

**One Bromley Local Care Partnership Board**

**Date:** Thursday 28 November 2024

**Time:** 9.30am – 11.30am

**Venue:** Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP - NEW PREMISES

**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
<b>Opening Business</b>				
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 26 September 2024 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
<b>For Approval</b>				
6.	One Bromley Executive Committee Terms of Reference For approval	Enc. 4	Dr Angela Bhan	9:50
7.	One Bromley Local Care Partnership Board Terms of Reference For approval	Enc. 5	Dr Angela Bhan	10:00
<b>For Information and Noting</b>				
8.	Winter Plan 2024-25 For information	Enc. 6	Jodie Adkin Troy Profit	10:10
9.	Partnership Report For information	Enc. 7	Dr Angela Bhan	10:25

10.	<b>Month 6 SEL ICB Finance Report</b> For information	Enc. 8	David Harris	10:40
<b>Reports from Key Sub-Committees for Noting</b>				
11.	<b>Primary Care Group Report</b> For information and noting	Enc. 9	Harvey Guntrip	10:50
12.	<b>Contracts and Procurement Group Report</b> For information and noting	Enc. 10	Sean Rafferty	11:00
13.	<b>Performance, Quality and Safeguarding Group Report</b> For information and noting	Enc. 11	Harvey Guntrip	11:10
<b>Closing Business</b>				
14.	<b>Any Other Business</b>	Verbal	All	11:20
<b>Appendices</b>				
15.	<b>Appendix 1: Glossary of Terms</b>	Enc. 12	For information	
<b>Next Meeting:</b>				
16.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 30 <sup>th</sup> of January 2025 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			
Jan Noble	St Christopher's Hospice	Interim Chief Executive	No interests declared			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
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 26 September 2024  
Held Online via Microsoft Teams**

**Present:**

<b>Name</b>	<b>Title and organisation</b>	<b>[Initials]</b>
<b>Members (Voting):</b>		
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
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Donna Glover	Director of Adult Services, London Borough of Bromley	DG
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Lisa Thompson	Director of Children and Young People's Services, Oxleas NHS Foundation Trust	LT
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
James Watts	Site Director of Operations, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	JW
<b>Members (Non- voting):</b>		
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Hannah Josty	Vice-Chair, London wide Local Medical Committees and London Wide Enterprise Ltd	HJ
Helen Norris	Chair, Bromley Healthwatch	HN
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Dr Ruth Tinson	Co-Chair, London wide LMCs and London Wide Enterprise Ltd	RT
<b>In Attendance:</b>		
Gemma Alborough	Business Support Lead - Bromley, NHS South East London	GA
Christine Harris	Business Support/PA – Bromley, NHS South East London	CH
David Harris	Associate Director of Finance, NHS South East London	DH
Raj Matharu	Chief Executive Officer, Community Pharmacy South East London	RM
Kelly Sylvester (Item 10)	Head of Community Commissioning, London Borough of Bromley	KS
Elliott Ward (Item 6)	Associate Director, Strategy Development and Delivery, One Bromley	EW



**Apologies:**

**Members (Voting):**

Richard Baldwin	Director of Children’s Services, London Borough of Bromley	RB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Angela Helleur	Site Chief Executive, Princess Royal University Hospital, King’s College Hospital NHS Foundation Trust	AH
Helen Simmons	Chief Executive, St Christophers Hospice	HS

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<b>1.</b>	<b>Welcome, Introductions to the One Bromley Local Care Partnership Board &amp; Apologies for Absence</b>	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board.	
1.2	Apologies for absence were noted as recorded above.	
<b>2.</b>	<b>Declarations of Interest</b>	
2.1	Dr Andrew Parson reminded members to keep their declarations up to date and to declare any interests in respect of the items on the agenda.	
<b>3.</b>	<b>Public Questions</b>	
3.1	No questions had been received in advance of the meeting.	
<b>4.</b>	<b>Minutes of the One Bromley Local Care Partnership Board Meeting 25 July 2024</b>	
4.1	Dr Hasib Ur-Rub noted that in section 6.2 his comment should read ‘secondary care’ rather than ‘primary care’. This would be amended accordingly. The rest of the minutes were taken as an accurate record of the previous meeting.	
<b>5.</b>	<b>Actions for the Board</b>	
5.1	The action log was reviewed, all actions were complete.	
5.2	The Committee <b>NOTED</b> the action log.	
<b>6.</b>	<b>One Bromley Strategy and Bromley Health and Wellbeing Board Strategy Joint Implementation Plan</b>	
6.1	<p>Dr Andrew Parson noted that many colleagues would already have seen the strategies outlined within the report and slides, presenters were thus asked to summarise. It was suggested that members focus on discussing the recommendation outlined in the paper.</p> <p>Dr Nada Lemic confirmed that the proposal had been to the Health and Wellbeing Board and the One Bromley Executive. The Health and Wellbeing Board Strategy and the One Bromley Strategy had been developed to be aligned. It was therefore felt that a joint implementation plan would be a desirable and efficient way of managing this work. A small working group had met to map priority areas, noting the significant overlap. Elliott Ward and Katherine Dunlop, Public Health Trainee, had worked to bring this together.</p> <p>Elliott Ward noted that there was a challenge from the Health and Wellbeing Board and One Bromley Executive around aligning our metrics and thus aligning delivery. EW noted that colleagues would be familiar with both strategies, a delivery plan for both had been brought together into a single document. The ‘Plan on a Page’ from the slides was noted. This included a set of delivery plans, the colour coding denoted grey for joint programmes, blue for NHS led work and green for local authority led work. The work of each</p>	

	<p>programme was summarised into a single mission statement and the third column referenced the elements of the plans. It was proposed to use a set of meetings and boards to achieve the outcomes that are envisaged through the mission statements.</p> <p>EW highlighted the proposed governance structure for delivery, which included some existing meetings and boards and some which were newly created. It was suggested that the Chairmen of this Board and the Chairman of the Health and Wellbeing Board jointly write to these meetings to outline a request to formally adopt the objectives set out in the two plans and incorporate them within their work. The newly established groups on Neighbourhood Working infrastructure, Primary Care Sustainability and Improving Inequalities and Health and Wellbeing would include this request within their terms of reference as part of business as usual. The ambition was for programmes to feed up to the Boards, supported by a joint Programme Management Office (PMO). The PMO would collate highlight reports, operationally check and challenge if this work is on track and make recommendations to the Executives which may require decision to be made on what work is pursued in light of financial and resource challenges. This workstream ultimately reports into the Health and Wellbeing Board and the One Bromley Local Care Partnership Board on a biannual basis on the progress of delivery.</p> <p>The continued emerging thinking around neighbourhood teams and neighbourhood working were highlighted and noted:      Tier 1 - Hyperlocal e.g. ward, practice, estate      Tier 2 - Local area e.g. town, PCN, parish      Tier 3 - Part borough e.g. collection of wards/parishes, parliamentary constituency, ICN/clusters.      Tier 4 – Full borough</p> <p>The recommendation was to approve the approach for predominantly joint implementation with named delivery vehicles leading on programme delivery reporting to both the Health and Wellbeing Board and the One Bromley Local Care Partnership Board.</p> <p>Next steps included:</p> <ul style="list-style-type: none"> <li>• Establish delivery vehicles or realign existing delivery vehicles to strategy delivery.</li> <li>• Delegate development of delivery plans</li> <li>• Confirm monitoring framework</li> <li>• Reporting through the Programme Management Office (PMO) to the Health and Wellbeing Board and the One Bromley Local Care Partnership Board.</li> </ul>	
6.2	<p>In considering the report, board members had the following comments:</p> <ul style="list-style-type: none"> <li>• Councillor Colin Smith highlighted that the font size was small on the presentation slides, making them difficult to read. Dr Bhan responded in the chat box to note this point and added that we will ensure that the font size of future slides is larger.</li> <li>• Councillor Colin Smith asked who was proposed to be setting the nature of the work that goes into the new workstreams. EW responded that a reasonable amount had been worked up at meetings such as the One Bromley Executive and amongst officers. The intention was to check and to gain support of ultimate decision making bodies on the content to be</li> </ul>	

progressed and delivered and ensure oversight. Depending on the level of work required for neighbourhood working, with limited resource there was a concern as to what this could detract from. When undertaking formative work it was asked that colleagues ensure we are not damaging other groups or programmes by diverting money to new projects as resource would be difficult moving forward, with the continued need to make best use of monies.

- Dr Nada Lemic confirmed that one of the reasons for having a joint implementation plan was to bring things together. The majority of the work outlined is already happening, and the strategy is not new. The intention was to coordinate this to make it more efficient, ensure alignment and avoid any impact on other projects. This is a good example of collaboration in Bromley and takes us a step further in coordinating and aligning workstreams.
- Mark Cheung noted that the structure outlines how we deliver the Health and Wellbeing Strategy and the One Bromley Strategy which we have already aligned as a partnership. The four new groups mentioned were being established to support and draw together workstreams in reflection of partnership working rather than creating more work or bureaucracy.
- Jacqui Scott welcomed the approach of having a joined up strategy and a tiered approach to neighbourhoods. The recent Darzi review focus on integration and out of hospital care played into strategic objective two. It was asked if groups such as the Primary Care Sustainability Group should be wider and also consider sustainability of other out of hospital services in the community, which would be key in delivering this work going forward. Digital was not featured as a delivery vehicle, JS felt this had to be front and centre. It is important that we track resources across the system and how they are being used. It was asked if we need a group established to do this and provide oversight.
- Lisa Thompson noted that the revision of the delivery plan to align with the Health and Wellbeing Strategy is sensible and a good way forward. More detail on neighbourhood tiering was requested, for example what is meant by 'multi-agency working to secure acute input to triage to avoid hospital/mental health referral'. It was also asked where Children and Young People's services sit within the neighbourhood model. It was queried if this is to be separate and where the discussions are taking place in regard to tiering at a more local level.
- Dr Hasib Ur-Rub agreed with this being the way to move forward. It was asked what and whose evidence is driving the population health and neighbourhood working approach. From a neighbourhood work point of view Fuller very much focuses on what matters to residents and what health conditions they are suffering from. Sometimes we drift away from Fuller's objectives, the two key questions are 'What is the matter with me?' and 'What matters to me?'.
- EW responded to JS' points, the broader piece about the sustainability of organisations including out of hospital services is an important one. The original piece of work had looked specifically at the challenges in primary care including estates issues and the digitalisation agenda. We have always said that there is an incredibly tight association between that and the neighbourhoods work, which encompasses a lot of the out of hospital work. The digital agenda is a key enabler, as we look at resources, we have to look at the digitalisation of our offer, this should be threaded

	<p>through each of the delivery plans. It may be that as we move forward it could be valuable to have something formal that brings those together.</p> <ul style="list-style-type: none"> <li>• MC picked up the point on digital, noting that this is essential. The presentation had focused on the key delivery vehicles rather than the other enablers which would be central to delivery including digital, estates, workforce and communications and engagement. We have some well-established groups to look at this, <b>MC to take the point about the need for more focus on digital back to colleagues for discussion and consideration.</b> In terms of resources there is no doubt that all organisations are in a difficult financial situation, the reason we are using this approach is to best make use of our limited resources. Each organisation does a lot of work individually to make savings, but it was important to consider what we can do system wide to support each other and get best value from resources. The programme management structures would help to support this, to include tracking finances and resources. The Children and Young People’s workstream has a Programme Board already in place, which works alongside this. We have good examples of how we look at children’s services across the different levels of neighbourhoods, these continue to be developed. In regard to Fuller, this was fundamental to how we developed our strategy, in order to deliver the recommendations and principles. We want to ensure patients know where to go for treatment and make pathways more seamless.</li> <li>• Dr Angela Bhan noted that there should be nothing in these two strategies that people are not already aware of as colleagues have been involved in their development for some time. There has also been patient engagement to hone what we need to do. This was a way to present the strategies together and ensure that we are using resources to the greatest effect for delivery. AB agreed that there needed to be more focus on digital and perhaps more investment needed in the technology to deliver our ambitions. There is also a huge amount of work underneath this approach to improve services and reduce variations in health, we have used the Joint Strategic Needs Assessment (JSNA) and data on population health and outcomes to drive this. It is important to take into account all the points raised and that all of us are working on this already. The tracking of resources is essential. The One Bromley Executive oversees this, but should evaluate the work against outcomes and benefits achieved and any potential disbenefit to other work areas. Existing governance systems in place should provide the required infrastructure without needing to establish many new groups.</li> <li>• Dr Andrew Parson noted that this item was not to discuss our strategies which have already been agreed and established, but rather to look at how we are going to deliver them.</li> <li>• Dr Lemic noted the importance of evidence as per Dr Ur-Rub’s earlier comment. We often talk about using evidence of effectiveness, but we also need to think of other things to evaluate this. When we deliver new programmes, we need to go back to test this. There are some conceptual issues we may need to revisit with the groups that lead on this bringing back evidence of the rationale.</li> <li>• Dr Parson noted that the Fuller recommendations were quite broad, to include the need for sustainability of primary care, integrated neighbourhood teams and same day care needs.</li> <li>• Dr Hannah Josty thanked EW for the comprehensive presentation. It was noted that the ICB is £100m in deficit and the Local Medical Committee</li> </ul>	<p>MC</p>
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	<p>(LMC) had been told that there would be a delay in investment in improving health inequalities. It was asked if the plan took into account the deficit in funding within the ICS.</p> <ul style="list-style-type: none"> <li>• Dr Bhan responded to Dr Josty’s point, noting that originally the ICS wanted to put a significant amount of monies into reducing inequalities. However this does not mean that the ICB has not invested some money, with inequalities work ongoing. Colleagues are also working on reducing variation in health and care outcomes. Working together to avoid two sets of performance management dashboards would also ensure that we make use of the resources we have to the greatest effect. There are different elements of this, there has been discussion about challenges and we will need a set of principles when considering the impact of investment in one area of work compared to another. If we do not undertake transformation we will just carry on as we are, it is essential that we look at more cost effective options which deliver the same outcomes. Dr Bhan noted many previous discussions on prevention, this is often more cost effective than treatment. We will not get on top of any of these issues unless we work together on our strategic priorities.</li> <li>• Donna Glover expanded on Dr Lemic’s point around the ‘sense check’ on what the people and residents of Bromley will want to see locally. It was asked if we as a group are satisfied that the voice of people with lived experience is present enough across all the various delivery vehicles to provide that sense check.</li> <li>• Dr Lemic agreed with the point and noted that engagement with residents is crucial. We already have a good system, with most meetings having representation and communication and engagement with relevant population groups.</li> <li>• Dr Parson thanked colleagues for an interesting discussion. It was noted that we are honing principles we wish to be met as we deliver this strategy, so that we can check that we are delivering in a joined up way, engaging with communities and making best use of resources. As the collective group responsible for delivery of the strategies, these were important questions to continue to ask.</li> <li>• We will continue to hear updates about delivery at this meeting and through various other groups.</li> </ul>	
6.3	<p>The Committee <b>APPROVED</b> the approach for predominantly joint implementation with named delivery vehicles leading on programme delivery reporting to both the Health and Wellbeing Board and the One Bromley Local Care Partnership Board.</p>	
7.	<p><b>Partnership Report</b></p>	
7.1	<p>Dr Angela Bhan introduced the Partnership Report. The following topics from the report were highlighted:</p> <ul style="list-style-type: none"> <li>• Work is underway across all organisations to prepare for winter including the rollout of vaccination programmes.</li> <li>• There are a number of awards and accolades that organisations have won or been nominated for. Bromley Healthcare are nominated for two Health Service Journal Awards – one for workforce and the other for clinical leadership. The B-CHIP programme has been nominated for a parliamentary award. Our work on personalised care plans in care homes is to be presented to the British Geriatrics Society.</li> </ul>	
7.2	<p>In considering the report, board members had the following comments:</p>	

	<ul style="list-style-type: none"> <li>• Mark Cheung updated on recovery from the Synnovis cyberattack incident. It was recognised how difficult this has been for all partners in the borough and across South East London more broadly. We are progressing to restoration and recovery. Last Tuesday, Bromley started to transition back from the mutual aid provider to Synnovis. Tests are now being sent back to the Princess Royal University Hospital (PRUH). We are also expecting to move pathology testing to the new Hub located at Blackfriars. There is a large backlog of blood tests and work has started to get through those still waiting for routine blood tests. We have capacity for urgent and important tests, with shorter waiting times in place.</li> <li>• Paulette Coogan added an additional update which was not included in the written report. The Bromley Partnership Recruitment Fair would take place on Wednesday 23<sup>rd</sup> October at Bromley United Reform Church from 2-6pm. This would connect our community with job and volunteering opportunities. One Bromley organisations would take part alongside others including the London Fire Brigade, the Police and MyTime Active. Social media campaigns were planned, and advertising would be shown on electronic screens at the Glades. It was asked that the message about the event is spread widely and PC thanked colleagues for their support.</li> <li>• David Walker updated that the new Bromley Well Impact Report would be issued in the coming days. Bromley Well have seen a significant increase in queries in the approach to winter, particularly relating to pensions and winter fuel allowance for older people. There was also pressure on physical disabilities services. There were plans to reissue the Warm Bank map in mid-November. It had been thought that demand may dip this winter, but this has not been seen so far.</li> <li>• Dr Parson thanked colleagues for their contributions.</li> </ul>	
7.3	The Committee <b>NOTED</b> the Partnership Report.	
<b>8.</b>	<b>Pharmacy First Update</b>	
8.1	<p>Raj Matharu gave an update on Pharmacy First. The following points were noted:</p> <ul style="list-style-type: none"> <li>• Pharmacy First forms part of the Primary Care Recovery Plan alongside the Contraception Service and the Hypertension Screening Service. It was primarily designed to move low acuity minor ailments consultations into community pharmacy. This approach was developed pre-pandemic; however delivery of health care had changed since and this is part of the reason there are low referral numbers in Bromley.</li> <li>• Working alongside the ICB, Community Pharmacy Neighbourhood Leads have engaged with PCN Clinical Directors and GP surgeries to provide training for frontline primary care staff on how to use the local services button on EMIS. We are unfortunately not seeing a high level of referrals in Bromley, with one of the lowest uptakes in London. It was difficult to know how to tackle this. RM had attended the GP Academic Half Day last week, there was some confusion about Pharmacy First as this has been rebranded. There are some elements of the service that allow patients to walk into a pharmacy for care (Pharmacy First 7 Clinical Conditions) and others that require a GP referral (Pharmacy First Minor Ailments). There are also some urgent supply medicines that can be accessed through 111 or online through their website where appropriate. The branding and patient pathway design had made this confusing for patients. Referrals to the service were crucial as without these, community pharmacy cannot access the funding attached to Pharmacy First, which would have an impact on</li> </ul>	

	<p>how community pharmacy can move forward. RM believed that a clear message needed to go back to NHS England (NHSE) that the number of clinical conditions that could be treated in the service needed to be increased. This would reduce the workload in general practice and give patients more choice of where they could access healthcare.</p>	
<p>8.2</p>	<p>In considering the presentation, members raised the following points:</p> <ul style="list-style-type: none"> <li>• Dr Andrew Parson noted that this is a service that had been rolled out without a huge spotlight and which is trying to fit into the existing network of services within primary and community care. Resource is dependent on activity in order to make this sustainable. RM and other colleagues had undertaken a huge amount of work on this rollout and to try and increase referrals.</li> <li>• Harvey Guntrip thanked RM for the update and noted that this topic often comes up in discussions at the Primary Care Group. Many people in the borough are used to going to a particular pharmacy to collect prescriptions, and they often build up a rapport with an individual pharmacist resulting in more confidence to ask questions. It was asked if a preferred pharmacy could be nominated and whether this would further raise confidence among the public and primary care in attending or referring to the service.</li> <li>• Dr Claire Riley noted that general practice enjoys working closely with community pharmacy colleagues. Community pharmacy is an important resource for patients. Discussions on the service had taken place with PCN Clinical Directors and it was felt that a significant barrier to referral was the detailed referral form which included the need for clinical information. Dr Riley supported the proposal of a communication going back to NHSE to note this. We want patients to be able to access timely care locally to them and the need for a GP referral acts as a barrier and clogs up the GP triage system for patients that could go directly to their pharmacy.</li> <li>• Helen Norris echoed Dr Riley's comments and noted that she had had a similar discussion with her GP, who had also highlighted the long referral form. It was sometimes easier for a GP to speak to the patient themselves and issue a prescription where needed.</li> <li>• Dr Parson highlighted the huge amount of messaging over previous winters to direct patients to their community pharmacy where appropriate. We have a population who use pharmacy services. If they are being told they have to go back to their GP to use the service, this results in a contradiction. It was felt helpful to feed this message back nationally.</li> <li>• RM agreed that community pharmacies have a close working relationship with their patients. The Pharmaceutical Needs Assessment had shown that patients tend to use more than one pharmacy; whilst many have a nominated pharmacy, they may go to another where they can access services not available there. RM agreed with Dr Riley's point, this service needs to develop and evolve to include simplification of the patient pathway. Funding is key to the continuation of community pharmacy, so referrals were especially important. The closure of pharmacies was increasing, and this could lead to less access for patients and increased pressure on local systems.</li> <li>• Dr Ur-Rub thanked RM for the presentation, noting that pharmacies are an incredible support to communities and primary care. He raised an issue about 'holding a patient,' for example where a patient is given advice or treatment but does not get better in the expected timeframe, should they</li> </ul>	

	<p>go back to pharmacy or be referred back to general practice. Once the data was available it would be interesting to see how many patients are coming back to general practice following a first visit to pharmacy and whether this may be able to be reduced should there be a system to allow the pharmacy to hold the patient in the service a bit longer where appropriate.</p> <ul style="list-style-type: none"> <li>• Dr Riley echoed how important community pharmacies are to patients, we do not want to lose these due to lack of funding. It was asked if there was any local work to resolve the issues. It was also important to send a strong message back to NHSE in collaboration with other SEL and London boroughs if they are experiencing similar issues, particularly going into winter.</li> <li>• RM responded to HU-R on the point around holding patients in the Pharmacy First service. In the first months of the rollout there was a misunderstanding that patients could come to the service to be prescribed antibiotics. There is a strict protocol with a gateway to provide these under patient group directives. RM usually suggests to patients that they come back after five days if they do not feel better following the pharmacy advice and over the counter medication, to consider what further action is required. Around 70% of patients using the services are advice only with over the counter medicines. Figures on antibiotics are being analysed by NHS Business Services Authority. The referral rate back to general practice was around 10% of consultations.</li> <li>• RM responded to CR's points and noted that the ICB is looking to work with EMIS to enable an online consultation option on general practice websites, however this would still require GP approval to send patients to the pharmacy of their choice.</li> <li>• Dr Parson gave thanks for the update, noting that this conversation would continue outside of the meeting as part of the work around primary and community care.</li> </ul>	
8.3	The Committee <b>NOTED</b> the Pharmacy First Update.	
9.	<b>Finance Month 4 Update Report</b>	
9.1	<p>David Harris presented the Month 4 2024/25 Finance Report, which was taken as read. The following highlights were noted:</p> <p><u>SEL ICB Month 4 Financial Position</u></p> <ul style="list-style-type: none"> <li>• The SEL ICB financial allocation as at month 4 was £4,499,108k.</li> <li>• As of month 4 the SEL ICB is forecasting that it will deliver a year-end position of break-even.</li> <li>• 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.</li> </ul> <p><u>Bromley ICB/LCP Month 4 Financial Position</u></p> <ul style="list-style-type: none"> <li>• The 2024/25 Bromley ICB/LCP place budget at month 4 was £254,971k.</li> <li>• The borough is reporting an underspend of £18k at Month 4 and is forecasting a £4k underspend at year end.</li> </ul> <p>There are several financial risks that could have an adverse impact upon the Bromley ICB Place budgets in 2024/25, the three main areas were noted:</p>	



