One Bromley Local Care Partnership Board
Date: Tuesday 27 September 2022
Time: 9.30am – 11.30am
Venue: Bromley Civic Centre, Committee Room 1
Chairs: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	**Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence**	Verbal	Chairs	9:30
2.	**Declarations of interest**	Enc. 1	Chairs	9:35
3.	**Public Questions received in advance of the meeting**	Verbal	Chairs	9:45
4.	**Minutes of the meeting held on the 5 July 2022 and actions for the Board** For approval	Enc. 2	Chairs	9:50
For Approval				
5.	**Chislehurst and Woodlands Practice Merger** For approval	Enc. 3	Cheryl Rehal/ Mark Cheung	10.00
For Information and Noting				
6.	**Partnership Report** For information	Enc. 4	Dr Angela Bhan	10:10
7.	**Winter Planning 2022/2023** For information/noting	Enc. 5	Jodie Adkin	10:20

8.	**Discharge Design Work** For information/noting	Enc. 6	Jodie Adkin	10:30
9.	**Bromley Cadet Programme - Update** For information/noting	Enc. 7	Paulette Coogan/ Dr Angela Bhan	10:45
10.	**Terms of reference for Key Sub- Committees** 1. One Bromley Executive 2. Contracts and Procurement Group For information/noting	Enc. 8	Jonathan Lofthouse Sean Rafferty	10:55
11.	**Finance Month 4 Update** For information	Enc. 9	David Harris	11:05
12.	**Assurance Report** For information	Enc. 10	Dr Angela Bhan	11:15
Decisions taken by Chair's action outside of the meeting for Noting:				
13.	**Enhanced Access Plans** For noting	Enc. 11	Chairs	11:25
14.	**Any Other Business and Close**	Verbal	All	11:30
Next Meeting:				
15.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 17 November 2022 and will start at 9:30am in Bromley Civic Centre, The Council Chamber.			

ENCLOSURE: 1
AGENDA ITEM: 2

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 15/09/2022

ONE BROMLEY

Name	Who do you currently work for	Position/ Relationship with ICB/	Declared Interest	Nature of interest	Valid From	Valid To
Jonathan Lofthouse	Kings College Hospital NHS Foundation Trust	Site Chief Executive - Princess Royal University Hospital Chair of One Bromley Executive and Member of the One Bromley Local Care Partnership Board	Non-Financial Professional Interest	I am a retained Executive level Specialist Adviser to the Care quality Commission	05/08/2022	
Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley	28/01/2015	
			Financial Interest	Self employed General Practitioner	01/01/2020	
Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place)	01/11/2011	
Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	Partner of Chislehurst Medical Practice 16 % share The practice holds a PMS contract for primary care services The practice is a shareholder in Bromley GP Alliance (GP federation) The practice holds APCP contract for diabetes care delivery with Bromley Healthcare	01/10/1993	
			Indirect Interest	Chislehurst medical Practice has an interest in the development of Chislehurst Library site by PRIME.	20/03/2020	
			Financial Interest	Spouse is employee of Bromley Y which holds a contract with LBB for the delivery of tier 1 and 2 CAMHS	01/09/2010	
Avril Baterip	South East London ICB	Corporate Governance Lead - Bromley	No interests declared			

ENCLOSURE: 1
AGENDA ITEM: 2

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 15/09/2022

ONE BROMLEY

Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	No interests declared			
Kim Carey	London Borough of Bromley	Director of Adult Services	No interests declared			
Nada Lemic	Other	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer Committee Member representing voluntary sector	No interests declared			
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	No interests declared			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			

ENCLOSURE: 2.a
AGENDA ITEM: 4

One Bromley Local Care Partnership Board
Minutes of the meeting on 5 July 2022

Held in the Council Chamber, Bromley Civic Centre and online through Microsoft Teams Live

