

One Bromley Local Care Partnership Board

Date: Thursday 26 September 2024

Time: 9.30am – 11.30am

Held: Virtually via Microsoft Teams Online

Chairmen: 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 Gemma Alborough, Business Support 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	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:35
4.	Minutes of the meeting held on the 25 July 2024 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Decision				
6.	One Bromley Strategy and Bromley Health and Wellbeing Board Strategy Joint Implementation Plan For decision	Enc. 4	Dr Nada Lemic Elliott Ward Mark Cheung	9:50
For Information and Noting				
7.	Partnership Report For information	Enc. 5	Dr Angela Bhan	10:05
8.	Pharmacy First Update For information	Enc. 6	Raj Matharu	10:15
9.	Finance Month 4 Update For information	Enc. 7	David Harris	10:30

10.	Updates to the Bromley NHS Act 2006 Section 75 Agreement for 2024-2025 For noting	Enc. 8	Kelly Sylvester	10:45
Reports from Key Sub-Committees for Noting				
11.	Primary Care Group Report For information and noting	Enc. 9	Harvey Guntrip	11:05
12.	Contracts and Procurement Group Report For information and noting	Enc. 10	Sean Rafferty	11:10
13.	Performance, Quality and Safeguarding Group Report For information and noting	Enc. 11	Harvey Guntrip	11:15
Closing Business				
14.	Any Other Business	Verbal	All	11:20
Appendices				
15.	Appendix 1: Glossary of Terms	Enc. 12	For information	
Next Meeting:				
16.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 28 th of November 2024 and will start at 9:30am in Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP - NEW PREMISES			

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To
Dr 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	
Dr 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	
			Non-Financial Professional Interest	Professional Public Health advise given to the London Borough of Bromley when required.	01/07/2022	

Councillor Colin Smith	London Borough of Bromley	Leader of the Council and Co-Chairman of One Bromley Local Care Partnership Board	All interests are declared on the London Borough of Bromley register of interests.			
Councillor Diane Smith	London Borough of Bromley	Portfolio Holder for Adult Care and Health	All interests are declared on the London Borough of Bromley register of interests.			
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is a GP partnership which holds an NHS PMS General Practice contract and is a member of the MDC PCN in Bromley. The practice holds a contract from Bromley Health Care for delivery of the Advanced Practitioner Care Practice in Diabetes. The practice is a member of BGPA , a GP federation in Bromley.	01/07/2022	
			Financial Interest	The Chislehurst Partnership is a member and shareholder of BGPA .	01/05/2023	

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Site Chief Executive, Princess Royal University Hospital	Financial Interest	Works as an expert witness in midwifery claims - legacy cases only	01/08/2024	
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	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Donna Glover	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			

David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Indirect Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
			Non-Financial Professional Interest	Elected Councillor, London Borough of Lewisham	03/05/2024	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	Financial Interest	Chief Executive of Bromley Healthcare	01/04/2024	
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	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Christine Harris	South East London ICB	PA/ Business Support-Bromley	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			

Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN. The practice is also a member and shareholder in BGPA.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 25 July 2024
Held in The Council Chamber,
Bromley Civic Centre**

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Clinical Lead (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Angela Helleur	Site Chief Executive, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	AH
Teresa Hocking	Director of Adult Services, Bromley Healthcare	TH
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Helen Simmons	Chief Executive, St Christophers 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-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Members (Non- voting):		
Helen Norris	Chair, Healthwatch Bromley	HN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Dr Hannah Josty	Vice-Chair, London wide Local Medical Committees and London wide Enterprise Ltd	HJ
In Attendance:		
Jodie Adkin	Associate Director - Urgent Care, Discharge Commissioning and Transfer of Care Bureau	JA
Gemma Alborough	Business Support Lead, Bromley, NHS South East London	GA
Avril Baterip	Corporate Governance Lead, Bromley, NHS South East London	ABa
David Harris	Associate Director of Finance, NHS South East London	DH
Elizabeth Howe	Corporate Governance Lead, NHS South East London	EH

Apologies:

Members (Voting):

		[Initials]
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Jacqui Scott	Chief Executive, Bromley Healthcare	JS

**Members
(Non-voting):**

Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
-----------------	--	----

		Actioned by
1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith 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 Andrew Parson invited members to declare any interests in respect to the items on the agenda. It was highlighted that some members had a conflict of interest relating to the 111 service reprocurement. As the item was purely for update this would not have an impact on today's discussion but was noted.	
3.	Public Questions	
3.1	No questions had been received in advance of the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 9 May 2024	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Actions for the Board	
5.1	The action log was reviewed and updates to the open actions were given in the meeting.	
5.2	The Committee NOTED the action log.	
6.	Partnership Report	
6.1	Dr Angela Bhan introduced the Partnership Report. The report was taken as read and Dr Bhan invited comments and questions from members. Dr Bhan drew the boards attention to the Synnovis Cyber Attack incident. This impacted pathology services for King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, general practice, community services and mental health services. Alternative arrangements have been made for community services and general practice to undertake blood tests and other pathological tests as required. Capacity has gradually been increasing over the last three or four weeks. The Synnovis system has been rebuilt, so the ICB is	

	<p>now looking at a plan to revert to normal systems, it was unlikely that this would be completely back to business as usual until at least September. Dr Parson thanked Dr Bhan for the update and gave thanks to colleagues for all their work during a very challenging time. There would be learning from this, which colleagues looked forward to hearing about and contributing to.</p>	
<p>6.2</p>	<p>In considering the report, board members had the following comments:</p> <ul style="list-style-type: none"> • David Walker highlighted the formal launch of the One Bromley Wellbeing Hub last week and noted that there had already been significant demand for advice services at this venue. David Walker gave thanks to Mark Cheung, Dr Bhan and colleagues for all their hard work to get to this point. Dr Parson encouraged the board to view the space. • Dr Bhan noted that this was a significant piece of partnership working and that there had been some difficulty with invitations to the launch event. Colleagues would be pleased to host another event if members of the board would like to attend. There are a number of different services being delivered there, and we are looking to increase the range of services available over time. • Helen Norris was particularly interested in the detail on triage within the Primary Care Networks (PCN) section of the report. It was asked what kind of work was undertaken to involve patients in this and check their understanding. Feedback received by Healthwatch indicated that these messages were not perhaps getting through sufficiently. • Dr Claire Riley updated that practices are engaging with their Patient Participation Groups (PPGs) but noted that this was a valid point. Dr Riley agreed to feed back to fellow PCN Clinical Director colleagues on this. PCNs also have their own PPGs. • Mark Cheung noted that engagement with patients is important, and the team would pick this up as part of the wider rollout. • Dr Parson noted that there had been Bromley wide engagement held with patient participation groups following discussion at the Health Overview and Scrutiny Subcommittee. There is a lot of change in primary care, so holding another meeting based on elements such as triage may be useful. The previous event had been well attended and Dr Parson encouraged more engagement. • Dr Hasib Ur-Rub asked about clarification of the figures within the Bromley Children’s Health Integrated Partnership (B-CHIP) paragraph. This referred to 850 children being seen by triage, of which 24% were referred to MDT. When referring to MDT the report states that 128 children were seen, this was much lower than 24% of the total figure. Dr Ur-Rub asked what the difference is and if these figures were do not attends. The other question was regarding the reference to reductions in referrals to primary care and it was asked if this included the 850 referrals into the B-CHIP. It was queried as to whether referrals are thus going up overall for paediatrics, but with activity taking place elsewhere. • Sean Rafferty responded that the B-CHIP is having a positive impact on waiting times. SR to check the B-CHIP numbers in order to respond fully to the question. • Dr Bhan added that once the other two PCNs are onboarded we will need to undertake a more formal in depth evaluation. Dr Ur-Rub’s comment was correct in that there is often a slight increase in referrals when a new 	<p>CR</p> <p>SR</p>

	<p>pathway is established, an update would follow once evaluation was complete.</p> <ul style="list-style-type: none"> • Dr Parson noted the update in the report about Frank Hall, Tissue Viability Nurse who had celebrated fifty years of NHS Service. This was a remarkable achievement and Dr Parson asked Teresa Hocking to pass on the board’s congratulations. 	
6.3	The Committee NOTED the Partnership Report.	
7.	Winter and Urgent and Emergency Care Transformation Update	
7.1	<p>Jodie Adkin presented on Winter and Urgent and Emergency Care Transformation. The report brought together the three key pieces of system wide work around urgent and emergency care in Bromley: Urgent and Emergency Care Recovery, Integrated Urgent and Emergency Care (IUEC) and Winter Planning for 2024-25</p> <p>The following points were noted:</p> <p>Urgent and Emergency Care Recovery</p> <ul style="list-style-type: none"> • The aspiration to achieve the national performance standard of 78% of A&E patients being seen within four hours continued. There is hugely positive work taking place in Bromley across primary, community and secondary care. • A system wide piece of work to consider key transformation driven by population health management and the local strategy is underway. There is significant pressure and work needed to achieve this. <p>Integrated Urgent and Emergency Care</p> <ul style="list-style-type: none"> • The current 111 contract presently held by the London Ambulance Service is due to end in March 2026. SEL ICS is looking at how we use the reprocurement as an opportunity to localise some elements of the service and deliver on our same day urgent care aspirations at a borough level. • The report highlighted detail on aspirations, direction of travel and the proposed timeline. This would be a continual piece of transformation work which would offer an opportunity to develop local services, with increased delivery locally. <p>Winter Planning for 2024-25</p> <ul style="list-style-type: none"> • We are building on our knowledge base around winter preparations to finalise the plan for this year, based on the pillars utilised in previous years. The A & E Delivery Board will meet in early August to discuss this. The report details suggestions of what we may do this year, based on what has worked well previously. 	
7.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Parson thanked JA for the update. • Dr Bhan thanked all partners for the continued engagement and work underway to improve the Urgent and Emergency Care pathway for patients. We are engaging on a broader number of pieces of work to look at how we might improve the system. Partners will have the opportunity to comment further on how we move forward. We are also thinking about winter and welcome any thoughts or comments. 	

- Dr Parson noted that we need to be assured as a board that challenges are being addressed through the processes used.
- Harvey Guntrip asked if 111 allocated appointments that are not utilised are a sunk cost or if this appointment is then used for another patient instead.
- Dr Riley did not think appointments went unused, rather it was about making more appropriate use of the appointment. An example may be that a patient calls 111 and is given a same day appointment and then calls the practice directly and books another appointment requiring cancellation. This was not joined up working, meaning that the triage model does not always work well.
- Harvey Guntrip noted that we often find out that issues relate to IT or other systems not speaking to each other. It was asked if there was a fix on the horizon for this as we have experienced this issue multiple times.
- Dr Bhan noted that there is not anything immediate on the horizon in regard to connectivity of systems. This is a long term journey which will need to be undertaken in stages, making better links between 111 and general practice will be a big step forward.
- David Walker noted that Bromley has boundaries with a number of other boroughs, and asked what thought is being given to connectivity in relation to patients who may live in one borough with a GP practice in another, in order to provide care in the most appropriate setting. It was noted that we worked together very effectively to communicate messaging around winter last year. The ICB communications team capacity had decreased, and it was important to think how we as a system can promote information moving forward. David Walker suggested that winter messaging be developed as soon as possible. Bromley Well were happy to assist with both drafting and circulating messaging this year.
- Councillor Diane Smith highlighted the local Bromley magazine, noting this may be a good place to put messaging out.
- Jodie Adkin responded that the national specification around 111 emphasises a standard of putting an individual through to a place of care based on proximity to where they are physically situated when calling. The background infrastructure of the national directory of services allows a clinician from 111 to access any care settings in the country. For example, if a person is returning home from holiday, they could be referred back to their local GP. We are working closely with partners in neighbouring boroughs to ensure we have that fluidity to support residents and ensure a robust infrastructure to enable mutual support during times of pressure.
- JA thanked DW for the offer from Bromley Well around communications, which we would be welcome and confirmed that draft messaging had been created for the Bromley magazine.
- Dr Bhan noted that the magazine had been a useful form of communication with residents last year.
- Councillor Colin Smith noted that covid appeared to be reappearing more prevalently in the news and on social media. It was asked if the current known strains are relatively benign, or whether medical colleagues are preparing for a potential increase in demand on services in light of this.
- Dr Bhan updated that there is a lot of anecdotal evidence of there being a lot of covid cases around. There has been a slight change in the virus circulating at present – nicknamed the 'Flirt' strain due to the physical shape of the virus proteins . The national surveillance systems are no

	<p>longer in place to enable us to systematically say whether or not there has been an increase in cases. Dr Bhan had asked the same question to the South East London Health Protection Team yesterday, who had noted that there was anecdotal evidence that there are cases and spread in the community. The expectation is that where you have these relatively non-pathogenic variants of covid they spread more quickly, but do not cause such severe disease, so this is taken to be more like flu or other viral illnesses. There is no evidence of seeing any additional patients in ITU.</p> <ul style="list-style-type: none"> • Angela Helleur noted that there had been an increase in attendances but not in admissions. • Dr Parson noted that primary care clinicians see fluctuations in respiratory illness, but we do not know if it is covid or not because systematic testing is no longer available. • Dr Bhan noted it was important to monitor vaccination uptake rates. At last week's Health Scrutiny Committee, many members said they would be happy to put information about vaccination on their own organisational websites. • Dr Parson thanked JA for the update, noting that there will be others in the near future. 	
7.3	The Committee NOTED the Winter and Urgent and Emergency Care Transformation Update.	
8.	Finance Month 2 Update Report	
8.1	<p>David Harris presented the month 2 2024/25 Finance Report, the following points were noted:</p> <p><u>SEL ICB Month 2 Financial Position</u></p> <ul style="list-style-type: none"> • The SEL ICB financial allocation as at month 2 was £4,472,839k. • As at month 2 the SEL ICB is forecasting that it will deliver a year-end position of break-even. • The ICB is delivering its financial duties. <p><u>Bromley ICB/LCP Month 2 Financial Position</u></p> <ul style="list-style-type: none"> • The 2024/25 Bromley ICB/LCP place budget at month 2 was £253,095k. • The Bromley ICB/LCP place forecast outturn is £17k underspent. <p>There are several financial risks that could have an adverse impact upon the Bromley ICB Place budgets in 2024/25, the 3 main areas were noted:</p> <ol style="list-style-type: none"> 1. Prescribing- The final 2023/24 Bromley outturn was an overspend of £3,061k. Bromley reported the second lowest overspend, in percentage terms, of the six boroughs in South-East London. Additional funding was allocated as part of the 2024/25 budget setting process though the amount allocated to Bromley leaves a funding gap of £500k. The medicines management teams across south-east London are developing the 2024/25 savings plans. To date opportunities of £1,678k have been identified in Bromley though it is too early in the year to see if this will be sufficient to mitigate against a combination of in year price pressures, activity increases and the funding gap. 	

	<p>2. Continuing Healthcare (CHC) - The number of care homes beds in the borough has increased and this will impact upon both FNC (funded nursing care) and CHC costs.</p> <p>3. Mental Health CPC Placements - Activity has been rising steadily over the last two financial years, particularly S117 clients who are joint funded with the local authority.</p> <p>David Harris welcomed any questions or comments from members of the board.</p>	
8.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> • Dr Andrew Parson gave thanks for the report, noting that as we have said previously, the year ahead is going to be extremely challenging. It would be useful to understand plans for how we will identify areas on which we can work. • Mark Cheung noted that we had to set our budget to include savings targets, managing allocations received from the centre. We need to consider our system wide savings and how we will deliver those. An internal finance meeting has been established to monitor our financial position alongside a Savings Group, supported by a PMO office. This group considers both current cost pressures and those expected longer term. Whilst we can find potential approaches to address this, we need to have wider discussions as a system to consider the impact on other partners from our cost saving approach. Wider engagement is also sought from the local infrastructure including the One Bromley Clinical and Professional Advisory Group, One Bromley Executive and our strategic groups, in order to look at current, medium and longer term financial risk. • Dr Ur-Rub asked about the provisional costs and impact arising from the recent Synnovis incident. It was asked if this would affect cost pressures across the whole system or whether this would largely affect King's and Guys and St Thomas' as the contract holders. • Dr Parson noted that whilst we do a lot of planning, unanticipated issues do sometimes arise which have a huge impact. Dr Parson invited colleagues to answer on this point. • Mark Cheung confirmed that this has not been factored into our year end forecast at the moment and was not aware of any funding available to support with this. Colleagues are working to separate out and identify cost implications and assess the potential future impact in addressing the backlog. It was important to separate out costs, as this would not be an instant fix and would need to be worked through over the current and next financial year. • Dr Parson noted that it will take some time to fully understand the impact on all services in the system. The board would like to be kept updated as this develops and that this will need to be closely monitored. 	
8.3	<p>The Committee NOTED the Month 2 2024/25 Finance Report.</p>	
9.	<p>Primary Care Group Report</p>	
9.1	<p>Harvey Guntrip took the report as read and invited any questions.</p> <p>There were no questions or comments from members.</p>	
9.2	<p>The Committee NOTED the Primary Care Group update.</p>	

10.	Contracts and Procurement Group Report	
10.1	Sean Rafferty reported to the committee, the report was taken as read. The rules around NHS procurement during a general election meant that a lot of work had to be paused during the period, colleagues were now back on track. There were no queries or comments from members.	
10.2	The Committee NOTED the Contracts and Procurement Group Report.	
11.	Performance, Quality and Safeguarding Group Report	
11.1	Harvey Guntrip again took the report as read and invited any questions. There were no questions or comments from members.	
11.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
12.	Any Other Business	
12.1	<p>Councillor Colin Smith noted that the font size was somewhat small for some of the reports with figures included.</p> <p>Councillor Smith noted that this would be Kim Carey’s last meeting in public ahead of her retirement. Councillor Smith gave thanks to Mrs. Carey for everything she has done for the London Borough of Bromley and for this partnership and for her support of members around this table.</p> <p>Kim Carey thanked Councillor Smith for his comments and noted that Donna Glover would be taking over the role in September, joining from Cambridgeshire.</p> <p>There was no further business discussed.</p> <p>Councillor Smith gave thanks to colleagues for their attendance. It was important to keep moving this partnership forward, not least in light of the difficult financial days that lie ahead of us.</p> <p>Dr Parson closed the public part of the meeting.</p>	
13.	Appendix 1: Glossary of Terms	
13.1	The glossary of terms was noted.	
14.	Date of Next Meeting: Thursday 26 th September 2024 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
33.	6.2: Partnership Report – CR to feed back to fellow PCN Clinical Director colleagues regarding engaging with patients about total triage.	25.07.2024	Dr Claire Riley	26.09.2024	Closed	Dr Riley has spoken to PCN Clinical Directors about engaging with patients.
34.	6.2: Partnership Report – SR to check referral numbers for B-CHIP and confirm details.	25.07.2024	Sean Rafferty	26.09.2024	Closed	SR has looked into referral numbers and sent details on this to HU-R via email.