	<ol style="list-style-type: none"> <li>1. Mental Health CPC Placements - 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.</li> <li>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 home 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.</li> <li>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 regard to the ongoing delivery of the current position.</li> </ol> <p>David Harris welcomed any questions from members of the board.</p>	
9.2	<p>In considering the report, members had the following questions and comments:</p> <ul style="list-style-type: none"> <li>• Lisa Thompson asked about the costs for private diagnostic assessment of ASD and whether this was around patients exercising their right to choose a private provider.</li> <li>• David Harris confirmed that this was what the cost related to, costs had been increasing gradually over the last two years.</li> <li>• Lisa Thompson noted that it may be interesting to separate out how much the cost is, as this may be more expensive than investing that money elsewhere.</li> <li>• DH responded that the forecast overspend within the mental health position relating to that area is around £70k.</li> <li>• Dr Parson asked if this is differentiated between CYP and Adult services.</li> <li>• DH confirmed he would be able to get this information. Dr Parson suggested that it would be useful for relevant colleagues to feed this into discussions of these areas for follow up.</li> <li>• Harvey Guntrip assumed that the increase in private diagnosis for ASD and ADHD may coincide with the start of a new school year when schools require evidence for submitting Educational Health and Care Plans to access funding for support. It would be useful for the One Bromley system to look at this and consider what is going on in schools.</li> <li>• MC noted that this is an issue across SEL more broadly, linked with a number of factors including timing and waiting lists. This was an active ongoing discussion at SEL level and beyond.</li> <li>• Jacqui Scott asked if it is possible to include a high level schedule to detail what system saving plans are. Each organisation has their own efficiency plans and there is also ongoing SEL sustainability work. It would be useful to see these lined up, in order to understand the impact.</li> <li>• David Harris responded that <b>this information could be included for Bromley within the report moving forward.</b></li> <li>• Councillor Diane Smith asked how we have managed to secure the underspend on prescribing in light of the overspend last year and whether</li> </ul>	DH

	<p>there is anything we have done differently that we can share with partners in SEL.</p> <ul style="list-style-type: none"> <li>• Dr Bhan noted that a large amount of work has been undertaken to try and understand this. It is not entirely clear why there is a difference between Bromley and the other boroughs, we may be seeing a delayed effect rather than a confirmed end of year saving.</li> <li>• Mark Cheung noted that we are the only SEL borough underspending at present, this is expected to reduce in light of pressures across SEL. Historically Bromley have been particularly good at managing our prescribing costs, we overspent by the lowest percentage across SEL last year. We undertake a lot of operational work, to include visits to practices and community pharmacists working directly in practices to undertake switches where appropriate. There were discussions underway to consider how to continue this, in light of the changes to the Medicines Optimisation team following the Management Cost Reduction process. There may be some cost pressures that have not reached us yet, we have also seen a significant QIPP saving on anticoagulation treatments. This was due to the fact that there is a different model in Bromley. The BGPA provide a community anticoagulation service, meaning patients are switched more quickly and efficiently. This was better for patients and more cost effective. There have also been significant price cuts on these medications internationally which has also had an impact. Bromley are sharing learning and information with other boroughs.</li> <li>• Donna Glover picked up the point around CHC and the increasing number of people with entitlement to continuing healthcare funding. There had been a discussion at the SEL Director of Adult Services meeting on driving up better value in commissioning in terms of the unit cost for individuals. It was asked what the view was as to the potential for managing growth through that route.</li> <li>• David Harris noted that often demand outstrips supply, where potentially we would like to negotiate better prices, it is often difficult to do so at the risk of losing the bed.</li> <li>• Sean Rafferty highlighted existing work underway across the Bromley ICB and Local Authority around continuing healthcare for patients with learning disabilities and mental health. There was potential for better value by reviewing packages of care, which we have already done previously, leading to significant savings over the last three years. SEL colleagues were putting forward this approach as part of efficiencies and we are in agreement with this in Bromley.</li> </ul>	
9.3	The Committee <b>NOTED</b> the Month 4 2024/25 Finance Report.	
<b>10.</b>	<b>Updates to the Bromley NHS Act 2006 Section 75 Agreement for 2024-25</b>	
10.1	<p>Dr Parson welcomed Kelly Sylvester to the meeting, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Kelly Sylvester noted that the Section 75 agreement had been in place since 2014. This is a means for the ICB and Local Authority to capture jointly commissioned services. The report comes to this meeting annually, the schedule of services was in the appendix.</li> <li>• It was noted that there were no major changes for this year, most amends related to salaries. This represents an increase in funding.</li> <li>• Most projects on the section 75 are covered by the Better Care Fund (BCF). There had been no projects that had to go to the committee in the local authority or to the Executive.</li> </ul>	

10.2	Dr Parson gave thanks for the informative report. There were no comments or queries raised.	
10.3	The Committee <b>NOTED</b> the updates to the Bromley NHS Act 2006 Section 75 Agreement for 2024-25.	
<b>11.</b>	<b>Primary Care Group Report</b>	
11.1	Harvey Guntrip took the report as read. There had been successful meetings undertaken. There were no comments or questions raised.	
11.2	The Committee <b>NOTED</b> the Primary Care Group Report.	
<b>12.</b>	<b>Contracts and Procurement Group Report</b>	
12.1	<p>Sean Rafferty reported to the committee, highlighting an error in the report. A contract was awarded for transvaginal scanning, where earlier in the report it had noted that no contracts were awarded.</p> <p>The following comments and queries were noted:</p> <ul style="list-style-type: none"> <li>Jacqui Scott noted that Bromley Healthcare had also recently reprocured their interpretation contract and wondered if there would be an opportunity to do this jointly in the future.</li> <li>Sean Rafferty responded that this is an important point. We need to create the communications to ensure all organisations are aware of upcoming procurements to see if there are opportunities to join up with other partners. <b>Sean Rafferty agreed to share the forward plan of all procurements being considered by the ICB with this committee.</b></li> </ul>	SR
12.2	The Committee <b>NOTED</b> the Contracts and Procurement Group Report.	
<b>13.</b>	<b>Performance, Quality and Safeguarding Group Report</b>	
13.1	Harvey Guntrip again took the report as read, noting that the committee continued to develop and invited any questions. There were no questions or comments from members.	
13.2	The Committee <b>NOTED</b> the Performance, Quality and Safeguarding Group update.	
<b>14.</b>	<b>Any Other Business</b>	
14.1	There was no other business raised. Councillor Colin Smith drew the meeting to a close. The next meeting would take place at the new Bromley Civic Centre in Bromley South, <b>Councillor Smith would confirm if this would be in the Council Chamber or a side room.</b>	CS
<b>15.</b>	<b>Appendix 1: Glossary of Terms</b>	
15.1	The glossary of terms was noted.	
<b>16.</b>	<b>Date of Next Meeting:</b> Thursday 28 <sup>th</sup> November 2024 at 09.30am	

## One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
35.	6.2: One Bromley Strategy and Bromley Health and Wellbeing Board Strategy Joint Implementation Plan – MC to take the point about the need for more focus on digital back to colleagues for discussion and consideration.	26.09.2024	Mark Cheung	28.11.2024	<b>Closed</b>	Enabler groups are being updated and established as part of the delivery programme for the One Bromley strategy. A One Bromley wide digital strategy group will be set up to take forward the digital agenda across the partnership and will report through to the One Bromley Executive.
36.	9.2: Finance Month 4 Update Report– DH to include a high level schedule detailing system savings plans for Bromley in future Finance reports.	26.09.2024	David Harris	28.11.2024	<b>Closed</b>	High level savings schedule in the finance report.
37.	12.1: Contracts and Procurement Group Report – SR to share the forward plan of all procurements being considered by the ICB with this committee.	26.09.2024	Sean Rafferty	28.11.2024	<b>Closed</b>	A procurement pipeline is included in <i>Enclosure 10 at Appendix A</i> in the Contracts and Procurement Report.
38.	14: Any Other Business – Councillor Colin Smith to confirm if the November LCPB meeting would take place in the Council Chamber or a side room at the new Bromley Civic Centre site at Bromley South.	26.09.2024	Councillor Colin Smith	28.11.2024	<b>Closed</b>	The meeting will take place in the Council Chamber at the new Bromley Civic Centre site.

## One Bromley Local Care Partnership Board

**DATE: Thursday 28<sup>th</sup> November 2024**

<b>Title</b>	<b>One Bromley Executive Terms of Reference</b>	
This paper is for <b>approval</b>		
<b>Executive Summary</b>	<p>The One Bromley Executive terms of reference are subject to minor changes, which are highlighted.</p> <p>Angela Helleur, Chief Executive at the PRUH has taken over as chair of the Executive, with a formal deputy to be confirmed.</p> <p>Some wording has been developed to confirm the joint nature of work undertaken through the One Bromley partnership, and to encourage individual partner organisations to bring to the committee, initiatives and programmes that may impact on other agencies</p>	
<b>Recommended action for the Committee</b>	To approve the revised terms of reference.	
<b>Potential Conflicts of Interest</b>	None apart from those recorded in the COI register.	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	N/A
	<b>Equality impact</b>	
	<b>Financial impact</b>	
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	Internal governance meeting that does not require public engagement.
	<b>One Bromley Stakeholder Discussions</b>	None
<b>How does your project link into sustainability work?</b>	N/A	
<b>Which of the following One Bromley</b>	Improve population health and wellbeing through prevention and personalised care.	X

Operating Priorities does your project align to?  <i>(Please place an X in the box next to all that apply).</i>	High quality care closer to home delivered through our neighbourhoods.	X
	Good access to urgent and unscheduled care and support to meet people's needs.	X
Author:	Dr Angela Bhan, Bromley Executive Lead	
Clinical Lead:		
Executive Sponsor:	Dr Angela Bhan, Bromley Executive Lead	

## *One Bromley Executive*

### *Terms of Reference*

Chair: **Site Chief Executive, PRUH**

Accountable to: One Bromley Local Care Partnership Board

Reporting to: Local Care Partnership Board Version: 5.0, amended Oct 2024

#### **1. Introduction**

- 1.1 Integrated Care is central to the delivery of the NHS Long Term Plan by bringing together local organisations to redesign care and improve population health creating shared leadership and action.
- 1.2 The Health & Care Act (2022) establishes an Integrated Care System (ICS) Partnership for South-East London (SEL). Within each ICS, placed based partnerships will lead the detailed design and delivery of local integrated services.
- 1.3 Health & Social Care organisations in Bromley have agreed to work together to enhance and improve the range, quality and effectiveness of services available to local people. Working as a single system, the One Bromley Local Care Partnership (LCP) intend to develop a strategy in common and jointly direct the resources, skills and assets available within Bromley in a coordinated way to achieve better outcomes.
- 1.4 The One Bromley Executive is the executive and operational management forum for this collaborative initiative at a Borough LCP level. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership.
- 1.5 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the One Bromley Executive.

#### **2. One Bromley Five Year Strategy**

- 2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care

Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and a more holistic approach to people's needs.

2.2 The strategy sets out three key priorities on this:

- 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

2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services.
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

2.4 Five priority programmes are set out to support the delivery of the three key priorities

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes
4. Primary care sustainability.
5. Integrated Urgent Care.

2.5 The One Bromley Executive will have the overall responsibility for the monitoring and delivery of objectives and programmes set out in the One Bromley Five-Year Strategy, including enablers

### 3. Purpose



- 3.1 The purpose of the **One Bromley Executive** is to provide senior leadership and management for the Local Care Partnership across both the health & care system. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership. The remit of the Executive is to deliver strategies and plans agreed by the One Bromley Local Care Partnership (LCP) Board. The Executive will also have oversight on local system performance, quality and risk management.
- 3.2 The One Bromley Executive will have overall responsibility for the monitoring and delivery of the One Bromley Five Year Strategy and the associated transformation programmes across all parts of the One Bromley system. In addition to these programmes, the Executive will also drive forward enabling workstreams, including population health management, workforce, digital and estates. Reporting to the Executive will be supported through the Programme Management Delivery Team. **It is therefore expected that all partner organisations will share key pieces of work at the Executive and engage with other partners to co-produce relevant initiatives, developments and to deliver plans.**
- 3.3 The One Bromley Executive will report into the One Bromley LCP Board. The **LCP Board** is a 'committee' of SEL ICS with delegated authority to take local decisions about ICS NHS body resources.
- 3.4 The One Bromley Executive will be supported by the **One Bromley Clinical & Professional Advisory Group (CPAG)** which will provide multi- professional advice to support the aims of improving local population outcomes. The CPAG is made up of individuals who have clinical or professional leadership roles form across Bromley.

#### 4. Duties

- 4.1 **Provide placed based leadership for the high level management and delivery of local services:** Responsibility for the development, implementation and collective delivery of One Bromley transformation programmes and service requiring leadership and co-ordination at a local level.
- 4.2 **Contribute to the development and implementation of strategies as agreed by One Bromley partners:** Formulate and implement strategies for the effective planning and delivery of placed based service to meet the needs of the local population. To have collective outputs and outcomes in place.
- 4.3 **Enhance partnership and integrated working across health & social care:** Improving communication and response across One Bromley partner organisations by working as a collective and collaborative partnership.

- 4.4 **Effectively manage performance & risk:** Ensuring robust mechanisms are in place to support the effective monitoring and delivery of One Bromley programmes, including performance and outcomes against plans, evaluation and learning and the implementation of remedial action and risk management where this is required.
- 4.5 **Promote and encourage commitment to One Bromley value based principles as set out in the One Bromley Five Year Strategy. We will**
- **Embed One Bromley priorities** into our own individual organisation's priorities.
  - **Engage within our organisations** on our priorities (development and delivery) at all levels.
  - **Work together as one team across organisations** by empowering our staff to work together for the benefits of patients and service users.
  - **Pool our insight and expertise** to develop creative ways of delivering care and support.
  - **Harness the power of our communities** so residents are empowered in their personal care and health decisions, in shaping services to meet local needs and being part of resilient communities.
  - **Allocate resources differently** shifting resources in Bromley on an agreed basis to areas where they could have greatest effect and reducing duplication.

## 5. Status, Responsibilities & Accountabilities

- 5.1 The One Bromley Executive is established by the partner organisations and demonstrates their commitment to work collaboratively to improve the health and wellbeing of local people.
- 5.2 Each of the partner organisations remain sovereign bodies. The One Bromley Executive is not a separate legal entity and may only operate within the parameters agreed by all participants.
- 5.3 The One Bromley Executive will:
- Promote and encourage commitment to One Bromley principles and objectives
  - Implement LCP strategies as agreed by the LCP Board
  - Oversee the development and progression of LCP initiatives in Bromley
  - Enhance partnership and integrated working across health & social care
  - Effectively manage performance and risk in relation to the LCP transformation programme
- 5.4 The One Bromley Executive will be responsible for:

- Delivering a local strategy for the integration of health and care services in Bromley This includes but not limited to the following priority areas:
  - Implementation of the Bromley Hospital @ Home/ virtual ward scheme
  - Enhancing the Proactive Care pathway
  - Delivering a community ambulatory frailty service
  - Bringing together End of Life health & social care into a single integrated offer
  - Collectively, system resilience for Winter including high demand/ frequent A&E attenders
  - Work together as a single system to manage the One Bromley Delivery Unit
  - Development and implementation of key transformation programmes
- Delivery of the enabler workstreams to enable LCP delivery in Bromley:
  - Financial & economic modelling
  - System wide business intelligence, data sharing and population health management
  - System wide outcomes and KPIs
  - Contracting risk sharing and system governance
  - Organisational and workforce development
  - Single system communication and engagement plan
  - Estates management

5.5 The One Bromley Executive is accountable to the LCP Board.

## 6. Membership and attendance

6.1 The membership is comprised of senior executives of the organisations that are members of the One Bromley Local Care Partnership. The recently formed PCNs will be represented via PCN internally nominated representatives. This serves as the foundation of collaborative working arrangements in Bromley.

6.2 Core membership of the One Bromley Executive will include representatives of the following:

Organisation	Role
King's College Hospital NHS FT (Chair)	Site Chief Executive (PRUH)
King's College Hospital NHS FT	Director of Operations
Oxleas NHS FT	Service Director for Bromley
Bromley Healthcare	Chief Executive
Bromley GP Alliance	Chair
St Christopher's	Care Director

Bromley Third Sector Enterprise (BTSE)	Chief Executive
London Borough of Bromley	Director of Adult Services
London Borough of Bromley	Director of Public Health
SEL ICB	Borough Director
SEL ICB	GP Clinical Lead Bromley & Co-Chair of LCP Board
Bexley, Bromley and Greenwich Local Pharmaceutical Committee	Chief Officer
Bexley, Bromley and Greenwich Local Optical Committee	Chair
South-East London Local Dental Committee	TBC
PCN representative	Clinical Director
PCN representative	Clinical Director

## 7. Chair of the meeting

- 7.1 The Chair for the next two years will be the site CE of the PRUH, and nominated deputy Chair shall be selected from amongst the membership of the Executive.
- 7.2 Deputies may attend the Executive subject to prior notification to, and the agreement of, the Chair.
- 7.3 Subject to the agreement of the Chair, other officers/colleagues from the partner organisations may be invited to attend the Executive where this will directly support the work programme of the Executive.

## 8. Quorum and conflict of interest

- 8.1 The quorum of the committee is at least 50% of members.

## 9. Decision-making

- 9.1 It is ordinarily expected that decisions related to the work of the One Bromley Executive shall be achieved by consensus, within the levels of delegated responsibility held by each of the members of the Board on behalf of their respective organisations.
- 9.2 In the event that consensus agreement cannot be reached, the matter shall be referred to the LCP Board.

## 10. Frequency

- 10.1 The One Bromley Executive will meet every 2 weeks / month.
- 10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.

## 11. Reporting

- 11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

## 12. Committee support

- 12.1 A schedule of meetings will be produced to support advance diary management.
- 12.2 Administrative support for the Executive will be provided by SEL ICB. The meeting secretariat will ensure that:
- Draft minutes are shared with the Chair for approval within five working days of the meeting.
  - Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.
  - Agreement of the agenda with the Chair and Place Lead
  - Collation of papers

## 13. Review of Arrangements

- 13.1 The Terms of Reference shall be reviewed on an annual basis.

## 14. Glossary

<b>SEL</b>	South East London
<b>ICB</b>	Integrated Care Board
<b>ICP</b>	Integrated Care Partnership
<b>ICS</b>	Integrated Care System
<b>LCP</b>	Local Care Partnership, in Bromley, this is called One Bromley
<b>PRUH</b>	Princess Royal University Hospital
<b>BTSE</b>	Bromley Third Sector Enterprise

<b>BGPA</b>	Bromley General Practice Alliance
<b>CPAG</b>	Clinical and Professional Advisory Group
<b>LMC</b>	Local Medical Committees

## One Bromley Local Care Partnership Board

**DATE: Thursday 28<sup>th</sup> November 2024**

<b>Title</b>	<b>One Bromley Local Care Partnership Board Terms of Reference</b>	
This paper is for <b>approval</b>		
Executive Summary	<p>The One Bromley Local Care Partnership terms of reference are subject to minor changes, which are highlighted:</p> <ul style="list-style-type: none"> <li>• Clarity on voting members and membership of part 2 meetings</li> <li>• Clarity on officer attendees</li> <li>• Clarity on when questions will be taken from members of the public</li> </ul>	
Recommended action for the Committee	To approve the revised terms of reference.	
Potential Conflicts of Interest	None apart from those recorded in the COI register.	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	
	Financial impact	
Wider support for this proposal	Public Engagement	Internal governance meeting that does not require public engagement
	One Bromley Stakeholder Discussions	None
How does your project link into sustainability work?	N/A	
Which of the following One Bromley Operating Priorities does your project align to?	Improve population health and wellbeing through prevention and personalised care.	X
	High quality care closer to home delivered through our neighbourhoods.	X

	Good access to urgent and unscheduled care and support to meet people's needs.	x
Author:	Dr Angela Bhan, Bromley Executive Lead	
Clinical Lead:		
Executive Sponsor:	Dr Angela Bhan, Bromley Executive Lead	



**NHS South East London Integrated Care Board  
Bromley Borough  
One Bromley Local Care Partnership Committee**

**Terms of Reference**

**VERSION 3.0  
November 2024**

<b>Version History</b>	<b>Date</b>	<b>Comment</b>	<b>Status</b>
1.0	July 2022	Draft approved by One Bromley Local Care Partnership Board and SEL ICB Board	Approved
2.0	September 2023	Updated terms of reference approved by the Local Care Partnership Board Meeting 28.9.23	For approval by the ICB Board 15.11.23

**1. Introduction**

- 1.1 The One Bromley Local Care Partnership committee [the “committee”] is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and Bromley Council.

- 1.3 All members of staff and members of the ICB are directed to co-operate with any requests made by the One Bromley Local Care Partnership committee.

## 2. One Bromley Five Year Strategy

- 2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

- 2.2 The strategy sets out three key priorities on this:

- 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

- 2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

- 2.4 Five priority programmes are set out to support the delivery of the three key priorities:

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes
4. Primary care sustainability.
5. Integrated Urgent Care.

### 3. Purpose

3.1 The committee is responsible for the effective discharge and delivery of the place-based functions<sup>1</sup>. The committee is responsible for the following functions:

- a. One Bromley Local Care Partnership Board is responsible for the effective planning and delivery of place based services to meet the needs of the local population in line with the ICB's agreed overall planning processes. There is a specific focus on community based care and integration across primary care, community services and social care. The Board, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The Board will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.
  - b. The One Bromley Local Care Partnership will support and secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the One Bromley Local Care Partnership for their population and delegated responsibilities.
  - c. The One Bromley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.
- <sup>1</sup> As defined by the South East London Integrated Care Board
- d. The One Bromley Local Care Partnership will ensure representation and participation in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.
  - e. 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.

- f. This committee will have responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the ICB Board:
- Primary care services
  - Community services
  - Client group services
  - Medicines Optimisation related to community based care
  - Continuing Healthcare
- g. The One Bromley Local Care Partnership Board will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.
- h. The committee has a responsibility to manage the delivery of the annual delivery plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget and performance and for escalating to the SEL ICB if material risks to the delivery of plans are identified.
- i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out below.

## 4. Duties

- 4.1 **Place-based leadership and development:** responsibility for the overall leadership and development of One Bromley Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. One Bromley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS. One Bromley Local Care Partnership will provide Bromley based leadership, challenge, oversight and guidance to the Primary Care Oversight Group for the delivery of primary care services in Bromley. One Bromley Local Care Partnership will have oversight on the Contracts and Procurement Sub-Committee which will provide assurance on contracts and procurement activities to One Bromley Local Care Partnership and will identify and manage organisational and strategic risks related to these areas.

- 4.2 **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the One Bromley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. One Bromley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full One Bromley Local Care Partnership. Produce and implement an annual delivery plan aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery
- 4.3 **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the One Bromley Local Care Partnership. One Bromley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. One Bromley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.
- 4.4 **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary. One Bromley Local Care Partnership will ensure delegated budgets, including running costs are deployed effectively and within the agreed envelope
- 4.5 **Governance:** Responsible for ensuring good governance is demonstrably secured within and across One Bromley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the One Bromley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.

4.6 **Transformation:** To provide overall leadership, guidance and control to the local transformation programme led through the One Bromley Executive Sub-Committee, ensuring agreed outcomes are delivered.