Present:	Name	Title and organisation	[Initials]
	Dr Andrew Parson	Senior Clinical Lead (Co-chair), NHS South East London	AP
	Cllr Colin Smith	Leader of the Council, London Borough of Bromley (Co- chair)	CS
	Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	ABh
	Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
	Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
	Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
	Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
	David Harris	Associate Director of Finance, NHS South East London (Item 10)	DH
	Dr Juwairia Hashmi	Clinical Director, Orpington Primary Care Network	JH
	Jonathan Lofthouse	Site Chief Executive – Princess Royal University Hospital, King's College NHS Foundation Trust	JL
	Clive Moss	Senior Commissioning Manager - Urgent & Emergency Care (Item 7)	CM
	Adam Newman – Pring	Project Manager – Mental Health, NHS South East London (Item 9)	ANP
	Helen Norris	Healthwatch	HN
	Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley (Items 7 and 9)	SR
	Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
	Helen Simmons	Chief Executive, St Christopher's Hospice	HS
	Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
	Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU
	David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
	Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
	Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
	Matt Hodges	GP Surgery IT Project Manager, Bromley Healthcare	MH

Apologies:

Ade Adetosoye	Chief Executive, London Borough of Bromley	AA
Jodie Adkin	Associate Director of Urgent Care and Discharge Commissioning	JA
Omar Al-Ramadhani	Head of Assurance, NHS South East London	OA
Andrew Bland	Chief Executive Officer, NHS South East London	AB
Richard Baldwin	Director of Adult Services, London Borough of Bromley	RB
Charlotte Bradford	Healthwatch	CB
Greg Cairns	Director of Primary Care, Londonwide LMCs and Londonwide Enterprise Ltd	GC
Sonia Colwill	Director of Quality, NHS South East London	SC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
James Postgate	Associate Director of Integrated Commissioning	JP
Lorraine Regan	Director of Community Mental Health and Learning Disabilities, Oxleas NHS Foundation Trust	LR
Sara Riley	Medical Director, Londonwide LMCs and Londonwide Enterprise Ltd	SR
James Winstanley	Assistant Director of Primary Care, Londonwide LMCs and Londonwide Enterprise Ltd	JW

		Actioned by
1.	**Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence**	
1.1	Councillor Colin Smith and Dr Andrew Parson welcomed members and attendees to the first One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	**Declarations of Interest**	
2.1	Dr Parson invited members to declare any interests in respect to the items on the agenda. No declarations of interest were raised during the meeting.	
3.	**Public Questions**	
3.1	It was noted that no prior public questions were received ahead of the meeting.	
4.	**Minutes of the Bromley Borough Based Board meeting 16 June 2022**	
4.1	The Committee **APPROVED** the minutes of the final Bromley Borough Based Board held on 16th June 2022 as an accurate record of the meeting, subject to the inclusion of a correction on Page 8 to read 'Bromley's delegated budget is £214*m,* which is higher than expected because of the impact of the Covid	

	pandemic and national lockdowns.'	
5.	**Draft Terms of Reference for One Bromley Local Care Partnership Board**	
5.1	Avril Baterip presented the Draft Terms of Reference for the One Bromley Local Care Partnership Board and Sub-Committees. The committee is responsible for the effective discharge and delivery of the place-based functions, which include the following: • The 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. • 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. • 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 Board. <u>Duties of the committee</u> • **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. • **Planning:** Responsibility for ensuring an effective place contribution to strategic and operational planning processes. • **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans. • **Monitoring and management of delivery:** Responsible for ensuring robust plans are in place to support the delivery, performance and outcomes against plans. • **Governance:** Responsible for ensuring good governance is demonstrably secured and complies with all legal requirements. <u>Membership and attendance</u> 1) Core members of the committee will include representatives of the following: • Leader of Bromley Council and Senior Clinical Lead for One Bromley, Borough Lay member; Place Executive Lead; Local authority representatives for Adults; Children, Social Care, Public Health; Primary Care Network (PCN) Clinical Directors, Community, Mental Health and Acute Services provider, Voluntary Community Sector Enterprise, St Christophers Hospice and Bromley GP Alliance. 2) Attendees to be invited to the meeting include Healthwatch, Local Medical Committees, Directors of Planning and Contracts, Programmes and Organisational Development. The One Bromley Local Care Partnership Senior Clinical Lead and the Leader	

