmaceutical Committee
CPAG	Clinical & Professional Advisory Group	MDI	Metered Dose Inhalers
CRM	Customer Relationship Management (system)	MDT	Multi Disciplinary Team
DAWBA	Development and Well-Being Assessment	MHP	Mental Health Practitioners
DTA	Discharge To Assess	NCSO	No Cheaper Stock Obtainable
ECH	Extra Care Housing	NWCSP	National Wound Care Strategy Programme
ED	Emergency Department	PCG	Primary Care Group (Bromley)
EHC	Education, Health and Care (plans)	PCN	Primary Care Network
FY	Financial Year	PIP	Personal Independent Payment
GP	General Practice	PPA	Prescription Pricing Authority
GSTT	Guys and St Thomas' Hospital	PRUH	Princess Royal University Hospital
H1	Half 1 (first 6 months of the financial year, April - September)	PSIS	Primary and Secondary Intervention Service
H2	Half 2 (last 6 months of the financial year, October - March)	SEL	South East London
HWBC	Health & Wellbeing Centre	SLAM	South London and Maudsley
IAPT	Improving Access to Psychological Therapies (Programme)	SPA	Single Point of Access
ICB	Integrated Care Board	VCSE	Voluntary, Community & Social Enterprise

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