## 5. Accountabilities, authority and delegation

5.1 One Bromley Local Care Partnership Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.

## 6. Membership and attendance

6.1 Core **voting** members of the committee will include the following:

- a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
- b. Borough Lay member
- c. Local Care Partnership Place Executive Lead
- d. Bromley Council Portfolio Holder for Adult Care & Health
- e. Director of Adult Social Care
- f. Director of Children's Services
- g. Director of Public Health
- h. Two PCN Clinical Directors with one vote between them
- i. Bromley Healthcare
- j. Oxleas NHS Foundation Trust
- k. King's College Hospital NHS Foundation Trust
- l. VCSE sector, BTSE
- m. St Christopher's Hospice
- n. Bromley GP Alliance

6.2 Non-voting members in attendance, for Part 1, will include:

- a. Local LMC representative
- b. Local Healthwatch representative

6.3 Officers in attendance

- a. Assistant Director (LBB) and Director (ICB) of Integrated Planning and Commissioning
- b. One Bromley Integrated Care Programme Director
- c. One Bromley Borough Director of Organisational Development
- d. SEL ICB Associate Director of Finance

The SEL ICB Accountable Officer, Chief Financial Officer and other South East London ICB executive directors may attend, as may Bromley Council's CEO, and other relevant senior officers from Bromley Council. Unless specifically invited to do so, only voting members or their alternates and relevant officers will normally attend part 2 of the meeting.

## **7. Chair of the meeting**

The meeting will be chaired jointly by One Bromley Local Care Partnership Senior Clinical Director and the Leader of Bromley Council.

If the presiding chair/chairman is temporarily absent, for example on the grounds of conflict of interest, a deputy chair/chairman shall be identified and preside.

## **8. Quorum and conflict of interest**

8.1 The quorum of the committee is at least 50% of the following must be present:

- a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
- b. Borough Lay member
- c. Local Care Partnership Place Executive Lead
- d. Local authority Portfolio Holder for Adult Care & Health
- e. Director of adult social care
- f. Director of children's services
- g. Director of public health
- h. Two PCN Clinical Directors with one vote between them
- i. Bromley Healthcare
- j. Oxleas NHS Foundation Trust
- k. King's College Hospital NHS Foundation Trust
- l. VCSE sector, BTSE
- m. St Christopher's Hospice
- n. Bromley GP Alliance

8.2 In the event of quorum not being achieved, matters deemed by the chairs/chairmen to be 'urgent' can be considered outside of the meeting via email communication.

8.3 The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chairs/chairmen.

8.4 The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life, the Nolan Principles which are

selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

- 8.5 Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

## 9. Decision-making

- 9.1 The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members (the voting members of the committee) and the Chairs/Chairmen are the voting members of the One Bromley Local Care Partnership. Core members are expected to have a designated deputy who will attend the formal One Bromley Local Care Partnership meetings with delegated authority as and when necessary.

## 10. Frequency

- 10.1 The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this. When meeting in public, One Bromley Local Care Partnership will be open to public questions submitted in writing three days in advance of the meeting. Questions will generally be answered at the start of the meeting
- 10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair/Chairman and meeting secretariat.
- 10.4 Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

## 11. Reporting

- 11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.



- 11.2 The committee will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 11.3 The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.
- 11.4 For the purpose of performance assurance for contracts delegated to the borough from the ICB Board; to report to the ICB's Integrated Governance and Performance Committee on risks, performance variance and the actions planned to deliver and sustain improvement.

## 12. Committee support

- 12.1 The embedded governance and admin team will provide business support to the committee. The meeting secretariat will ensure that:
- Papers for the meeting will be issued at least 5 working days before each meeting.
  - Compilation of the annual work plan is produced
  - Agreement of the agenda with the Chairmen and Place Executive Lead
  - Collation of papers
  - Collation of a glossary for each meeting

## 13. Review of Arrangements

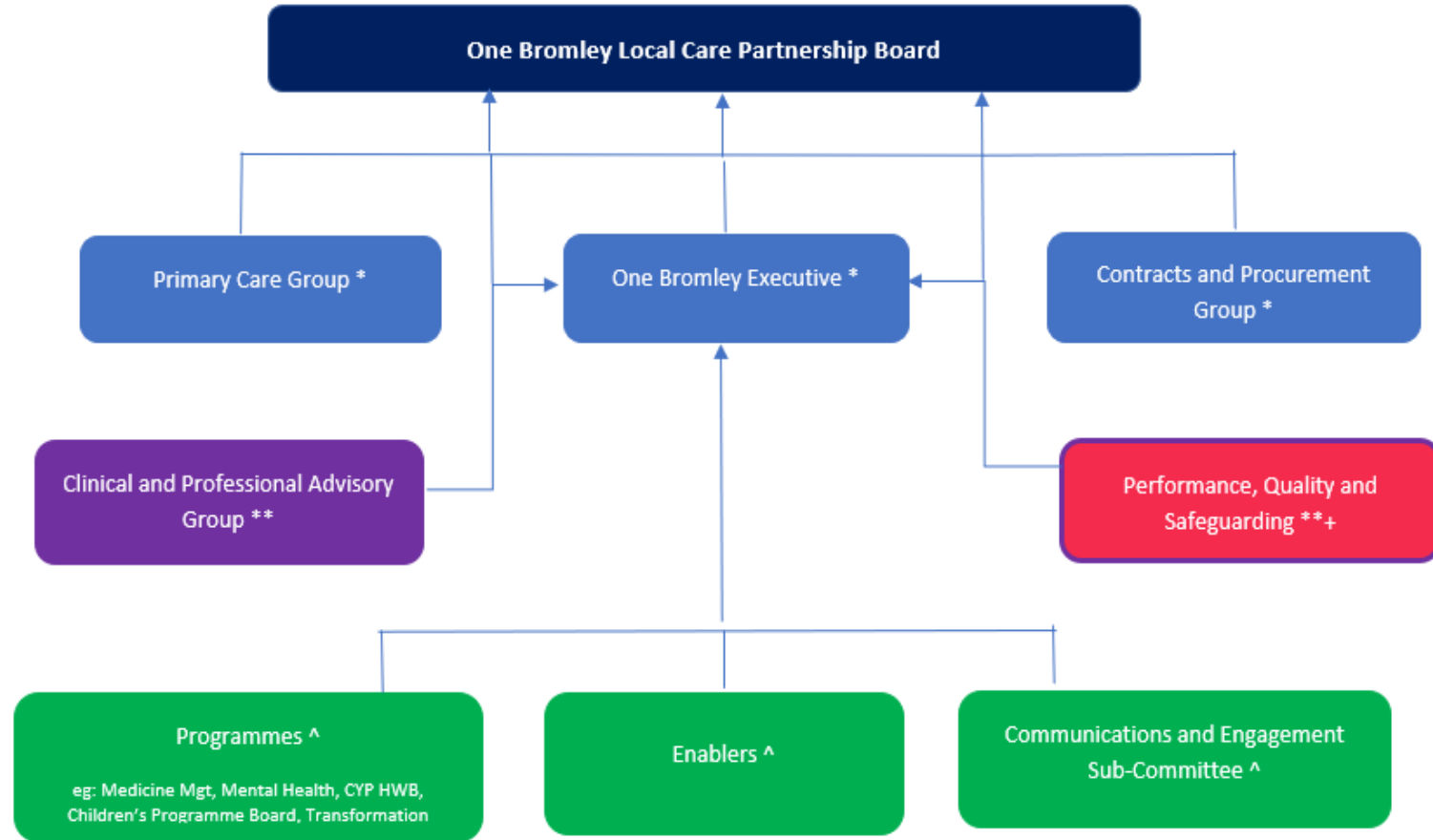
- 13.1 The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

## 14. Glossary

<b>CCG</b>	Clinical Commissioning Group
<b>SEL</b>	South East London
<b>ICB</b>	Integrated Care Board
<b>ICP</b>	Integrated Care Partnership
<b>ICS</b>	Integrated Care System
<b>LCP</b>	Local Care Partnership, in Bromley, this is called One Bromley
<b>KCH</b>	Kings College Hospital
<b>PRUH</b>	Princess Royal University Hospital
<b>BTSE</b>	Bromley Third Sector Enterprise
<b>VCSE</b>	Voluntary Community Sector Enterprise
<b>BGPA</b>	Bromley General Practice Alliance
<b>PCOG</b>	Primary Care Oversight Group

<b>CPAG</b>	Clinical and Professional Advisory Group
<b>LMC</b>	Local Medical Committees

## Structure for One Bromley Local Care Partnership (LCP) Board and Sub-Committees



**Key**

- \* Reports directly to One Bromley LCP Board
- \*\* Reports to One Bromley LCP Board and Executive
- + Assurance and decision-making Committee
- ^ Sub-Committees report to One Bromley Executive

# One Bromley Local Care Partnership Board

DATE: Thursday 28<sup>th</sup> November 2024

<b>Title</b>	<b>Winter Plan 2024/25</b>	
This paper is for <b>information /discussion</b>		
Executive Summary	<p>The Winter Plan for 2024/25 outlines a strategic approach to ensure Bromley’s health and social care system is resilient and responsive during the challenging winter period. Centred on three pillars—increasing system capacity, managing seasonal pressures, and strategic information sharing and escalation—the plan builds on prior successes while addressing emerging needs.</p> <p>The focus on increasing system capacity includes expanding support within the Emergency Department, bolstering brokerage services to manage referrals efficiently, and ensuring alignment of discharge pathways and intermediate care capacity. These measures are designed to maintain flow and address surges in demand effectively.</p> <p>Managing seasonal pressures is a critical priority, supported by robust business continuity planning for the holiday period. Enhanced discharge processes, reablement support, and clear pathways to same-day services for primary care are key components to ensure patients receive timely and appropriate care.</p> <p>Strategic information sharing and escalation underpin the entire plan. Proactive communication campaigns will promote vital winter health messages, while regular updates to providers and rigorous performance monitoring will ensure services remain coordinated and responsive. Rapid escalation protocols are in place to address any emerging challenges swiftly.</p>	
Recommended action for the Committee	<i>Note and endorse the One Bromley Winter Plan 2024.</i>	
Potential Conflicts of Interest	Potential conflicts with Bromley GP Alliance (BGPA) and Bromley Healthcare (BHC), King’s College Hospital Hospitals (KCH) Trust as they are recipients of funding under the plan.	
Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> <li>• Delays in service delivery mitigated through phased implementation and regular monitoring.</li> <li>• Emergency capacity constraints mitigated by enhanced primary care services and expanded SDEC.</li> </ul>

	Equality impact	The plan adheres to the Health Inequalities Act and Public Sector Equality Duty (PSED) to reduce disparities in healthcare access and promote equity.
	Financial impact	Financial implications have been reviewed, with funding allocations awaiting final governance approval to ensure transparency and accountability.
Wider support for this proposal	Public Engagement	Public communications are planned to involve Age UK, local charities, and voluntary sector partners to ensure inclusivity and awareness.
	Other Committee Discussion/Internal Engagement	The plan has been discussed with One Bromley Executive, A&E Delivery Board, and Integrated Commissioning Board, who provided input and endorsements.
Author:	Troy Profit, Senior Commissioning Manager – UEC (Bromley Place)	
Clinical lead:	Puja Patel, CCPL UEC; Joseph Hague CCPL UEC (Bromley Place)	
Executive sponsor:	Dr Angela Bhan, Bromley Executive Lead	

# ONE Bromley Winter Plan 2024/25

# Learning from last winter

As we go into winter 2024/25, our strategy builds on proven successes and lessons learned from past seasons, adopting a three-pronged approach, focusing on the three pillars: Increasing system capacity, managing seasonal pressures and strategic information sharing and escalation. This year's Winter Plan' focus is to elevate the standard of care through a series of well-coordinated, deliberate improvements.

Starting with insights gleaned from last winter's challenges, the **Winter Illness Hubs**, a standout initiative from the previous winter, offered **11,300 appointments** and achieved an **87% utilization rate**, significantly reducing type 3 hospital presentations. The success of these hubs, alongside the overwhelmingly positive patient feedback, proved the effectiveness of targeted planning around same day access to urgent care.

The **Hospital at Home (H@H) programme** continues to expand, with a stronger focus on **virtual monitoring and early supported discharge**. Paediatric care, benefited due to direct access to hospital-level care from home, thus reducing unnecessary hospital visits. Furthermore, last winter, nearly half of the adult admissions to H@H were through community referrals, improving patient comfort and care continuity.

Expanding our **Consultant Connect platform** has further bridged the gap between hospital and community care, ensuring timely and effective patient management. Investments like the increase in paediatric beds and the deployment of additional resources during critical periods, such as the bank holiday weekends, helped to alleviate pressures during surges in demand.

This year, we are also introducing new initiatives to strengthen community engagement, ensuring more inclusive stakeholder involvement. We've expanded the **Medical Same Day Emergency Care (SDEC)** unit to handle a broader range of conditions and integrated additional procedure rooms to bolster our service capacity.

The planning process has been a collaborative effort, engaging multiple stakeholders to ensure that our strategies are robust and comprehensive. This approach aligns with our broader goals for a more integrated healthcare delivery across our communities.

# Winter Plan Pillars 2024/25

## **1. Increasing System Capacity and Accessibility**

- *Supporting same day access in primary and community care to avoid admission*
- *Ensuring hospital discharges pathways have sufficient capacity to meet projected demand so no one must stay in hospital longer than needed*

## **2. Managing Seasonal pressures**

- *Respiratory conditions*
- *Paediatrics and children's conditions*
- *Effective management over Christmas, New Year and bank holiday periods*

## **3. Strategic Information Sharing and Escalation**

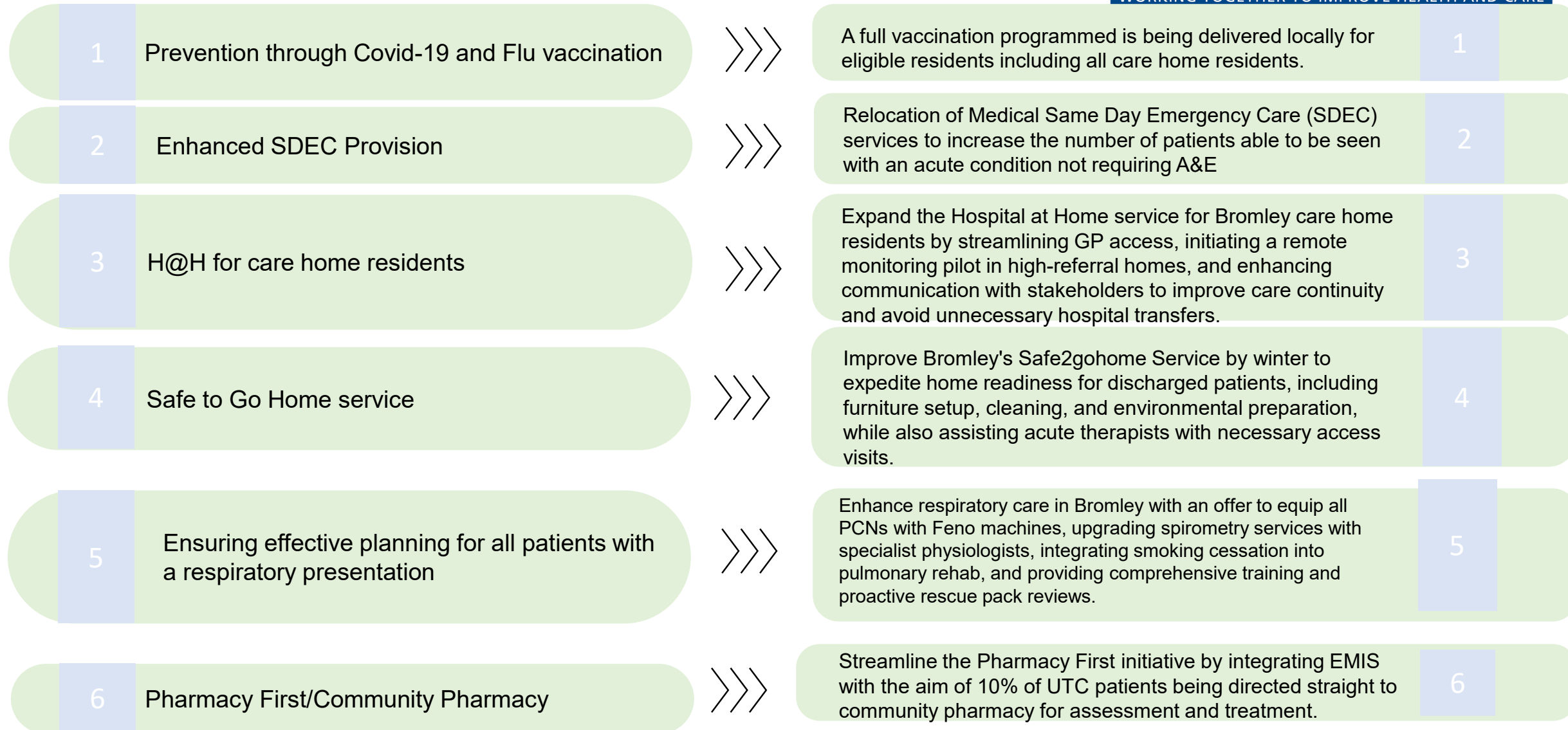
- *System Escalation*
- *Winter Communications and Engagement Campaign*



# System Commitments

Local Plans	High Quality Care Closer to Home	Home first	Frailty	High Intensity users	Same Day Access Primary Care	Effective Management of Urgent and Unscheduled Care	Inpatient Flow & Length of stay	
NHS Objectives 23/24	<ul style="list-style-type: none"> <li>Improve access to community and primary care services</li> <li>Continue trajectory to deliver 50 million more appointments in general practice</li> </ul>		<ul style="list-style-type: none"> <li>Lower occupancy rates for adult general and acute beds.</li> <li>Meet or exceed the 2-hour UCR standard consistently.</li> </ul>		<ul style="list-style-type: none"> <li>Improve A&amp;E waiting times</li> <li>Streamline direct access &amp; direct referrals</li> <li>Improve mental health service accessibility for all age groups.</li> </ul>			
UEC Recovery Priorities	<ul style="list-style-type: none"> <li>Making it easier to access the right care</li> </ul>	<ul style="list-style-type: none"> <li>Expanding care outside hospital</li> <li>Tackle unwarranted variation</li> <li>Support admissions avoidance and hospital discharge</li> </ul>		<ul style="list-style-type: none"> <li>Integrate and streamline UEC pathways, focusing on managing older people with complex needs and frailty</li> </ul>	<ul style="list-style-type: none"> <li>Increase workforce flexibility</li> <li>Maintain increased acute bed and ambulance service capacity</li> </ul>			
High Impact Interventions	<ul style="list-style-type: none"> <li>Population Health strategies for prevention and chronic condition management.</li> <li>Consultant Connect Integration</li> <li>Develop local collaborations with system partners.</li> </ul>		<ul style="list-style-type: none"> <li>Expand Access to Primary Care for Same-Day/Urgent Appointments</li> <li>Enhanced Social Care Provision</li> <li>Cross-Provider Collaboration and Problem Solving</li> </ul>			<ul style="list-style-type: none"> <li>Increase Bed Productivity and Patient Flow</li> <li>Protect and optimize SDEC and Frailty Assessment Units</li> <li>Actions to tackle long waits for children and young people with mental health needs</li> </ul>		

# Pre-Winter activity to reduce risk



# 1. Increase System Capacity to meet seasonal demand

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# Increasing System Capacity

Supporting same day access in Primary and community care avoiding admissions

## Proposed winter offer for primary care

- Re-instate the Winter illness Hubs building on learning from last year including running into the April Bank Holiday weekend, with some provision being delivered from the acute site.
- Continue to offer virtual monitoring provision through Hospital@Home for GPs to safety net unwell patients that require ongoing monitoring.
- Provide updates and evaluate the integration and success of the Consultant Connect, SDEC, Specialty and Pharmacy initiatives to ensure they contribute effectively to primary care service provision.
- Remodel of SDEC framework to include in reach from Hospital@Home
- Providing Same day social care access for patients to prevent social admissions
- Continue the delivery of consultations, which reached 29,554 as of May, to reduce A&E visits by providing remote access to healthcare.
- Providing responsive system support when staffing is a challenge in general practice



## Hospital Discharge and recovering well in the community

### Proposed winter offer for Hospital Discharge

- Increase all hospital discharge services and staffing capacity to mitigate against staff sickness and maintain maximum service provision
- Provide alternative arrangements for equipment provision to prevent hospital discharge, considering current challenges around equipment.



### Wider Strategic programmes that will launch by winter 2024 and will support safe and timely discharge

- Maintaining D2A and Home First including an enhanced care offer managed through the integrated hospital discharge arrangements locally
- Sustain H@H in-reach to maximise utilization of all available interventions, including virtual monitoring for early supported discharge
- Providing case management for the transition of patients from hospital to home at high risk of readmission
- Formalise and expand the Safe2gohome Service, proven effective in Lambeth and Southwark, into Bromley's care framework to ensure a timely transition for patients from hospital to a ready and safe home environment.

## 2. Managing Seasonal pressures

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# Managing Seasonal Demand



Seasonal condition management



- Hospital at Home features a **respiratory ward** to help patients manage conditions from home.
- Update respiratory patient care and ensure availability of rescue packs for winter.
- **Offer** for each Primary Care Network in Bromley with Feno machines to enhance respiratory diagnostics.
- Introduce an interim **TB care model** with CNS nurses and a new TB consultant for comprehensive case management.



Paediatrics and children



- Flu Vaccine for 2–3-year-olds to be rolled out in September
- Children’s Hospital at Home service to support and **monitor acutely unwell children at home.**
- **Paediatric consultant connect line** for direct referrals and advice to primary care on managing acutely unwell children
- (TBC) Address the lack of specific paediatric respiratory services at PRUH by discussing the potential to implement spirometry for children
- Undertake demand and capacity modeling for Paediatrics inpatient provision



Effective management over Christmas and New Year



Blueprint from 23-24 carried forward  
Detailed plans worked up in November



Prevention through Covid-19 and Flu and RSV vaccination



- Local vaccination program targeting **housebound individuals, care home residents, and vulnerable groups.**
- Special initiatives for **pregnant patients** and through pop-up clinics to address inequalities.
- 23 pharmacies providing on-site vaccinations.

# Care Homes Winter Support

Numerous EHCH workstreams will be implemented over winter, supporting care homes and the system through admission avoidance initiatives. Additional winter support is also planned in preparation for the increased winter pressures.