One Bromley Local Care Partnership Board

DATE: Thursday 26 September 2024

<p>Title</p>	<p>One Bromley Strategy and Bromley Health and Wellbeing Board Strategy Joint Implementation Plan</p>
<p>This paper is for decision</p>	
<p>Executive Summary</p>	<p>The SEL Joint Forward Plan incorporates the One Bromley 5 Year Strategy and was first published in June 2023 following approval by the Bromley Health and Wellbeing Board (HWBB), One Bromley (OB) Executive and the Local Care Partnership Board. It was refreshed by correspondence with these committees in March 2024.</p> <p>When implementation of the One Bromley strategy was discussed at the One Bromley Executive on 9 May 2024, it was requested that the delivery plan better align with the Health and Wellbeing Strategy. It was noted that that the LBB health surveillance report and resident reported outcomes represented a positive way to monitor the desired outcomes of the strategy on population health and experiences of services.</p> <p>Officers have worked to bring together a coherent aligned delivery plan and delivery vehicles to demonstrate the alignment of the HWBB and OB strategies and to take forward delivery. This paper is to seek this committee’s approval to proceed as outlined in the attached paper. This paper has been taken to One Bromley Executive and Health and Wellbeing Board which have both endorsed the approach.</p> <p>Two strategies</p> <p>Bromley Health and Wellbeing Board launched the Health & Wellbeing Strategy 2024 – 2029 with the vision <i>‘to help the people living in Bromley live an independent, healthy and happy life for longer’</i>. The strategy contains three priority areas:</p> <ul style="list-style-type: none"> • Improving Health and Wellbeing of young people (to include obesity, youth violence, adolescent mental health). • Improving Health and Wellbeing of Adults (to include obesity, diabetes, dementia, mental health, substance misuse). • Disease prevention and helping people to stay well (linking with our ICB prevention priority and achieving this through our vital 5 work). <p>Similarly, the One Bromley strategy aims to improve the wellness of the people of Bromley by shifting the focus of work to prevention, focussing on people living with long term conditions, frailty, Core 20Plus5 health</p>

inequalities and those at risk of emergency admission for physical or mental health. The plan takes a population health approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

It sets out three key priorities:

- Improving population health and wellbeing through prevention and personalised care
- High quality care closer to home delivered through neighbourhoods
- Good access to urgent and unscheduled care and support to meet people's needs

Alignment for delivery

There is significant alignment between the strategies, particularly in the conditions identified as leading causes of early morbidity and mortality for residents in Bromley (obesity, cardiovascular disease and improving life for those with long-term conditions).

With this paper (slide 5), we identify 7 key areas where a joint delivery plan will capitalise on existing networks and expertise across Bromley, integrate ongoing activities into the strategic implementation plans, minimise overlap, and prevent gaps in activity. These are:

- Immunisation, screening and health-checks
- Long-term condition management
- Frailty management
- Community mental health and learning disability transformation
- Children and young people's health transformation
- Population health analysis
- Neighbourhood working infrastructure development

Additionally, we propose four areas which a predominantly health or public health delivery plan respectively:

- Urgent and emergency care system transformation
- Primary care sustainability
- Youth violence reduction
- Combatting Drugs and Alcohol Partnership

These delivery plans will be further developed and owned by relevant delivery vehicles as outlined. The paper further recommends that delivery plans are overseen by a common programme management function spanning One Bromley, ICB and LBB. This function will be responsible for:

- Collating and deliver exception reporting to executive groups (One Bromley Executive, BB Adult Care and Health Executive and LBB Children's Executive)

	<ul style="list-style-type: none"> • Compiling bi-annual progress reports for boards (Local Care Partnership Board and Health and Wellbeing Board) • Review programmes' progress, work through interdependencies, review new initiatives • Own cross-organisational management information system for sharing programme plans, tools, best practice, evaluation framework <p>As One Bromley programmes now move into finalising their delivery plans it is important to now decide whether to proceed with the proposed aligned approach.</p> <p>The paper also proposes a new way of conceiving neighbourhood working in the borough which would be pursued by programmes and stewarded by the Neighbourhood working infrastructure development group.</p>				
<p>Recommended action for the Committee</p>	<p>Recommendation:</p> <ul style="list-style-type: none"> • Approve approach for predominantly joint implementation with named delivery vehicles leading on programme delivery reporting to both HWBB and One Bromley Local Care Partnership <p>Next steps:</p> <ul style="list-style-type: none"> • Establish delivery vehicles or re-alignment of existing delivery vehicles to strategy delivery • Delegate development of delivery plans • Confirm monitoring framework – top down and bottom up • Bi-annual reporting through PMO to HWBB / LCP 				
<p>Potential Conflicts of Interest</p>	<p>All partners were asked to work in the interests of the population of Bromley in supporting the development of the One Bromley Five Year Strategy.</p>				
<p>Impacts of this proposal</p>	<table border="1"> <tr> <td data-bbox="406 1576 699 1906"> <p>Key risks & mitigations</p> </td> <td data-bbox="699 1576 1490 1906"> <p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise common delivery plans and vehicles to align work and oversight from PMO and executive groups to agree and focus on top priority deliverables, with biannual strategic steers from HWBB and LCP Board.</p> </td> </tr> <tr> <td data-bbox="406 1906 699 1977"> <p>Equality impact</p> </td> <td data-bbox="699 1906 1490 1977"> <p>Reducing health inequalities is threaded through the plans, with particular focus on health inequalities</p> </td> </tr> </table>	<p>Key risks & mitigations</p>	<p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise common delivery plans and vehicles to align work and oversight from PMO and executive groups to agree and focus on top priority deliverables, with biannual strategic steers from HWBB and LCP Board.</p>	<p>Equality impact</p>	<p>Reducing health inequalities is threaded through the plans, with particular focus on health inequalities</p>
<p>Key risks & mitigations</p>	<p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise common delivery plans and vehicles to align work and oversight from PMO and executive groups to agree and focus on top priority deliverables, with biannual strategic steers from HWBB and LCP Board.</p>				
<p>Equality impact</p>	<p>Reducing health inequalities is threaded through the plans, with particular focus on health inequalities</p>				

		through neighbourhood working and anticipatory care.
	Financial impact	The plans themselves are not costed but are to be delivered within agreed financial envelopes and transformational funding in-line with the SEL medium term financial strategy.
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> Public engagement in Bromley across the preceding two – three years was taken into account in the drafting of the One Bromley Strategy. A public engagement event took place in May 2023 on the plans and discussing how best to work with local communities in achieving our ambitions. There were two online events to promote the SEL JFP at the same time. Ongoing engagement is at a project and programme level.
	Other Committee Discussion/ Internal Engagement	This paper has been approved by the One Bromley Executive (29 August 2024) and Health and Wellbeing Board (12 September 2024).
Author:	Elliott Ward, Deputy Director, Strategy Development and Delivery, One Bromley Katherine Dunlop, Public Health Specialty Registrar, London Borough of Bromley	
Clinical lead:	Dr Nada Lemic, Director of Public Health, London Borough of Bromley Dr Andrew Parson, Senior Clinical Director- Bromley, South East London Integrated Care Board	
Executive sponsor:	Angela Bhan, Bromley Place Executive Lead, South East London Integrated Care Board	



One Bromley and Health and Wellbeing Board Strategy Implementation Plan

September 2024

Population health management – **looking to drive change in population outcomes, not individual outcomes as a means to determine priorities**

HWBB Strategy 2024/29

HWB Board 8 February 2024 agreed to draft implementation plan

One Bromley Strategy 2023/28

One Bromley Executive 9 May 2024 requested metrics and more joined-up implementation plan

Both strategies highlight strategic alignment to:

- Making Bromley Even Better
- South-East London Integrated Care System (SEL ICS) Strategy
- SEL ICS Joint Forward Plan

Strategic vision is to help the people living in Bromley live an independent, healthy and happy life for longer.



Priority 1: Improving health and wellbeing of young people

- Reduce prevalence of **overweight and obesity** in CYP
- Tackle **youth violence**
- Support **emotional wellbeing** of parents, caregivers and CYP



Priority 2: Improving health and wellbeing of adults

- Reduce prevalence of **overweight and obesity** in adults
- Slow risk in new **diabetes** diagnoses
- Raise awareness on links to obesity, diabetes and **hypertension**
- Develop work around and promote **brain health**
 - Improve awareness and understanding of **dementia**
 - Ensure people with dementia have **health /wellbeing support**
 - Ensure access to help for **depression, anxiety and MH issues**
 - Deliver a **suicide prevention** action plan
- Support implementation of the **National Drug Strategy**



Priority 3: Disease prevention and helping people to stay well

- Improve **long-term conditions** (focus on Vital 5 and physical activity)
- Support people to **live well independently**

Strategic vision to help everyone in our population live longer, more independent lives with less variation in health outcomes across our borough

<p>1</p> <p>Improve population health and wellbeing through prevention & personalised care</p>	<ul style="list-style-type: none"> • Evidence driven population health improvement by tackling inequalities, improving outcomes and services formed around the needs of service users. • Patients and carers supported in the management of long-term conditions – including transitions between services, particularly hypertension, respiratory and diabetes. • Meeting the needs of Bromley’s elderly population as well as children and young people. • Influencing the strategy of partners on wider determinants of health.
<p>2</p> <p>High quality care closer to home delivered through our neighbourhoods</p>	<ul style="list-style-type: none"> • Primary care is on a sustainable footing and tacking unwarranted variation in patient outcomes, experience and access. • Neighbourhood teams based on geographic foot-prints provide seamless services across health, social care and third sector services. • Improved access by moving services from hospitals and into the community & people’s home and delivering new approaches for mental health care and services for children and young people. • Monitored and maximised the health and care resources for our population.
<p>3</p> <p>Good access to urgent and unscheduled care and support to meet people’s needs</p>	<ul style="list-style-type: none"> • Residents have and understand how to use same day and emergency care across Bromley spanning physical and mental health, social and third sector care. • Services meet the needs of the population and support people into non-urgent care once their urgent needs are met.

Delivery Plan

Mission statement

Addresses HWBB and OB Sub-priorities

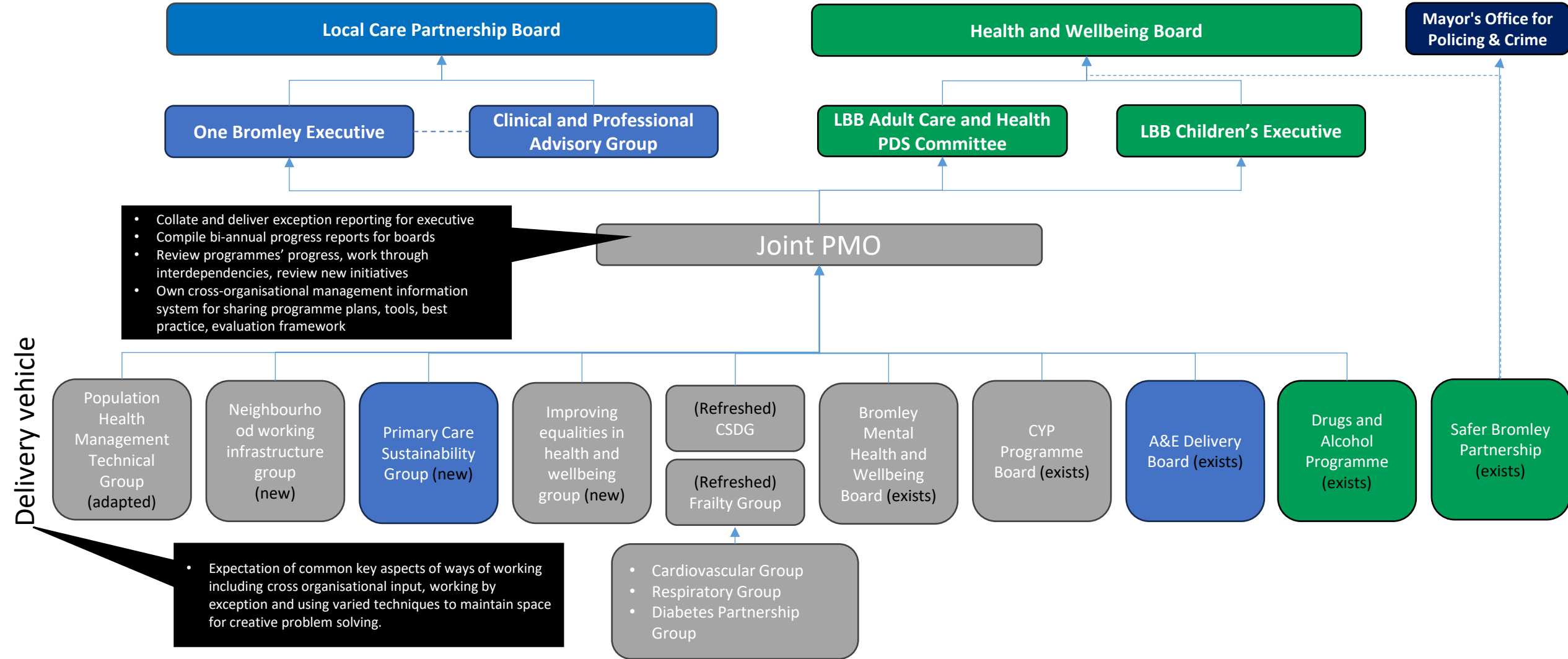
Delivery vehicle

Immunisation, screening and health checks (D1)	<ul style="list-style-type: none"> Drive down early intervention inequalities seen in the PHM data 	<ul style="list-style-type: none"> Improve long-term conditions Tackling inequalities 	New improving equalities in health and wellbeing group
Long term condition management (D2)	<ul style="list-style-type: none"> LTC management at scale in the community learning from programmes (B-CHIP, diabetes) aligned to New Model for Primary Care 	<ul style="list-style-type: none"> Patients and carers supported in the management of long term conditions Focus on cardiovascular, respiratory and diabetes Improving access by moving services into the community and into people's home Improve long-term conditions Reduce prevalence of overweight and obesity 	New CSDG and subgroups: <ul style="list-style-type: none"> Cardiovascular Group Respiratory Group Diabetes Partnership Group
Frailty management (D3)	<ul style="list-style-type: none"> Systematic joined-up approach across Bromley to the prevention and management of frailty in the community, as step up from Long Term Condition management 	<ul style="list-style-type: none"> Meeting the needs of Bromley's elderly population and focus on frailty Patients and carers supported in the management of long term conditions Improving access by moving services into the community and into people's home Living well independently Improve long-term conditions 	Frailty delivery group including adult social care and end of life care
Community Mental Health and LD transformation programme (D4)	<ul style="list-style-type: none"> Make it easier to access early mental health support in the community at all ages 	<ul style="list-style-type: none"> Brain Health, dementia, depression, anxiety and MH conditions Deliver a suicide prevention action plan CYP Mental health and emotional wellbeing of parents, caregivers and CYP Improving access by moving services into the community and into people's homes 	MH Programme Board
CYP Transformation Programme (D5)	<ul style="list-style-type: none"> Significantly reducing waiting times, improve access to services and improving health outcomes for CYP now and positively impacting life course 	<ul style="list-style-type: none"> Reduce prevalence of overweight and obesity (CYP) Meeting the needs of Bromley's children & young people Improving access by moving services into the community and into people's home 	CYP Programme Board
UEC system transformation (D6)	<ul style="list-style-type: none"> Community and hospital SDEC services and immediate follow-up in community are used as alternative to ED and admission 	<ul style="list-style-type: none"> Residents have and understand how to use same day and emergency care Services support people into non-urgent care once their urgent needs are met 	A&E Delivery Board
Youth violence	<ul style="list-style-type: none"> Support delivery of the Violence & Vulnerability Action Plan 	<ul style="list-style-type: none"> Tackle youth violence 	Safer Bromley Partnership
Drugs and alcohol programme	<ul style="list-style-type: none"> Delivery of Harm to Hope Strategy aims to: break drug supply chains; deliver treatment / recovery; & shift demand for drugs. 	<ul style="list-style-type: none"> Support implementation of the National Drug Strategy 	Combatting Drugs and Alcohol Partnership Board

Supported through structural enabler programmes

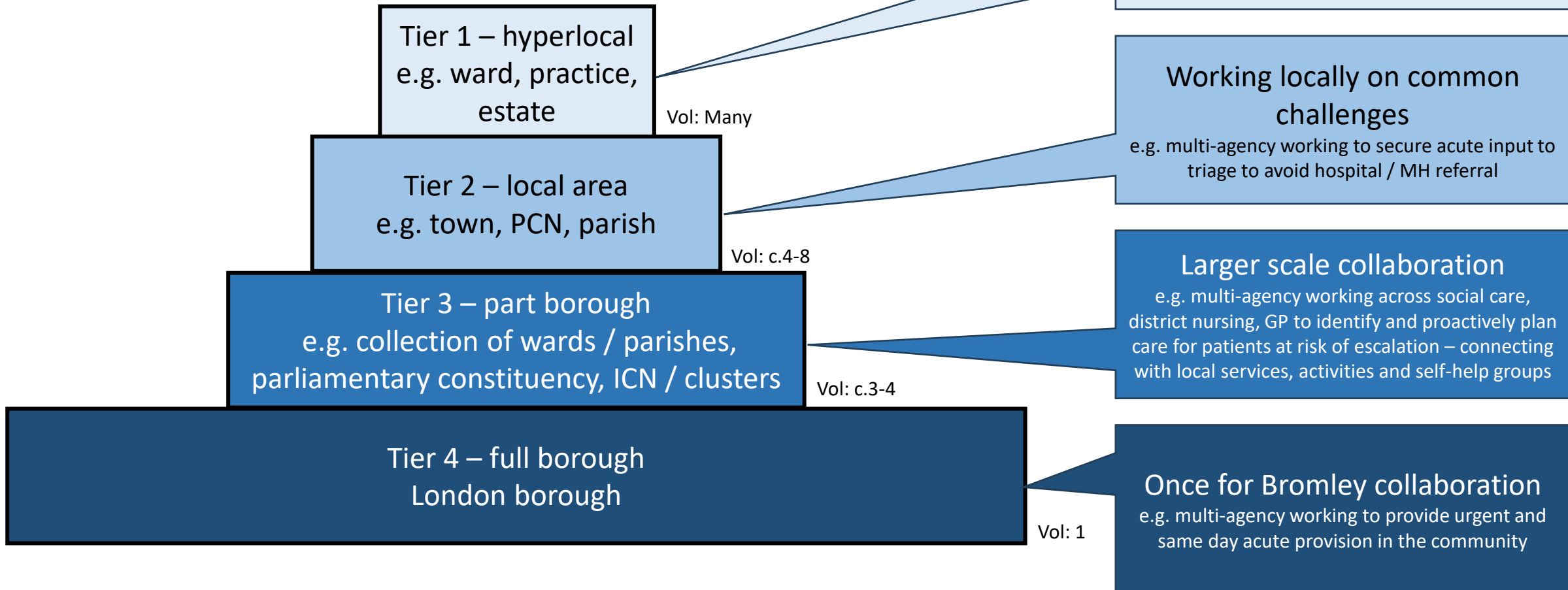
Population health (A)	<ul style="list-style-type: none"> Deliver evidence driven population analysis to support teams targeting prevention & improving population health outcomes 	<ul style="list-style-type: none"> Evidence driven population health improvement Influencing the strategy of partners on wider determinants of health Neighbourhood teams based on geographic foot-prints provide seamless services across health, social care and third sector services. 	Population Health Management Technical
Neighbourhood work infrastructure (B)	<ul style="list-style-type: none"> Agreed footprints and operating model on which delivery programmes can deliver tangible change for residents 		Neighbourhood working infrastructure group
Primary care sustainability (C)	<ul style="list-style-type: none"> Primary care on a sustainable footprint as bedrock of health system 	<ul style="list-style-type: none"> Primary care sustainable and tacking unwarranted variation in patient outcomes, experience and access. 	Primary Care Sustainability Group

Decision making



Neighbourhood Tiers

- **Refocus neighbourhood thinking to a set of principles of how we operate**
- **Working at different tiers**



Recommendation:

Approve approach for predominantly joint implementation with named groups leading on programme delivery reporting to both HWBB and One Bromley Local Care Partnership

Next steps:

- Establish delivery vehicles or re-align existing delivery vehicles to strategy delivery
- Delegate development of delivery plans
- Confirm monitoring framework – top down and bottom up
- Bi-annual reporting through PMO to HWBB / LCP

One Bromley Local Care Partnership Board

DATE: Thursday 26th September 2024

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	None.	
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, Bromley Public Health	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Partnership Report – September 2024

Table of Contents

1. One Bromley Local Care Partnership Programmes	1
2. Princess Royal University Hospital and South Sites	3
3. London Borough of Bromley - Adult Social Care	5
4. St Christopher’s Hospice	6
5. Bromley Healthcare	9
6. Oxleas	12
7. Bromley Third Sector Enterprise (BTSE)	13
8. Primary Care Networks (PCN)	14
9. Bromley Public Health	15
10. Bromley GP Alliance (BGPA)	16

1. One Bromley Local Care Partnership Programmes

Winter Update

We have committed to comprehensive winter planning and have finalised our system winter plan, incorporating contributions from all partners. This plan focuses on maximising service continuity and efficiency during high-demand periods. Key investments include expanding the Hospital at Home service and the systematic rollout of the Universal Care Plan to prioritise care in the most appropriate settings, reducing the strain on hospital services.