	of Bromley Council would jointly chair the meeting. If the presiding chair is temporarily absent, for example on the grounds of conflict of interest, a deputy chair shall be identified and preside. <u>Quorum and conflict of interest</u> • The quorum of the committee is that at least 50% of members must be present. • In the event of a quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication. <u>Decision-making</u> • The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the One Bromley Local Care Partnership. <u>Frequency</u> • The committee will meet once every two months (in public) with the ability to have closed session as Part B in addition to this. The proposed structure the One Bromley Local Care Partnership Board and Sub-Committees was noted. The One Bromley Local Care Partnership Board would act as the highest level of governance arrangements for One Bromley. Directly reporting to the One Bromley Local Care Partnership Board are three key Sub-Committees: • Primary Care Oversight Group • One Bromley Executive • Contracts and Procurement Group The Clinical and Professional Advisory Group will be the main clinical arm and will provide advice and recommendations to the One Bromley Executive and the One Bromley Local Care Partnership Board. The Performance, Quality and Safeguarding Group will report to both the One Bromley Executive and the One Bromley Local Care Partnership Board. Programmes, Enablers and the Communications and Engagement Sub-Committee have an important role to play in transformation, supporting clinical pathways and ensuring legal and statutory requirements for public engagement were met.	
5.2	In considering the report, members raised the following comments: • Dr Parson thanked Ms Baterip for the helpful and concise presentation. It was important to get governance structures correct and ensure that these were fit for purpose. • The terms of reference had been reviewed as part of an iterative process. • Dr Bhan noted that we are early on in our existence and that the terms of	

	reference would be revisited regularly and reviewed in six months. Some elements were in draft and were not yet in progress, this would develop over time. • Dr Ur-Rub noted that there was no arrow from the One Bromley Executive into the One Bromley Local Care Partnership Board – it was agreed that the structure would be updated to add an arrow. • Ms Carey noted that emphasis needed to be placed on the fact that this meeting would cover all age groups including Children and Young People as the agenda tended to lean towards adults. • Councillor Diane Smith pointed out at section 9.1 that there was a mention of public questions at the end of the meeting. It had previously been agreed that public questions would be submitted in advance of the meeting. Dr Bhan noted that this had been the practice for the Borough Based Board and that we could continue this, but that a discussion needed to take place outside of the meeting regarding the inclusion of a section for public questions within the meeting, as at the South East London Integrated Care Board meetings.	ABa
5.3	The Committee **APPROVED** the terms of reference.	
6.	**Partnership Report**	
6.1	Dr Bhan noted that previously a Borough Director Report came to Borough Based Board meetings. With the move to partnership working, it was important to set a tone whereby all partners contribute to this report to set the scene on what is going on in the borough. This was the first version of the report, with input from all Bromley partners and would be updated iteratively and adapted. Dr Bhan took the report as read.	
6.2	In considering the report, members raised the following comments: • Dr Parson noted that this was an interesting report and that this may be a good point in the agenda to draw attention to specific areas of work. • Ms Simmons noted that on page 4 in the St Christopher's section of the report the last bullet point should read 'Reducing hospital admissions from care homes.' • Dr Parson looked forward to the report developing for future meetings.	
6.3	The Committee **NOTED** the report.	
7.	**Winter Planning 2022/2023**	

7.1	Dr Parson noted that Jodie Adkin had given apologies. Sean Rafferty presented a report on Winter Planning for 2022/23; the following key points were highlighted: • The Winter Plan would come to this meeting for approval in the autumn. • The report included a review of the winter arrangements from last year and made recommendations for future winter planning. • The Bromley A & E Delivery Board is leading on this work, plans were to be finalised over the next couple of weeks with system partners putting their own plans in place. • Last winter the system came under immense pressure, dealing with the usual seasonal demand and the pandemic. A lot of learning had been taken from winter 2020 and additional resources were received over the course of winter from the government to help deal with these issues. The plan for last year had five pillars: 1. Increasing system capacity 2. Data sharing and escalation 3. Single Point of Access and discharge arrangements 4. Admissions Avoidance 5. Communication and Engagement • Overall the system coped well, with the partnership working closely together. It was generally noted across London that Bromley had done well over winter. Reviews had been undertaken over the spring, producing a series of recommendations. • Learning from last winter there needed to be efficient seven day working across the entire year, not just in winter. • Extra capacity was needed earlier in the year to release resources for agencies as soon as possible to enable them to recruit staff. There needed to be particular focus on the Christmas and bank holiday period • Escalation systems will need to be revised • The Board was asked to comment on the recommendations and add any further recommendations or comments for the Bromley A & E Delivery Board to consider as it finalises proposals for this winter.	
7.2	In considering the report, members raised the following comments: • Dr Parson thanked Mr Rafferty for the introduction and overview of the report. This work was at the heart of what we must lead and construct together in partnership. Dr Parson thanked all staff across the health, social care and voluntary sectors for all their work. All sectors had come together to work very hard with residents, patients and the public to make best use of resources and respond to and anticipate needs across winter. • Dr Bhan noted that this was an excellent example of the whole of the Bromley system working closely to ensure that patients get the services they need in the timeliest way possible. There were huge and ongoing challenges – winter was no longer just the period between November and February.	