<p><b>Prevention</b></p>	<ul style="list-style-type: none"> <li>• <b>Winter vaccinations (Flu, Covid-10, RSV)</b> delivered to OP homes by GP, LD/MH homes covered by community pharmacy (3<sup>rd</sup> Oct – 20<sup>th</sup> Dec). 80% London Target. National T&amp;F Group to support any homes with mass declines during Spring campaign. SEL Comms planned for care home audience</li> <li>• <b>ECH proactive care:</b> roving Orpington wellbeing café at ECH sites, linking with BCP drop-in clinic. First clinic expected end Nov.</li> </ul>
<p><b>Admission Avoidance</b></p>	<ul style="list-style-type: none"> <li>• <b>General LAS trend analysis</b> to identify common themes to support access to services other than 999. Specific support to top 20% care homes (for LAS conveyances) via Care Home Quality Liaison Nurse to reduce avoidable 999 calls.</li> <li>• <b>NHS 111*6 promotion and engagement.</b> LAS Team to attend Sep Care Home Forum to build relationships, seek feedback etc.</li> <li>• <b>Monthly RESTORE2 training</b> (starting Sep25, provided by BETH) to upskill staff in early recognition and management of deterioration via clear and strengthened escalation pathway. <b>Homes identified with avoidable 999 activity will be prioritised for training.</b></li> <li>• <b>Universal Care Plan rollout</b> to all care homes, including ACP to ensure patients treated in right place at right time (out of hospital where appropriate). <b>Homes identified with avoidable 999 activity will be prioritised for support.</b></li> <li>• Continue strong links between <b>Frailty Assessment Unit and Bromleag Care Practice</b></li> </ul>
<p><b>Hospital Discharge – current</b></p>	<ul style="list-style-type: none"> <li>• <b>Increasing capacity in enhanced outcome-based D2A beds</b> (Coloma Court) to support recovery of patients back home</li> <li>• <b>Enhanced Support Team</b> provide post-discharge support to care homes following discharge of complex residents</li> <li>• <b>Continued Care Home engagement</b> events between the Trust and other Community providers</li> </ul>
<p><b>Comms</b></p>	<ul style="list-style-type: none"> <li>• Bromley Enhanced Health in Care Homes webpage to be hosted on SEL ICB website (from end Oct 25) as a single repository for local and national resources relating to EHCH, including winter specific updates to provide a central place for care homes to access the latest information</li> </ul>



# 3. Strategic Information Sharing and Escalation

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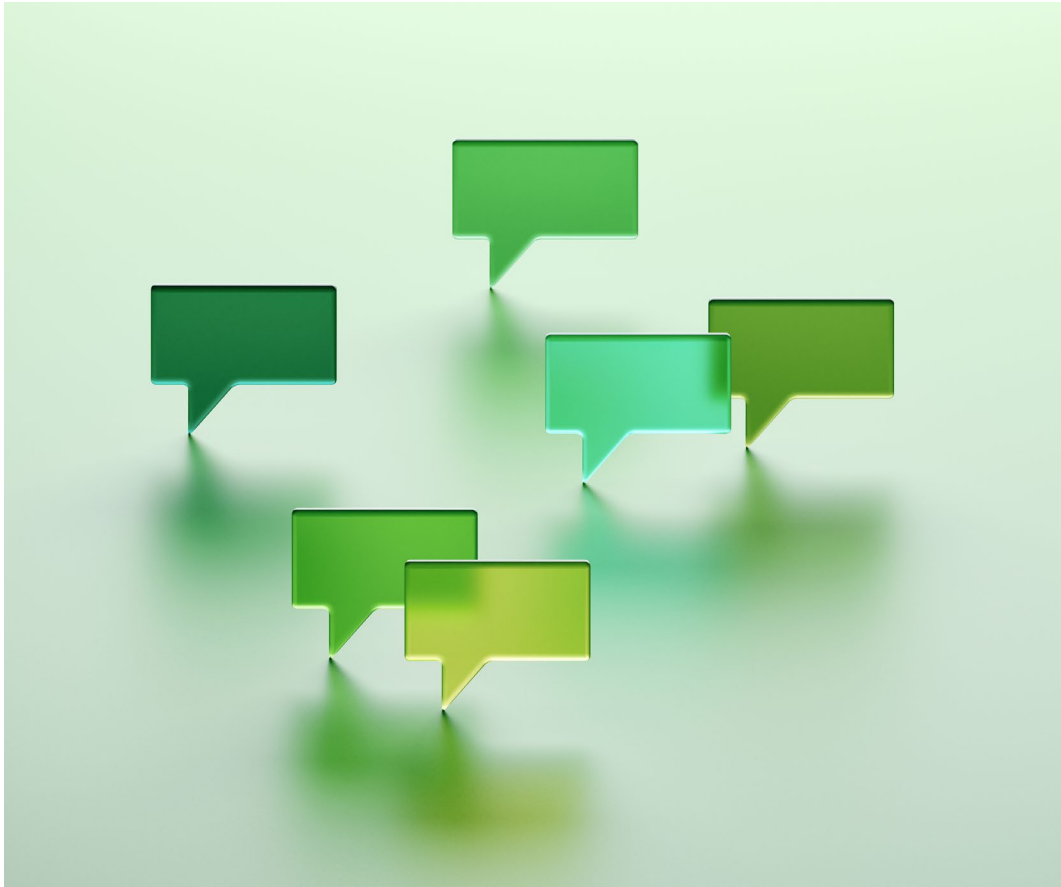
# Winter Communication Plan

This winter, our **ICS-wide communications strategy**, aligned with **NHSE national campaigns**, is designed to effectively reach diverse audiences within the health and care system. The strategy includes a pivotal campaign aimed at keeping the public informed and resilient during the colder months.

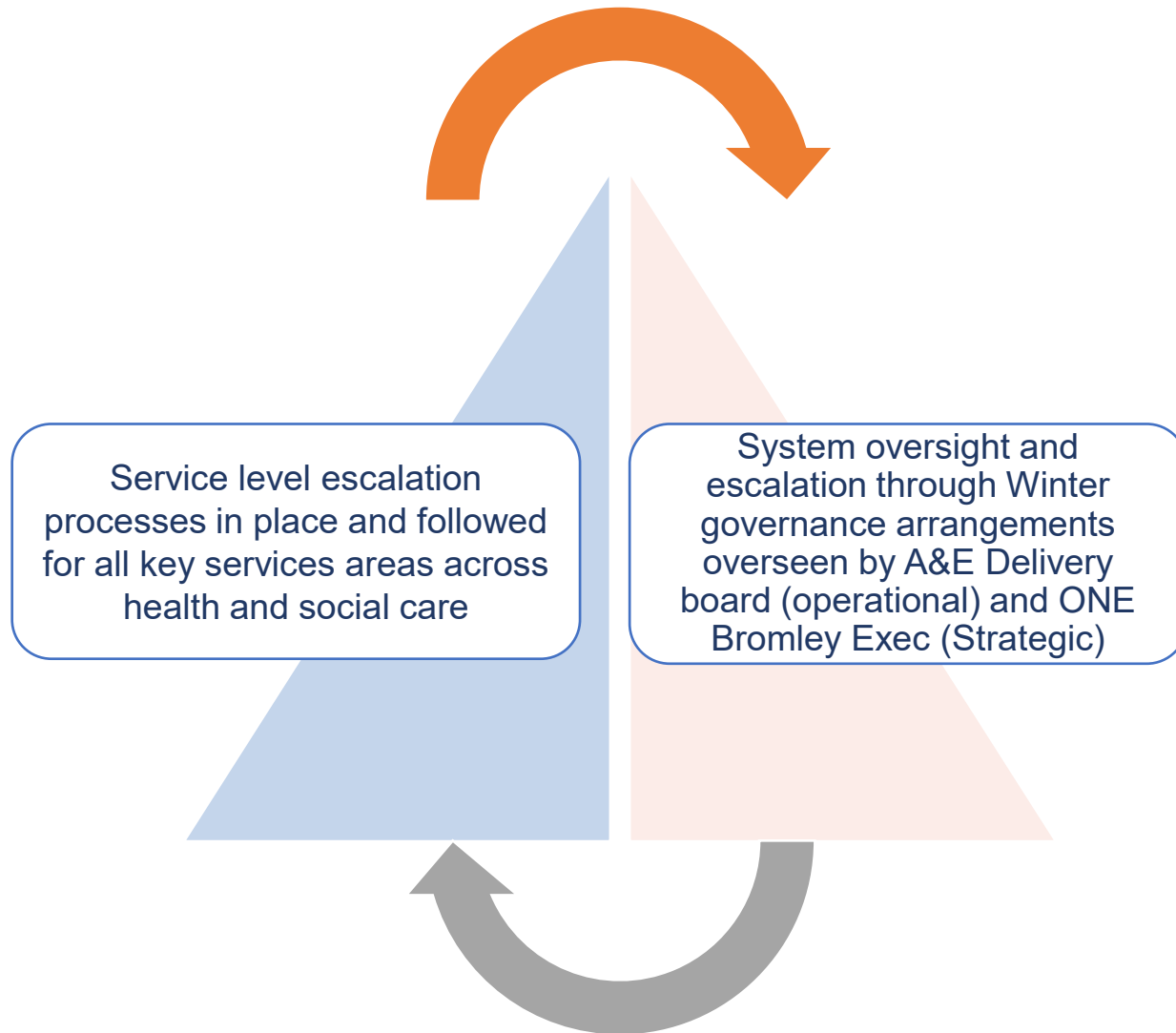
The campaign leverages a variety of channels including **local media, digital platforms, and public signage**, with collaborations that enhance message relevance and impact, particularly through partnerships with organisations like **Age UK**. This outreach is having been tailored to ensure essential health information is readily accessible to both the public and specific groups like **patients and parents**, using direct communication tools such as social media and partnerships with schools.

For healthcare providers, our approach involves distributing tailored **best practice guides** and regular updates on managing winter health challenges, ensuring that care providers are well-equipped to maintain high standards of care during the winter.

This winter season, we are enhancing our efforts by refreshing the '**Winter Services Directory**' to guide community service choices effectively and expanding our flu campaigns to include **COVID-19 boosters**, in line with the latest health guidance. Additionally, the 'Making a Difference Together' bulletin will continue to support our system-wide engagement efforts, providing crucial updates on **winter pressures** and supporting our workforce through interactive, two-way communications.



# System Escalation Management



## System Escalation Framework Overview

### Framework Implementation:

- Continuously supports the operations of the System Coordination Centre (SCC)

### Surge Planning:

- Implemented demand and capacity modelling to ensure capacity increases align with anticipated winter pressures
- Ensures sufficient beds and equivalent resources in both acute and community settings

### System Coordination and Escalation:

- The System Coordination Centre now meets new national Minimal Viable Product standards

### Seasonal Planning:

- Formulated targeted plans for holiday periods, including Christmas and New Year, to guarantee continuity of essential services

# Bromley UEC System Winter Preparation

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## **System Capacity Enhancements**

- EPIC System for Discharge: Utilizes live capacity management to reduce delays and increase discharges.
- Criteria-led Discharge (CLD): Empowers multidisciplinary team members to discharge patients based on pre-agreed criteria, streamlining processes and reducing wait times.

## **Seasonal Pressure Management:**

- Care Transfer Restructure: Improves discharge processes and supports rapid patient reviews, enhancing ward support for timely discharges.
- Seven-Day Coverage: Addresses internal delays (scans, pharmacy) with enhanced cover to manage weekend and holiday pressures.

## **Information Sharing and Escalation:**

- OPEL Response Update: Revised internal protocols for managing high-demand periods, ensuring rapid adaptation to community needs.
- Discharge Transport: Initiates additional transport services to meet time-critical discharge compliance, pending funding approval.

## **Collaborative Strategies:**

- Integrated Care Pathways: Engages with ICS, CCG partners, and specialists to strengthen responsive discharge processes.
- Visibility and Staff Support: Increases senior leader visibility and support to frontline clinical staff, boosting operational capacity and workforce morale.

## **System Capacity and Services Enhancement:**

- THAS and PDSS Availability: Ensuring the Telephone Helpline Advice Service (THAS) and Personalised Disability Support Service (PDSS) are fully staffed and operational, including over the Christmas period.
- Handy Person Service: Continuation and expansion to support increased demand during winter, focusing on assisting vulnerable groups with home maintenance needs critical for winter safety and comfort.

## **Seasonal Pressure Management:**

- Vaccination Advocacy: Providing targeted vaccination advice and support for vulnerable groups to enhance health outcomes during the flu season.
- Care Navigation Collaboration: Working alongside Care Navigation to update and promote access to voluntary sector services, ensuring they are well communicated and accessible.

## **Information Sharing and Engagement:**

- Winter Wellness Information: Distributing targeted wellness information for older people, carers, and other target groups to promote health and wellbeing through educational fays at the Glades Wellbeing Hub.
- Virtual Engagements: Utilizing virtual platforms to provide talks and advice, focusing on pre-winter planning, energy saving, and grant applications tailored to the specific needs of the community.

## **Community Support Initiatives:**

- Self-Care and Support Events: Engaging the community through events like Self-Care Week and Carers Rights Day, offering sessions on maintaining physical health, wellbeing during winter, and support for managing seasonal challenges.
- Workshops and Tutorials: Developing workshops and information packs on managing Seasonal Affective Disorder (SAD) and other winter-related health issues, with a focus on preventative care through accessible medical advice from pharmacies and GP consultations via E-Consult.

## **Strategic Partnerships and Outreach:**

- Community and Carer Support: Planning additional support around flu jabs, health checks, and energy management for carers and those they care for, including tailored workshops to address the increased cost of living and isolation issues.
- Annual Support Initiatives: Developing annual Christmas support packs and continuous outreach to reduce isolation and address vital community needs during the winter months.

# BHC's Winter Preparation

## Organisational Approach:

- UCR Crisis Response Service Sustainment: Continue to link the Urgent Community Response (UCR) Crisis Response Service with Primary Care, Hospital at Home, LAS, and SDEC throughout the winter to avoid unnecessary admissions. Activity targets are set at 508, conditional on securing additional funding.
- Hospital at Home and Virtual Ward Expansion: Develop and expand the Hospital at Home & Virtual Ward Services by integrating remote monitoring to enhance access and capacity, subject to funding approvals. This includes a focus on UCR Crisis Response and monitoring pathways for care homes.
- Spirometry Support Enhancement: Enhance spirometry support for mental health patients who smoke, with a planned investment of an additional £46k from NHSE.

## Seasonal Pressure Management:

- Sustaining PR Capacity: Secure additional SEL funding to sustain existing Pulmonary Rehabilitation capacity throughout the winter.
- GPOOHs Support Extension: Continue to support system-wide 111 triage calls during periods of reduced home visiting demand. Historical extension of additional GP support over the festive period at a cost of £20k, adjusted based on the previous year's reduction to essential days only.

## Information Sharing and Escalation:

- Regular System Meetings: Participate in daily local system D&C meetings at 08:45 and SEL Director SitRep meetings at 10:00, with local escalation as required.
- Service Promotion: Continue to promote in-reach services to PRUH via Grand Rounds, digital referring information, and Primary Care Academic Half Day events.
- Patient Referral Awareness: Ensure patients are informed about the opportunity to refer back into UCR services within appropriate timescales for the same presentation.

## Key Risks and Mitigations:

- Staffing Resource Adequacy: Address potential staffing shortages with robust recruitment strategies and strong agency relationships.
- Service Capacity Utilization: Tackle the challenge of maximizing available capacity, especially low discharge rates from Saturday to Monday, requiring a system-wide approach to seven-day working.
- Funding Dependence: Manage risks associated with short-term funding, which could affect the recruitment and expansion of services.

# Oxleas' Winter Preparation

## Capacity Management:

- Private Bed Capacity: Maintains ringfenced capacity to ensure availability for urgent needs.
- Efficiency Initiatives: Focus on reducing admissions and length of stay with streamlined processes.

## Seasonal Preparedness:

- Holiday Staffing: Enhanced staffing during holidays to manage increased demand.
- Admission Avoidance: Launch of a pilot Assessment & Admission Avoidance team to improve crisis management.

## Information Sharing:

- Crisis Line: 24/7 Mental Health Crisis Line to reduce emergency department visits.
- Data Transparency: Regular updates on key metrics like wait times and bed availability.

## Key Risks:

- Staff Recruitment: Challenges in attracting and hiring qualified staff for specialized roles.
- System Support: Need for enhanced collaboration to expedite discharge processes.

## Communication Strategies:

- Clear Pathways: Ensuring GPs and clinicians are aware of urgent and routine referral pathways.
- Active Escalation Plans: Updated crisis documents to manage and mitigate potential escalations efficiently.

## Support Requests:

- Funding for Discharges: Awaiting confirmation of additional discharge funds to enhance throughput.



# ICB/LBB's Winter Preparation

## **System Development and Capacity Management:**

- ED Social Worker and Social Care Workers: Ongoing collaboration to improve Emergency Department support, with additional social care workers to manage winter demand.
- Capacity and Pathways Coordination: Regular meetings to align on intermediate care capacity and discharge pathways, ensuring rapid response to surges.
- Permanent Brokerage Funding: Secured funding to enhance brokerage support during peak periods, especially outside business hours, for continuous referral management.

## **Operational Continuity:**

- Business Continuity Planning: Comprehensive plans for Christmas and New Year periods to ensure staffing and continuity across social and healthcare services.
- Discharge Delay Monitoring: Monitoring delays in discharge to streamline social work and reablement processes, with feedback loops to SPA leads.

## **Communication Strategies:**

- Enhanced Winter Campaigns: Proactive communication strategy focusing on RSV, flu, and COVID-19 vaccines for healthcare staff and eligible groups.
- Provider Updates and Newsletters: Regular updates to providers on holiday arrangements and essential service continuity, covering home care and bed-based services.

## **Primary Care Network Coordination:**

- Winter Directory of Services: Access to same-day services and admissions pathways for GPs to manage demand efficiently.
- Enhanced Access Revisions: Ongoing dialogues for adjusting Enhanced Access services, ensuring primary care remains responsive during holiday closures.

## **Key Risks and Mitigation:**

- Workforce Flexibility: Increased recruitment efforts and support for ED social worker roles, ensuring visibility and compliance with EPIC recording.
- Continuous Performance Monitoring: Fortnight reviews of service metrics and performance, with rapid escalation procedures for addressing issues.

# St Christopher's Winter Preparation

## **Organisational Approach:**

- Palliative Care Flow Enhancement: Continued development of the Hospital at Home (H@H) Palliative Care Flow to ensure rapid discharge for those benefiting from palliative care, aiming to enhance capacity and streamline patient flow.
- Vaccination Uptake: Support staff in Care Planning: Ensure Universal Care Plans (UCPs) are regularly updated for individuals under care to clearly document ceilings of treatment, Do Not Attempt Resuscitation (DNAR) orders, and personal health goals/wishes.
- Accessing flu vaccinations to minimize the risk of outbreaks and maintain workforce stability.

## **Seasonal Pressure Management:**

- Hospital Avoidance: Regular attendance at Integrated Care Networks (ICN) to accept appropriate referrals, supporting individuals to remain out of hospital where possible.
- Care Home Support: Ongoing initiatives in care homes to upskill staff, enhancing their capability to manage care effectively during the winter months.

## **Key Risks:**

- Staffing Risks: Potential staffing shortages due to flu outbreaks among healthcare workers, requiring proactive vaccination strategies.
- Care Coordination Delays: Risks associated with delayed updates or miscommunication of care plans, necessitating frequent reviews and updates of UCPs.

## **Winter Services Guidance:**

- Early Referral Promotion: Encourage early referrals for end-of-life care to ensure timely and appropriate palliative support.
- Treatment Ceilings and Decisions: Promote the understanding and use of ceilings of treatment, including Advanced Care Planning (ACP) and DNAR decisions, to ensure patient wishes are respected and followed.

# Urgent Treatment Centres & Streaming

## System Development:

- Enhanced Streaming and Treatment Capacity: Increase treatment capacities at the UTC (PRUH) for injury and illness to alleviate pressures on Emergency Departments.
- Ambulance Service Collaboration: Partner with ambulance EOC to validate category 3/4/5 ambulance calls, optimizing the use of the ambulance fleet and reducing unnecessary ED conveyances.
- Remote Support Capabilities: Leverage experience in providing remote resilience to general practice, which can be considered for implementation in Bromley to support GP practices during peak demand.

## Areas of Investment:

- Infrastructure Enhancements: Expand streaming and treatment facilities to accommodate increased patient volumes and improve service delivery efficiency.
- Technology and Systems: Invest in technologies that facilitate the validation and triage processes in collaboration with ambulance services, ensuring quick response times and reduced hospital admissions.

## Operational Capacity Management:

- Staffing Model Scoping: Develop a staffing model that meets the increased demands of the winter period, ensuring adequate coverage and expertise are available during peak times.
- System Escalation Participation: Actively engage in system escalation calls to address winter pressures and GP collective actions, sharing insights and strategies for effective system response.

## Risk Management:

- Evaluation and Feedback Loops: Utilize feedback from previous evaluations, as shared with the A&E Delivery Board, to continuously improve processes and interventions.
- Proactive Issue Identification: Establish escalation triggers and processes to enable early identification of issues and proactive adjustments to the operational plans.

## One Bromley Local Care Partnership Board

DATE: Thursday 28<sup>th</sup> November 2024

<b>Title</b>	<b>Partnership Report</b>	
This paper is for <b>information</b>		
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 Princess Royal University Hospital (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 (PCNs), Bromley Public Health.	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

## Partnership Report – November 2024

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## 1. One Bromley Local Care Partnership Programmes

### Bromley Health and Wellbeing Centre – Project Update

#### Summary:

A significant milestone has now been achieved for the Bromley Health & Wellbeing Centre (BHWBC) project. Commercial arrangements between the Landlord (Bromley Council), the ICB and the Dysart Surgery have now all been agreed. The lease and supplementary legal documentation were signed by all parties on the 7<sup>th</sup> November. The Centre is an example of the successful partnership between the Council and NHS, working together as part of the One Bromley Local Care Partnership.

To be housed in Bromley’s new Civic Centre Building, the Health and Wellbeing Centre will house a GP surgery and bring a range of healthcare services to the heart of Bromley town centre. The Centre will provide accessible, efficient and integrated health care, with spacious consulting and treatment rooms. With its complete refurbishment, the centre will offer a modern and welcoming environment, tailored to meet a range of health needs. The Dysart GP Surgery from Ravensbourne Road will move to the new centre, bringing GP services closer to more residents and providing care in a modern and accessible setting.

#### Timelines:

Project timelines have been revised to reflect the current position. Works will start on site in January 2025 and are estimated to be complete by the end of July 2025. A commissioning period of two months post works completion has been allowed for to provide sufficient time to procure equipment, furniture and to move the practice into the new building. We will be working with partners to explore if there are any opportunities to bring forward the completion date.

**Stakeholder and Public Engagement:**

The project team is in the process of organising a face-to-face engagement event to provide local stakeholders and the public with an opportunity to see the proposed designs, provide comments and to ask questions. The aim is to schedule this event locally before Christmas.

A joint press release between the ICB and the Council has been issued. The communications and engagement plan is being updated to reflect the latest timescales to ensure the planned activities are undertaken at the right time.

**Bromley Winter Vaccinations 2024**

Winter vaccinations commenced in September with flu vaccine for children and pregnant people, followed on 3<sup>rd</sup> October by adult flu and Covid vaccinations. This later start for adults aims to match peak immunity with peak viral activity.

**Flu**

Flu vaccines are available for eligible patients from all Bromley GP practices and most Community Pharmacies across the borough. In addition, we have arranged several outreach sessions to provide greater access to both Flu and Covid vaccinations in our underserved communities; these took place throughout October and November.

Demand for the Flu vaccine remains strong and despite the later start this year, our uptake is comparing favourably with 2023. To enable a more accurate year on year comparison, the data below compares the fourth week of the campaign this year to last year.

Cohort	03/11/2024*	08/10/2023*
<b>65+</b>	59%	41.5%
<b>18-65 at risk</b>	30%	16.3%
<b>U18 at risk</b>	18%	2.7%
<b>2-3 year olds</b>	40%	20.8%

\*Source: EMIS data 03.11.2024 and 08.10.2023

Practices were encouraged by the Bromley team to commence vaccination early in the season, with active promotion and targeting of the under 18 at-risk and 2-3 year-old - cohorts that usually have a lower uptake. It is positive to see that the uptake rates are higher compared with this stage of the campaign last year. A monthly 'Flu masterclass' for all practices has been introduced to help identify and address areas of challenge and support peer learning.

**Covid**

Covid vaccines are available for eligible patients from some GP practices and 23 Community Pharmacies across the borough. To maximise uptake and increase access to underserved communities, additional outreach sessions took place throughout October and November.