The Urgent Community Response (UCR) service continues to play a key role with primary care and Hospital at Home, targeting a significant reduction in unnecessary hospital admissions. Our post-hospital strategy includes a proposed winter offer for patients discharged from hospital, ensuring that patients returning home receive the support they need to recover effectively. There is a particular focus on patients having enhanced care in Coloma Court.

This winter, our investments have been strategically placed, based on a thorough analysis of current demand and capacity within our services. Investments are focused on areas such as respiratory care within Primary Care Networks (PCNs) and enhancing mental health support, which are critical given current health trends and seasonal impacts. These investments aim to improve patient outcomes in Bromley and ensure robust service availability during the winter months.

We have modelled and planned our capacity to ensure services increase in line with anticipated winter pressures. This strategic planning is essential to ensure we have sufficient beds and equivalent resources in both acute, children's and community settings to manage patient care effectively during peak times. Furthermore, we are trying to address any particular staffing challenges in general practice by providing responsive system support to ensure that our services remain robust and effective.

The Bromley Enhanced Health in Care Homes webpage will be hosted on our website from the end of October 2025 and include updates for winter care. This initiative aims to provide easy access to important information, and support care homes in delivering high-quality services. We also focus on enhancing the capabilities of care home staff to manage care effectively during the winter months, ensuring that our most vulnerable populations are well-supported in the most suitable environments.

St Christopher's Hospice plays a critical role in hospital avoidance, in addition to their usual service delivery, by accepting appropriate referrals from Integrated Care Networks.

Bromley 2024 Winter Vaccinations Planning

The 2024 Winter Flu campaign commenced on September 1st for pregnant patients and children. Adult vaccinations for flu and Covid will start on October 3rd. The eligible cohorts for both flu and Covid include residents in a care home for older adults, all adults aged 65 years and over, and persons aged 6 months to 64 years in a clinical risk group. Frontline Health and Social Care workers are also eligible for vaccination.

Flu vaccines are available from all Bromley GP practices and a number of Community Pharmacies across the borough. Covid vaccines can be accessed via two Local Vaccination Sites and 23 Community Pharmacies with additional pop-up events planned to increase access to underserved communities. Additional support for housebound patients will be provided by Bromley Healthcare.

The One Bromley Vaccination Taskforce will continue to meet regularly throughout the campaign to enable service providers, the ICB and Public Health to deliver a successful campaign. Close collaboration with colleagues in South-East London continues to streamline processes, improve campaign delivery and increase vaccine uptake.

The campaign for the new Respiratory Syncytial Virus (RSV) vaccine also commenced on September 1st for pregnant patients and adults aged between 75 and 79 years. This is a year-round programme and has the potential to significantly reduce the number of GP consultations and hospital admissions, hence RSV vaccine uptake is a key part of our Winter resilience programme, and practices are being supported with delivery.

All vaccines will be promoted via local press, social media and via the Community Champions network as well as relevant local engagement events. A leaflet is currently in development promoting all vaccines available from Bromley GPs and includes childhood immunisations, the new RSV vaccine and a section on vaccinations in pregnancy to encourage pregnant patients to

access RSV and Pertussis in particular. Work continues with Maternity Service providers to inform and signpost pregnant patients to the vaccinations they are eligible to receive and the services providing them.

To underpin this vaccination provision, a series of training events has been held for practice staff, PCN staff involved in vaccine conversations and community champions to increase confidence in approaching vaccine conversations. The training is geared at encouraging patients to be vaccinated by better understanding and addressing concerns. It is intended to keep discussions open and enable signposting to appropriate services or information sources so patients can make an informed decision.

Synnovis Update

An update on current arrangements is given in another part of this report. A return to normal arrangements for phlebotomy and ordering blood tests will commence this month

2. Princess Royal University Hospital and South Sites

Princess Royal University Hospital (PRUH) Site Chief Executive Update

As at the end of June, KCH has reported a deficit of £38.4m year to date. The June year to date £1.3m adverse variance, this can be explained by income, pathology incident, industrial action and pay award.

The number of patients on our waiting list for the trust reduced from 103,361 at the end of April 2024 to 99,778 at the end of June (reduction of 3583). At the end of June the Trust had 73 patients who waited 78 weeks or more. A full action plan is in place to reduce this.

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 433,740 patients have registered for MyChart across King's and GSTT with 170,285 of these at King's (43%).

Although May attendances increased back up to 381 per day, numbers fell to 364 in June. Despite this, June continued to be a challenged month and showed a drop in our performance to 63% against target of 78%. Our 12-hour Decision-To-Admit breaches decreased during June to an average of 21 per day at PRUH.

Cancer treatment within 62 days of post-GP referral is not meeting the standard - 62.17% for May (target 85%). Faster Diagnosis Standard compliance was above target at 75.83% in May with the national target of 70%. The cancer backlog has reduced in line with our agreed trajectory.

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted June performance against the national threshold of 46.94% across both sites (against the 5% threshold by March 2025) which is a deteriorating position compared to 41.74% reported for April 2024. The number of 6+ waiters increased by 1813 patients from 11,704 waiters in April to 13,517 waiters in June. Actions being taken include a GP engagement event to discuss

changes in referral volumes and patterns across SEL, a Pilot to send non-obstetric ultrasound patients to Eltham CDC from September and request for system mutual aid for paediatric sleep studies.

We continue to focus on improving the technical elements of the DM01 PTL and diagnostics functionality in Epic, with significant upgrades and updates made to both the PTL and the applications. Demand management is another key focus given increases seen in the numbers of orders placed both internally and externally post-Epic, particularly in non-obstetric ultrasound.

Impact on elective care

Synnovis pathology provider incident - Serious incident

On 3 June 2024, Synnovis, the Trust's pathology provider was subject to a ransomware cyber attack.

As a result, we are experiencing ongoing disruption to our pathology services, particularly blood tests. This is having a significant impact on the delivery of services in our hospitals, as well as across partner organisations in mental health, community and primary care services across south east London.

Regrettably, some patient care is having to be cancelled or redirected to other providers as urgent care is prioritised.

Current position

We continue to work as a matter of urgent priority to investigate the impact of the incident and take appropriate action. We are working closely with Integrated Care Board (ICB) and NHS England colleagues as part of this.

Communicating with our patients

We are advising patients to attend their appointments as planned unless they are contacted. We are contacting patients who are directly impacted by phone.

We are regularly updating the news section of the Trust website with the latest position and guidance for patients is available on the Trust website.

Our extensive capital programme continues, albeit with some unexpected delays:

Endoscopy Unit

Construction is now well underway. We are through a significant number of challenges within the ground which added some substantial costs to the project. The project continues to review its design to allow the Trust to meet the budgetary factors. There is currently a 4 week delay forecast due to the issues identified in the ground. The first floor work is now underway.

Radiology Upgrades

All Radiology works have now been completed on time. Mammography replacement remains under review.

Flow upgrades and other developments

A range of other capital projects across the PRUH are being undertaken. The new 16 bed RSU and HDU unit has been completed.

The current phase of Omnicell installation has been completed.

The new power substation has been completed and energized. The installation of the EV chargers has been completed in the car park giving 41 bays with chargers available for Staff and public use.

The additional estate capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments, this is now underway.

Day Surgery Unit

Structural improvements have been completed. The backlog maintenance program work is currently being tendered for Theatre improvements.

Other major works being undertaken by the PFI are roof replacement work, main air handling equipment replacements, nurse call replacement and street lighting replacement.

To further local partnership working we have a Primary and Secondary Care Interface Task and Finish Group running and meeting every 6 weeks. A further meeting with the Clinical Directors was scheduled for 11th September 2024. The teams are working on a number of workstreams including improving cancer referrals within secondary care to prevent returns to primary care.

3. London Borough of Bromley - Adult Social Care

The first important item of note is that Donna Glover took over as the Statutory Director of Adult Social Services with effect from 23rd September 2024 and will attend all future meetings. Donna looks forward to meeting partners of the Board and working with them.

Of note since the last meeting is the continued pressure on the Adult Services budget which is requiring further in year savings to enable balance at year end. Pressures continue in relation to the high cost of placements, and it is of note that a number of people who are placed in residential/nursing care post hospital discharge are passing away very shortly after admission. Whilst discharge performance remains good it will be worth considering the pathway across the whole system to ensure that people are ending their lives in the right environment.

The Better Care Fund submission has been signed off at a national level, following scrutiny at both a local and pan-London level. There were very few amendments to be made, which were largely to confirm that the statistics shared were stretch and challenging and that our plan was comparing like for like with other councils.

The tender process for a Strategic Partner with whom we will deliver the Digital Transformation Programme for adult social care is just reaching conclusion and an announcement will be made as to the successful bidder as soon as the call-off period has been concluded. This will enable the delivery of significant savings over the next five years.

4. St Christopher's Hospice

Based on Care and Quality Directorate Report for Q1 (April – June 2024)

Developments to meet the needs of our changing population

St Christopher's continues to deliver its strategy:

- Tackling inequalities in Palliative and End of Life Care (PEoLC)
- Equipping the PEoLC workforce of the future within and beyond St Christopher's
- Fulfilling a national and global leadership role
- Creating a sustainable business model for St Christopher's
- Tackling ethical issues of the day

New model of working

In mid-December, the Single Point of Contact morphed into the Referrals and Admissions Team. Referrals are now triaged immediately after they are made by a third party, with a same day call from a Senior Nurse in the Community Team to the patient or family. A brief risk assessment is undertaken and between the nurse and the patient, an agreed date for a community visit is made. This provision has continued to be honed throughout Quarter 1. The revised service has been in operation since December 2023 which has seen our caseloads increase from 1475 people being cared for to 1852 at the beginning of July (across our 5 boroughs). We added in a further service to our offer in the form of an Urgent Response team in February 2024 to maximise our response to people calling into our services asking for immediate help.

Support for people with enduring mental health illness

As frequently reported, there are increasing numbers of people being referred to us with enduring mental health illness. The Medical Lead and Care Director have considered how best to support our staff and these individuals with appropriate care and have felt that increased input from psychiatry would be beneficial. Our new Consultant Liaison Psychiatrist has started 1 day per week and joins our psychiatry registrar and consultant psychiatrist. Her expertise in supporting the frail elderly and also those living with dementia will be invaluable. We will also be able to increase face to face reviews on the In-Patient Unit; Increase support through Out-Patient appointments and provide capacity for some home visits where patients are housebound and unable to attend outpatient appointments.

We are also providing in patient teams with training around delirium and management of challenging behaviour while supporting the development of champions to undertake training which is five days, covering skills development in the following areas;

- The depressed / anxious patient
- Delirium and the confused / agitated patient

- Managing conflict in a healthcare setting
- Addictions and substance dependent patients
- Patients with persistent physical symptoms

Virtual wards

As previously noted in this report St Christopher's actively participate in the delivery of the Bromley Hospital at Home service (Palliative Pathway). This programme forms part of the SEL Virtual Ward programme.

The Lambeth and Southwark Virtual ward has seen 22 people in 8 weeks and has achieved the requirement to provide one Virtual ward bed per day in May and two in June. Our contract with Bromley Healthcare has been extended to November 2024. The activity remains within our contracted scope.

Work by the Learning Disability (LD) Nurse

Update of last 3 months

- Hosted 'look around afternoon' at St Christopher's for adults with a learning disability (LD) (Lewisham) jointly with community action
- 'Living and dying well group' delivered jointly with Guy's and St Thomas' (GSTT) LD team (run once a week over the space of 4 weeks)
- Our LD nurse is now the Co-chair of palliative care for people with LD national charity / support with launch of the new website
- Developed an easy read booklet for bereavement service (currently being finalised)
- Presented our LD strategy ideas to experts by experience for feedback and comments
- LD workshop held in CARE
- Victoria and Stuart project finished, and resources published around end of life planning for people with LD.

Next 3 months

- To deliver living and dying well group again in September (idea is that we will aim to do this every 3 months or so)
- To meet with experts by experience to get feedback on our easy read bereavement booklet
- Host another "look around afternoon" followed by activity in care for people with LD living in other boroughs
- Continued meetings regarding adapted IPOS for people with an LD
- Start work on our planning ahead booklet following feedback received from experts by experience using arts-based methods
- Next research study with Irene due to commence September (Developing Service Models for Palliative and End of Life Care for adults with a learning disability).

Pharmacy Provision

St Christopher's secured pharmacy provision from 1.8.24 via Ashtons. This service has started and GSTT provided detailed handover during the first month of Ashtons tenure. GSTT last day was 31st August 2024. Pharmacy provision will remain as a risk on the corporate Risk Register until after the first contract meeting (early October 2024).

Safeguarding Assurance Audit

As previously advised, the Care Director commissioned an external audit into our safeguarding procedures. This work started early in December 2023 and concluded early in January 2024. The report was very positive. The Action Plan is being worked through by the team and progress is being made.

Other Developments

- The role of an Advanced Nurse Practitioner on the In-Patient Unit has been recruited to. We look forward to reviewing her impact on our patient care over the coming months.
- Choose Home continues to grow in its offer, and we continue supporting people discharged to both Care Homes and also back into their own homes; by undertaking a next day visit to ensure they are settled back into their place of residence. The majority of this service is funded through charity funding from St Christopher's. 116 referrals were received in Q1 2023 and this year it was 131. An increase of 12%.
- Burdett Trust for Nursing funded Cardiovascular Project - The service is going well. The team delivered a successful Heart Failure conference in June that attracted local, national and international delegates. The feedback was positive following a packed and dynamic programme of speakers.

Areas of Risk

- Ongoing provision of pharmacy services after 1.8.24. - This risk is significantly reducing but will not be removed for three months until the new provider has started and is effectively monitored while delivering the service.
- Physicians Associates - We will also be delivering a 4-session training programme for physicians associates from CARE over the next 6 months.

Abstracts/Awards

Three members of staff attended the European Association of Palliative Care Congress in May to share further work from our outcomes data, frailty work and an evaluation of phenobarbital use across our IPU and community services.

An abstract of secondary analysis of our outcomes data 'Prevalence of symptoms reported by patients with gastrointestinal cancer: a secondary data analysis of integrated palliative care outcome scale data' has also been accepted for the Multinational association of supportive care in cancer (MASCC) conference in June.

Bereavement Services (Adult Services and Candle)

The Head of Adult and Child Bereavement Services (HACBS) with the Director of Quality and Innovation has been actively engaged in collaborating with all relevant stakeholders to reframe the structure and roles necessary to;

- ensure the continuous development, and sustainability of our bereavement services;
- promote greater collaboration between our adult and child services;
- reframe our early intervention offer around the idea of the bereaved family as the unit of care;
- create the facilitating environment required for waiting times for service users to be reasonable;
- align each member of Bereavement's employed and volunteer workforce of 150 people with our core purpose to offer appropriate bereavement support in a timely manner.

The Children and Young Person's Service, known as Candle

Planning is underway on resourcing the team to ensure that the current waiting times can be maintained as well as developing the service offer

Candle is now piloting holding client sessions in our Orpington site which can be both practically and psychologically more accessible for some children and young people, and their carers. The team have also been offering sessions in schools where specific circumstances would prevent a child or young person being able to access support at either our Sydenham or Orpington sites. Both pilots are working towards a more equitable, barrier free service.

Patient Safety Investigation Response Framework (PSIRF)

St Christopher's Patient Safety Incident Response Plan and Patient Safety Incident Response Policy had been approved by SEL ICS.

Four senior staff have completed Safety Investigation Level 2 training from the Health Services Safety Investigation Board. All staff that have contact with patients and carers will undergo their patient safety e-lfh training in the coming months, this includes all of the Executive Team.

5. Bromley Healthcare

Performance Update

As of July 2024, Bromley Healthcare's staff vacancy rate remained below 8%, with specific services working to address any ongoing staffing pressures. In children's services, significant progress was made in delivering Education, Health, and Care Plan (EHCP) reports, with over 90% of reports being sent within six weeks by August, despite a rise in referrals. Waiting lists have also continued to improve across many services. Additionally, feedback from the Friends and Family Test remained positive, with an average satisfaction score of 94.2% from June to August 2024.

Bromley Healthcare shortlisted in HSJ and Laing Buisson Awards 2024

We are thrilled that Bromley Healthcare has been shortlisted in two categories at the [2024 HSJ Awards](#). With over 1,350 entries this year, being shortlisted is a huge achievement.

- **Clinical Leader of the Year:** Dr Lynette Linkson, Clinical Director of the One Bromley Hospital at Home service for adults, has been recognised for her outstanding leadership

in delivering hospital-level care to patients in their own homes. Under Dr Linkson's guidance, the service has grown significantly, providing high-quality care for more than 1,000 patients a year while reducing hospital stays and improving patient outcomes.

- **Workforce Initiative of the Year:** Our Health Visiting initiative has been acknowledged for the success in improving recruitment, retention, and workforce development across Bromley, Bexley, and Greenwich. The initiative has reduced vacancy rates by 21%, well below the national average, through innovative partnerships and targeted workforce strategies.

Read the press release here: [Congratulations to our HSJ Awards 2024 Finalists.](#)

Additionally, the One Bromley Hospital at Home service has been named a finalist at the Laing Buisson Awards in the Best in Primary Care & Diagnostics category for our entry, "*Transforming Community Healthcare: Innovative Patient-Centered Care with Hospital at Home.*"

Introducing Virtual reality and simulation into staff training

This summer, the Learning and Development Team facilitated a week-long drop-in session, on virtual reality and simulation, providing colleagues from across the organisation with an insight into the future of training and development in healthcare. Attendees were given the opportunity to engage with cutting-edge virtual reality technology and simulation tools, aimed at enhancing the way we deliver staff training.