	• Dr Bhan felt that this had been the winter where we had managed best of all over previous years, thanks to the partnership commitment and approach. • Kim Carey thanked care providers in the voluntary and private sector and noted that without their engagement and support the system would struggle. Money had come through central government to give to the sector and better ways of engaging with this sector were needed. • It was asked where the A & E Delivery Board sat in the governance structure. The board reports into the One Bromley Executive, chaired by Jonathan Lofthouse which was the main delivery arm of the health system in Bromley. • Mr Lofthouse noted that there had been a lot of experience of putting together a system-based response in times of pressure and this has allowed refinement of thinking. This calendar year partners had coalesced around system-based solutions for both social and NHS care services across elongated holidays for the good of all. The Executive wanted to see a range of schemes that would bridge any divide that may still exist. The approach this year had been on blending the solution, creating an out of hospital and in hospital environment that is right for health or social care and that there is no boundary in terms of where funding may be applied. Funding had been moved out of the acute and into social and out of hospital settings as this was the right thing to do. As the 22/23 winter plan was scrutinised later in the year, the Executive would be considering whether it would cater to both health and social care needs and whether there was a need for any additional movement of monies to better support avenues of weakness. • Ms Simmons noted the good report and thanked Mr Rafferty. It was queried as to how any impact of new enhanced access services on Sundays and bank holidays would be factored into winter planning to ensure there were no gaps. • Dr Ur-Rub noted that there would be a lot happening over the winter period, including the potential autumn roll out of covid vaccinations, flu vaccination rollout, potential increased incidence of flu and the Urgent Treatment Centre tender. These would be important to consider when thinking about winter, there had to be a system-wide approach. Dr Ur-Rub noted that the 240,000 vaccinations undertaken by Bromley GP Alliance could not have been undertaken without the help of many volunteers. • Ms Scott noted that the biggest challenge would be workforce. Staff were very tired after the last two years and there were a number of vacancies. The more that could be done throughout the year ahead of September/October to enable earlier recruitment was vital. Admissions avoidance and the new urgent and community response standards from NHS England were a good focus moving forward. Ms Scott thanked all colleagues from across the Bromley system for their incredible efforts. • Mr Guntrip noted that he had met with groups of volunteers from the covid campaign, and many still wanted to be involved. For flu vaccination clinics there were a lot of volunteer skillsets that could be a strength to the One Bromley offer.	

7.3	The Committee **NOTED** the report and committed to continuing to work together in partnership.	
8.	**Bromley Carers BTSE Update**	
	David Walker thanked the committee for the time on the agenda and noted that he would be discussing carers in Bromley. The following key updates were noted: • Bromley Third Sector Enterprise had a membership to the Carers Trust and having received census data, noted the striking figure that there were 31,000 carers in Bromley, equivalent to one in ten of the population. • Bromley Well supported over 1800 carers last year and had 4250 carers on their system. • Bromley Well worked with adult, mental health, mutual and young carers. The organisation worked with over 700 young carers in the borough. • There was variation across the borough with 7% of the population having caring responsibilities in Crystal Palace and 12% in Darwin ward. • This had an impact on hospital admissions and discharges. Bromley had a higher proportion of older people in comparison to other boroughs in South East London. • Experience suggested that support for carers could help reduce admissions and make discharge more likely and carers are actively involved in discharge design work and a key element in supporting Hospital at Home. • This put ONE Bromley in strong position regarding SEL ICS as a leader in carers support. • The data provided clear evidence of the importance of carers in the Borough in health context and demonstrates that this is a higher priority in Bromley given demographics. • This would allow these issues to be raised at SEL ICS level in a funding context. • Undertaking this work now rather than later meant there can be a plan in place before Winter Pressures impacted on the system. There were several suggested short-term actions suggested regarding identification of carers: • Standard questions at GP appointments/Social prescribers' meetings • Identification at Hospital appointments. Appropriate referral to service so support can be given. • Better use of emergency cards: health/social care professionals knowing to look out for them. • Wider knowledge of the Bromley Well Escalation plan . • Respite care was always an issue as this is paid for unless dementia care – non-ability to access respite has negative impact on carers mental/physical health. • At present this was an awareness point, the emergency cards given to carers are asked to be shown upon admittance to hospital or if they are in contact with services for further support. • More widely there were other steps that could be considered. Mr Walker	