There continues to appear to be reduced demand for the Covid vaccine (as seen during the 2024 Spring campaign), a trend seen across SEL and the country.

As with the Flu data above, to enable a more accurate year on year comparison, the 2023 data below is from a similar point in the campaign.

Cohort	03/11/2024*	23/10/2023*
65+	44.8%	53.6%
Under 65 at risk	15.3%	15.7%
Housebound	33%	35.5%
Care Homes	50.6	59.0%

\*Source: EMIS data 03.11.2024 and 23.10.2023

Work continues in partnership with colleagues across One Bromley organisations to monitor uptake data and identify where additional outreach clinics might be helpful.

### RSV

In addition to the Winter vaccination programme, a new vaccine for Respiratory Syncytial Virus (RSV) was launched nationally on 1<sup>st</sup> September for pregnant patients and adults aged between 75 and 79 years. The aim of this new vaccine is to reduce the risk of serious illness amongst older adults and newborn babies.

Although this is a year-round programme, vaccinating these cohorts is a key part of our Winter resilience programme as it has significant potential to reduce presentations of RSV in general practice and acute settings.

As of November 3<sup>rd</sup>, 36%\* of eligible older patients had been vaccinated in Bromley.

\*Source: EMIS data 03.11.2024

### One Bromley Patient Network Event held in October

One Bromley hosted a meeting of the Patient Network on 3<sup>rd</sup> October as part of the annual winter readiness programme, to outline the same day services available to patients this winter. Around 20 patient representatives joined, including PPG chairs and community champions, to hear from a panel of One Bromley clinical and health leaders.

The event coincided with the launch of the winter vaccinations campaign, so it was apt that the session got underway with a presentation from Faith Bayley-Dainton, practice nurse and member of Bromley Immunisations Board, covering winter Flu and Covid vaccinations, and the new RSV vaccine. Jessica Giwa-Osagie, Crays PCN digital transformation lead, outlined the benefits of the NHS App and digital access channels to primary care services. Dr Puja Patel, Bromley's GP clinical lead for urgent care, explained the same day services available via the GP practice and Gordon Burke, medical lead for Bromley's UTCs, set out the same day care offer as part of the patient journey through the UTC. There were also presentations on

Pharmacy First and the wider pharmacy offer from Sumeet Banker, one of Bromley's Community Pharmacy Neighbourhood Leads and an overview of the services available through NHS 111 and 111.nhs.uk by Alex Tecar from the SEL commissioning team. Dr Andrew Parson hosted a panel discussion to answer questions and hear more about patient experiences in Bromley.





## Bromley Partnership Recruitment Fair – Connecting local people with local opportunities

Nearly 600 residents came to the Bromley Partnership Recruitment Fair on Wednesday, 23<sup>rd</sup> October at Bromley United Reformed Church. We were able to attract such a large number due to extensive promotion of the Fair supported by all our partners. Our promotion included targeted organic and paid social media, electronic advertising boards in the Glades, graphics on GP screens, staff newsletters, online information, a press release and printed flyers distributed in local libraries, other community settings and by the DWP,

The Fair offered Bromley residents the chance to explore a diverse range of employment and volunteering opportunities and meet local public sector and voluntary sector employers such as the NHS, Social Care services, Mytime Active, LSEC, London Metropolitan Police and the London Fire Brigade.

The Fair attracted job seekers from a variety of backgrounds who fed back that they were thrilled with the numerous opportunities available. Many left the event feeling optimistic about their future. One resident who found out about the event through Facebook said “It was fantastic. I’ve managed to speak to quite a few employers as I’ve been out of work for a while, I think they should do it every year. I visited tables like Mind and Community Links”. Another hoping to secure a role in hospital administration said, “I’ve spoken to lots of different people and it’s been great. I came in looking for volunteer roles in a hospital to help me find work. This has definitely been the best jobs fair I’ve been to”.

The Fair’s success was also appreciated by participating organisations who were pleased with the great turnout and how well everything was organised. Healthwatch Bromley who had to print additional materials due to the interest remarked, “The advertising for this fair was excellent. We had so many people stop by to learn more, which shows just how much the community values opportunities like this”. Adrian Gabriel-Lovell from the Department of Work and Pensions, noted “The goal was to help people find work but also to encourage them to explore alternative careers. Events like this show what’s possible when local organisations collaborate. It’s been incredibly rewarding to see the community come together.”





## **Mental Health**

### **Overall**

A comprehensive needs assessment of children, young people's and adult's mental health and emotional wellbeing services has now been completed. The needs assessment will underpin a new five-year All-Age Mental Health and Wellbeing Strategy in Bromley, which will commence in 2025.

### **Children and young people's mental health and wellbeing services**

Bromley children's and young people's mental health services have returned to the levels of activity that were last seen before the covid-19 pandemic. With this change, we have seen lower waiting times for the key treatment pathways in CAMHS. There remain challenges, including in relation to children and young people who are neurodiverse. A new integrated single point of access (ISPA) between Bromley Y and Oxleas CAMHS is now in operation.

### **Adult mental health and wellbeing services**

Bromley Council and SEL ICB are in the final stages of procuring the Bromley Mental Health and Wellbeing Hub, which will bring together core community mental health services into a single integrated model. The new service will open on 1<sup>st</sup> April 2025. The new Mental Health Support@Home service has also now opened, which provides support and housing services for people with long term mental health conditions.

## **2. Princess Royal University Hospital and South Sites**

### **Finance**

#### **Current deficit position:**

For the first five months of this financial year – from the start of April to the end of August - we recorded a year to date deficit of £61.7 million. This is £300,000 less than the target deficit of £62.1 million we set ourselves for the financial year up to the end of August 2024.

#### **Cost-improvement plans:**

As of 24 September, £47.3 million worth of cost-saving initiatives have been worked up, and agreed, and are now in the process of being delivered.

Further work is ongoing to identify additional initiatives and programmes of work that will enable us to deliver the £65 million worth of cost-improvements we committed to safely delivering by the end of March 2025.

### **Referral to treatment – Elective Care**

The number of patients on our waiting list for the trust reduced from 99,778 at the end of June 2024 to 98,918 at the end of August (reduction of 860). At the end of August the Trust had 88 patients who waited 78 weeks or more. At the end of August the Trust had 934 patients who waited 65 weeks or more. A full action plan is in place to reduce this.

## **Emergency Performance**

Although July attendances were at an average of 363 per day this decreased in August attendances to 335 per day. August showed an improved position, and performance was 70% which is the Trust agreed target against a national standard of 78%. Our 12-hour Decision-To-Admit breaches decreased during August to an average of 11 per day at PRUH. The site has however continued to experience significant pressure and has regularly entered OPEL 4 throughout the summer, with an increase in stroke and mental health repatriation in the wider system. At the beginning of October we opened a new Medical SDEC (Same Day Emergency Care) improving capacity.

## **Cancer**

The Trust continues to see a consistent improvement to cancer performance over the last 6 months. Cancer treatment within 62 days of post-GP referral is not meeting the standard 67.4% for July (target 85%), with PRUH achieving 76.5%. Faster Diagnosis Standard compliance was above target at 81.4% in July against the national target of 70%. 31 day performance for the Trust for July was 88.86% which was a slight drop from June however PRUH's performance continued at 96%. The cancer backlog has reduced in line with our agreed trajectory.

## **Diagnostic Performance**

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted June performance of 47.46% across both sites against the 5% threshold by March 2025, which is a deteriorating position compared to 46.94% reported for June 2024. The number of 6+ waiters decreased by 139 patients from 13, 517 waiters in June to 13,378 waiters in August. Actions being taken include:

- Pilot to transfer non-Obstetric ultrasound (NOUS) patients to Eltham CDC has commenced.
- System mutual aid for neurophysiology to support capacity challenges and for paediatric sleep studies due to significant staff issues commenced in September.
- Diagnostic validation training has been rolled out to support teams to validate accurately and address known issues with planned and therapeutic patients on the DM01 PTL.
- The Trust Diagnostic recovery plan has been signed off with targeted capacity increases in MRI, NOUS and ECHO, and is now in implementation phase.

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.

## **Apollo/EPIC**

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 486,169 patients have registered for MyChart across King's and GSTT with 180,489 of these at King's. Patients using MyChart are less likely to miss (DNA) their appointments. We have already saved c. 37,000 appointments and the DNA rate for patients

with MyChart is 3.9% rather than 13%. Over 2.1 million test results have been released to patients via the app, and over 520,000 pre-appointment information forms have been completed, providing clinical teams with key information ahead of consultations.

### **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 some ongoing disruption to our pathology services, particularly blood tests. This has had 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.

#### **Update:**

- In the immediate weeks after the attack, there was significant disruption to our services at the Trust – however, since then, the majority of our services have been running as normal, albeit with some delays due to the time taken to process samples.
- The attack also affected our partners at Guy's and St Thomas', and since the attack in early June, a combined total of 10,152 acute outpatient appointments and 1,710 elective procedures have been postponed across both Trusts.
- Any patients or staff with concerns about their data in light of the attack have been urged to visit the NHS England website, or call the incident helpline they have established ([0345 8778967](tel:03458778967)).

### **Non-Emergency Patient Transport Services**

SVL Healthcare Services Ltd had a contract to provide non-emergency patient transport services (PTS) for King's, as well as Guy's and St Thomas' NHS Foundation Trust.

On the evening of Tuesday 27 August, SVL informed both Trusts that they would be unable to provide these services from Wednesday 28 August onwards. It has since been confirmed that the company has gone into administration.

#### **Current position**

Our staff have worked hard to ensure continuity of service for our patients, and we have put an interim PTS solution in place with alternative providers whilst we finalise a new, long-term arrangement for this service going forward. We would like to apologise to the small number of patients whose appointments had to be re-scheduled as a result of the temporary disruption to service.

The way patients and relatives request non-emergency transport has not changed. We are continuing to provide these services for our patients, and our teams are doing everything they can to ensure any disruption to patients is kept to a minimum.

### **Estates**

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 building superstructure work is now complete, and waterproofing cladding is nearing completion. Brickwork is due to start in November.

### **Radiography 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 has now been completed and chargers available for Staff and public use.

Refurbishment of ward area including dementia friendly environment completed in October 24, now being used for Medical SDEC (Same Day Emergency Care).

### **Day Surgery Unit**

Structural improvements and fire protection have been completed. The backlog maintenance programme is currently being tendered for Theatre improvements and air handling replacement. Other major works being undertaken by the PFI are roof replacement work, main air handling equipment replacements, nurse call replacement and street lighting replacement.

### **Orpington**

Back log maintenance work is also underway including window replacements, Roof repairs and water systems.

### **Primary and Secondary Care Interface Task and Finish Group**

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 held on the 11<sup>th</sup> 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**

Donna Glover became the statutory Director of Adult Social Care in Bromley on September 23<sup>rd</sup>, taking over from Kim Carey.

The Social Care Institute for Excellence has been appointed as the Adult Services transformation delivery partner in September following a procurement process. This arrangement will support delivery of the Transformation and Improvement Programme, developed to enable the directorate to achieve the Making Bromley Even Better ambitions and the priorities set out in the Adult Social Care Strategy. The Programme will create a more sustainable and efficient future operating model that offers a new way of working, providing service quality improvements and better outcomes for Bromley residents and the workforce, whilst delivering good quality and safe care and support. This work is being bought forward at pace to offer mitigation as soon as possible against costs pressures the council continues to experience. Early positive outputs of the programme include delivery of the second (now annual) Bromley Adult Care Awards, hosted at the Civic Centre in October. Awards were presented to a wide range of care provider organisations and members of staff to highlight the quality of care and vital support provided for residents, helping them to live their best possible life:



Adult Services continues to experience growth pressures in its spending that have led to an increased projected overspend for 2024/25. This is largely due to the rising unit cost of residential and nursing care as well as increased costs of providing community equipment. In recent weeks, some improvements in delivery against the community equipment contract have been achieved, which have the potential to contain increased costs and several other management actions are in place to reduce the impact of the growth pressure in year, however the rate of growth is currently exceeding what these can achieve. Transformation, as set out above, therefore remains key to ensuring that services remain sustainable into the future. We also continue to closely track emerging government policy and spending decisions.

Preparation for CQC assurance continues. The Council has not yet received notification from the CQC of assurance activity, but this can be expected at any time. We are taking learning from councils who have already undergone the assurance process, which in itself is evolving as the CQC matures into its new role of regulator of council adult social care services.

All adult social care staff will move office premises on 12<sup>th</sup> December, to join all other council staff in the new Civic Centre, Churchill Court. This brings the benefit of all staff being located

on one floor of the same building, alongside many health colleagues who are also moving to the site.

## **4. St Christopher's Hospice**

At the start of this report it is important that recognition is given to the work that Sarah Kent did for people receiving care and support. Sarah Kent, Clinical Nurse Specialist, died suddenly and unexpectedly on Saturday 20 July 2024. She was a kind, generous, calm, gentle, genuine, thoughtful colleague who had a lovely sense of humour. Sarah came to St Christopher's in 2017 with a wealth of experience in her role as a nurse manager in care homes. Her natural affinity working with people with frailty and dementia led her to the hospice where she worked on the wards and then developed her skills by undertaking a discharge coordinator role. She then moved from the inpatient unit to her role in the community. More recently she was promoted to work in the team supporting those living in Care Homes. She was thrilled at her promotion and was really settling into her role and seizing the project Connections in Croydon. This project identified Older People Living with Frailty (OPWF) by working with 9 residential homes, GPs, Pharmacists, Age UK and members of the Croydon Integrated Care Network to better support this populations' engagement with palliative care and promote living well now. The project and Sarah's work has allowed us to start conversations with residents, families and social/health care professionals to raise awareness of and identify palliative care needs with support to engage with palliative care in their home environment. This project drew to a close in September with the final report being written by Nurse Consultant Helen King.

Sarah's work was nominated by Helen King and Dr Emma Hall for a Marie Curie Daffodil Standard Award and Sarah was posthumously honoured at these awards in early October 2024.

### **New model of working**

The Care Directorate reviewed the pathways of care through the organisation late in Quarter 2 2023-2024 and realised that people referred to us could have an improved experience at the beginning of their journey under the care and support of St Christopher's. To these ends, the Senior Care Directorate worked up a new Front Door model to our service. The Single Point of Contact morphed into the Referrals and Admissions Team and referrals are now triaged immediately, with a same day call from a Senior Nurse in the Community Team to the patient or family. Caseloads have increased from 1475 to 1862 and there is significant unpredictability in the number of referrals received each week.

Our Virtual Ward offer in both Bromley and in Lambeth and Southwark continues to grow.

### **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 illnesses. Our work continues in this area given the increasing expertise that we now have. The Care Director will shortly be advertising for a Registered Mental Health Nurse to join the team as agreed by Trustees earlier in the year.

We are also providing in patient teams with training around delirium and management of challenging behaviour while supporting the development of champions to undertake Imparts 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

### **Senior Leadership Development**

The Care Director is completing the South East London Systems Leadership Academy Collaborate Cohort. The focus of the programme is on system leadership and participants will demonstrate their motivation to play a role in the development of this in South East London, and not just a focus on personal leadership development more broadly.

Interviews were conducted to recruit a new consultant to bring the medical team to full complement at the beginning of October.

### **Doula Project**

We are excited to announce that despite the delays in getting this project off the ground the doula started in post at the beginning of September. She has spent her first month

### **Updates from Medicine**

Dr Emma Hall has been a reviewer for the National Confidential Enquiry into Patient Outcome and Death NCEPOD reviewing 22 cases and contributing to draft reports; the final report is to be published this month and will help with our ongoing learning, particularly into deaths related to cardiac and frailty/dementia.

We are continuing to influence locally, building on the Access to Medicines Workshop that we ran in CARE in June, to move forward in addressing challenges and opportunities working across the system to improve out of hours access to medications. Our current focus is influencing the SW London Formulary to ensure this moves in line with SE London as there are key medications GPs are not able to prescribe (Injectable furosemide or alfentanil).

Dr Sara Robbins in her role in Palliative Care Section of the Royal Society of Medicine, has organised a meeting 'Mental illness and Palliative care: Care gaps and complexity' and our team will be visible speaking, chairing sessions, and running a workshop to share our learning and learn from others.

We are taking forward a number of QIP initiatives and presented the initial outcomes from this work at recent RACE meeting. One of our clinical fellows (Maisy Grovestock) has led on this, supported by our consultants.

We have increasing numbers of patients living with multi-morbidity (4 or more diagnoses), we are working to see how best to accurately capture this complexity in the way that we code and record key diagnoses. An outcome of this will be deprescribing of medicines in a

Dr Ross spoke at the First Palliative Care Conference in the UAE to share lessons from the work at St Christopher's. We look forward to ongoing collaboration with those who are

pioneering palliative care services in the UAE and Dr Neil Nijwahan and his team have joined our Beacons Programme in CARE.

## 5. Bromley Healthcare

### Changes to Bromley Healthcare's Operational Structure

We have reorganised our services to enhance efficiency and integration, and better meet the needs of our communities.

#### Adult & Urgent Community Response Division:

This new division combines adult services with urgent care, making it easier for patients to get timely, coordinated support when they need it. By streamlining these services, we are aiming to reduce wait times and improve care pathways, supporting people to stay well in their communities.

#### Children, Young People & Therapies Division:

This division now brings children's services together with therapeutic care (such as speech and language therapies, physio and occupational therapies), providing a more joined-up approach for young people and their families. Our focus is on delivering seamless care, especially during key transitions like moving from child to adult services.

#### Transformation Division:

In addition, we have established a Transformation Division, focussing on driving service improvements, embracing digital innovation, implementing new practices, and making sure our physical spaces – including offices and clinics - are used in the most efficient and sustainable way.

These changes are designed to strengthen our core services and improve patient outcomes, focussing on prevention and early intervention, integration, and reducing health inequalities.

### Diversity and Inclusion Conference 2024

During October 2024, we held our 4th annual Diversity and Inclusion (D&I) conference. Blending in-person and virtual events across the week, the conference provided colleagues with opportunities to connect, learn, and reflect, with the goal of fostering an equitable and inclusive culture. Over 180 colleagues attended, engaging in inspiring discussions on topics such as active allyship, intersectionality, and inclusive leadership.

Key speakers included:

- Abby Lloyd, who delivered a moving talk on autism in women and girls.
- Bernadette Thompson OBE, Director of EDI at King's College, who shared insights on inclusive leadership.
- Chay Brown, Co-founder of TransActual, who inspired attendees with a session on active trans allyship.



- Donya Gaye, Equality & Inclusion Lead at Bromley Healthcare, who led a session on reasonable adjustments in the workplace.
- Mabinty Esho, Head of DEBI at Comic Relief, who explored intersectionality in the workplace.
- Sabah Choudrey, consultant and writer, who closed the virtual sessions with a personal conversation about overcoming barriers.
- Subo Shanmuganathan, Non-Executive Director for EDI at Bromley Healthcare, who opened the event.

It was a thought-provoking and empowering week, deepening understanding of how to foster a fair and inclusive culture, address barriers faced by underrepresented groups, and implement practical steps for meaningful change.

## Helping our communities to stay well in winter



We have created a support resource for Bromley Healthcare colleagues working in the community, designed to help make every contact count. The guide compiles key resources, contacts, and information, including national resources such as NHS winter support and Volunteer Responders, and local resources such as Bromley Well events and activities, and warm spaces. By having these tools readily available, colleagues can assist patients in staying well, especially during challenging times like winter, and help them to access the services and support they need.

View the guide: [helping our communities to stay well this winter](#)

## Introducing online booking to our services

Bromley Healthcare has introduced AccuRx online booking to improve patient access and administrative efficiency. This initiative is part of our transformation programme to make it easier for patients to navigate healthcare services and reduce missed appointments. With AccuRx, service users, parents, and carers can receive a link via text to schedule their appointments at a time and location that suits them.

Since its launch in June 2024, the system has shown significant progress. During the pilot phase, the 0-19 Bromley Health Visiting service achieved a 52% booking uptake rate, which increased to 62% in September after full deployment. To date, over 5,600 booking links have been sent across multiple services, with an average uptake rate of 54%. Services such as podiatry, bladder and bowel, and lymphoedema have demonstrated strong engagement, indicating the system's ability to streamline booking processes and improve attendance rates.

We have put out messages through a social media campaign, on our website and on our service page to encourage take up, remind patients to check their contact details are up to date and reassure them about the legitimacy of text messages from “NHSBHCare”, addressing concerns like confusion over spam. We have provided clear instructions and alternative booking options to ensure everyone can access the service with confidence.

### **Improving access to our self-referral pathway**

We have worked to make Bromley Healthcare's self-referral pathways clearer and more accessible for patients. A new dedicated [section on our website](#) now provides detailed information on which services are available for self-referral, including adult and children's services. We have also developed posters to promote these options more widely, ensuring people can easily understand how to access care. This project has been guided by valuable input from individuals with lived experience, including members of the Deaf and hard of hearing community, who highlighted the challenges they faced in understanding how to self-refer. We are currently finalising an easy-read poster too. As a result, the self-referral process is now more consistent, accessible, and user-friendly for all members of our community. **Find out more:** [Self-refer - Bromley Healthcare](#)

#### **Download and share our posters:**

- [Adults self referral poster 2024](#)
- [Childrens self referrals poster 2024](#)

### **NHSE Digital Team visit to Bromley Healthcare**

During November, Bromley Healthcare welcomed the NHSE Digital team, including senior leaders Helen Clifton, Stephen Koch, Rhodri Joyce, and Emma McLachlan, to showcase how technology is transforming care and improving efficiency across community services in Bromley.

Key highlights included:

- **Digital transformation:** SMS reminders, online booking, and enhanced EMIS tools are reducing missed appointments and improving patient communications.
- **Data-driven care:** Real-time data is supporting patient pathways, with significant impact on programmes such as integrated care networks and anticipatory care.
- **One Bromley Hospital at Home:** Remote monitoring supports hospital-level care at home, reducing unnecessary admissions.
- **Wound Care app:** 'Minuteful for Wound,' an award-winning tool, is improving chronic wound management with faster healing times.
- **Proactive care:** 'Fingerprint+', a machine learning tool currently in scoping phase, is proposing to enhance clinical decision-making and reducing unplanned care.

The visit showcased how digital innovation is improving care quality, streamlining services, and addressing health challenges, with a focus on overcoming integration issues to build on this progress.

### **Performance Update**

As of September 2024, Bromley Healthcare's vacancy rate remained stable at 7.4%. In children's services, we have made great progress in delivering Education, Health, and Care Plan (EHCP) reports. Despite a 39% increase in referrals compared to the same period last year, 96% of our reports were completed within six weeks.

Our Audiology team has also shown significant progress, with 98% of patients receiving their care within six weeks of referral. Waiting lists across our services are being actively managed to minimise delays for our patients.

Feedback from those using our services remains highly positive: our Friends and Family Test results show an average satisfaction score of 94.2% for the year to date.

## 6. Oxleas

### **Digital developments showcased at Oxleas Annual Members' Meeting 2024**

Patients, carers and local people were keen to experience how we are using new technology such as artificial intelligence and virtual reality within our services at Oxleas. At the Beckenham event, colleagues from our community mental health, physical health, children and young people's, forensic and adult learning disability services were all on hand to demonstrate how they are improving productivity and enhancing patient experience through the use of technology.

Our Digital Services and Transformation Team also ran sessions to demonstrate how patients are benefiting from these innovative solutions and how to stay cyber safe.

In addition, we held our formal Annual Members' Meeting where Chief Executive, Dr Ify Okocha, presented our annual report with a financial round-up from Chief Finance Officer, Azara Mukhtar.