Feedback from Colleagues:

"The experience was highly valuable. It is crucial that we explore new ways in which technology can support improvements in patient care. Virtual reality equipment has significant potential for use in learning and development."

"I would rate the experience a 10 out of 10. The VR headsets provided a deeply immersive experience, and the wound simulators were impressively realistic. Currently, we rely on printed images for training, so the introduction of these simulators would represent a significant advancement."

Next Steps

We will be integrating these technologies into our training programmes. By incorporating virtual reality and simulation into our training, staff will be better prepared with hands-on experience, helping to improve patient care and deliver more effective support in the community. We will be working closely with our services to develop in-house VR content and simulation scenarios tailored to community care.



Bromley Sickle Cell Group Summer Picnic 2024

This July, Bromley Healthcare's Haemoglobinopathy Clinical Nurse Specialist, Debbie Bodi, and her team hosted an annual summer picnic at Riverside School for children with sickle cell disorder (SCD) and their families.

60 families attended the picnic, which featured a range of fun activities, including plate-painting, face painting, and a lively selfie corner. A standout addition to the event was a live performance by London-based singer Wu'Ra, who, living with SCD herself, served as a powerful source of inspiration. The day was filled with music, games, and meaningful connections, offering families an opportunity to relax, share their experiences, and build connections.

This event is part of a broader peer support initiative launched by Bromley Healthcare in 2017, aiming to reduce the isolation faced by families dealing with SCD. The initiative offers 3-4 events each year, creating spaces for social connection, education, and support. These peer support events play a crucial role in fostering a supportive community, empowering families with knowledge, and providing a safe space to navigate life with sickle cell disorder.

Feedback from parents who joined the picnic highlights the importance of these gatherings:

"It was lovely meeting other parents, and I felt like I've found a community that understands our family dynamic."

"It was great to connect with others on the same challenging journey as us. We exchanged contact details and experiences, and I will definitely recommend it for next year."



Quality Account 2024

We have published our yearly quality account (March 2023- March 2024). This report details how we are working to deliver quality services and how we have worked to improve the way we do things for patients and our staff. You can read it here:

- [Quality Account 2023-24](#)

6. Oxleas

Oxleas new strategy for 2024-27

We have published our new strategy for 2024 - 2027 which builds on our achievements over the last three years and aims to make Oxleas the best place to receive care and the best place to work in the NHS.

Oxleas' purpose is to improve lives by providing the best possible care to our patients and their families. Through large-scale engagement work with colleagues, patients and service users, carers and partners, we have identified three priorities:

1. Great Care
2. Timely Care
3. Best Place to Work

Ify Okocha, Oxleas Chief Executive, is committed to taking the strategy forward. "I am looking forward to working with colleagues, both within Oxleas and in partner organisations, to put this into action. We have made significant improvements during the first phase of our strategy and we are keen to take this even further and wider."

Please visit our strategy and values page on our website for further details.

CAMHS

Bromley's new integrated single point of access (iSPA), a partnership between Bromley Y and Oxleas CAMHS continues to embed and positively develop following its launch in April 2024. This service is the route through which children, young people and their families access mental health and wellbeing services in Bromley. The team is made of practitioners from both services, coming together to ensure children and young people are placed on the right care pathway and strengthening the joint working between organisations. An initial service review was completed at the end of August, which included an extract of data from April to June 2024. The service received a total of 849 referrals, 95% of which were moved through as per the model with appropriate onward signposting or referral within the target of 28 days. 31% of referrals were received from Primary Care, 28% of referrals from parents/carers and 17% from schools, with the remainder coming from a wide variety of other sources.

Internally, Bromley CAMHS continues to review capacity and demand data to improve waiting times for both assessment and treatment. Due to an ongoing increase in the complexity of referrals, a national trend, total caseloads continue to grow despite the significant work completed to reduce waiting times for initial assessment. This is due to the higher number of cases requiring onwards specialist treatment. There does however continue to be good progress with reducing the waiting times for initial assessment across pathways. As of 1 September 2024, average waits are:

- Adolescent Team: 4 weeks
- Generic Team: 18 weeks
- Looked After and Adopted Children Team: 5 weeks

- Neurodevelopmental and Learning Disability Team: 29 weeks

Average wait information continues to be made available, updated on a monthly basis, via the Oxleas website: [Our services | Oxleas NHS Foundation Trust | Child and Adolescent Mental Health Services - Bromley](#)

7. Bromley Third Sector Enterprise (BTSE)

Bromley Well

Current Service Update

This is the third year for the Bromley Well service under the 2022-27 PSIS contract. The Bromley Well Service has continued to deliver high quality and consistent services.

We received 14848 referrals and supported 10122 individual clients in 2023-24. Some 33% were disabled. We supported residents to claim £3.8m of benefits to which they were entitled but had not otherwise been able to access.

The new online referral form has proved to be successful with around 20% of referrals now coming via this route. We have now moved to making the online form our preferred contact approach, particularly from professionals, and have removed email contact from our website. This saw a notable drop of emails received by 30% in June, relieving pressure on SPA.

Service Issues

Cost of Living continues to be a significant concern across all services. This has increased the number of queries, added pressure to the Forms Completion Service and impacted on all services, with disability and carers support all reporting increased concern and anxiety from service users, as well as a further increase in demand for foodbank vouchers and advice on housing.

We have seen a notable increase in those accessing our disability support services, particularly physical disability services where the number of new clients last quarter was 119, double our KPI for this service.

We are pleased to be working with London Borough of Bromley (LBB) colleagues to ensure the Household Support Fund is fairly distributed to vulnerable residents who might not otherwise apply, including carers and supported well over 100 successful applications last quarter.

We are pleased to have been awarded LBB Innovation Fund support to train 80 staff and volunteers as certified Mental Health First Aiders (MHFA) and have now successfully trained three cohorts, with a total of 36 people trained. This includes 28 paid staff and 8 volunteers within Bromley Well partners and 9 Associate Member organisations e.g. Foodbank, Homestart, St Christophers Hospice. Feedback has been very positive

Carers

The Carers Charter was launched during Carers Week (10-16 June) supported by an action plan of promotion, staff training, identification and information for carers.

We organised a training event with LBB Adult Services on 19 June for social workers, which included carers with lived experience, attended by 70 participants. Feedback was very positive. We have also met with LBB Carers Champions. We also had an article in the new edition of the London Borough of Bromley Magazine based on the experience of an unpaid carer we support. A number of other events are planned.

Glades Wellbeing Hub

The Glades Wellbeing Hub soft launched in June, with Bromley Well Advice services available on Wednesdays. We have already seen significant demand, demonstrating the need for in-person support in Bromley.

8. Primary Care Networks (PCN)

Autumn/Winter Vaccination planning

PCNs are working with practices to plan their vaccination campaigns, starting with flu in September for 2-3yr olds, school aged children and pregnant women. The adult flu campaign will start in October alongside the covid booster vaccination. The covid vaccines - available to over 65s, 6m-64 yr olds at risk and residents of older people's care homes and co-administered with flu where possible - will be offered at sites in Orpington PCN and Bromley Connect PCN as well as 23 Community Pharmacies across the Borough. Bromley Healthcare will provide vaccinations for housebound patients of those practices requiring support.

This year sees a new Respiratory Syncytial Virus (RSV) vaccine programme, currently available to 75-79 year olds and pregnant women. A virus that is largely seasonal, RSV broadly follows the flu trajectory although is more likely to result in hospitalisation and death. The vaccine is important to help reduce the number of GP visits and hospitalisation for RSV, so practices are being encouraged to prioritise eligible cohorts alongside the winter flu and covid programme.

New ARRS role: Newly Qualified GPs

Following the formation of the new Government this summer, NHS England has confirmed the expansion of the Additional Roles Reimbursement Scheme to include extra funding for newly qualified GPs. Subject to further NHSE guidance, PCNs are looking at maximising their 2024/25 ARRS funding allocation to include this new role with the intention of increasing GP appointment capacity across Bromley. The exact criteria and funding for employing newly qualified GPs is expected to be set out in a revised Network Contract DES specification in the coming weeks.

Synnovis cyberattack backlog recovery

Following the Synnovis cyber security breach on 3rd June resulting in long delays in pathology testing for patients across South East London, PCNs have directed issues regarding the resulting clinical risks, increased staff workload, and impact on practice funding to support resolutions and are helping with testing ahead of the transition back to service. Synnovis has

rebuilt most of their core IT systems and testing services for GP practices in Bexley, Lewisham and Greenwich have already returned. Bromley will be repatriated in the coming weeks and PCNs will be looking at ways to support practices with backlog recovery.

Primary Care and Secondary Care Interface progress

PCNs are continuing to lead on engagement with secondary care colleagues to improve interface issues with the Princess Royal University Hospital. In 2023, NHS England announced expectations to reduce bureaucracy at the interface in the following four areas:

1. Onward referrals (secondary care should refer onwards rather than sending back to general practice)
2. Complete care (trusts should ensure patients receive everything they need on discharge rather than patients returning to their practice. Fit notes should be issued by secondary care rather than asking GP)
3. Call and recall (trusts should establish their own call/recall system for follow up tests or appointments so patients no longer have to ask the practice to follow up on their behalf)
4. Clear points of contact (establish single routes for general practice and secondary care teams, e.g. outpatient dept email for GP practice, and appoint Primary Care Liaison Officer)

Bromley PCN CDs provide regular input to the South East London (SEL) PCSC interface group and chair a monthly Primary and Secondary Care Interface Task and Finish Group which establishes and monitors interface improvements in Bromley. Progress has been made on enhancing the patient journey by improving discharge summaries, and the secondary care clinical system, Epic, now enables fit notes to be issued. It is expected that a Primary Care Liaison Officer will also be appointed to ease communication across the interface.

9. Bromley Public Health

Know Your Numbers Week is an annual blood pressure awareness campaign led by the Charity Blood Pressure UK. The dates for this year's event were 2nd – 8th September and we added more dates in Bromley from the 17th – 20th September to reach families attending the Children and Family Centres.

High blood pressure can cause serious complications like heart attacks or strokes if left untreated, and an irregular heartbeat could increase the risk of having a stroke.

One Bromley LCP and other partners led by London Borough of Bromley Public Health Team, identified 25 locations across Bromley to deliver both blood pressure checks and manual pulse checks to residents, especially in areas of high deprivation. Some locations were open to the Public and others closed to usual guests such as the food bank and Change Grow Live clinics.

The event provides the opportunity to raise blood pressure awareness, discuss positive lifestyle factors, identify and recommend follow up of abnormal results and at the same time promoting home blood pressure monitoring. The campaign has become increasingly successful due to the brilliant collaboration with partner organisations. The strength of the partnership was evident

from the planning phase, design of resources, promotion in various forms and right through to frontline delivery.

The organisations included One Bromley Partners (London Borough of Bromley, Bromley Third Sector Enterprise, Bromley Primary Care Networks, Bromley GP Alliance and NHS South East London). We also worked closely with colleagues from Mytime Active, Change Grow Live and Maximus UK to widen this year's reach in Bromley.

Training sessions were delivered to all volunteers delivering checks and appropriate advice given based on the Decision-Making guide jointly developed with Clinical Effectiveness South East London colleagues.

Despite the weather, last week's campaign was quite successful however monitoring forms are still being received in preparation for analysis. The overall results for the entire campaign will be analysed and shared.

10. Bromley GP Alliance (BGPA)

BGPA Community Phlebotomy Service

BGPA continue to support the emergency response to the Synnovis cyber-attack by providing urgent blood tests, with requests received directly from GP Practices. All routine blood tests are suspended.

Practices continue to provide their searches for patients due routine blood tests, these are prioritised into high, medium and low categories based on ICB agreed formula. BGPA ensure these patients are contacted and offered blood test appointments.

Capacity is not yet at business-as-usual levels. BGPA are currently providing appointments at 10 sites across Bromley, Monday to Friday. Discussions are ongoing with the ICB and the Pathology Business Unit concerning returning to the hospital-based sites (Beckenham Beacon and Orpington). The date for repatriation to SEL is still to be confirmed.

BGPA no longer transports blood to the lab. Transportation of bloods for Bromley is now undertaken by Synnovis via their courier provider, who collect the bloods from practice sites and transport directly to the lab.

We are pleased to be able to offer blood tests to a large cohort of our patients once again.

Whilst we are still not operating as normal, we continue to work with Bromley ICB colleagues and Synnovis on the planned recovery to business as usual.



One Bromley Local Care Partnership Board

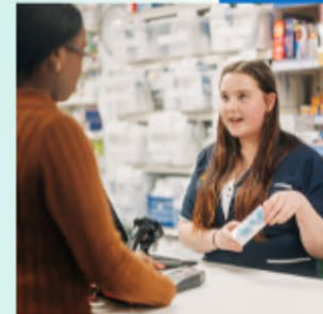
DATE: Thursday 26th September 2024

Title	Pharmacy First Update	
This paper is for information		
Executive Summary	<p>This paper provides an update on the Pharmacy First service, and early data on how the scheme is progressing. Within the presentation, there is:</p> <ul style="list-style-type: none"> • Overview of the scheme and the pathways/ services available to patients • Information on data flows • Usage of the service by Bromley residents • London wide usage 	
Recommended action for the Committee	<ul style="list-style-type: none"> • To note the update and data on the Pharmacy First service. 	
Potential Conflicts of Interest	All GPs may refer patients to the Pharmacy First service	
Impacts of this proposal	Key risks & mitigations	
	Equality impact	This scheme helps to reduce variations in healthcare as it extends access for patients for certain common medical conditions. As over 90% of Bromley community pharmacists participate in the scheme, there is wide coverage
	Financial impact	Community pharmacists are paid for referrals from a national source of funding
Wider support for this proposal	Public Engagement	As this is an update report, there has been no engagement on the report. There is ongoing engagement and advertising of the scheme to encourage patients to use the services of community pharmacists, and to let patients know that their general practice may refer them to a pharmacy.
	Other Committee Discussion/ Internal Engagement	Presentation at Health Scrutiny Sub Committee
Author:	Raj Matharu, Chief Executive Officer, Community Pharmacy South East London	
Clinical lead:	Dr Dilesh Patel	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead - Bromley	

Pharmacy First Update for One Bromley Local Care Partnership Board

26th September 2024

Raj Matharu
CEO
CPSEL (LPC)



The Pharmacy Elements of Primary Care Access and Recovery Plan (PCARP)



On 9th May 2023, NHS England and Department of Health and Social care published the [Delivery Plan for recovering access to primary care](#).

The community pharmacy elements of the plan are:

- A Pharmacy First service which includes GP referral to Community Pharmacist Consultation Service (CPCS) and 7 new clinical pathways
- Increase the provision of the NHS Pharmacy Contraception Service and the NHS Blood Pressure Checks Service.
- Improve the digital infrastructure between general practice and community pharmacy.

A letter to practices on 25 January confirms Pharmacy First starts on 31 January: [NHS England » Launch of NHS Pharmacy First advanced service](#)

NHS Pharmacy First

Pharmacy First will include 7 new clinical pathways. The Community Pharmacist Consultation Service (CPCS) becomes part of Pharmacy First too.

This means the full service will consist of three elements:

Pharmacy First (clinical pathways)

- new element

Pharmacy First (referrals for minor illness)

- previously commissioned as CPCS

Pharmacy First (urgent repeat medicines supply)

NB Not from general practices but from NHS 111 and UEC settings

- previously commissioned as CPCS

- Community pharmacy contractors must provide all 3 elements
- The only exception is that Distance Selling Pharmacies (sometimes called internet or online pharmacies) will not do the otitis media pathway (because they can only do remote consultations so cannot use otoscopes)
- General practices cannot refer patients to pharmacies for urgent medicines supply using Pharmacy First but should refer appropriate patients for the other two elements (clinical pathways and minor illness)

What are the 7 new clinical pathways that can be referred to Pharmacy First (Previously known as CPCS)?

Clinical Pathway	Age range
Uncomplicated UTI	Women 16-64 years
Shingles	18 years and over
Impetigo	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
Sore Throat	5 years and over
Acute Otitis Media	1 to 17 years

NHS Pharmacy First – referrals for minor illnesses

Service suitability

The service is only for patients aged over 1 year.

CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES/ STINGS	<ul style="list-style-type: none"> • Bee sting • Wasp sting 	<ul style="list-style-type: none"> • Stings with minor redness 	<ul style="list-style-type: none"> • Stings with minor swelling 	<ul style="list-style-type: none"> • Drowsy / fever • Fast heart rate 	<ul style="list-style-type: none"> • Severe swellings or cramps
COLDS	<ul style="list-style-type: none"> • Cold sores • Coughs 	<ul style="list-style-type: none"> • Flu-like symptoms 	<ul style="list-style-type: none"> • Sore throat 	<ul style="list-style-type: none"> • Lasted +3 weeks • Shortness of breath 	<ul style="list-style-type: none"> • Chest pain • Unable to swallow
CONGESTION	<ul style="list-style-type: none"> • Blocked or runny nose 	<ul style="list-style-type: none"> • Constant need to clear their throat 	<ul style="list-style-type: none"> • Excess mucus • Hay fever 	<ul style="list-style-type: none"> • Lasted +3 weeks • Shortness of breath 	<ul style="list-style-type: none"> • 1 side obstruction • Facial swelling
EAR	<ul style="list-style-type: none"> • Earache 	<ul style="list-style-type: none"> • Ear wax • Blocked ear 	<ul style="list-style-type: none"> • Hearing problems 	<ul style="list-style-type: none"> • Something may be in the ear canal • Discharge 	<ul style="list-style-type: none"> • Severe pain. • Deafness • Vertigo
EYE	<ul style="list-style-type: none"> • Conjunctivitis • Dry/sore tired eyes • Eye, red or Irritable 	<ul style="list-style-type: none"> • Eye, sticky • Eyelid problems 	<ul style="list-style-type: none"> • Watery / runny eyes 	<ul style="list-style-type: none"> • Severe pain • Pain 1 side only 	<ul style="list-style-type: none"> • Light sensitivity • Reduced vision
GASTRIC / BOWEL	<ul style="list-style-type: none"> • Constipation • Diarrhoea • Infant colic 	<ul style="list-style-type: none"> • Heartburn • Indigestion 	<ul style="list-style-type: none"> • Haemorrhoids • Rectal pain, • Vomiting or nausea 	<ul style="list-style-type: none"> • Severe / on-going • Lasted +6 weeks 	<ul style="list-style-type: none"> • Patient +55 years • Blood / Weight loss
GENERAL	<ul style="list-style-type: none"> • Hay fever 	<ul style="list-style-type: none"> • Sleep difficulties 	<ul style="list-style-type: none"> • Tiredness 	<ul style="list-style-type: none"> • Severe / on-going 	
GYNAE / THRUSH	<ul style="list-style-type: none"> • Cystitis • Vaginal discharge 	<ul style="list-style-type: none"> • Vaginal itch or soreness 		<ul style="list-style-type: none"> • Diabetic / Pregnant • Under 16 / over 60 • Unexplained bleeding 	<ul style="list-style-type: none"> • Pharmacy treatment not worked • Had thrush 2x in last 6 months
PAIN	<ul style="list-style-type: none"> • Acute pain • Ankle or foot pain • Headache • Hip pain or swelling • Knee or leg pain 	<ul style="list-style-type: none"> • Lower back pain • Lower limb pain • Migraine • Shoulder pain 	<ul style="list-style-type: none"> • Sprains and strains • Thigh or buttock pain • Wrist, hand or finger pain 	<ul style="list-style-type: none"> • Condition described as severe or urgent • Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> • Chest pain / pain radiating into the shoulder • Pharmacy treatment not worked • Sudden onset
SKIN	<ul style="list-style-type: none"> • Acne, spots and pimples • Athlete's foot • Blisters on foot • Dermatitis / dry skin • Hair loss 	<ul style="list-style-type: none"> • Hay fever • Nappy rash • Oral thrush • Rash - allergy • Ringworm / threadworm 	<ul style="list-style-type: none"> • Scabies • Skin dressings • Skin rash • Warts/verrucae • Wound problems 	<ul style="list-style-type: none"> • Condition described as severe or urgent • Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> • Pharmacy treatment not worked • Skin lesions / blisters with discharge • Diabetes related?
MOUTH/ THROAT	<ul style="list-style-type: none"> • Cold sore blisters • Flu-like symptoms • Hoarseness 	<ul style="list-style-type: none"> • Mouth ulcers • Sore mouth • Sore throat 	<ul style="list-style-type: none"> • Oral thrush • Teething • Toothache 	<ul style="list-style-type: none"> • Lasted +10 days • Swollen painful gums • Sores inside mouth 	<ul style="list-style-type: none"> • Unable to swallow • Patient has poor immune system • Voice change
SWELLING	<ul style="list-style-type: none"> • Ankle or foot swelling • Lower limb swelling 	<ul style="list-style-type: none"> • Thigh or buttock swelling • Toe pain or swelling 	<ul style="list-style-type: none"> • Wrist, hand or finger swelling 	<ul style="list-style-type: none"> • Condition described as severe or urgent • Condition ongoing for +3 weeks 	<ul style="list-style-type: none"> • Discolouration to skin • Pharmacy treatment not worked • Recent travel abroad

NHS Pharmacy First – 7 clinical pathways

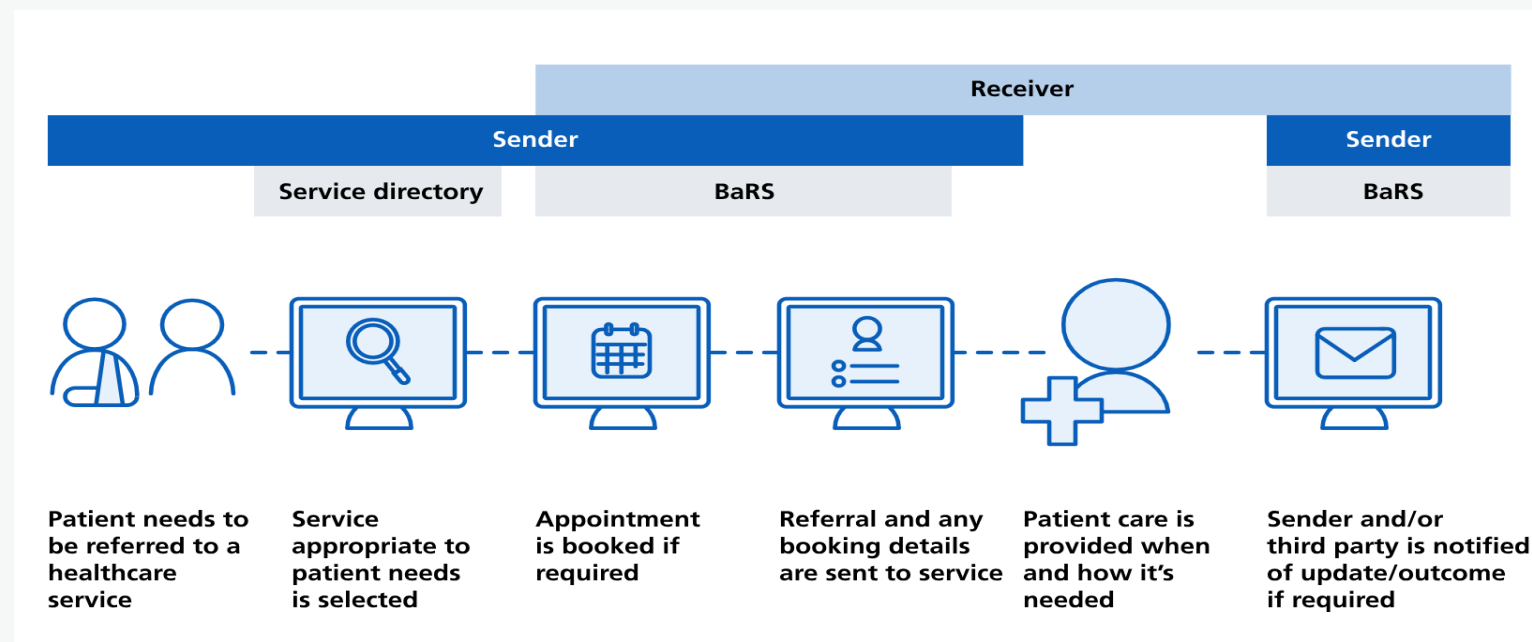
Please note these are the main exclusions. Each pathway has additional specific clinical exclusions which will be considered by the community pharmacist during the consultation.

Urinary tract infection	Shingles*	Impetigo	Infected insect bites	Acute sore throat	Acute sinusitis	Acute otitis media
A UTI is an infection in any part of the urinary system.	Shingles is an infection that causes a painful rash	Impetigo is a common infection of the skin. It is contagious, which means it can be passed on by touching.	Insect bites and stings can become infected or cause a reaction.	Sore throat is a symptom resulting from inflammation of the upper respiratory tract	Sinusitis is swelling of the sinuses, usually caused by an infection. The sinuses are small, empty spaces behind your cheekbones and forehead that connect to the inside of the nose.	An infection of the middle ear.
Inclusion: <ul style="list-style-type: none"> Female Aged between 16 - 64 Suspected lower UTI 	Inclusion: <ul style="list-style-type: none"> 18 years and over Suspected case of shingles. Rash appeared within the last 72 hours - 7 days 	Inclusion: <ul style="list-style-type: none"> 1 year and over Signs and symptoms of impetigo Localised (4 or fewer lesions/clusters present) 	Inclusion: <ul style="list-style-type: none"> 1 year and over Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s) 	Inclusion: <ul style="list-style-type: none"> 5 years and over Suspected sore throat 	Inclusion: <ul style="list-style-type: none"> 12 years and over Suspected signs and symptoms of sinusitis Symptom duration of 10 days or more 	Inclusion: <ul style="list-style-type: none"> Aged between 1 – 17 Suspected signs and symptoms of acute otitis media
Exclusion: <ul style="list-style-type: none"> Male <16 or >64 Pregnant Breastfeeding Recurrent UTI (2 in last 6 months or 3 in last 12 months) Catheter 	Exclusion: <ul style="list-style-type: none"> < under age of 18 Pregnant or suspected pregnancy Breastfeeding with shingle sores on the breasts Shingles rash onset over 7 days ago 	Exclusion: <ul style="list-style-type: none"> < under 1 year of age Pregnancy or suspected pregnancy in individuals under 16 years of age Breastfeeding with impetigo lesion(s) present on the breast Recurrent impetigo (2 or more episodes in the same year) Widespread lesions/clusters present Systemically unwell 	Exclusion: <ul style="list-style-type: none"> < under 1 year of age Pregnancy or suspected pregnancy in individuals under 16 years of age Systemically unwell Bite or sting occurred while travelling outside the UK 	Exclusion: <ul style="list-style-type: none"> Individuals under 5 years of age Pregnancy or suspected pregnancy in individuals under 16 years of age age Recurrent sore throat/tonsillitis (7 or more significant episodes in the preceding 12 months or 5+ in each of the preceding 2 years, or 3+ in the preceding three years) Previous tonsillectomy 	Exclusion: <ul style="list-style-type: none"> Individuals under 12 years of age Pregnancy or suspected pregnancy in individuals under 16 years of age Symptom duration of less than 10 days Recurrent sinusitis ((4 or more annual episodes of sinusitis) 	Exclusion: <ul style="list-style-type: none"> Individuals under 1 year of age or over 18 years of age Pregnancy or suspected pregnancy in individuals under 16 Recurrent infection (3+ episodes in preceding 6 months, or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months.)

Pharmacy First Update

GP Connect- this allows the transfer of Pharmacy First data from community pharmacy to GP patient record workflows. At present, messages are being sent back via normal routes through IT platforms and NHS emails.

Booking & Referral Standard (BaRS)- a protocol which allows the ensures healthcare professionals receive the information they need, in a format they can use, integrated into their existing healthcare IT systems.



Minor Ailment referrals into Bromley community pharmacies.

BROMLEY	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Total Jan - May	% of referrals Jan - May
Ambulance service	0	0	1	0	0	1	0.1%
Emergency Dept	0	1	1	0	1	3	0.4%
GP Practice	2	114	146	102	71	435	53.0%
NHS 111	0	76	98	96	90	360	43.9%
Urgent Treatment Centre	0	2	4	1	1	8	1.0%
Walk-in Centre	0	1	0	0	2	3	0.4%
Other	0	5	2	2	1	10	1.2%
Totals	2	199	252	201	166	820	100.0%

Source: NHSBSA data

7 Clinical Conditions referrals into Bromley community pharmacies.

BROMLEY	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Total Jan - May	% of referrals Jan - May
Emergency Dept	0	0	1	0	0	1	0.0%
GP Practice	0	22	49	39	36	146	5.5%
NHS111	0	6	12	12	12	42	1.6%
Self-referral	14	541	638	526	526	2245	84.0%
Signposted	0	49	58	67	64	238	8.9%
Urgent Treatment Centre	0	0	0	0	1	1	0.0%
Totals	14	618	758	644	639	2673	100.0%

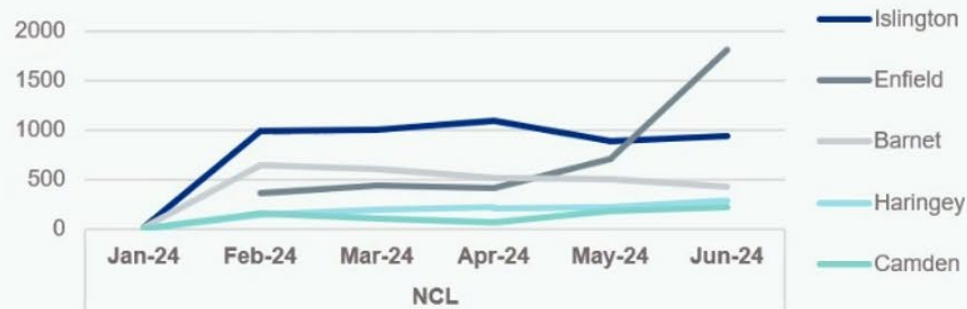
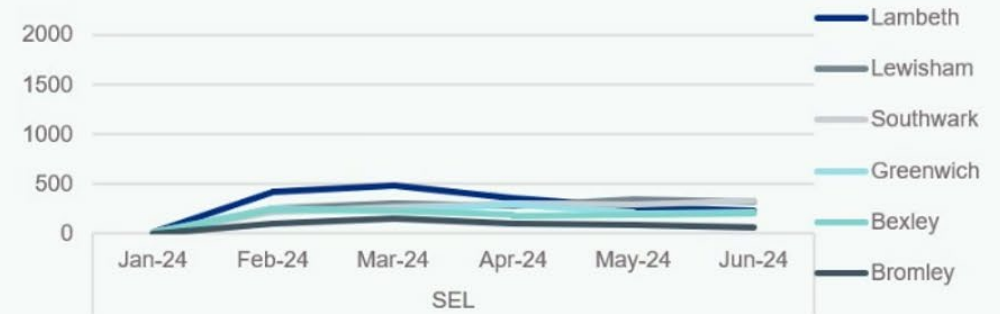
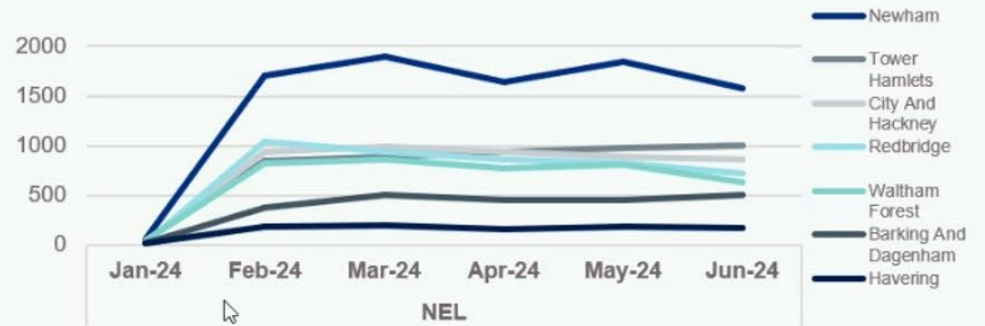
- Over 9,976 community pharmacies delivered and claimed over 423,000 Pharmacy First clinical pathway consultations nationally; and
- 78% of consultations resulted in a medicine being supplied to patients.

•Source: CPE/NHSBSA DATA

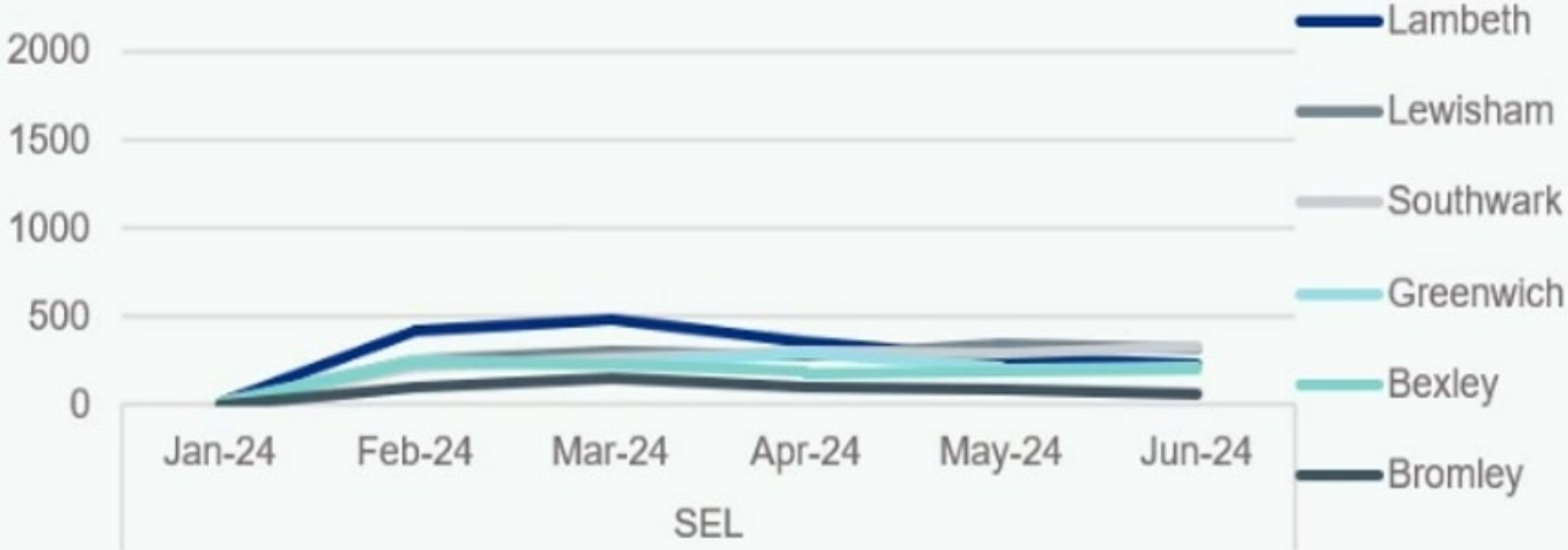
7 Clinical Conditions referrals by London ICS Areas



Minor illness referrals across London ICS areas



Minor illness referrals across SEL





**THANK YOU.
ANY QUESTIONS?**

One Bromley Local Care Partnership Board

DATE: Thursday 26th September 2024

Title	Month 4 2024/25 SEL ICB Finance Report	
This paper is for information		
Executive Summary	<ul style="list-style-type: none"> • The SEL ICB financial allocation as at month 4 was £4,499,108k. • As at month 4 the SEL ICB is forecasting that it will deliver a year-end position of break-even. • In reporting the month 4 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> ▪ Underspending (£1,043k YTD) against its management costs allocation; ▪ 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. • The 2024/25 Bromley ICB/LCP place budget at month 4 was £254,971k. • The Bromley ICB/LCP place forecast outturn is £4k underspent. 	
Recommended action for the Committee	The Board is asked to NOTE the financial position.	
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

26 September 2024

Month 4 2024/25, SEL ICB Finance Report

- 1. Key highlights – SEL ICB & Bromley ICB/LCP**
- 2. Bromley ICB/LCP - Month 4 Financial Position**
- 3. Bromley ICB/LCP – Risks**

Appendix 1 – M4 SEL ICB Finance Report

- The SEL ICB financial allocation as at month 4 was £4,499,108k.
- As at month 4 the SEL ICB is forecasting that it will deliver a year-end position of break-even.
- In reporting the month 4 position, the ICB has delivered the following financial duties:
 - Underspending (£1,043k YTD) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - 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.
- The 2024/25 Bromley ICB/LCP place budget at month 4 was £254,971k.
- The Bromley ICB/LCP place forecast outturn is £4k underspent.

2. Month 4 Bromley ICB/LCP Financial Position

	Year to date Budget	Year to date Actual	Year to date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	2,565	2,582	(18)	7,694	7,747	(53)
Community Health Services	29,617	29,594	23	88,851	88,782	69
Mental Health Services	4,921	5,135	(215)	14,762	15,364	(602)
Continuing Care Services	9,043	9,207	(164)	27,128	27,300	(172)
Prescribing	17,016	16,762	253	51,047	50,352	695
Other Primary Care Services	470	470	0	1,410	1,410	(0)
Programme wide projects	-	50	(50)	-	70	(70)
Delegated Primary Care Services	18,632	18,632	0	60,840	60,840	(0)
Corporate Budgets	1,104	917	188	3,239	3,102	137
Total	83,367	83,350	18	254,971	254,967	4

- The borough is reporting an underspend of £18k at Month 4 and is forecasting a £4k underspend at year end.
- The Continuing Healthcare budget is £164k overspent year to date and the forecast is £172k overspent. The year to date overspend includes the excess costs relating to the provision for retrospective claims and appeals totalling £491k. It is anticipated that this is a non-recurrent pressure and that it will reduce during the year as more cases are concluded and residual provisions can be released. The reported position includes an accrual for 2024/25 prices increases as uplifts with providers are being negotiated.
- The Mental Health budget is £215k overspent year to date and is forecasting an overspend of £602k. This is due to the full year impact of the increase in the number of section 117 cost per case (CPC) placements that was seen during 2023/24 and an increase in ASD assessment expenditure. Cost per case clients are being reviewed on a regular basis.
- The prescribing budget is £253k underspent year to date and is forecasting a £695k underspend at year end. Prescribing information is received 2 months in arrears, so this position is calculated using two months of current year data. It is difficult to forecast the position in the early months of the year and caution should be taken with regards to the ongoing delivery of the current position. Bromley delivered its prescribing savings in full in 2023/24 and is planning to deliver savings of approximately £1.7m in 2024/25.
- The Corporate budget is £188k underspent year to date due to vacancies and these are expected to be filled in the coming months. The year to date non pay budget position is break-even. The forecast underspend is £137k and reflects the Month 3 position. The ICB are awaiting guidance setting out how the 2024/25 pay award will be funded.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to deliver these savings and is reporting 100% achievement of the target.