	had been in contact with Ms Carey to discuss this. • It was proposed that an audit be undertaken by One Bromley providers to identify which carers are engaged with. This would help to better understand the level of churn in system given that caring was likely to have a long-term impact for many people in the borough. • The intention was to raise the profile of carers and to have clear communications to support them, with this task delegated to the Communications and Engagement Sub-Committee. It was asked that Bromley partners also consider development of a Carers Charter, such as that developed in Blackpool. This had been co-designed with carer groups and the NHS to ensure their input. • The proposal was for this subject to be revisited in six months and for this to remain on the agenda.	
8.2	In considering the presentation, members raised the following comments: • Dr Parson thanked Mr Walker for the presentation, noting that carers played a huge part in his work as a GP in providing support to patients. • This was a key area of work. Ms Carey noted that she welcomed this paper and did not feel we can evidence that we are doing enough to support carers, so anything that can be done to improve this was important. With staff starting to return to office working it was becoming apparent that there were numerous staff with caring responsibilities and some staff had noted that returning to onsite working raised issues. It was important for One Bromley partners to be mindful of this as employers and to consider how best to support staff. • Mr Guntrip asked if there was a list of support ideas that could be made to suggest what would make life better for carers. Mr Walker noted that an awareness of carers and the challenges of getting people to appointments, the need for home visits and addressing respite challenges would make a significant difference. A lot of carers did not always want support but would like to know it is there should they need it. Some people may not identify themselves as carers, so better awareness and communication would help. • Ms Simmons welcomed the proposal. Some different forms of support were needed, both formal and informal. There were a vast number of people who provide volunteer support, including input from hundreds of small charities in Bromley. Data was currently being analysed to map this activity and consider how best to coordinate the voluntary sector. • Councillor Colin Smith noted Bromley's demographic and the relationship with the South East London ICS and what would be needed to best support those in the borough. This conversation was underway with the ICS and the paper was welcomed. • Dr Ur-Rub supported the paper and felt this was important. GPs are very aware of the importance of carers and how much of an impact their role has on reducing attendances to primary care, hospital admissions and requests for input from social care. It was also important to support carers to maintain their own health and wellbeing. • Mr Walker welcomed these points and noted that the presentation was not an exhaustive list of what was being undertaken or what could be put in place for carers. He welcomed sharing any work that was being undertaken to allow pooling of resources and to avoid duplication. • Dr Bhan noted that this item had already come to the One Bromley	