There was also a question-and-answer session with the audience and presentations were made to our outgoing governors including our lead governor, Sue Sauter. Tina Strack, who has served as a governor with us for six years, was introduced as our newly appointed lead governor.

A recording of the Annual Members' Meeting is available on the trust website.

### **NHS Providers Chief Executive, Sir Julian Hartey praises Oxleas partnership working**

Sir Julian Hartley, who is soon to become Chief Executive of the Care Quality Commission, visited Oxleas services and met with members of the Board and senior clinicians when he visited the trust in October. He was interested to see the partnership working at Queen Mary's Hospital, Sidcup and learn about how services have been developed to enable local people get specialist care closer to home.

He said he found the 'can do' spirit and desire to spread innovative practice really encouraging. "Oxleas demonstrates the importance and success of positive partnership working," he said. "Along with a deep understanding of how to integrate physical and mental health in service delivery and community engagement."

### **Awards for supporting newly-qualified clinicians**

Two preceptorship programmes that support newly qualified clinicians at Oxleas have been highlighted in national awards.

The Oxleas Nurse Education Team has been shortlisted as a finalist in this year's Nursing Times Workforce Summit and Awards.

While the Oxleas Allied Health Professional Preceptorship Team has won the NHS England National Chief Allied Health Professional Officers Award for AHP Workforce Transformation. They were recognised for their innovative concept to create and share their AHP Preceptorship Programme nationally – the first of its kind in England.

### **Service User Network Group (SUN)**

SUN offers facilitated peer support groups for adults to share experiences and provide one another with help and advice. A person does not need a diagnosis to attend and can continue to attend even if discharged from Oxleas services. Groups are facilitated by a clinician and a facilitator with lived experience of mental health issues, and we are in the process of training more facilitators across all our teams.

The network was set up as an easy to access community-based service for adults experiencing difficulties with complex emotions often associated with personality disorder. These emotions can often affect how a person feels, copes with life and manages relationships.

Whilst we have had groups running in Oxleas for a number of years, they have tended to be for people presenting in crisis, we are repositioning the groups and returning to face to face rather than virtual delivery to increase access to people referred to the Mental Health Hubs who may not be in crisis but would benefit from this innovative approach which national research suggests has very positive benefits and outcomes for patients.

### **Adult ADHD**

Nominated and shortlisted for the Royal College of Psychiatry team of the year, the Adult ADHD team were also asked to represent local ADHD services for a journalistic piece on BBC1's One Show which aired last month. The team have earned a reputation for using innovative approaches to reducing waiting times at pace and also for employing a significant proportion of staff who are neurodiverse themselves.

## **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 25% last quarter, relieving pressure on Bromley Well Single Point of Access (SPA).

### **Service Issues**

Cost of Living issues, particularly changes to Winter Fuel allowance, continue to be significant across pathways, notably for those with disabilities, 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 (physical disabilities in particular), where the number of new clients last quarter was 105, 75% more than KPI for this service.

We are pleased to work 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, with 682 successful applications supported from May-September.

BTSE were successful in an LBB Innovation Fund bid for Mental Health First aid training and ongoing support for volunteers and staff. Training is now complete, with 62 participants from partners and the wider voluntary sector with very positive feedback.

### **Carers**

The Carers Charter rollout continues with a session during Safeguarding Awareness Week and coincidentally Carers Rights Day, 21 November.

### **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. Plans are being put in place to support winter demand.

### **Campaigns and Awareness**

Bromley Well 5th Self Care Week takes Place 18-22 November. The full programme is on our website and available to download - <https://www.bromleywell.org.uk/news/bromley-celebrates-its-5th-sel/> most activities are free of charge.

We have also been collating the Warm Centres Map again this year - current map available here: <https://www.bromleywell.org.uk/advice/bromley-warm-centres-map/>

## **8. Primary Care Networks (PCN)**

### **Digital Inclusion Event**

PCNs were pleased to be given the opportunity to showcase their work and answer questions on their digital inclusion projects at a recent Digital Inclusion Event attended by patient representatives and One Bromley representatives. The funded projects aimed to improve uptake in digital healthcare access via tools such as the NHS App and online consultation platforms, with particular focus on those who may be digitally excluded. PCNs described a range of activities, including working with community partners, running sessions

in practices, libraries and community centres, producing information leaflets, arranging workshops led by Patient Participation Groups and establishing practice digital champions.

### Learning Disabilities Champion Appointed

A SE London Learning Disabilities and Autism pilot initiative has funded the recruitment of Learning Disability (LD) Champions in each PCN from October 2024 to improve the uptake of LD Annual Health Checks in Bromley. A team of 11 LD Champions will be focussing their efforts on working with their member practices to contact this cohort of patients and their carers to encourage patients with LD to have their health checks, arranging any reasonable adjustments, offering reassurance and appointment reminders where appropriate and monitoring data to ensure health checks are booked in throughout the year. The pilot aims to reduce workload for practices and improve outcomes and quality of care for patients on the LD register who can face increased chances of morbidity and preventable deaths.

### ARRS Newly Qualified GP Recruitment

Following the announcement from NHSE that PCNs are able to claim separate Additional Roles Reimbursement Scheme (ARRS) funds until the end of the financial year for newly qualified GPs, PCNs are actively recruiting for this role to begin as soon as possible. PCNs are working with the ICB to overcome the challenges with regard to the NHSE parameters for GPs that may be recruited to this role.

### PCN Showcase

The eight Bromley PCNs have a shared objective of improving patient healthcare working at scale. Each PCN also has its own set of patient demographics, staff, infrastructure, health data and aims designed to meet the specific healthcare needs of its population. Below is the first of our 'PCN Showcase' series which provides a snapshot view of Five Elms PCN.

<b>Five Elms PCN</b>	
<b>Total list size</b>	43,549
<b>Member practices</b>	Bromley Common Practice, Norheads Lane Surgery, Southborough Lane Surgery, Stock Hill Medical Centre, Summercroft Surgery
<b>PCN base</b>	Hayes, moving to Bromley in early 2025
<b>PCN infrastructure</b>	1 Clinical Director 1 PCN Manager 1 Digital Transformation Lead 1 Operations Manager 2 Administrators 1 Business Admin Apprentice
<b>ARRS staff</b>	9 Clinical Pharmacists 2 Pharmacy Technicians 2 Advanced First Contact Physiotherapists 2 Paramedics 2 Care Co-ordinators 2 Social Prescribing Link Workers 2 Mental Health Practitioners 1 First Contact Physiotherapist 1 Health and Wellbeing Coach 1 Trainee Nursing Associate

<p><b>Population health data highlights</b></p>	<p>There is a high prevalence of long term conditions, chiefly cardiovascular disease, respiratory disease, stroke, cancer, CKD and dementia commensurate with the age profile of the population. Two practices (Bromley Common and Norheads Lane) have above average rates of depression.</p> <p>The latest QOF data (all age) shows that all GP practices in Five Elms have a higher rate of patients with 5+ long term conditions (LTCs) than the average for Bromley. Looking at the five most common LTCs by practice, the top 4 are the same for all of them: hypertension, depression, obesity and non-diabetic hyperglycaemia. For over 70s the common LTCs are hypertension, chronic kidney disease and hyperglycaemia. A greater than national average proportion of Norheads Lane and Southborough Lane patients report having enough support from local organisations to manage their LTC.</p>
<p><b>Hub services</b></p>	<p>The first hub service began back in 2021, running Hot Hubs (covid symptoms) between November 2021 and February 2022. A Strep A (Scarlet Fever) clinic was offered throughout December 2022 with Nurse clinics run throughout the year for services such as Smears and reviews.</p>
<p><b>Health Inequality project</b></p>	<p>Wellbeing Cafés were launched in 2023 in Bromley Common and Biggin Hill where patients aged 65+ are invited to a 2 hour session for talks from health and social care professionals, exercise classes, games and general socialising with other patients, offering a BP monitoring service in addition. The Cafes are managed by the PCN personalised care teams and Patient Participation Group volunteers.</p>
<p><b>Capacity and Access improvement initiative</b></p>	<p>The PCN has launched total triage at Stock Hill Medical Centre, using online consultations.</p>
<p><b>Flagship service</b></p>	<p>Enhanced Access: Contracted to provide 42.5 hours of appointments each week and clinics are run from The Crown Medical Centre and Stock Hill Surgery. Service operates on Saturdays 9am-5pm and offers a range of appointments for GPs, Nurses, Clinical Pharmacists, Physiotherapist and Health and Wellbeing Coach appointments as well as other key ARRS roles such as Paramedics. The service has been running for 20 months.</p>
<p><b>Future plans</b></p>	<p>Expansion of the PCN eHub. Development of a new phlebotomy hub, housebound visits and reviews and Enhanced Access contracted hours.</p>

## 9. Bromley Public Health

Our Bromley Public Health Team have been working closely with 'One Bromley' partners to improve vaccination uptake in Bromley and address vaccine inequalities, using local data to identify areas and specific communities to focus our efforts. Over the last 6 months, a working partnership was formed with the Adult Education College as it was identified that their students often face challenges accessing vaccinations services due to language barriers. Many of the students are asylum seekers or refugees who have recently arrived in the UK. The main college campus is based in Penge, which is also an area of the borough with lower vaccination uptake. Feedback and learning obtained from prior community engagement work has been used to tailor the communication and engagement methods used, for example it had been identified that attendance could be boosted at pop-up clinics if preparatory work to inform and educate was done in advance.

Initially, our team delivered a series of educational talks to the ESOL (English for Speakers of Other Languages) students over the summer and autumn terms. The sessions covered vaccinations, why they are important, which vaccines are part of the UK immunisation schedule and how to access vaccinations and other services. At the sessions we answered questions and addressed concerns about vaccinations such as around ingredients like gelatine. We used the session to advertise the vaccination pop up clinic that was planned, advising the students that if they or their family members have missed any vaccinations or are unsure about their vaccination status, to come along to the pop-up event.

Following this, a pop-up vaccination clinic and Self-Care event was held at the College in the half term. The event was co-produced with One Bromley partners, the SEL ICB team and Community Champions and was attended by other partners including the Penge Primary Care Network, Clear Community Web, Mytime Active and Cancer Screening services. The event was promoted by the College as well as more widely in local networks and walk-ins from the Penge area also attended. Attendees could have their MMR, Flu or COVID-19 vaccine on site and could also access other health information while they were there, including support with digital access such as using the NHS App, blood pressure checks, advice regarding health services, screening and signposting to other local services.

The event was well attended and feedback from the attendees on the day was very positive. Beyond the vaccinations that were delivered on the day, there were also meaningful conversations around vaccinations with some who were vaccine hesitant and conversations on other health issues. The staff at the Adult Education College are interested in continuing our work together, holding additional pop-up clinics or similar health events in the future, to improve the health of their students and the local community.

**NHS ONE BROMLEY**  
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

**Penge Self Care event and vaccination clinic 30 October**  
Join us for a day of activities and information for your health and wellbeing

📅 Wednesday 30 October, 10am-4pm  
📍 Bromley Adult Education College, Kentwood Centre, Kingsdale Road, SE20 7PR

Free refreshments and face-painting available. All ages welcome. Come along and join in!

**Get protected against measles and flu**

- MMR vaccines for anyone not fully vaccinated, including children, teens and adults.
- Flu vaccines are available for all children. Gelatin free vaccines will be available.

Walk-in or book your place by scanning the QR code, or visit: [my.drdoctor.co.uk/clinic/Bromley-College](http://my.drdoctor.co.uk/clinic/Bromley-College)

Book MMR

Also on the day you can get information on:

- accessing health services and mental health support
- cancer screenings and other health initiatives
- developing your digital skills to access healthcare





## 10. Bromley GP Alliance (BGPA)

BGPA continue to support the response to the Synnovis cyber-attack.

During this time, BGPA has increased additional administrative and back-office support to ensure patients continue to access phlebotomy appointments for urgent requests and management of the high, medium and low priority blood test appointments.

Working with ICB colleagues, BGPA has ensured identification of patients who have already completed a blood test, as well as to highlight those whose tests are delayed or pending.

BGPA continues to provide ICB colleagues with appointment utilisation updates and GP patient reports with data extracted to ensure accuracy and up-to-date information. Additionally, high and medium priority patients receive SMS notifications instructing them to contact BGPA by phone or book an appointment online, streamlining the scheduling of blood tests for those most affected by the delay.

Regular communication with ICB and Synnovis colleagues continue as we seek to understand when repatriation back to Synnovis will begin following successful mobilisations in other boroughs in South East London. From Monday 28th October, BGPA collaborated with Synnovis to secure deployment of additional phlebotomists to increase capacity of appointments available to patients who are waiting for blood tests.



*(From left to right)* Franklin Nwachukwu, Natalie Arnold, Ruth Keen, Elizabeth Mensah, Alicia Anderson, Paula Myrie, Vanessa Torres, Bernadette McCrory

# One Bromley Local Care Partnership Board

DATE: Thursday 28<sup>th</sup> November 2024

<b>Title</b>	<b>Month 6 2024/25 SEL ICB Finance Report</b>	
This paper is for <b>information</b> .		
Executive Summary	<ul style="list-style-type: none"> <li>• The SEL ICB financial allocation as at month 6 was £4,622,090k.</li> <li>• As at month 6 the SEL ICB is forecasting that it will deliver a year-end position of break-even.</li> <li>• In reporting the month 6 position, the ICB has delivered the following financial duties:             <ul style="list-style-type: none"> <li>• Underspending (£1,135k 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;</li> <li>• Delivering all targets under the Better Practice Payments code;</li> <li>• Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and</li> <li>• Delivered the month-end cash position, well within the target cash balance.</li> </ul> </li> <li>• The 2024/25 Bromley ICB/LCP place budget at month 6 was £257,191k.</li> <li>• The Bromley ICB/LCP place forecast outturn is breakeven.</li> </ul>	
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

28 November 2024

Month 6 2024/25, SEL ICB Finance Report

- 1. Key highlights – SEL ICB & Bromley ICB/LCP**
- 2. Bromley ICB/LCP - Month 6 Financial Position**
- 3. Bromley ICB/LCP - Risks**
- 4. Bromley ICB/LCP - Savings Summary**
- 5. Bromley ICB/LCP - Mental Health Private Assessments Expenditure Analysis**

**Appendix 1 – M6 SEL ICB Finance Report**

- The SEL ICB financial allocation as at month 6 was £4,622,090k.
- As at month 6 the SEL ICB is forecasting that it will deliver a year-end position of break-even.
- In reporting the month 6 position, the ICB has delivered the following financial duties:
  - Underspending (£1,135k 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 6 was £257,191k.
- The Bromley ICB/LCP place forecast outturn is breakeven.

## 2. Month 6 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	3,847	3,794	53	7,694	7,588	106
Community Health Services	44,449	44,502	(53)	88,897	89,004	(107)
Mental Health Services	7,309	7,560	(251)	14,617	15,053	(436)
Continuing Care Services	13,564	14,052	(487)	27,128	27,954	(826)
Prescribing	25,523	25,323	201	51,047	50,417	630
Other Primary Care Services	1,069	1,069	(0)	2,138	2,138	0
Programme wide projects	-	-	0	-	(392)	392
Delegated Primary Care Services	28,742	28,742	0	62,430	62,430	0
Corporate Budgets	1,638	1,398	240	3,239	2,999	240
<b>Total</b>	<b>126,140</b>	<b>126,438</b>	<b>(298)</b>	<b>257,191</b>	<b>257,191</b>	<b>(0)</b>

- The borough is reporting an overspend of £298k at Month 6 and is forecasting a breakeven position at year end.
- The Community budget is £53k overspent year to date and is forecasting an overspend of £107k. Some of the smaller contracts are currently overperforming due to activity increases. These contracts are being reviewed to see if actions can be taken to improve the financial position.

The Mental Health budget is £251k overspent year to date and is forecasting an overspend of £436k. This is due to the cost per case budget being overspent due to an increase in the number of clients over the last 2 years. Cost per case clients are reviewed on a regular basis. The Continuing Healthcare budget is £487k overspent year to date and the forecast is £826k overspent. The year to date overspend includes the excess costs relating to the provision for retrospective claims and appeals totalling £246k, the full year forecast is £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. There is also an increase in adult CHC client numbers which is impacting adversely upon the position. This is due to an increase in care/nursing home beds in the borough.

The prescribing budget is £201k underspent year to date and is forecasting a £630k underspend at year end. This position represents a deterioration in the forecast position compared to last month of £229k. Prescribing information (PPA) is received 2 months in arrears, so this position is calculated using four 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.

- The Corporate budget is £240k underspent year to date due to vacancies and these are expected to be filled soon. The forecast position has therefore been reported at the same value because savings arising from vacancies are not expected to continue.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to achieve these savings and is reporting full delivery of the target.

### 3. Bromley ICB/LCP risks

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. Continues to be overspent but the number of clients has stabilised since the last report. Clients are reviewed regularly to ensure packages are current and costs are appropriate. The total CPC forecast spend is £2,867k.
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. There is also a risk that outstanding cases are more expensive than planned which could result in an additional overspend.
3. Prescribing. At month 6 the forecast underspend has reduced from £695k in M4 to £630k at M6. Bromley are the only Borough in SEL who are reporting an underspend. 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. The monthly Bromley forecast variances are set out in the table below.

	M3	M4	M5	M6	M7
	£'000	£'000	£'000	£'000	£'000
FOTVariance	1,362	695	601	630	603



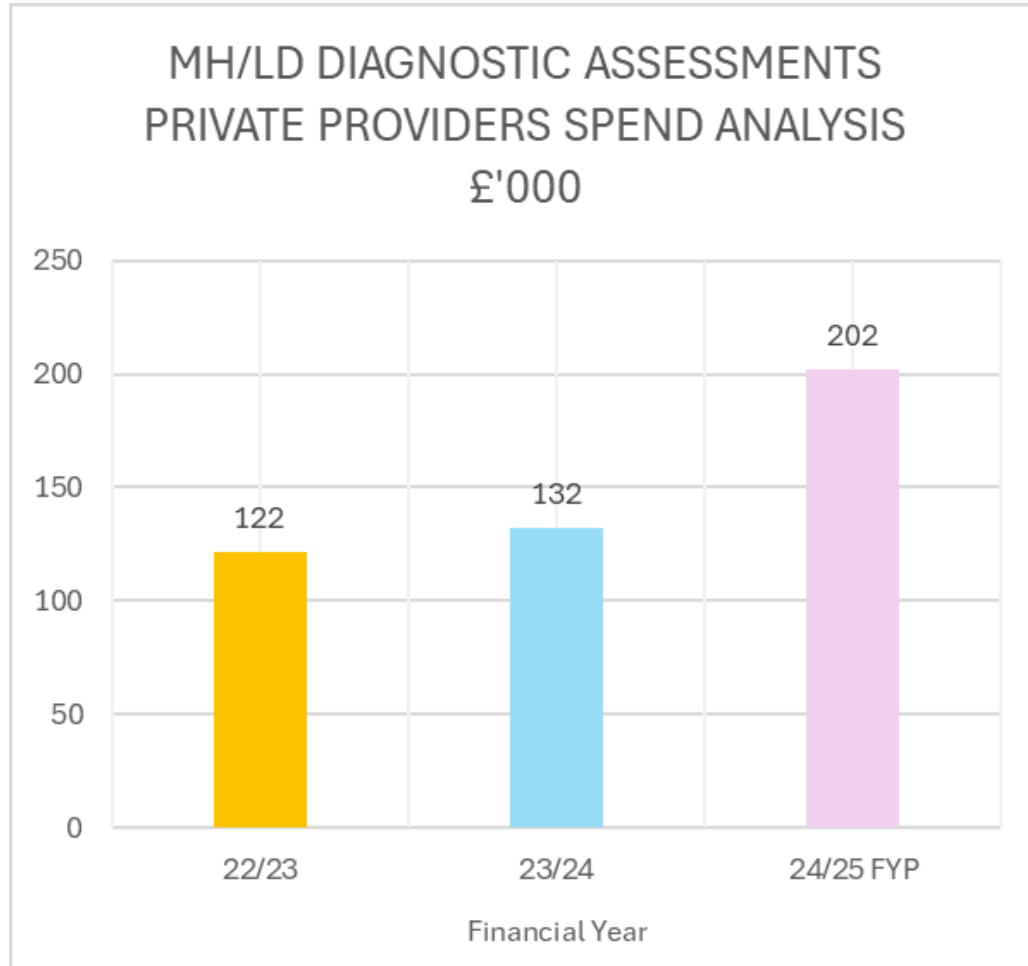
# 4. Bromley ICB/LCP Savings Summary

Bromley Place savings summary by Directorate at Month 6 2024/25

Bromley	Target	Identified			
		Embedded efficiency	Embedded convergence	Directorate savings	Total
	£'000	£'000	£'000	£'000	£'000
Other Acute Services	269	75	75	205	355
Other Community Health Services	3,209	911	901	193	2,005
Mental Health Services		0	0		0
Continuing Care Services	992	291	296	538	1,125
Prescribing	1,836	546	540	1,678	2,764
Other Primary Care Services	117	32	44	100	176
Other Programme Services	3	1	0		1
Delegated Primary Care Services		0	0		0
Corporate Budgets		0	0		0
<b>Total</b>	<b>6,426</b>	<b>1,856</b>	<b>1,856</b>	<b>2,714</b>	<b>6,426</b>
<u>Directorate Savings</u>	£'000	<u>Description</u>			
Other acute services	205	The UTC service is provided across 2 sites in Bromley. These savings reflect the expected change in activity.			
Community Services	32	FYE 2023/24 Phlebotomy procurement			
Community Services	161	Budget review			
Continuing Care Services	538	2% savings from faster reviews resulting in an end to packages or a reduction in package values.			
Prescribing	1,678	Savings plans are being developed across the 6 boroughs. The current Bromley total has been reflected.			
Other Primary Care Services	100	Budget review			
<b>Total</b>	<b>2,714</b>				

1. Embedded efficiency relates to the national 1.1% NHS efficiency target.
2. Embedded convergence was applied to budgets as SEL ICB is 'over-capitation'.
3. At Month 6 Bromley Place are on track to deliver the 24/25 savings target.

## 5. Bromley ICB/LCP Mental Health Private Assessments Expenditure Analysis



1. The information in the table is extracted from the budgetary control statements for the relevant period.
2. Average monthly spend has increased from £10k per month in 2022/23 to a forecast £17k per month in 2024/25.
3. The ICB receives a report from the main provider of these services which currently accounts for 90% of expenditure in this area. Key themes from this report are 1. The age distribution is set out in bands of 5 years. The three age bands with the highest activity are 20-24, 25-29 and 30-34 i.e. young adults. 2. Twice as many females are accessing services than males. 3. The vast majority of referrals relate to Adult ADHD.
4. The ICB can confirm the following. Oxleas waiting times for adult ADHD are at their lowest levels for 5 years. Oxleas CAMHS and BHC are working on a new diagnostic pathway for ASD which will reduce waiting times. There has also been work at SEL relating to a central screening triage service for all right to choose adult ADHD assessments, which is under development.