There are several financial risks that could have an adverse impact upon the Bromley ICB Place budgets in 2024/25, the 3 main areas are listed below:

1. Mental Health CPC placements. Activity has been rising steadily in recent years, particularly S117 clients who are joint funded with the local authority. Clients are reviewed regularly to ensure packages are current and costs are appropriate.
2. Continuing Healthcare. The financial position includes the excess costs relating to the provision for retrospective claims and appeals. It is anticipated that this is a non-recurrent pressure and that it will reduce during the year as more cases are concluded and residual provisions can be released. In addition to this, the number of care homes beds in the borough has increased recently and this will impact upon both FNC (funded nursing care) and CHC costs. There is also a new home that is expected to open in the latter part of the financial year, and this will represent an additional financial pressure.
3. Prescribing. At month 4 the forecast Bromley position is £695k underspent, all other boroughs in SEL ICB are forecasting an overspend and the total SEL ICB forecast overspend is £4.6m. It is difficult to forecast the position in the early months of the year and caution should be taken with regards to the ongoing delivery of the current position.

SEL ICB Finance Report

Month 4 2024/25

- 1. Executive Summary**
- 2. Revenue Resource Limit**
- 3. Key Financial Indicators**
- 4. Budget Overview**
- 5. Prescribing, Optometry and Community Pharmacy**
- 6. NHS Continuing Healthcare**
- 7. Provider Position**
- 8. ICB Efficiency Schemes**
- 9. Corporate Costs**
- 10. Cash Position**
- 11. Metrics Report**
- 12. MHIS performance**

1. Executive Summary

- This report sets out the month 4 financial position of the ICB. The financial reporting for month 3 onwards is based upon the final June plan submission. This included a **planned surplus** of **£40,769k** for the ICB. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions (**£21,000k, of which £16,500k is externally funded by NHSE**) and the additional stretch for Kings (**£15,000k**). Both have been phased into quarter 4 to ensure transparency of ICB financial reporting. The remaining surplus of **£4,769k** is the responsibility of the ICB to deliver.
- The ICB's financial allocation as at month 4 is **£4,499,108k**. In month, the ICB has received an additional £18,310k of allocations. These are as detailed on the following slide.
- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k**, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£1,596k**) of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received two months of prescribing data. Based upon a rolling average of the most recent 3 months, the ICB is reporting an overspend of **£1,463k** at month 4. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget (**£2,152k YTD**). Lewisham (**£1,722k**) and Greenwich (**£430k**) boroughs are particularly impacted, with a smaller overspend in Bexley and Bromley. The overspend in Bromley is a result of the final settlements of retrospective claims being settled above the provisions made, rather than ongoing client costs.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k)**, **Lambeth (£131k)**, and **Bexley (£33k)**.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
 - Underspending (**£1,043k YTD**) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - 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 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

2. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	11,975
M2 Budget	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	7,959
M3 Budget	149,965	254,761	179,874	218,499	173,356	171,758	3,332,585	4,480,798
M4 Internal Adjustments								
Community Violence	33	33	131	128	120	128	(573)	-
Other			(6)				6	-
M4 Allocations								
Depreciation funding							9,396	9,396
24/7 Mental Health Pilots							2,500	2,500
Primary Care Access Recovery Plan							1,734	1,734
GP Fellowships							1,659	1,659
Diagnostic Programme							1,207	1,207
DWP - Talking Therapies	106	102					453	661
DOAC Prescribing Rebates							533	533
Other		75			75		470	620
M4 Budget	150,104	254,971	180,000	218,627	173,551	171,886	3,349,969	4,499,108

- The table sets out the Revenue Resource Limit (RRL) at month 3.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 4, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustment related to the community violence allocation which has been allocated to boroughs.
- In month, the ICB has received an additional **£18,310k** of allocations, giving the ICB a total allocation of **£4,499,108k** at month 4. The additional allocations received in month were in respect of depreciation funding, 24/7 mental health pilots, primary care access recovery plans, GP Fellowships, diagnostic programme, DWP Talking Therapies, DOAC prescribing rebate plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

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 at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k** against the RRL, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£1,596k**) of its additional savings requirement.
- ICB is showing a YTD underspend of **£1,043k** against the running cost budget, which is largely due to vacancies within the ICB’s staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 4 period.
- As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
	Expenditure not to exceed income	1,492,339	1,493,016	4,539,877
Operating Under Resource Revenue Limit	1,493,935	1,493,016	4,499,108	4,499,108
Not to exceed Running Cost Allowance	10,370	9,327	31,110	31,110
Month End Cash Position (expected to be below target)	4,375	2,608		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	99.4%		
Mental Health Investment Standard (Annual)			458,449	459,167

4. Budget Overview

	M03 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	1,624	2,565	2,336	396	433	27	754,616	761,996
Community Health Services	7,418	29,617	12,850	9,311	9,696	12,036	83,865	164,794
Mental Health Services	3,485	4,921	2,836	7,688	2,553	3,399	172,732	197,613
Continuing Care Services	8,713	9,043	9,740	11,539	7,685	6,587	-	53,307
Prescribing	12,471	17,016	12,430	14,222	14,197	11,704	38	82,077
Other Primary Care Services	924	470	468	997	503	107	6,426	9,894
Other Programme Services	400	-	333	-	1,110	280	15,655	17,777
Programme Wide Projects	-	-	-	-	9	83	2,024	2,116
Delegated Primary Care Services	12,871	18,632	16,371	25,473	18,995	20,365	(647)	112,061
Delegated Primary Care Services DPO	-	-	-	-	-	-	70,001	70,001
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	945	1,104	1,143	1,163	1,004	1,015	14,329	20,703
Total Year to Date Budget	48,850	83,367	58,507	70,789	56,184	55,603	1,119,039	1,492,339
Year to Date Actual								
Acute Services	1,612	2,582	2,356	396	289	32	754,432	761,699
Community Health Services	7,256	29,594	12,695	9,321	9,259	11,688	84,049	163,863
Mental Health Services	3,488	5,135	2,746	7,999	2,514	3,750	172,754	198,386
Continuing Care Services	8,751	9,207	10,170	11,460	9,408	6,463	-	55,459
Prescribing	12,722	16,762	12,782	14,223	14,915	12,099	38	83,541
Other Primary Care Services	924	470	468	997	360	107	6,426	9,751
Other Programme Services	400	-	(187)	-	-	-	13,958	14,171
Programme Wide Projects	-	50	-	-	9	83	2,526	2,668
Delegated Primary Care Services	12,871	18,632	16,371	25,473	18,995	20,365	(647)	112,061
Delegated Primary Care Services DPO	-	-	-	-	-	-	70,926	70,926
Corporate Budgets - staff at Risk	-	-	-	-	-	-	1,899	1,899
Corporate Budgets	859	917	1,056	1,051	933	850	12,927	18,593
Total Year to Date Actual	48,882	83,350	58,457	70,920	56,681	55,438	1,119,289	1,493,016
Year to Date Variance								
Acute Services	12	(18)	(21)	0	143	(4)	184	296
Community Health Services	162	23	155	(10)	437	348	(184)	931
Mental Health Services	(3)	(215)	90	(311)	39	(351)	(22)	(773)
Continuing Care Services	(38)	(164)	(430)	79	(1,722)	123	-	(2,152)
Prescribing	(251)	253	(352)	(1)	(718)	(395)	0	(1,463)
Other Primary Care Services	0	0	(0)	(0)	143	0	(0)	143
Other Programme Services	-	-	520	-	1,110	280	1,697	3,607
Programme Wide Projects	-	(50)	-	-	-	(0)	(502)	(552)
Delegated Primary Care Services	-	-	0	(0)	-	-	-	(0)
Delegated Primary Care Services DPO	-	-	-	-	-	-	(926)	(926)
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(1,899)	(1,899)
Corporate Budgets	86	188	87	112	72	165	1,402	2,111
Total Year to Date Variance	(33)	18	50	(131)	(497)	165	(250)	(677)

- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k**, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£1,596k**) of its additional savings requirement.
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has only received two months of prescribing data. Based upon a rolling average of the most recent 3 months the ICB is reporting an overall overspend of **£1,463k**, although the position is differential across places. This is clearly a significant risk area as in previous years.
- The continuing care financial position is **£2,152k** overspent, with Lewisham (**£1,722k**) the most impacted. This is predominantly driven by the full year effect of activity pressures seen in the second half of last year. Further details are included later in the report.
- As described in earlier slides, the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. The ongoing additional cost is circa **£500k** per month.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure, with Mental Health budgets reporting an overall overspend of **£773k**. The CPC issue is differential across boroughs with Bromley, Lambeth and Southwark being the most impacted. These boroughs are taking actions to mitigate this expenditure.
- Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k)**, **Lambeth (£131k)**, and **Bexley (£33k)**. More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Dental, Optometry and Pharmacy

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. To date, the ICB has not reported on these areas in detail. However, moving forward, these areas will be included within the finance report. In month 4, as dental is currently reporting a break-even position (given the dental ringfence), the report is focused on ophthalmic and community pharmacy. From next month, dentistry will also be included.

Delegated Ophthalmic

- The table below shows the month 4 delegated ophthalmic position. The claim-based payment is made one-month arrears. The month 4 accrual is based on the 3 months average. This represents a year-to-date **overspend of £631k**. If this trend continues then the full year position will be an overspend of £1,894k. This is following a similar trend to the last financial year.
- The majority of the spend relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SE London geography regardless of where the patient resides – claims are based upon location of provider not client/patient.

Delegated Community Pharmacy

- The table below shows the month 4 delegated pharmacy position. The information is received 2 months in arrears. The month 4 accrual is based upon the 2 months average. This represent a year-to-date **overspend of £295k**. If this trend continues then the full year overspend would be expected to be circa £884k. A further review of data provided will be undertaken to understand the drivers of this overspend. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

Service	Ytd Budget £	Ytd Actual £	Ytd Variance - (Over)/Under £	Annual Budget £	Forecast £	FOT Variance - (Over)/Under £
Delegated Ophthalmic	5,167,961	5,799,012	(631,051)	15,503,881	17,397,035	(1,893,154)
Delegated Community Pharmacy	9,801,079	10,095,624	(294,545)	29,403,225	30,286,860	(883,635)

5. Prescribing – Overview as at Month 4

- The table below shows the month 4 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received two months of 2024/25 prescribing data. Based upon a 3-month rolling average, the ICB is reporting an overall overspend on **PPA prescribing of £1,515k**.

M04 Prescribing	Total PMD (Excluding Cat M & NCSO)	Central Drugs	Flu Income	Total 24/25 PPA Spend	M04 YTD Budget	YTD Variance - (over)/under
	£	£	£	£	£	£
BEXLEY	12,346,259	407,427	(100,856)	12,652,829	12,401,673	(251,156)
BROMLEY	16,282,374	537,318	(137,859)	16,681,833	16,934,861	253,028
GREENWICH	12,322,337	406,637	(44,091)	12,684,883	12,333,334	(351,549)
LAMBETH	13,817,847	455,989	(51,281)	14,222,555	14,196,060	(26,495)
LEWISHAM	14,287,198	471,478	(43,477)	14,715,199	13,971,094	(744,105)
SOUTHWARK	11,640,193	384,126	(45,605)	11,978,714	11,584,025	(394,689)
SOUTH EAST LONDON	0			40,000	40,000.00	0
Grand Total	80,696,208	2,662,975	(423,169)	82,976,013	81,461,046	(1,514,967)

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include stoma appliances, malignant disease and immunosuppression. There were an additional 1,000 items of stoma bags and skin protectants prescribed in April 2024 compared to a 12-month average, equivalent to an 8% increase in volume. The main drug within malignant diseases that has driven the increase in spend is the hormonal injection for the treatment of prostate cancer, mainly driven by an increase in prevalence. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure in SE London (**£744k YTD**). Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. A further review of efficiencies is being undertaken by the Lewisham Medicines team across 32 drug cost categories where it is deemed further potential opportunities for savings exist. In addition, a review and reassessment, where relevant, of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS) is being implemented.
- Non PPA budgets are underspent by £52k giving an overall overspend on PPA and non PPA prescribing of **£1,463k**.

5. Prescribing – Comparison of 2425 v 2324

- The table below compares April and May prescribing data for 2023 and 2024. The headlines are that expenditure in SEL appears to be increasing marginally faster (**4.7%**) than in London (**4.3%**) or nationally (**3.9%**). This is driven by a combination of average prices falling more slowly (**3.4%**), and activity rising albeit at a slower rate (**8.3%**).

Prescribing Comparison of April and May 2024 v 2023				
	2023 April & May	2024 April & May	Change £	Change %
South East London ICB:				
Expenditure (£'000)	38790	40608	1818	4.7%
Number of Items ('000)	4112	4454	342	8.3%
£/Item	9.43	9.12	-0.32	-3.4%
London ICBs:				
Expenditure (£'000)				4.3%
Number of Items ('000)				9.8%
£/Item	8.56	8.13	-0.43	-5.0%
All England ICBs:				
Expenditure (£'000)				3.9%
Number of Items ('000)				8.8%
£/Item	8.50	8.11	-0.39	-4.6%

- It is difficult to base judgements on two months of information, but the key factors explaining the SEL position include:
 - Increase in drugs activity and expenditure to support patients with long term conditions;
 - Increased prescribing of Stoma products – an 8% increase;
 - Impact of NCSO remains a factor; and
 - Increase in prevalence of prostate cancer means increased expenditure in associated drugs to treat this condition.

6. NHS Continuing Healthcare – Overview

- The Continuing Care (CHC) budgets have been built from the 2023/24 budget and adjusted for the risk reserve (£1.5m), underlying forecast outturn (£8.6m), an uplift made to fund price inflation (0.8%), activity growth (3.0%) and ICB allocation convergence adjustments (-1.09%).
- The overall CHC financial position as at month 4 is an **overspend of £2,152k**, with underlying cost pressures variable across the boroughs. Four of the six boroughs are reporting overspends, namely, Bexley, Bromley, Greenwich, and Lewisham whilst the other two boroughs are reporting small underspends.
- The majority of the overspend (**£1,722k**) is in **Lewisham**. The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD clients. The position assumes price pressures of 4% for 2024/25 equivalent to £1,217k and emerging activity pressures in 2024/25, driven by palliative care clients and those in receipt of funded nursing care (FNC). The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress will be monitored through the weekly meetings with the ledger reflecting any changes made to the database.
- The overspend in Bromley relates to a one-off retrospective settlement, rather than business as usual client costs.
- The ICB has a panel in place to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel meets every week to discuss and agree cost increase requests from the CHC care providers. The reported financial position reflects a 4% inflationary uplift.
- All boroughs are reporting achievement against their identified CHC savings schemes. Despite this however, increased activity, higher numbers of higher-cost patients, and above inflation increases for providers are all contributing to the overspend on the CHC budget.

7. Provider Position

Overview:

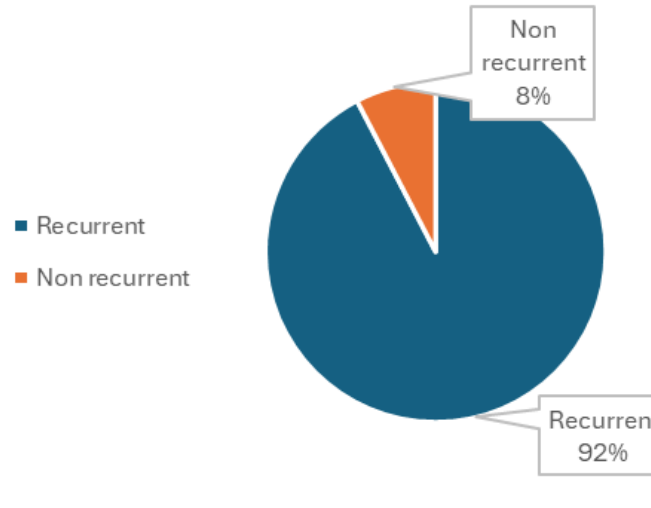
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,095,280k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£703,230k**
 - Kings College Hospital **£755,661k**
 - Lewisham and Greenwich **£644,447k**
 - South London and the Maudsley **£316,019k**
 - Oxleas **£246,309k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

8. ICB Efficiency Schemes at as Month 4

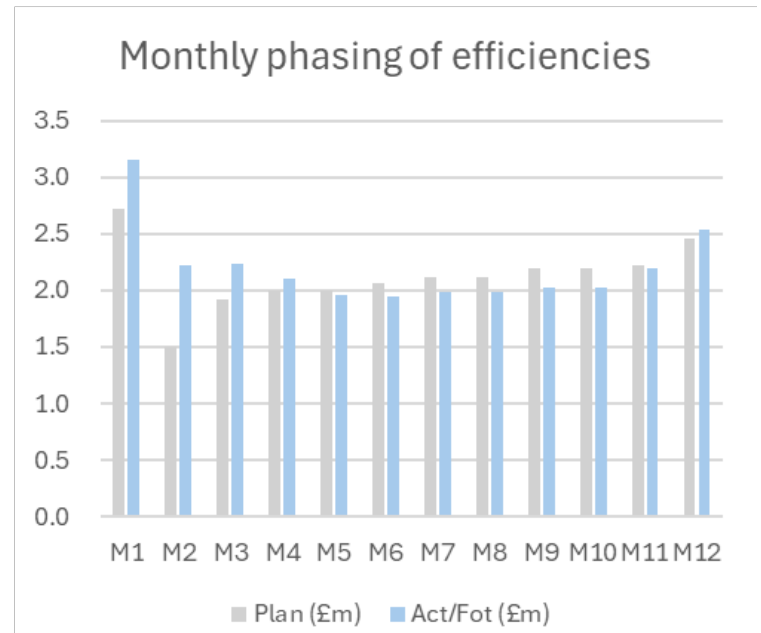
- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 4, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- As at month 4, overall, the ICB is reporting actual delivery slightly ahead of plan (£1.2m).** At this stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (**by £0.9m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£0.3m** of the forecast outturn of **£26.4m** has been assessed by the places as **high risk**.
- Most of the savings (**92%**) are forecast to be delivered on a recurrent basis.