## SEL ICB Finance Report

Month 6 2024/25

- 1. Key Financial Indicators**
- 2. Executive Summary**
- 3. Revenue Resource Limit (RRL)**
- 4. Budget Overview**
- 5. Prescribing**
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# 1. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k** against the RRL, which is **£678k** adverse to plan. The overspend of £678k 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 (**£2,394k**) of its additional savings requirement. **All boroughs are reporting that they will deliver financial balance at the year end. Four boroughs are reporting overspends YTD, with recovery plans being implemented.**
- ICB is showing a YTD underspend of **£1,135k** 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 6 period.
- As at month 6, 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 surplus of **£34,200k** 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	2,300,208	2,300,886	4,583,101
Operating Under Resource Revenue Limit	2,311,045	2,309,329	4,622,090	4,622,090
Not to exceed Running Cost Allowance	15,555	14,420	31,110	31,110
Month End Cash Position (expected to be below target)	4,500	3,744		
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%	98.6%		
Mental Health Investment Standard (Annual)			458,449	459,245

## 2. Executive Summary

- This report sets out the month 6 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 which has now been adjusted due to the impact of the deficit support funding by £1,811k, to give a revised surplus of **£38,958k**. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions (**£19,200k, of which £13,200k 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 **£4,758k** is the responsibility of the ICB to deliver.
- The ICB's financial allocation as at month 6 is **£4,622,090k**. In month, the ICB has received an additional £120,277k of allocations. These are as detailed on the following slide. This included as anticipated the non-recurrent **deficit support funding of £99,989k**, to enable the ICS to set an overall balanced plan.
- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k**, which is **£678k** adverse to plan. The overspend of £678k 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 (**£2,394k**) of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received four months of prescribing data. Based upon the number of prescribing days, the ICB is reporting an overspend of **£2,557k** at month 6. 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 (**£3,208k YTD**). Lewisham (**£2,635k**), Greenwich (**£579k**) and Bromley (**£487k**) boroughs are particularly impacted, with the other boroughs reporting breakeven or small underspends.
- 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 business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of **circa £500k per month and £2,770k YTD**.
- Four places are reporting overall overspend positions YTD at month 6 – **Lewisham (£505k), Greenwich (£440k), Bromley (£298k) and Lambeth (£196k)**, with financial focus meetings recently held with the CFO/Deputy CEO, and recovery plans being implemented.
- In reporting this month 6 position, the ICB has delivered the following financial duties:
  - Underspending (**£1,135k 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 6, 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 **£34,200k** included in the ICB plan on behalf of ICS partners.

### 3. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>ICB Start Budget</b>	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
<b>M2 Budget</b>	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
<b>M3 Budget</b>	149,965	254,761	179,874	218,499	173,356	171,758	3,332,585	4,480,798
M4 Internal Adjustments	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	18,310
<b>M4 Budget</b>	150,104	254,971	180,000	218,627	173,551	171,886	3,349,969	4,499,108
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	2,705
<b>M5 Budget</b>	150,231	255,267	180,165	218,858	173,734	172,095	3,351,463	4,501,813
<b>M6 Internal Adjustments</b>								
Delegated Primary Care	210	2	299	295	102	312	(1,220)	-
Primary Care transformation SDF	367	548	505	726	558	579	(3,284)	-
Other		(260)					260	-
<b>M6 Allocations</b>								
Non-recurrent deficit support							99,989	99,989
GP Practice contract changes	1,137	1,589	1,489	2,124	1,694	1,756	3,402	13,191
Industrial Action							4,871	4,871
Cancer SDF							886	886
Primary Care Access Recovery							554	554
National Recovery programme							358	358
Other		46					382	428
<b>M6 Budget</b>	151,946	257,191	182,459	222,003	176,088	174,741	3,457,662	4,622,090

- The table sets out the Revenue Resource Limit (RRL) at month 6.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 6, 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 adjustments related to delegated primary care and primary care transformation SDF funding, which were added to borough delegated budgets.
- In month, the ICB has received an additional **£120,277k** of allocations, giving the ICB a total allocation of **£4,622,090k** at month 6. The additional allocations received in month were in respect of the non-recurrent deficit support (£99,989k) for the ICS, GP practice contract changes (£13,191k), industrial action (£4,871k) plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

# 4. Budget Overview

	M06 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>								
Acute Services	2,435	3,847	3,503	594	649	41	1,184,732	1,195,802
Community Health Services	11,128	44,449	19,275	13,954	14,545	18,050	125,835	247,236
Mental Health Services	5,228	7,309	4,254	11,532	3,829	5,098	259,675	296,925
Continuing Care Services	13,069	13,564	14,610	17,308	11,528	9,880	-	79,960
Prescribing	18,706	25,523	18,645	21,333	21,295	17,556	58	123,116
Other Primary Care Services	1,633	1,069	1,037	1,973	1,125	555	8,093	15,485
Other Programme Services	600	-	500	-	1,664	398	24,330	27,492
Programme Wide Projects	-	-	-	-	13	125	3,056	3,194
Delegated Primary Care Services	19,978	28,742	25,446	39,420	29,388	31,578	121	174,673
Delegated Primary Care Services DPO	-	-	-	-	-	-	105,298	105,298
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	1,427	1,638	1,691	1,739	1,501	1,524	21,508	31,028
<b>Total Year to Date Budget</b>	<b>74,203</b>	<b>126,140</b>	<b>88,962</b>	<b>107,854</b>	<b>85,537</b>	<b>84,805</b>	<b>1,732,706</b>	<b>2,300,208</b>
<b>Year to Date Actual</b>								
Acute Services	2,404	3,794	3,522	594	385	42	1,184,271	1,195,013
Community Health Services	11,041	44,502	18,811	14,028	13,741	17,956	126,296	246,375
Mental Health Services	5,193	7,560	4,465	11,694	3,680	5,438	259,720	297,750
Continuing Care Services	12,955	14,052	15,189	17,308	14,163	9,501	-	83,168
Prescribing	19,025	25,323	19,327	21,524	22,412	18,010	54	125,673
Other Primary Care Services	1,633	1,069	937	1,929	792	555	8,174	15,089
Other Programme Services	600	-	-	-	-	-	22,165	22,764
Programme Wide Projects	-	-	(3)	-	13	125	3,370	3,505
Delegated Primary Care Services	19,978	28,742	25,588	39,420	29,436	31,731	121	175,016
Delegated Primary Care Services DPO	-	-	-	-	-	-	105,447	105,447
Corporate Budgets - staff at Risk	-	-	-	-	-	-	2,772	2,772
Corporate Budgets	1,295	1,398	1,567	1,553	1,421	1,387	19,693	28,314
<b>Total Year to Date Actual</b>	<b>74,124</b>	<b>126,438</b>	<b>89,402</b>	<b>108,050</b>	<b>86,042</b>	<b>84,746</b>	<b>1,732,083</b>	<b>2,300,885</b>
<b>Year to Date Variance</b>								
Acute Services	31	53	(19)	0	264	(1)	461	789
Community Health Services	87	(53)	465	(74)	804	94	(461)	861
Mental Health Services	34	(251)	(211)	(162)	149	(340)	(45)	(826)
Continuing Care Services	114	(487)	(579)	0	(2,635)	379	-	(3,208)
Prescribing	(319)	201	(682)	(191)	(1,116)	(454)	4	(2,557)
Other Primary Care Services	(0)	(0)	100	44	333	0	(81)	396
Other Programme Services	0	-	500	-	1,664	398	2,165	4,728
Programme Wide Projects	-	-	3	-	-	(0)	(314)	(311)
Delegated Primary Care Services	-	-	(141)	-	(48)	(153)	0	(343)
Delegated Primary Care Services DPO	-	-	-	-	-	-	(149)	(149)
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(2,772)	(2,772)
Corporate Budgets	132	240	124	187	79	136	1,815	2,714
<b>Total Year to Date Variance</b>	<b>79</b>	<b>(298)</b>	<b>(440)</b>	<b>(196)</b>	<b>(505)</b>	<b>59</b>	<b>623</b>	<b>(678)</b>

- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k**, which is **£678k** adverse to plan. The overspend of £678k 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 (**£2,394k**) of its additional savings requirement.
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has received four months of prescribing data. Using an estimate for August and September, the ICB is reporting an overall YTD overspend of **£2,557k**, although it should be noted that the position is differential across places. This is clearly a significant financial risk area as in previous years.
- The continuing care (CHC) financial position is **£3,208k** overspent, with Lewisham (**£2,635k**) 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 no longer requires DHSC approval and the ICB has started to issuing notice to impacted staff. The additional cost YTD is **£2,770k**.
- 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 **£826k**. The CPC issue is differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. These boroughs are taking actions to mitigate this expenditure.
- Four places are reporting overspend positions at month 6 – **Lewisham (£505k), Greenwich (£440k), Bromley (£298k) and Lambeth (£196k)**. More detail regarding the individual place financial positions is provided later in this report.



## 5. Prescribing – Overview as at Month 6

- The table below shows the month 6 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received four months of 2024/25 prescribing data. Based upon a prescribing days methodology to estimate spend for August and September, the ICB is reporting an overall overspend on **PPA prescribing of £2,759k**.

M06 Prescribing	Total PMD (Excluding Cat M & NCSO) £	Cat M & NCSO £	Central Drugs £	Flu Income £	PY Flu (Benefit)/Cost Pressure £	Cat M Clawback £	Total 24/25 PPA Spend £	M06 YTD Budget £	YTD Variance - (over)/under £
BEXLEY	18,434,038	93,955	617,242	(198,176)	3,336		18,950,395	18,602,509	(347,886)
BROMLEY	24,601,666	161,401	821,601	(310,737)	(31,432)		25,242,499	25,402,291	159,792
GREENWICH	18,602,744	149,085	623,454	(161,262)	(1,687)		19,212,334	18,500,001	(712,334)
LAMBETH	20,806,301	226,564	696,842	(182,435)	(23,696)		21,523,576	21,294,091	(229,485)
LEWISHAM	21,217,305	314,952	717,599	(131,882)	(6,642)		22,111,333	20,956,641	(1,154,692)
SOUTHWARK	17,251,889	213,084	582,172	(147,659)	(45,179)		17,854,307	17,376,037	(478,269)
SOUTH EAST LONDON	0					56,374	56,374	60,000.00	3,626
<b>Grand Total</b>	<b>120,913,943</b>	<b>1,159,040</b>	<b>4,058,910</b>	<b>(1,132,150)</b>	<b>(105,300)</b>	<b>56,374</b>	<b>124,950,818</b>	<b>122,191,570</b>	<b>(2,759,248)</b>

- 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 increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items are showing a higher % increase than is being seen nationally. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure (**£1,155k 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. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, recurrent savings will be achieved against the annual budget of circa £626k.
- Non PPA budgets are underspent by £202k giving an overall overspend on PPA and non PPA prescribing of **£2,557k**.

## 5. Prescribing – Comparison of 2425 v 2324

- The table below compares April to July prescribing data for 2023 and 2024. The headlines are that expenditure in the ICB is increasing faster (**3.0%**) than nationally (**2.3%**) and slightly slower than the London average (**3.1%**). This is driven by a combination of the cost per item falling more slowly (**2.4%**), together a rise in activity (**5.6%**) albeit at a slower rate than across London (**7.3%**).

Prescribing Comparison of April to July 2024 v 2023				
	2023 April to July	2024 April to July	Change £	Change %
<b>South East London ICB:</b>				
Expenditure (£'000)	79,448	81,871	2,423	3.0%
Number of Items ('000)	8,402	8,871	470	5.6%
£/Item	9.46	9.23	-0.23	-2.4%
<b>London ICBs:</b>				
Expenditure (£'000)	403,787	416,288	12,501	3.1%
Number of Items ('000)	47,068	50,500	3,433	7.3%
£/Item	8.58	8.24	-0.34	-3.9%
<b>All England ICBs:</b>				
Expenditure (£'000)	3,317,057	3,393,779	76,721	2.3%
Number of Items ('000)	389,427	412,452	23,025	5.9%
£/Item	8.52	8.23	-0.29	-3.4%

It is difficult to base judgements on four 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 central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items continue to show a higher % increase than is being seen nationally;
- Impact of NCSO remains a factor.

## 6. Dental, Optometry and Community Pharmacy

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 6 YTD and forecast basis.

Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	51,622	50,232	1,390	103,245	100,464	2,780
Delegated Community Dental	3,848	3,848	(0)	7,696	7,696	0
Delegated Secondary Dental	27,013	27,013	(0)	53,433	53,433	(0)
<b>Total Dental</b>	<b>82,484</b>	<b>81,093</b>	<b>1,390</b>	<b>164,373</b>	<b>161,593</b>	<b>2,780</b>
Delegated Ophthalmic	7,752	8,653	(901)	15,504	17,305	(1,801)
Delegated Pharmacy	14,702	15,340	(638)	29,403	30,680	(1,277)
Delegated Property Costs	361	361	0	722	722	0
<b>Total Delegated DOPs</b>	<b>105,298</b>	<b>105,447</b>	<b>(149)</b>	<b>210,003</b>	<b>210,300</b>	<b>(298)</b>

### a) Delegated Dental

- Overall, Dental is showing a YTD underspend against budget of **£1,390k**, and a forecast of **£2,780k** for the full year. **The underspend is forecast to largely offset the overspends within Ophthalmic and Community Pharmacy. The dental ringfence of £161,593k is expected to be fully spent.** Due to the volatility of dental activity the 2425 budget was set greater than the ringfenced value. The month 6 accrual is based September's dental report downloaded from the national e-Den system. The year-to-date level of dental activity is 85.5% and the forecast is 91.1%, with activity levels expected to pick up as the year progresses. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites and rent is charged.

### b) Delegated Ophthalmic

- The YTD position is an **overspend of £901k**. The spend largely relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

### c) Delegated Community Pharmacy

- The YTD position is an **overspend of £638k**, noting that information is received 2 months in arrears with an accrual then based upon the 4 months average. 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.

## 7. NHS Continuing Healthcare

- The overall CHC financial position as at month six is an **overspend of £3,208k**, with underlying cost pressures variable across the boroughs. Three of the six boroughs are reporting overspends, namely, Bromley, Greenwich, and Lewisham whilst the other three boroughs are reporting breakeven or small underspends.
- The majority of the overspend (**£2,635k**) is in **Lewisham**. The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year circa £1,445k, a significant element relating to LD clients. The position also assumes price pressures of 4% for 2024/25 equivalent to circa £818k and reflects an increase in active clients in 2024/25, across several care groups including 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 is monitored through weekly meetings with the ledger reflecting any changes made to the database. An improvement in the run rate (**£68k**) has been seen in month 6 arising from this work. There has been a favourable movement in the **Bexley** outturn position this month of **£505k** due to a reduction in forecast activity. The overspend in **Bromley** of **£225k** partially relates to the final settlement of a CHC case, with the remainder due to increased activity driven in part by increase in the borough's bed base. **Greenwich** has seen a deterioration in its full-year position of **£645k**, due to an increase in the number of CHC children, with this movement being validated.
- The ICB set up a panel 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 had weekly meetings to discuss and agree cost increase requests from the CHC care providers. The panel has agreed majority of the claims, and boroughs have started to update their client databases. The reported financial position reflects a 4% inflationary uplift. In month 7, a review of the reserves held in each borough to fund the inflationary uplifts will be undertaken.
- 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.

## 8. Provider Position

### Overview:

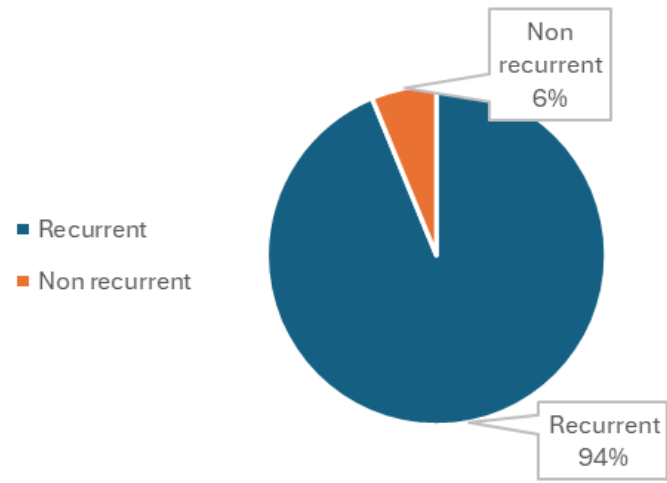
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,216,286k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
  - Guys and St Thomas **£704,191k**
  - Kings College Hospital **£856,304k**
  - Lewisham and Greenwich **£645,073k**
  - South London and the Maudsley **£317,551k**
  - Oxleas **£247,407k**
- 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.

# 9. ICB Efficiency Schemes at as Month 6

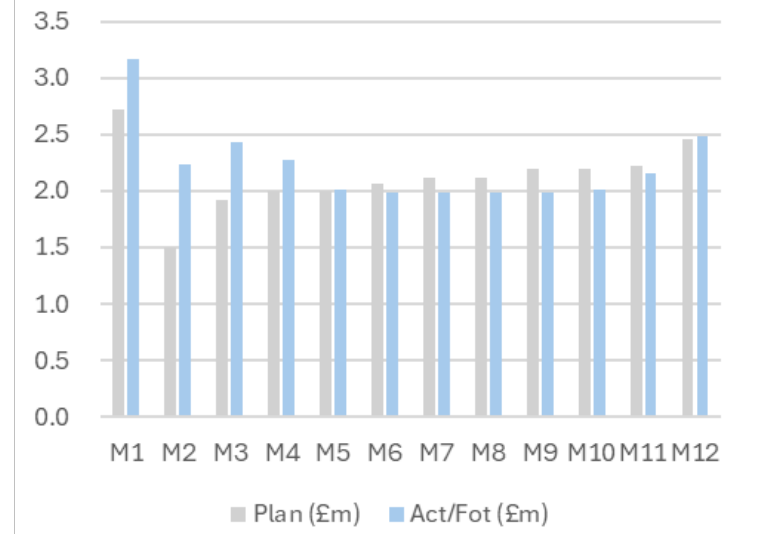
- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 6, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- As at month 6, overall, the ICB is reporting actual delivery ahead of plan (£1.9m).** At this stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (**by £1.2m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£2.6m** of the forecast outturn of **£26.7m** has been assessed by the places as **high risk**.
- Most of the savings (**94%**) are forecast to be delivered on a recurrent basis.

Providers	M6 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	2.2	2.1	(0.0)	3.5	3.6	0.1	3.5	3.6	0.1	3.0	0.2	0.4
Bromley	2.8	2.9	0.1	6.3	6.4	0.1	6.3	6.4	0.1	4.2	2.2	0.0
Greenwich	1.6	1.9	0.2	3.5	4.2	0.7	3.5	4.2	0.7	2.6	1.6	0.0
Lambeth	2.5	3.7	1.3	5.2	5.5	0.3	5.2	5.5	0.3	1.7	1.6	2.2
Lewisham	1.6	1.9	0.3	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	1.6	1.6	(0.0)	3.8	3.4	(0.3)	3.8	3.4	(0.3)	3.4	0.1	0.0
<b>SEL ICB Total</b>	<b>12.2</b>	<b>14.1</b>	<b>1.9</b>	<b>25.5</b>	<b>26.7</b>	<b>1.2</b>	<b>25.5</b>	<b>26.7</b>	<b>1.2</b>	<b>17.8</b>	<b>6.3</b>	<b>2.6</b>

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



# 10. Corporate Costs – Programme and Running Costs

Area	Year to Date			
	Annual Budget	Budget	Actual	Variance
	£	£	£	£
<b>Boroughs</b>				
Bexley	2,466,667	1,223,335	1,091,558	131,777
Bromley	3,073,060	1,555,031	1,314,560	240,471
Greenwich	3,052,238	1,550,118	1,449,834	100,284
Lambeth	3,227,049	1,631,025	1,444,285	186,740
Lewisham	2,773,243	1,392,621	1,313,152	79,469
Southwark	2,900,546	1,473,772	1,337,383	136,389
<b>Subtotal</b>	<b>17,492,803</b>	<b>8,825,903</b>	<b>7,950,772</b>	<b>875,130</b>
<b>Central</b>				
CESEL	437,482	218,741	125,687	93,054
Chief of Staff	2,912,328	1,456,164	1,340,735	115,429
Comms & Engagement	1,599,007	799,503	618,994	180,510
Digital	1,542,037	771,018	471,599	299,419
Digital - IM&T	2,965,644	1,482,822	1,360,729	122,093
Estates	615,590	307,795	345,720	(37,925)
Executive Team/GB	2,286,438	1,143,219	1,104,272	38,947
Finance	2,906,225	1,453,112	1,299,713	153,398
Staff at risk costs	-	-	2,770,190	(2,770,190)
London ICS Network	(1)	0	0	(0)
Medical Director - CCPL	1,604,413	797,707	605,013	192,694
Medical Director - ICS	235,647	117,823	90,986	26,837
Medicines Optimisation	3,829,970	1,914,984	1,609,362	305,622
Planning & Commissioning	7,761,074	3,880,537	3,420,202	460,334
Quality & Nursing	1,786,632	893,315	820,914	72,401
SELOther	1,445,138	722,569	722,569	(0)
South East London	-	-	100,615	(100,615)
<b>Subtotal</b>	<b>31,927,624</b>	<b>15,959,309</b>	<b>16,807,300</b>	<b>(847,991)</b>
<b>Grand Total</b>	<b>49,420,427</b>	<b>24,785,211</b>	<b>24,758,072</b>	<b>27,139</b>

- The table shows the YTD month 6 position on programme and running cost corporate 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 no longer requires approval from DHSC, NHS England approval is sufficient. Therefore, the process of issuing notices to at risk staff has now begun. The delay has generated additional costs for the ICB both in respect of the ongoing cost (**circa £500k per month and £2,770k YTD**) together with the impact upon the final redundancy payments, given longer employment periods etc.
- Overall, the ICB is reporting a broadly balanced position on its corporate costs (**YTD underspend of £27k**), 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 (**£1,135k YTD**) against its management (running) costs allocation.

# 11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 6 was **£4,581,133k**. The MCD available as at month 6, 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 **£2,334,833k**.
- As at month 6 the ICB had drawn-down 49.0% of the available cash compared to the budget cash figure of 50.0%. So far, this financial year, the ICB has not utilised the supplementary drawdown facility due to accurate cash flow forecasting. However, at the request of NHS England a supplementary funding request for actioned in October in respect of cash to make payments to providers for the 2425 pay award, non-recurrent deficit funding and industrial action. The total additional cash requirement was **£106,000k**. All ICBs in the country would have a supplementary cash draw in October.
- 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 6 was **£3,744k**, well within the target set by NHSE (**£4,500k**). **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 AP6 - SEP 24	2024/25 AP5 - AUG 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								
ICB ACDR	4,581,133	4,459,045	122,088	Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
Capital allocation	0	0	0	May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Less:				Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Cash drawn down	(2,060,000)	(1,700,000)	(360,000)	Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Prescription Pricing Authority	(138,939)	(114,512)	(24,427)	Aug-24	320,000	0	1,700,000	41.57%	4,000	661	0.21%
HOT	(1,130)	(899)	(231)	Sep-24	360,000	0	2,060,000	49.00%	4,500	3,744	1.04%
POD	(46,239)	(38,188)	(8,051)	Oct-24	347,000		2,407,000		4,338		
Pay Award charges			0	Nov-24			2,407,000				
PCSE POD charges adjustments	9	9	0	Dec-24			2,407,000				
Pension Uplift			0	Jan-25			2,407,000				
				Feb-25			2,407,000				
				Mar-25							
<b>Remaining Cash limit</b>	<b>2,334,833</b>	<b>2,605,454</b>	<b>(270,621)</b>		<b>2,407,000</b>	<b>0</b>					



# 12. 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 August 2024 as the September report will not be received until the end of October which is too late for this reporting cycle.
- In terms of performance, **SE London ICB was ranked the 2<sup>nd</sup> highest in the country again** in August 2024. The metric scores below show a further improvement this month which is very positive, the main improvement being on accounts payable for NHS invoices. **The ICB is again the highest placed in London this month.**
- 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 Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas which are Accounts Payable NHS and Non-NHS where improvements were seen this month, especially in the NHS category, and general accounts which includes areas such as cash and journals, where the score this month remained consistent to last.