Providers	M4 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.7	1.3	(0.4)	3.5	3.4	(0.1)	3.5	3.4	(0.1)	2.5	0.6	0.3
Bromley	1.8	1.8	0.0	6.3	6.4	0.1	6.3	6.4	0.1	4.1	2.4	0.0
Greenwich	1.0	1.1	0.1	3.5	4.1	0.6	3.5	4.1	0.6	0.6	3.5	0.0
Lambeth	1.5	2.9	1.4	5.2	5.4	0.2	5.2	5.4	0.2	1.5	3.9	0.0
Lewisham	1.0	1.2	0.2	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	1.0	0.9	(0.1)	3.8	3.4	(0.3)	3.8	3.4	(0.3)	3.4	0.0	0.0
SEL ICB Total	8.1	9.4	1.2	25.5	26.4	0.9	25.5	26.4	0.9	15.0	11.1	0.3

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



9. Corporate Costs – Programme and Running Costs

Area	Year to Date			
	Annual Budget	Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,466,667	808,890	723,041	85,849
Bromley	3,073,060	1,049,021	861,132	187,889
Greenwich	3,052,238	1,049,412	976,396	73,016
Lambeth	3,202,049	1,090,683	979,026	111,657
Lewisham	2,773,243	932,414	860,802	71,612
Southwark	2,850,546	981,515	817,326	164,188
Subtotal	17,417,803	5,911,935	5,217,724	694,211
Central				
CESEL	437,482	145,827	75,244	70,583
Chief of Staff	2,912,328	970,776	890,958	79,818
Comms & Engagement	1,599,007	533,002	408,229	124,773
Digital	1,542,037	514,012	264,584	249,428
Digital - IM&T	2,965,644	988,548	856,928	131,620
Estates	615,590	205,197	222,523	(17,327)
Executive Team/GB	2,286,438	762,146	696,936	65,210
Finance	2,906,225	968,741	937,158	31,583
General Reserves	-	-	1,897,365	(1,897,365)
London ICS Network	(1)	0	(0)	0
Medical Director - CCPL	1,544,873	508,958	408,365	100,593
Medical Director - ICS	235,647	78,549	65,092	13,457
Medicines Optimisation	3,829,970	1,276,656	1,061,587	215,070
Planning & Commissioning	7,761,074	2,587,024	2,223,473	363,551
Quality & Nursing	1,786,632	595,543	519,206	76,338
SEL Other	1,445,138	481,713	481,712	0
South East London	-	-	66,289	(66,289)
Subtotal	31,868,084	10,616,692	11,075,649	(458,957)
Grand Total	49,285,887	16,528,627	16,293,373	235,254

- The table below shows the YTD month 4 position on programme and running cost budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**circa £500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The ICB is reporting a broadly balanced position on its corporate costs (**YTD underspend of £235k**), with vacancies within directorates currently largely offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- As highlighted in earlier slides, the ICB is underspending (**£1,043k YTD**) against its management (running) costs allocation.

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 4 was **£4,456,340k**. The MCD available as at month 4, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£2,954,580k**.
- As at month 4 the ICB had drawn-down 33.7% of the available cash compared to the budget cash figure of 33.3%. So far, this financial year, the ICB has not utilised the supplementary drawdown facility due to accurate cash flow forecasting. No supplementary funding requests have made for August.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 4 was **£2,608k**, well within the target set by NHSE (**£4,375k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2024/25 AP4 - JUL 24	2024/25 AP3 - JUN 24	2024/25 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s								
				Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
ICB ACDR	4,456,340	4,438,030	18,310	May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Capital allocation	0	0	0	Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Less:				Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Cash drawn down	(1,380,000)	(1,030,000)	(350,000)	Aug-24	320,000	0	1,700,000		4,000		
Prescription Pricing Authority	(90,624)	(68,731)	(21,893)	Sep-24			1,700,000				
HOT	(705)	(531)	(174)	Oct-24			1,700,000				
POD	(30,440)	(22,399)	(8,040)	Nov-24			1,700,000				
Pay Award charges			0	Dec-24			1,700,000				
PCSE POD charges adjustments	9		9	Jan-25			1,700,000				
Pension Uplift			0	Feb-25			1,700,000				
				Mar-25							
Remaining Cash limit	2,954,580	3,316,368	(361,789)		1,700,000	0					

11. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger which is collated by SBS.
- The report below relates to June 2024 as the July report will not be received until the end of August which is too late for this reporting cycle.
- In terms of performance, **SE London ICB was ranked the 8th highest in the country** in June 2024, which is a slight deterioration from last month. The movement is due to the GL and VAT metric. This will be reviewed and corrected for the next reporting cycle. **However, NHS SE London ICB is still the highest achieving ICB in London.**
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas which are a) Accounts Payable NHS, showing the work undertaken in this area and b) Accounts Receivables, confirming the work being undertaken to reduce the debt position. The finance team are continuing to strive to improve the scores in the 3 other areas which are Accounts Payable Non-NHS, GL and VAT and general accounts which includes areas such as cash, journals etc.

Organisation Name	NHS South East London ICB		
Organisation Code	QKK	Period	Jun-24
Region	London	Peer Rank	8 / 42 ICB

	Apr-24	May-24	Jun-24	3 month average
Overall Score (max 25)	16.97	17.62	15.99	16.86

	Apr-24	May-24	Jun-24	3 month average
Accounts Payable - NHS	3.11	2.79	3.26	3.05
Accounts Payable - Non NHS	2.83	2.56	2.94	2.78
Accounts Receivable	4.94	4.12	3.24	4.10
General Accounts	3.69	3.15	3.15	3.33
GL and VAT	2.4	5	3.4	3.60

12. Mental Health Investment Standard (MHIS) – 2024/25

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 23/24 outturn by a **minimum of the growth uplift of 4.22% as set out in the 12 June Operating Plan, a target of £458,449k**. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations

Risks

- We continue to see growth in mental health cost per case spend, for example on S117 placements, and plans to mitigate this include strengthening joint funding panel arrangements and developing new services and pathways.
- There are pressures on learning disability placements budgets in some boroughs. Mitigating actions include review of LD cost per case activity across health and care to understand care package costs and range of providers and planning for future patient discharges to agree funding approaches.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend, with a forecast of at least £2m and an increasing number of independent sector providers for Right to Choose referrals. We are working with local providers to agree the best use of resources and capacity to reduce waiting times and with other London ICBs to complete an accreditation process to ensure the quality and VFM of independent sector providers.

12. Summary MHIS Position M4 (July) 2024/25 - by budget area

Mental Health Investment Standard (MHIS) position by budget area M04 2024/25		Year to Date position for the four months ended 31 July 2024						Forecast Outturn position for the financial year ended 31 March 2025						
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	
Category		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health Investment Standard Categories:														
Children & Young People's Mental Health (excluding LD)	1	14,405	12,929	1,385		14,314	91	43,216	38,787	4,124	0	42,911	305	
Children & Young People's Eating Disorders	2	918	918	0		918	0	2,754	2,754	0	0	2,754	0	
Perinatal Mental Health (Community)	3	3,152	3,152	0		3,152	0	9,455	9,455	0	0	9,455	0	
Improved access to psychological therapies (adult and older adult)	4	11,683	9,530	2,181		11,711	(28)	35,049	28,590	6,544	0	35,134	(85)	
A and E and Ward Liaison mental health services (adult and older adult)	5	6,268	6,268	0		6,268	0	18,804	18,804	0	0	18,804	0	
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	4,269	4,269	0		4,269	0	12,806	12,806	0	0	12,806	0	
Adult community-based mental health crisis care (adult and older adult)	7	11,669	11,557	112		11,669	0	35,007	34,671	336	0	35,007	0	
Ambulance response services	8	383	383	0		383	0	1,149	1,149	0	0	1,149	0	
Community A – community services that are not bed-based / not placements	9a	40,004	35,906	3,962		39,868	136	120,135	107,718	11,878	0	119,596	539	
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	8,373	4,951	3,216		8,167	206	25,120	14,854	9,612	0	24,466	654	
Mental Health Placements in Hospitals	20	1,450	1,065	601		1,666	(216)	4,351	3,195	1,501	0	4,696	(345)	
Mental Health Act	10	2,051	0	2,216		2,216	(165)	6,154	0	6,444	0	6,444	(290)	
SMI Physical health checks	11	281	225	56		281	0	844	675	169	0	844	0	
Suicide Prevention	12	0	0	0		0	0	0	0	0	0	0	0	
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	41,566	41,566	0		41,566	0	124,698	124,698	0	0	124,698	0	
Adult and older adult acute mental health out of area placements	14	3,158	3,031	28		3,059	99	9,475	9,092	51	0	9,143	332	
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		149,630	135,750	13,757	0	149,507	123	449,017	407,248	40,659	0	447,907	1,110	
Other Mental Health Services:														
Mental health prescribing	16	3,063	0	0	3,658	3,658	(595)	9,190	0	0	10,974	10,974	(1,784)	
Mental health continuing health care (CHC)	17	81	0	0	95	95	(14)	242	0	0	286	286	(44)	
Sub-total - MHIS (inc. CHC and prescribing)		152,774	135,750	13,757	3,753	153,260	(486)	458,449	407,248	40,659	11,260	459,167	(718)	
Learning Disability	18a	4,381	3,878	569	0	4,447	(66)	13,144	11,634	1,673	0	13,307	(163)	
Autism	18b	1,255	948	210	0	1,158	97	3,766	2,844	596	0	3,440	326	
Learning Disability & Autism - not separately identified	18c	17,237	2,728	4,148	10,709	17,585	(348)	51,711	8,184	12,007	35,126	55,317	(3,606)	
Learning Disability & Autism (LD&A) (not included in MHIS) - total		22,873	7,554	4,927	10,709	23,190	(317)	68,621	22,662	14,276	35,126	72,064	(3,443)	
Dementia	19	4,842	4,276	415	158	4,849	(7)	14,527	12,828	1,245	474	14,547	(20)	
Sub-total - LD&A & Dementia (not included in MHIS)		27,715	11,830	5,342	10,867	28,039	(324)	83,148	35,490	15,521	35,600	86,611	(3,463)	
Total Mental Health Spend - excludes ADHD		180,489	147,580	19,099	14,620	181,299	(810)	541,597	442,738	56,180	46,860	545,778	(4,181)	

- Approximately 89% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- The remaining spend is in borough budgets including voluntary sector contracts and cost per case placements, mental health prescribing and mental health continuing health care net of physical healthcare costs.
- Other LDA spend includes LDA continuing health care costs

One Bromley Local Care Partnership Board

DATE: Thursday 26th September 2024

Title	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2024-25
This paper is for noting	
Executive Summary	<ul style="list-style-type: none"> The formal partnership agreements made between the London Borough of Bromley and Bromley ICB to facilitate the joint commissioning and delivery of services have been legally underpinned by a Section 75 (s75) Agreement in accordance with the National Health Service Act 2006. Since 2014 a single s75 agreement has been in operation to support allied working across social care and health. The s75 will run continuously until it is formally stopped. This report details the current range of services included in the s75 agreement (Appendix A). These services were presented in an earlier Local Care Partnership Board reports (23 January 2023 and 23 November 2023) Following the approval of the s75 in 2014, the core agreement remains unchanged, however officers are required to annually update the list of funding commitments. From a Local Authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement. The SELICB Place Executive Lead for Bromley holds this responsibility on the behalf of SELICB. In order to align the approvals mechanism and ensure an optimised integrated approach, the s75 updates are presented to the One Bromley Local Care Partnership Board. Additionally, individual agreements will be subject to the LBB standard financial and contract regulations based on the level of funding involved e.g. if the Variation to funding was over £100k or if a new agreement involves funding contributions of over £1m, permission to vary/commence will be taken first through Executive for a decision.
Recommended action for the Committee	<p>The Partnership Board is recommended to note:</p> <ul style="list-style-type: none"> the current 2024/25 arrangements including the new schemes that were not previously presented due to the late allocation of the funds by central government.

	<ul style="list-style-type: none"> that where new projects are to be included in the 2024/25 s75 the approvals process will be adhered to (e.g. seeking approval from the Leader, Portfolio Holder and ICB Borough Director), following presentation/agreement at the Bromley ICB (group). 	
Potential Conflicts of Interest	No conflicts of interest have been identified in the writing of this report.	
Impacts of this proposal	Key risks & mitigations	The oversight and risk management of the s75 agreement is managed by the officer led Integrated Commissioning Board. Additionally, Better Care Fund performance is reported to the Health and Wellbeing Board.
	Equality impact	The s75 agreement funds a wide range of health and care services with a focus on vulnerable Bromley residents including adults and children with disabilities and older frail residents. Equality Impact Assessments are undertaken at the individual project/service level.
	Financial impact	The 2024/25 budget has already been agreed. Where new projects have been initiated approval to spend has been sought in as detailed in 3.2 below. The schedule attached has been prepared by LBB Finance and agreed by the ICB Finance lead.
Wider support for this proposal	Public Engagement	No public engagement has taken place with respect to this report. Public engagements and work with patients, service users and carers takes place when developing individual schemes and programmes covered by the agreement.
	Other Committee Discussion/Internal Engagement	Better Care Fund performance is reported to the Health and Wellbeing Board
Author:	Kelly Sylvester – Head of Community Commissioning (LBB)	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Cllr Diane Smith	

1. REASON FOR REPORT

- 1.1 Section 75 (s75) of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It encourages joint commissioning and the commissioning of integrated services.
- 1.2 This report provides a brief insight into the original development of the s75 (see section 3 below). The report also provides confirmation of the services currently incorporated in the s75 (see Appendix A). These services range from projects that were included in the original s75 to services that have been included since the initiation.

2. RECOMMENDATIONS

- 2.1 The Partnership Board is recommended to **note**:
 - the current 2024/25 arrangements (Appendix A) which includes the new schemes that were not previously presented due to the late allocation of the funds by central government.
 - that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB (group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.

3. COMMENTARY

- 3.1 On the 16th July 2014 Bromley Council Executive approved the adoption of the s75 Agreement in order to enable the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. The s75 conditions (NHS Act 2006) also enable one partner to take the lead in commissioning services on the behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision, commonly known as 'Health Act flexibilities'. Here staff can be seconded/transferred and managed by another organisation's personnel. (s113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations). The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation. This legislation only applies to local authority and health partners.
- 3.2 LBB Executive agreed that any new individual agreements proposed by the Joint Integrated Commissioning Executive (renamed the Integrated Commissioning Board) would be covered under a deed of variation, which is subject to the standard financial and contract regulations based on the level of funding involved. For example if a new agreement involves funding contributions of over £1m it will be taken through Executive for a decision first.

- 3.3 From the local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s). This process is facilitated by the One Bromley Local Care Partnership Board.
- 3.4 From the SELICB perspective, the Borough Place Executive Lead has the authority to approve any new agreements/amendments to the s75.
- 3.5 The services that are currently included in the s75 for 2024/25 are included in Appendix A.

4. FINANCIAL CONSIDERATIONS

- 4.1 A summary of the services included in the s75 agreement and split of funding between the Council and ICB is shown in Appendix A. There are no financial implications for the Council arising from this, as the various amounts are included in the 2024/25 budget.

5. LEGAL CONSIDERATIONS

- 5.1 The One Bromley Local Care Partnership committee is established as a committee of both the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in its Terms of Reference. This Partnership committee has responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the Integrated Care Board. These services include Primary care services; Community services; Client Group services; Medicines Optimisation related to community based care and Continuing Healthcare
- 5.2 The Partnership Board has adopted terms of reference which sets out the extent of its role, responsibilities, membership. Reporting, decision-making and governance. The recommendations to this report fall within the Terms of Reference . In particular the Terms of Reference say that as far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership. Furthermore the Executive of the London Borough of Bromley (Executive Decision CS14048) has resolved that, “the Leader and Portfolio Holder for Care Services be given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching Section 75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s).”

Appendix A

Services/ arrangement	Delegations Functions	Designated Lead Commissioner/ contact	Supplier	South East London ICB Bromley Funding (23/24) £'000	Authority Funding (23/24) £'000	Total Funding (23/24) £'000	South East London ICB Bromley Funding (24/25) £'000	Authority Funding (24/25) £'000	Total Funding (24/25) £'000
Intermediate Care Contract	Delivery of intermediate care services in the borough [Authority Function]	South East London ICB Bromley hold contract - Associate Director of Contracting - Michael Johnston	Bromley Health Care	2,517	921	3,438	2,517	921	3,438
Short Breaks Service for Children - Hollybank	Delivery of short breaks service to children with special needs	South East London ICB Bromley hold contract - Associate Director of Contracting - Michael Johnston	Bromley Health Care	833	468	1,301	1,049	468	1,517
PSIS (excluding BCF Contribution)	To establish effective self management programmes and improve joint IAG arrangements	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	239	713	952	239	713	952
Community Equipment	Provision of all Community Equipment	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	ICES (NRS)	600	624	1,224	600	624	1,224
Speech and Language Therapy for Children and Young People	Commissioning speech and language therapy and occupational therapy for pupils in special schools and for pupils in schools with unit provision and for the Inclusion Support Service (ISS)	South East London ICB Bromley hold contract	Bromley Health Care	1,415	0	1,415	1,943	147	2,090

Mental Health (Edward Road)	Accommodation support for people with MH needs	Authority - Kim Carey - Director Care Services	Ambient Support	118	0	118	118		118
Mental Health community contract	Early intervention and prevention services for people with mental ill health (Employment Services)	South East London ICB Bromley hold contract - James Postgate - Associate Director of Integrated Commissioning	Bromley & Lewisham Mind	414	100	514	414	100	514
Contribution to Commissioning Posts	Agreement to jointly fund commissioning posts	Authority hold employment contracts	Associate Director Children and Young People Commissioning	86	0	86	289	0	289
			Children's Commissioner	36	36	72	70	38	108
			MH accommodation and support project manager	117	0	117	121	0	121
Integrated care and health programme	Joint LBB / South East London ICB Bromley into shared Integrated Care fund to support joint work on integration in health and social care with invest to save and transformation schemes	Health & Wellbeing Board - Directors through Intergrated Commissioning Board. Funding released through report to Local Authority Executive	n/a	0	11,126	11,126	0	9,626	9,626
BCF - Transformation Reserve	One off BCF underspent from 2015/21 to pump prime transformation projects and support savings	Health & Wellbeing Board - Directors through IHSCB. Funding released through report to Authority Executive when appropriate	n/a	0	5,171	5,171	0	3,157	3,157
BCF - Protecting Social care/ Care Act	Funds moved by the South East London ICB Bromley from acute into Community - specifically to protect social care services. DoH Grant £4,494k	Authority - Kim Carey - Director Care Services	multiple resi, nursing and dom care providers	0	14,251	14,251	0	14,385	14,385
BCF – South East London ICB Bromley Previous Existing Grants – subsumed into BCF	Reablement grant Carers grant	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	multiple including Authority	1,681	358	2,039	1,731	356	2,087

Winter pressures - clinical support	Clinical support into discharge activity	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas/ BHC	734	0	734	756	0	756
Winter pressures - Social Care Support	Social Care support into discharge activity	Authority - Kim Carey - Director Care Services	Authority/ Dom Care Agencies	0	1,168	1,168	0	1,303	1,303
BCF - At risk funds against acute spend/community investment	Held at risk - invested in community to manage acute risk	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	n/a	1,532	0	1,532	1,578	0	1,578
BCF - Dementia Clinical diagnosis	To increase diagnosis rates and build capacity at the Memory Clinic	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas	705	0	705	726	0	726
BCF - Dementia - Non clinical post diagnosis	New universal post diagnosis service	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	0	592	592	0	612	612
BCF - Self-Management and information, advice and guidance - PSIS Contract	To establish effective self management programmes and improve joint IAG arrangements	Joint - to align with ICNs	3rd Sector/ PH self management projects	0	1,910	1,910	0	1,977	1,977
BCF - Reablement (additional capacity)	To increase capacity up to 900 reablement packages per year	Authority - Kim Carey - Director Care Services	Authority	0	969	969	0	1,017	1,017
BCF - Discharge Team	Go live of new integrated discharge team at the PRU	South East London ICB Bromley - Angela Bhan - Chief Officer	Multi- agency	642	0	642	661	0	661
BCF - Discharge Team	Go live of new integrated discharge team at the PRU - staffing contribution	Authority - Kim Carey - Director Care Services	Authority	0	56	56	0	58	58
BCF- Community Equipment (additional capacity)	Additional funding on top of historic sum to balance total budget of £1.5m	Authority - Kim Carey - Director Care Services	NRS	609	480	1,089	630	497	1,127
BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	EMIS/ Kings/ OLM	429	0	429	442	0	442

BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care. Staffing contribution to LBB	Authority - Kim Carey - Director Care Services	LBB	0	61	61	0	63	63
BCF - Intermediate care costs	Some shared intermediate care costs moved into BCF	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	BHC	712	0	712	733	0	733
BCF - Health support into care homes and extra care housing	To increase the clinical support into local care homes	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	GPs/ BHC/ Oxleas	357	475	832	368	492	860
BCF - Intermediate care costs	Contract reduction funded through BCF	Authority - Kim Carey - Director Care Services	Bromley Healthcare	0	170	170		176	176
BCF - BCF Post - Programmes Team	Contribution to Programmes Team - LBB Post	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	43	43		45	45
BCF - LD Strategic Board Support	LBB post	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	27	27		28	28
BCF - Development of joint initiatives	Enablers for Integration – Discharge Therapies Support	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB/South East London ICB Bromley	1,088	0	1,088	1,121	618	1,739
BCF - D2A		Authority - Kim Carey - Director Care Services	LBB	0	702	702		727	727
BCF - ICB staffing contribution		South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	ICB	200	0	200	211		211
Winter Pressures - D2A staffing	Other interventions to minimise delayed discharges, implement good practise on discharge and discharge planning	Authority - Kim Carey - Director of Adult Social Care	LBB	0	95	95	0	95	95

Winter Pressures - Equipment	Improved equipment services to speed up turnaround times	Authority - Kim Carey - Director of Adult Social Care	LBB	0	214	214	0	214	214
Winter Pressures - DomCare	Additional domiciliary care packages	Authority - Kim Carey - Director of Adult Social Care	LBB	0	72	72	0	72	72
Winter Pressures - Placements	Specialist placements .e.g. dementia, mental health and learning disabilities	Authority - Kim Carey - Director of Adult Social Care	LBB	0	405	405	0	405	405
Winter Pressures - D2A Placements	Specialist placements to support Discharge to Assess	Authority - Kim Carey - Director of Adult Social Care	LBB	0	83	83	0	83	83
Winter Pressures - D2A DomCare	Dedicated discharge teams embedded in domiciliary care providers	Authority - Kim Carey - Director of Adult Social Care	LBB	0	321	321	0	321	321
IBCF - Offsetting growth	Managing demand across the services	Authority - Kim Carey - Director of Adult Social Care	LBB	0	4,636	4,636	0	4,636	4,636
IBCF - Whole system reserve	To avoid any crisis in the joint health and social care systems e.g. utilising resources to aid hospital discharge when the clients still have complex needs. This effectively provides an expansion of winter pressures funding but will be used in other times of the year.	Authority - Kim Carey - Director of Adult Social Care	LBB	0	1,904	1,904	0	1,904	1,904
Joint Assistant Director of Integrated Commissioning post		Authority - Kim Carey - Director of Adult Social Care	LBB/South East London ICB Bromley	77	77	154	80	80	160
Family Support	Family support	Authority - Jared Nehra - Director of Education	Mencap	21	21	42	21	21	42

Winter Pressures Funding	Winter pressures funding to enable timely enhanced winter capacity to be put in place	Authority - Kim Carey - Director of Adult Social Care	LBB	400	0	400	0	0	0
Hospital Discharge Funding	Financial support to secure the continued provision of social care services in line with presenting need and discharge standards	Authority - Kim Carey - Director of Adult Social Care	Various care providers	0	0	0	0	0	0
LD/Autism Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		208	0	208	0	30	30
Discharge Transformation Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		256	0	256	256	0	256
Autism Community Grant	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		200		200	0	0	0
Community Discharge Grant	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		119		119	119	0	119
Bromley Mental Health and Wellbeing 2023-24	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	0	0	0	388	388
Investment for a system-level staff health and wellbeing referral/ signposting service	Non-recurrent grant funding from the ICB (s256)	Authority - Kim Carey - Director of Adult Social Care		0	0	0	0	108	108

One Bromley Local Care Partnership Board

DATE: Thursday 26th September 2024

<p>Title</p>	<p>Bromley Primary Care Group: September 2024 Report</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The Bromley Primary Care Group (PCG) is responsible for 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.</p> <p>The following items were considered at the September 2024 meeting of this group:</p> <p>a) Remote monitoring in Primary Care</p> <p>The PCG received a presentation from the GP Clinical Lead on how remote monitoring hubs have been established within Primary Care Networks (PCNs), how these have been deployed to support hypertension management and the learnings gained through this initiative.</p> <p>PCG members welcomed the innovation and transformative approach to managing this long term condition and the potential for saving GP time through this model. The benefits for patients and how this model could be the foundation stone for expanding remote monitoring in primary care was also discussed.</p> <p>b) Practice and PCN website provision</p> <p>The PCG was asked to consider an options appraisal for practice and PCN websites for the 2025/26 financial year.</p> <p>PCG noted that Bromley has resourced practice and PCN websites in order to help primary care services establish and embed a professionalised online presence. This investment has further enabled full compliance with the recently published national GP website accessibility standards. The consolidation of the service to a single supplier platform has also achieved a greater degree of consistency in content and style, and reduced the administrative burden for practices as information is updated once for practices where suitable and appropriate.</p>

PCG members raised a request for clarification of governance relating to uploading information onto this platform. A protocol will be developed in support of this request.

PCG endorsed the intention to continue the Bromley investment for a further year.

c) Branch site for G84010

PCG received a report seeking endorsement for the intention to approve the establishment of a branch site for The Chislehurst Partnership. The report set out the premises challenges, suitability of the selected site and expected costs associated with establishing the branch site.

The recurrent costs attached are £34,590 for rent reimbursement. Non-recurrent costs of £11,580 for IT equipment and £3,000 relating to legal fees will also be incurred.

It was noted that the District Valuar's assessment report is yet to be received, and that any reimbursement would be in line with the recommendation of the DV's report. It was also noted that there is expected to be no change to the practice's boundary or list size as a result of this decision.

PCG endorsed the intention to approve the establishment of a branch site, subject to the District Valuar's assessment.

d) Cyber attack restoration and recovery

PCG was updated on the actions following the cyber attack to support general practice following the pause and then delay to routine tests as a result of the impact on pathology services.

PCG was advised that the ICB has made a commitment to support restoration and recovery in general practice and that local schemes in Bromley will align with that commitment.

e) Primary Care System Development Funding for 2024/25

PCG was provided with a summary of how System Development Funding (SDF), a national transformation funding stream, expects to be deployed in Bromley. The deployment of the funding is stipulated by NHS England through national guidance and can be summarised as investment towards:

- Workforce recruitment, retention and development
- General practice resilience and quality improvement
- Modern GP Access transformation
- Primary Care working at scale

	PCG approved the proposed use of these funds.	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group • PCG's approval for investment in practice and PCN websites for 2024/25 • PCG's endorsement of the intention to establish a branch site for G84010, subject to DV assessment report. • The approval of the proposed use of Bromley's SDF for primary care. 	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services and would benefit from the decisions made at this meeting of PCG. Conflicts of interest were recorded, and the decisions were deemed to have handled any potential conflicts of interest by the Chair.	
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 schemes and initiatives.
	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 & Senior Clinical Director	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: Thursday 26 September 2024

Title	Bromley Procurement & Contracts Group – July / August 2024 Update
This paper is for noting	
Executive Summary	<p>The Bromley Procurement & Contracts Group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirement. The following items were discussed and agreed at the group's meeting on 24th July and 22nd August 2024 (please note that the August notes have not been approved at the time of writing this report). The next Bromley Procurement & Contracts Group is scheduled for 18th September 2024.</p> <p><u>Contract Award</u></p> <p>No contracts were awarded at either meeting.</p> <p><u>Contract Extensions</u></p> <p>No contract extensions were proposed to be enacted at either meeting.</p> <p><u>Contract Variations</u></p> <p>No contract variations were proposed to be enacted at either meeting.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <p>Transvaginal Scanning – The group agreed to award a new contract to the incumbent provider for a period of 3 years with the option to extend for a further 2 years commencing 2nd January 2025 under Provider Selection Regime (PSR) Direct Award C.</p> <p>Bromley Interpreting Service – The group agreed to include Bromley activity as part of the SEL ICB contract with THG Fluently which has been procured via Framework agreement. The SEL ICB contract commenced on 1st June 2024 for a period of 3 years with the option to extend for a further 2 years.</p> <p>Cardiology Diagnostics - Discussions are still ongoing regarding the scope and financial envelope of the contract. It is proposed that under Provider Selection Regime a competitive tender process is undertaken, the timeline for this is currently being produced.</p> <p>Winter Hubs – An expression of interest was issued in August, following the outcome of evaluation it is anticipated that a contract will be awarded under PSR Urgent Award.</p>

	<u>Other key areas of discussion to note</u> <ul style="list-style-type: none"> • SEL ICB Procurement policy was approved by the ICB Executive Committee on 17th July 2024. • Audits – Several audits are currently being undertaken in relation to contract management, governance and adherence to ICB financial instructions, following completion of the audits, any recommendations will be reviewed by the group. 	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts Group.	
Potential Conflicts of Interest	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB), 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>	
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, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Senior Clinical Director and Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

One Bromley Local Care Partnership Board

DATE: Thursday 26th September 2024

<p>Title</p>	<p>One Bromley Performance, Quality and Safeguarding Group: September 2024 Report</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The One Bromley Performance, Quality and Safeguarding Group met on 8th August, chaired by Harvey Guntrip, Bromley Borough lay member and attended by leads from across One Bromley.</p> <p>As agreed at the previous meeting, key topics were presented for more detailed discussion. These were:</p> <ul style="list-style-type: none"> • Update on Talking Therapies Service (Improving Access to Psychological Therapies - IAPT). • Feedback from Bromley Care Leavers Round Table Event: ‘Our Hidden Health Stories’ <p>Talking Therapies Update</p> <p>The Group received a presentation from Bromley Healthcare who provide the Talking Therapy service for Bromley. The background to the service was provided including:</p> <ul style="list-style-type: none"> • Bromley Talking Therapies are part of a national initiative formerly known as Improving Access to Psychological Therapies (IAPT). • The service provides NICE recommended psychological treatments for adults with conditions including depression, excessive worry, anxiety disorder, post-traumatic stress disorder and long-term conditions. • The therapy is delivered by fully trained IAPT accredited practitioners and operates in a stepped care model, to include low and high intensity interventions. Around 40% of patients access lower intensity services, with sixty percent accessing high intensity interventions. • Patients can self-refer directly via the website or over the phone. • Therapies are available in person, by video, over the phone or as an online course. The service is also part of several long-term condition groups including the Post Covid Community Pathway. • The employment support service has also been expanded. • The service receives between 500-600 referrals a month and delivers on average between 2000-2100 clinical appointments per month.

The service is subject to a number of performance targets which are set and monitored nationally (as set out in the Borough Assurance Report). These have now been updated for 2024/25 and continue to be closely monitored through the contract monitoring meetings.

There has been progress on recovery rates and waiting times, and plans in place where targets are not met. There has been non-recurrent investment in 2023/24 which has seen an improvement in performance but with the challenge to maintain levels as the funding ends.

The following key successes were noted:

- Employment advisors – DWP provided funding for additional employment advisors. They have met their access target, with 44 delivered by July 2024.
- Reducing waits
- Launch of the text message to GP practices
- Integrated working with Post Covid/other long term conditions and physical health services
- Stable recruitment and retention
- Mindfulness course to staff within BHC/building resilience
- Partnership working with the Mental Health Hub
- Partnership working with Oxleas and Bromley Y with regular interface meetings
- Attended the Health and Wellbeing Cafes being delivered by the PCNs.

Feedback from Bromley Care Leavers Round Table Event: 'Our Hidden Health Stories'

The group received feedback from the event which took place on 28th May. The following highlights were noted:

- Care leavers need to be empowered to access health and care services. Care leavers need to be involved in decision making, policies and changes. They have lived experience, and we need to listen to their perspectives and opinions.
- The stories of care leavers are often hidden, the event offered an opportunity to share their health experiences and views with senior/lead professionals. We also need to empower care leavers to raise awareness of their health needs, influence and improve access to services.
- Twenty-seven professional managers/leads attended, with presentations from six care leavers.

There were several themes arising from discussions including:

- More training for GPs, foster carers, workers and placement staff.
- Specialist workers and direct access to GPs to include a named nurse for over 18s and the importance of continuity of care.

	<ul style="list-style-type: none"> • Different ways of communicating including using apps and online resources for support and advice. • More choice of when and how to access services to include access to sexual health services, young people hubs and mentoring opportunities. <p>Next steps included:</p> <ul style="list-style-type: none"> • Social prescribing and peer mentoring – meet with Bromley Y. • Training foster carers and personal advisors around sexual health and relationships. • Workshops for carer leavers at sexual health clinic and flexibility of consultation. • Primary care continuity for health consultations. • Training personal assistants and social workers. • This was an engaging event enabling the opportunity to learn and network. <p>Other Business</p> <p>The Group received an updated One Bromley Borough risk register. The risk in respect of challenges to Medicines Optimisation budgets had been updated.</p> <p>Further discussion took place around the risks in relation to community equipment, and it was agreed to escalate the discussion with the Commissioning team.</p> <p>The latest performance and quality reports were circulated for comment.</p> <p>The next meeting is scheduled for 31st October 2024.</p>	
Recommended action for the Committee	The One Bromley Local Care Partnership Board are asked to note this update.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register.
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required.
	Financial impact	Not applicable

Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership & Senior Clinical Director	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

Appendix 1: Glossary of Terms

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ACSC	Ambulatory Care Sensitive Conditions	JFP	Joint Forward Plan
ACP	Advance Care Plan	KPI	Key Performance Indicator
AHP	Allied Health Professional	KCH	Kings College Hospital
AHSN	Academic Health Science Network	LAS	London Ambulance Service
ASD	Autism Spectrum Disorder	LBB	London Borough of Bromley
AT	Assisted Technology	LCP	Local Care Partnership
AWOL	Absent Without Leave	LD	Learning Disability
BCF	Better Care Fund	LDAHC	Learning Disability Annual Health Check
B-CHIP	Bromley Children's Health Integrated Partnership	LGT	Lewisham & Greenwich (NHS) Trust
BGPA	Bromley General Practice Alliance	LMC	Local Medical Committees
BLG	Bromley, Lewisham and Greenwich (Mind)	LPC	Local Pharmaceutical Committee
BCP	Bromleag Care Practice	MDI	Metered Dose Inhalers
BSAB	Bromley Safeguarding Adults Board	MDT	Multi-Disciplinary Team
BTSE	Bromley Third Sector Enterprise	MASCC	Multinational Association of Supportive Care in Cancer
CAB	Citizens Advice Bromley	MHFA	Mental Health First Aiders
CAMHS	Child & Adolescent Mental Health Service	MHP	Mental Health Practitioners
CAS	Clinical Assessment Service	MRI	Magnetic Resonance Imaging
CC	Continuing Care	NCSO	No Cheaper Stock Obtainable
CCG	Clinical Commissioning Group	NICU	Neonatal Intensive Care Unit
CHC	Continuing Healthcare	NIHR	National Institute for Health and Care Research
CKD	Chronic Kidney Disease	NWCSP	National Wound Care Strategy Programme
COPD	Chronic Obstructive Pulmonary Disease	PEoLC	Palliative and End of Life Care
CPAG	Clinical & Professional Advisory Group	PPG	Patient Participant Group
CRM	Customer Relationship Management (system)	PREMS	Patient Reported Outcomes and Experiences Study
CYP	Children and Young Persons	PROFAIL	Patient Reported Outcomes for Frailty
DASS	Director of Adult Social Services	PROMS	Patient Reported Outcome Measures
DAWBA	Development and Well-Being Assessment	PCC	Palliative Care Congress
DES	Direct Enhanced Service	PCG	Primary Care Group (Bromley)
DM01	Diagnostics Waiting Times and Activity	PCN	Primary Care Network
DNA	Did Not Attend	PIP	Personal Independent Payment

Appendix 1: Glossary of Terms

DSPT	Data Security & Protection Toolkit	PPA	Prescription Pricing Authority
DSCR	Digital Social Care Record	PR	Pulmonary Rehabilitation
DTA/D2A	Discharge To Assess	PRUH	Princess Royal University Hospital
EAPC	European Association for Palliative Care	PSIS	Primary and Secondary Intervention Service
ECH	Extra Care Housing	QOF	Quality and Outcomes framework
ED	Emergency Department	RCN	Royal College of Nursing
EHCP	Education, Health and Care Plan	ROP	Referrals Optimisation Programme
ENT	Ear, Nose and Throat	RCPCH	Royal College of Paediatrics and Child Health
FFT	Friends and Family Test	SEL	South East London
FY	Financial Year	SELDOC	South East London Out of Hours Doctors Service
GP	General Practice	SCIE	Social Care Institute for Excellence
GSTT	Guys and St Thomas' Hospital	SDEC	Same Day Emergency Care
H1	Half 1 (first 6 months of the financial year, April - September)	SLAM	South London and Maudsley
H2	Half 2 (last 6 months of the financial year, October - March)	SPA	Single Point of Access
H@H	Hospital at Home	UCP	Universal Care Plan
HDU	High Dependency Unit	UTC	Urgent Treatment Centre
HIN	Health Improvement Network	VCS	Voluntary Community Sector
HWBC	Health & Wellbeing Centre	VCSE	Voluntary, Community & Social Enterprise
iESE	Improvement and Efficiency Social Enterprise	WCP	Winter Clinical Pathway
IAPT	Improving Access to Psychological Therapies (Programme)		
ICB	Integrated Care Board		
ICP	Integrated Care Partnership		
ICS	Integrated Care System		
ILAG	Information, Advice and Guidance		
IPOS	Integrated Palliative Care Outcome Scale		
IPU	Inpatient Unit		
IF	Innovation Fund		
IIF	Investment and Impact Fund		
INR	International Normalised Ratio (INR) blood test		
ITT	Invitation to Tender		
IUEC	Integrated Urgent and Emergency Care		