<b>Organisation Name</b>	NHS South East London ICB			
<b>Organisation Code</b>	QKK		<b>Period</b>	Aug-24
<b>Region</b>	London		<b>Peer Rank</b>	2 / 42 ICB
	<b>Jun-24</b>	<b>Jul-24</b>	<b>Aug-24</b>	<b>3 month average</b>
<b>Overall Score (max 25)</b>	15.94	18.61	19.15	17.90
	<b>Jun-24</b>	<b>Jul-24</b>	<b>Aug-24</b>	<b>3 month average</b>
<b>Accounts Payable - NHS</b>	3.26	2.74	3.42	3.14
<b>Accounts Payable - Non NHS</b>	2.89	2.78	2.83	2.83
<b>Accounts Receivable</b>	3.24	4.94	4.82	4.33
<b>General Accounts</b>	3.15	3.15	3.08	3.13
<b>GL and VAT</b>	3.4	5	5	4.47

# 13. 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
- Slide 2 summarises the 2024/25 SEL ICB MHIS Plan. As at Month 6 we are forecasting MHIS delivery of **£459,245k**, exceeding the target by **£796k** (0.17%). This is largely made up of over-delivery against the plan on prescribing of £2.1m, noting however that this may change in year given the volatility of prescribing spend based on the supply and cost of drugs. We are also seeing an increase in spend in some mental health placements, offset in part by underspends on community mental health services. Slide 3 sets out the position by ICB budget area.
- **Mental Health Data Review** - ICBs were given an opportunity to review and amend previous and current year expenditure where we have improved data. We are expecting the M07 MHIS report and target to be updated for both this and the impact of the nationally agreed pay uplifts.

## 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 the 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 on both ADHD and ASD, with a forecast in excess of £3m and an increasing number of independent sector providers for Right to Choose referrals. We are working with local providers to increase 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.

# 13. Summary MHIS Position – Month 6 (September) 2024/25



South East London

Mental Health Spend By Category		Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 30/09/2024 YTD £'000	Mental Health - Non-NHS Actual 30/09/2024 YTD £'000	Total Mental Health Actual 30/09/2024 YTD £'000	Mental Health - NHS Forecast 31/03/2025 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2025 Year Ending £'000	Total Mental Health Forecast 31/03/2025 Year Ending £'000	Total Mental Health Variance 31/03/2025 Year Ending £'000
Category									
Children & Young People's Mental Health (excluding LD)	1	43,216	19,394	2,114	21,508	38,787	4,229	43,016	200
Children & Young People's Eating Disorders	2	2,754	1,377	0	1,377	2,754	0	2,754	0
Perinatal Mental Health (Community)	3	9,455	4,728	0	4,728	9,455	0	9,455	0
Improved access to psychological therapies (adult and older adult)	4	35,049	14,295	3,272	17,567	28,590	6,544	35,134	(85)
A and E and Ward Liaison mental health services (adult and older adult)	5	18,804	9,402	0	9,402	18,804	0	18,804	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,806	6,403	0	6,403	12,806	0	12,806	0
Adult community-based mental health crisis care (adult and older adult)	7	35,007	17,335	168	17,503	34,671	336	35,007	0
Ambulance response services	8	1,149	574	0	574	1,149	0	1,149	0
Community A – community services that are not bed-based / not placements	9a	120,135	53,859	5,334	59,193	107,718	11,208	118,926	1,209
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,120	7,444	4,564	12,008	14,888	9,330	24,218	902
Mental Health Placements in Hospitals	20	4,351	1,602	641	2,243	3,204	1,230	4,434	(83)
Mental Health Act	10	6,155	0	3,562	3,562	0	6,924	6,924	(769)
SMI Physical health checks	11	843	338	85	423	675	169	844	(1)
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	124,698	62,527	0	62,527	125,054	0	125,054	(356)
Adult and older adult acute mental health out of area placements	14	9,475	4,546	27	4,573	9,092	52	9,144	331
<b>Sub-total MHIS (exc. CHC, prescribing, LD &amp; dementia)</b>		<b>449,017</b>	<b>203,824</b>	<b>19,767</b>	<b>223,591</b>	<b>407,647</b>	<b>40,022</b>	<b>447,669</b>	<b>1,348</b>
Mental health prescribing	16	9,190	0	5,644	5,644	0	11,288	11,288	(2,098)
Mental health in continuing care (CHC)	17	242	0	145	145	0	288	288	(46)
<b>Sub-total - MHIS (inc CHC, Prescribing)</b>		<b>458,449</b>	<b>203,824</b>	<b>25,556</b>	<b>229,380</b>	<b>407,647</b>	<b>51,598</b>	<b>459,245</b>	<b>(796)</b>
Learning Disability	18a	13,144	5,817	1,075	6,892	11,634	2,092	13,726	(582)
Autism	18b	3,766	1,422	215	1,637	2,844	420	3,264	502
Learning Disability & Autism - not separately identified	18c	51,711	4,092	23,385	27,477	8,184	46,723	54,907	(3,196)
<b>Sub-total - LD&amp;A (not included in MHIS)</b>		<b>68,621</b>	<b>11,331</b>	<b>24,675</b>	<b>36,006</b>	<b>22,662</b>	<b>49,235</b>	<b>71,897</b>	<b>(3,276)</b>
Dementia	19	14,527	6,414	859	7,273	12,828	1,718	14,546	(19)
<b>Sub-total - Dementia (not included in MHIS)</b>		<b>14,527</b>	<b>6,414</b>	<b>859</b>	<b>7,273</b>	<b>12,828</b>	<b>1,718</b>	<b>14,546</b>	<b>(19)</b>
<b>Total - Mental Health Services</b>		<b>541,597</b>	<b>221,569</b>	<b>51,090</b>	<b>272,659</b>	<b>443,137</b>	<b>102,551</b>	<b>545,688</b>	<b>(4,091)</b>

# 13. Summary MHIS Position M6 (September) 2024/25 - by budget area

Mental Health Investment Standard (MHIS) position by budget area M06 2024/25	Category	Year to Date position for the six months ended 30 September 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		
		£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	21,608	19,394	2,114		21,508	100	43,216	38,787	4,229	0	43,016	200		
Children & Young People's Eating Disorders	2	1,377	1,377	0		1,377	0	2,754	2,754	0	0	2,754	0		
Perinatal Mental Health (Community)	3	4,728	4,728	0		4,728	0	9,455	9,455	0	0	9,455	0		
Improved access to psychological therapies (adult and older adult)	4	17,524	14,295	3,272		17,567	(43)	35,049	28,590	6,544	0	35,134	(85)		
Aand Eand Ward Liaison mental health services (adult and older adult)	5	9,402	9,402	0		9,402	0	18,804	18,804	0	0	18,804	0		
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	6,403	6,403	0		6,403	0	12,806	12,806	0	0	12,806	0		
Adult community-based mental health crisis care (adult and older adult)	7	17,503	17,335	168		17,503	0	35,007	34,671	336	0	35,007	0		
Ambulance response services	8	574	574	0		574	0	1,149	1,149	0	0	1,149	0		
CommunityA–communityservices that are not bed-based / not placements	9a	60,054	53,859	5,334		59,193	861	120,135	107,718	11,208	0	118,926	1,209		
CommunityB–supported housing services that fit in the communitymodel, that are not delivered in hospitals	9b	12,560	7,444	4,564		12,008	552	25,120	14,888	9,330	0	24,218	902		
Mental Health Placements in Hospitals	20	2,176	1,602	641		2,243	(67)	4,351	3,204	1,230	0	4,434	(83)		
Mental Health Act	10	3,077	0	3,562		3,562	(485)	6,154	0	6,924	0	6,924	(770)		
SMPHysical health checks	11	422	338	85		423	(1)	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	62,349	62,527	0		62,527	(178)	124,698	125,054	0	0	125,054	(356)		
Adult and older adult acute mental health out of area placements	14	4,738	4,546	27		4,573	165	9,475	9,092	52	0	9,144	331		
<b>Sub-total MHIS (exc. CHC, prescribing, LD&amp;dementia)</b>		<b>224,495</b>	<b>203,824</b>	<b>19,767</b>	<b>0</b>	<b>223,591</b>	<b>904</b>	<b>449,017</b>	<b>407,647</b>	<b>40,022</b>	<b>0</b>	<b>447,669</b>	<b>1,348</b>		
Other Mental Health Services:															
Mental health prescribing	16	4,595	0	0	5,644	5,644	(1,049)	9,190	0	0	11,288	11,288	(2,098)		
Mental health continuing health care (CHC)	17	121	0	0	145	145	(24)	242	0	0	288	288	(46)		
<b>Sub-total - MHIS (inc. CHC and prescribing)</b>		<b>229,211</b>	<b>203,824</b>	<b>19,767</b>	<b>5,789</b>	<b>229,380</b>	<b>(169)</b>	<b>458,449</b>	<b>407,647</b>	<b>40,022</b>	<b>11,576</b>	<b>459,245</b>	<b>(796)</b>		
Learning Disability	18a	6,572	5,817	1,075	0	6,892	(320)	13,144	11,634	2,092	0	13,726	(582)		
Autism	18b	1,883	1,422	215	0	1,637	246	3,766	2,844	420	0	3,264	502		
Learning Disability & Autism - not separately identified	18c	25,856	4,092	6,263	17,122	27,477	(1,621)	51,711	8,184	12,217	34,506	54,907	(3,196)		
<b>Learning Disability &amp; Autism (LD&amp;A) (not included in MHIS) - total</b>		<b>34,311</b>	<b>11,331</b>	<b>7,553</b>	<b>17,122</b>	<b>36,006</b>	<b>(1,695)</b>	<b>68,621</b>	<b>22,662</b>	<b>14,729</b>	<b>34,506</b>	<b>71,897</b>	<b>(3,276)</b>		
Dementia	19	7,264	6,414	622	237	7,273	(9)	14,527	12,828	1,244	474	14,546	(19)		
<b>Sub-total - LD&amp;A&amp;Dementia (not included in MHIS)</b>		<b>41,575</b>	<b>17,745</b>	<b>8,175</b>	<b>17,359</b>	<b>43,279</b>	<b>(1,704)</b>	<b>83,148</b>	<b>35,490</b>	<b>15,973</b>	<b>34,980</b>	<b>86,443</b>	<b>(3,295)</b>		
<b>Total Mental Health Spend - excludes ADHD</b>		<b>270,786</b>	<b>221,569</b>	<b>27,942</b>	<b>23,148</b>	<b>272,659</b>	<b>(1,873)</b>	<b>541,597</b>	<b>443,137</b>	<b>55,995</b>	<b>46,556</b>	<b>545,688</b>	<b>(4,091)</b>		

- 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 LD continuing health care costs

# One Bromley Local Care Partnership Board

DATE: Thursday 28<sup>th</sup> November 2024

<p><b>Title</b></p>	<p><b>Bromley Primary Care Group: November 2024 Report</b></p>
<p>This paper is for <b>information</b></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 November 2024 meeting of this group:</p> <p><b>a) 2025/26 Local Incentive Schemes</b></p> <p>PCG was updated on the intentions for local primary care schemes to improve clinical outcomes, quality and access. It was noted that considerable strategic and policy developments are expected nationally, and that local schemes will need to be reviewed further upon this. The PMS Premium will be renamed GP Premium to update the name in accordance with the current purpose of the scheme.</p> <p><b>b) PCN plans for 24/25 SDF investment</b></p> <p>PCG was advised that four out of eight PCNs had plans ready to implement for at scale services, subject to approval. On review, PCG endorsed these plans and noted that the final four PCNs were expecting to submit plans shortly. The total additional investment committed to PCNs for development of at scale services was £129,000 for 2024/25 period. The PCG will receive an update on utilisation and impact from this funding commitment.</p> <p><b>c) ARRS expansion to newly qualified GP roles</b></p> <p>PCG was provided with an outline of the recently announced funding for newly qualified GPs to be recruited through PCNs, as part of the Additional Roles Reimbursement Scheme. The requirements and parameters for recruitment were explained, noting in particular that funding was assured for October 2024-March 2025 only and that rapid recruitment presents some challenges due to the timing of the announcement.</p>

Four PCNs have firm plans for recruiting to this role which was assessed as according with the requirements and ICB's permissions for use of this funding. The remaining four PCNs are being supported by the ICB and the Bromley Education & Training Hub to employ into these roles, and PCG will be updated on their progress.

**d) 2024 GP Patient Survey insights**

PCG received an analysis from the 2024 GP Patient Survey results for Bromley. The key results were discussed, considered against other data sets and PCG was assured on plans towards improving patient experience at practice, PCN and borough level.

PCG noted the challenges of achieving an upward trajectory, given the many external factors at play and the limitations of the survey by its nature.

**e) Improving digital inclusion through primary care**

PCG was provided with a summary of PCN digital inclusion projects designed towards improving patient access, experience and use of primary care services. PCNs engaged patients, community groups and digital education providers in the course of their work, trialling different approaches according to their understanding of patient needs and preferences.

The learning and insights gained from the projects was noted as valuable and the achievements as very encouraging towards digital inclusion efforts. PCG requested that PCNs share learning from their respective projects to adopt best practice between them.

PCG heard that patient registrations for the NHS App have further improved, and that Bromley has the highest level of NHS App registrations at 67%, compared to the SEL average, and continues to steadily increase utilisation rates of the NHS App and online consultation systems, an indication that patient adoption of digital channels is rising.

Digital inclusion efforts will continue in PCNs and the ICB is seeking further local collaboration with Bromley libraries as important community hubs for residents.

**f) Healthwatch Q1 2024/25 Patient Experience Report**

PCG was provided with the Q1 2024/25 Patient Experience Report by Healthwatch. Trend data will be provided as part of the Q2 report.

	<b>g) Chair's actions</b>	
	<p>PCG was advised that the District Valuation report had been received for G84010 and that this had been approved in accordance with the September decision to endorse the new branch site at White Horse Hill, so the establishment of the branch site can proceed.</p> <p>PCG was further advised that signing of the lease for Bromley Health and Wellbeing Centre had been approved as a Chair's action to align with formal timelines and ensure the process would not be delayed.</p>	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The work undertaken by the Primary Care Group</li> <li>• The Chair's actions approved</li> </ul>	
Potential Conflicts of Interest	<p>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.</p>	
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 28<sup>th</sup> November 2024

<p><b>Title</b></p>	<p><b>Bromley Procurement &amp; Contracts Group – September / October 2024 Update</b></p>
<p>This paper is for <b>information</b></p>	
<p>Executive Summary</p>	<p>The Bromley Procurement &amp; Contracts Group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group’s meetings on 18<sup>th</sup> September and 24<sup>th</sup> October 2024. The next Bromley Procurement &amp; Contracts Group is scheduled for 20<sup>th</sup> November 2024.</p> <p><b><u>Contract Award</u></b></p> <ul style="list-style-type: none"> <li>• <b>Additional same-day primary care capacity for winter illness management 24/25</b> - Contract has been awarded to Bromley GP Alliance for a 5-month period commencing on 11<sup>th</sup> November 2024. This was awarded under Urgent award in accordance with regulation 14(2) of the Provider Selection Regime (PSR) Regulations.</li> <li>• <b>CYP Violence Reduction Programme Service</b> – Following confirmation of 2-year funding for the programme the group agreed to enact the SEL ICB request to issue a contract to the incumbent provider Palace for Life for targeted mentoring programme for supporting CYP affected by or at risk of serious youth violence.</li> </ul> <p><b><u>Contract Extensions</u></b></p> <p>No contract extensions were proposed to be enacted at either meeting.</p> <p><b><u>Contract Variations</u></b></p> <p>No contract variations were proposed to be enacted at either meeting.</p> <p><b><u>Procurements</u></b></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> <li>• <b>MSK</b> - The group agreed to award a new contract to the incumbent provider Vita Health for a period of 3 years with the option to extend for a further 2 years commencing 1<sup>st</sup> April 2025 under Provider Selection Regime (PSR) Direct Award C. The relevant transparency notice is to be published.</li> <li>• <b>Winter additional transport for Transfer of Care Bureau</b> – The group agreed that a request for quotation would be followed under Public Contracts Regulations (PCR) for dedicated transport to ensure timely discharge for complex patients via winter funding. Quotes are to be evaluated and a recommendation brought to the November meeting.</li> <li>• <b>Community Gynaecology Direct Access Ultrasound Service</b> - The group agreed to award a new contract to the incumbent provider Citrine</li> </ul>



	<p>Diagnostics Limited (formally Physiological Measurements Ltd) for a period of 3 years with the option to extend for a further 2 years commencing 1<sup>st</sup> January 2025 under Provider Selection Regime (PSR) Direct Award C. The relevant transparency notice is to be published.</p> <ul style="list-style-type: none"> <li>• <b>Dynamic beds and mattresses</b> - The group agreed that a request for quotation would be followed under PCR for provision of urgent beds and mattresses for End of life and complex rehab urgent beds and mattress (which are not covered by the Community Equipment contract). Quotes are to be evaluated, and a recommendation will be brought to the November meeting. It was noted that the contact form would be via DoH goods and service contract.</li> </ul> <p><b><u>Other key areas of discussion to note</u></b></p> <ul style="list-style-type: none"> <li>• <b>Contracts Pipeline - Contracts due to expire between November 24 – November 25</b> - The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.</li> </ul>	
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) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this Board 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 / Assistant Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Senior Clinical Director and Co-Chair of One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead	

Appendix A	Service	Current End Date	Type	Status
	Community Phlebotomy		Implied	Commissioners reviewing options
	Community Denosumab		Implied	Commissioners reviewing options
	Cardiology Diagnostics		Implied	Commissioners reviewing options
	IRIS Project Clinical Lead		Implied	Commissioners reviewing options – likely PCR request for quotation route
	Community Vasectomy No-scalpel technique	30/11/2024	Active	Commissioners reviewing options across SEL
	Community Gynaecology Direct Access Ultrasound Service	01/01/2025	Active	Approved PSR Direct Award C - September 24
	Cardiac Diagnostics & Exercise on Referral Programme	31/03/2025	Active	Contract extended for 6 months whilst options reviewed
	Talking Therapies	31/03/2025	Active	Commissioners reviewing options – likely scoping PSR Direct Award C route
	Hospice Consortia contract (Bromley, Lewisham, Lambeth, Southwark, Croydon) Palliative and end of life care services	31/03/2025	Active	SEL ICB agreed principle of PSR Direct Award A - requires SEL ICB Governance agreement.
	Bromley Community Palliative services	31/03/2025	Active	Possible merge with Hospice Consortia Contract - separate spec and finance schedule
	Community MSK and Orthotics	31/03/2025	Active	Approved PSR Direct Award C - October 24
	Headache Community Service	31/03/2025	Active	Commissioners reviewing options
	Advocacy services	31/03/2025	Active	Committee approved to proceed with scoping PSR Direct Award C route
	Primary care enhanced services. Services: ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children.	31/03/2025	Active	Extension to be enacted via Schedule 1C – 31/3/26
	GP Website	31/03/2025	Active	Quotes requested – PCR.
	Temporary service to establish additional, borough wide, same-day primary care capacity for winter illness	22/04/2025	Active	Non-recurrent contract
	Bromley Identification and Referral to Improve Safety (IRIS)	01/04/2026	Active	Options to be reviewed in 2025
	Bromley Community Anticoagulation Service	31/05/2026	Active	Options to be reviewed in 2025
	Bromley Tailored Dispensing Service	31/10/2026	Active	Options to be reviewed in 2025

# One Bromley Local Care Partnership Board

DATE: Thursday 28<sup>th</sup> November 2024

<p><b>Title</b></p>	<p><b>One Bromley Performance, Quality and Safeguarding Group:          November 2024 Report</b></p>
<p>This paper is for <b>information</b></p>	
<p>Executive Summary</p>	<p>The meeting of the One Bromley Performance, Quality and Safeguarding Group took place on 31<sup>st</sup> October 2024, with a deep dive focus on South East London ICB Quality Framework and the implementation of the Patient Safety Incident Response Framework (PSIRF) across providers.</p> <p><u>PSIRF Update and Primary Care Implementation</u></p> <p>PSIRF was launched in 2022 and sets out the NHS’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</p> <p>Key points of PSIRF:</p> <ul style="list-style-type: none"> <li>• Replaces the Serious Incident Framework and removes the ‘serious incident’ classification and threshold for it.</li> <li>• Embeds patient safety incident response within a wider system of improvement.</li> <li>• Prompts a significant cultural shift towards systematic patient safety management.</li> <li>• It does not mandate investigation as the only method for learning from patient safety incidents or prescribe what to investigate.</li> </ul> <p>Community providers updated the group on their progress on PSIRF implementation and timescales for completion.</p> <p>A more detailed discussion took place around the implementation of PSIRF in primary care.</p> <p>NHS England published the Primary Care Patient Strategy in September 2024, setting out the National and local commitments to improve patient safety in primary care, supporting all areas to fully implement the strategy. It focuses on:</p> <ul style="list-style-type: none"> <li>• Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve.</li> </ul>

- Ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking.
- Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements.

It was noted that the National strategy states timeframes are intentionally flexible to allow for piloting different approaches, some improvements will be implemented first in general practice and the successes and learning then used in the rollout to community pharmacy, optometry and dental services.

There are four key principles behind PSIRF

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learn from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening response system function and improvement.

The model of the roll out of PSIRF in primary care is not fully formed and in South London, the Health Innovation Network is working with pilot practices to test the introduction of PSIRF to test the roll out across different levels of general practice.

Several initial challenges were raised by the members of the meeting when considering and planning for the introduction of PSIRF in primary care

- Is there a plan by the Quality team on 'how' to rollout PSIRF in primary care?
- When will this plan be available?
- Will this rollout be via individual GPs or PCNs?
- Who in the ICB are the patient safety specialist and what is their role across places to support rollout?
- Need to link Primary Care PSIRF to SEL PC leadership group
- Current communications could be improved and has been limited, is there a communications plan as part of the rollout plan?
- Concerns around Primary Care clinicians/Locums having capacity to complete training.
- When and what communications will be shared with Primary Care Stakeholders at place?
- Will there be local place-based groups to focus on the rollout of the PC PSIRF Plan?
- Will every single incident need to be logged onto LFPSE?

	<ul style="list-style-type: none"> <li>• How do we avoid duplication with the Quality Alerts (QA) system?</li> <li>• What is the difference between Learn from Patient Safety Events Service (LFPSE) and the QA system, how will this be communicated?</li> </ul> <p>The group recognised that plans were at an early stage of implementation for the Primary Care roll out of PSIRF and the committee will continue to monitor the progress, together with the Primary Care Group.</p> <p>Learning will be shared from the wider system implementation and pilot practices around a model of roll out which is appropriate for primary care.</p> <p><u>Other Business</u></p> <p>Quality Update – The changes to the SEL ICB quality framework were noted and the introduction of the new SEL ICB Quality and Safeguarding Committee. Future reports will be brought to this committee.</p> <p>Performance Update – The latest performance and quality reports were circulated. Updates were provided on Severe Mental Illness (SMI) Health Checks progress in the borough, which have been impacted by the Synnovis cyber-attack. A general update was provided around the outstanding issues around the Synnovis issues and the impact on phlebotomy and pathology services in Bromley.</p> <p>Risk register – The updated risk register was presented to the committee, with new risks added around primary care premises and the impact of GP collective action. An update on the community equipment risk was provided. IT risks were discussed, and it was noted that IT security is a deep dive topic for the next Performance, Quality and Safeguarding Group with the SEL ICB Chief Information Security Officer attending.</p> <p>The date of the next meeting is 5<sup>th</sup> December 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-Chair, 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		