	Executive. If agreed, the action was for the proposed audit to get underway, along with a campaign to raise the profile. • It was proposed that Dr Bhan and Mr Walker meet to discuss how to use collective capacity to undertake the audit and what form this may take. An update would then go to the One Bromley Executive. Discussion was also to take place with communications leads. • Ms Scott welcomed the report and the discussion around carers. Bromley Healthcare may be able to assist with the audit as they record carer information in their system. Ms Scott supported the idea of a co-designed carers charter. • Mr Guntrip asked if there needed to be an interim report/review to the September One Bromley Local Care Partnership Board to consider what could be done ahead of winter. • Councillor Colin Smith noted that the London Borough of Bromley was running a loneliness project, working with key partner agencies. An officer had recently been appointed to lead on this and Councillor Mike Botting was the new loneliness champion. It was asked if this could be plugged into the carers work as there was a synergy. Ms Carey and Mr Walker agreed to discuss this. • There was broad support for the proposal and Dr Parson thanked Mr Walker for the paper. Mr Walker would be bringing this item to the next One Bromley Executive meeting for further discussion and was happy to bring an update to the next One Bromley Local Care Partnership Board meeting.	AB/DW KC/DW
8.3	The Committee **NOTED** the report.	
9.	**Housing Support Mental Health Services**	
9.1	Sean Rafferty presented the report. The following key points were outlined and noted: • NHS Commissioners and the Local Authority had been commissioning a range of services to support people with mental ill health in returning to the community for rehabilitation following a stay in hospital. This included time in a supported living or residential care homes and day to day support in life skills to support with work and training opportunities. This was a short-term option to enable people to move back into everyday life. This currently comprised of six residential care homes, three supported living schemes and a floating support scheme with outreach to provide support to service users in their own homes. • The proposal was to combine commissioning and move towards a single procurement of this service against one strategy. This would enable a single health and care offer to people requiring support upon leaving hospital and allow an opportunity to remodel the service. The plan was to convert the six residential care homes to supported living homes to enable those living there to become tenants, with their own rights allowing greater independence. • There would be a single support offer made by one agency that would be procured. This would generate a lot of change in the system, a key part of the strategy was to ensure that residents were well-supported throughout this change with additional resource put in place within the Social Services team in Oxleas and advocacy services.	

	• This is a complex project with several legal issues to work through. It will take around two years to complete. The end product would be a service to support independence and care within the community and there were financial benefits for both the Local Authority and the NHS in light of the joint commissioning and changes to funding. • The report was for decision, the Board was asked to approve the commissioning of procurement arrangements. The report had been agreed at the Council's Executive last week prior to coming to the One Bromley Local Care Partnership Board.	
9.2	In considering the presentation, members raised the following comments: • Dr Parson thanked Mr Rafferty, noting that this was a particularly important piece of work. Due to the timing of the report the references to SEL CCG would now be replaced with SEL ICB. • Mr Dimond expressed that this was an excellent initiative. Colleagues in Oxleas had been engaged in the development of this work. The changes would really enhance and support the discharge pathway out of hospital and getting this right was key to enabling people to live independently and to engage in treatment for their mental health. There was an ongoing conversation as to how to best enhance the link and offer from community mental health teams as having confidence in access to mental health providers was key. • Ms Simmons noted that this was a complex paper and queried the customer impact section. The report notes that there would be an increase from 140 beneficiaries to 227 beneficiaries which seemed like a hopeful outcome. Ms Simmons asked how this would happen. Mr Newman-Pring confirmed that 227 was the total number of service users in the system of which 140 were accessing the residential and floating support services. The recommended changes would thus enable those who were living in out of borough residential services to access supported living and floating support services as part of flow through. • Mr Rafferty noted that the way that services are commissioned and configured at present are that the floating support goes solely to those in residential or supported living within the borough boundaries. Having a different floating support offer would enable more people to access support. • Mr Guntrip asked if the deregistration of the residential property and move to supported accommodation carried any risk if future government funding moved towards further residential accommodation again. Mr Rafferty did not foresee a risk at present in line with government strategy to move towards supported living. Were there to be any changes in housing benefit this may prove to be an issue, but this was not foreseen. • Mr Newman-Pring noted that as the specification for the procurement was developed there would be a lot of engagement to identify what type of service offer was required, to include any workforce and training needs and any requested specialisms. It was recognised that there were challenges with recruitment and retention of staff, but that these challenges would remain in whatever model the service followed. • Mr Rafferty hoped that the move to supported living settings would help, as recruitment and retention of this staff group by providers was anecdotally heard to be easier.	

	• Mr Guntrip noted that this would potentially raise demand from the voluntary sector in terms of the types of support services needed by this client group. Mr Rafferty noted that the team were in contact with the wider market including current providers to prime the market for these changes and to get their input.	
9.3	The Committee **APPROVED** the proposal.	
10.	**Finance Month 2 Update**	
10.1	David Harris presented the Finance Month 2 Update. The following highlights were noted: • The report covered the period April – May 2022. There would be one further month of financial reporting as SEL CCG for June, with ICB reports starting from 1 July. • SEL CCG had reported a £84k overspend on the vaccinations programme but were expecting full reimbursement of these costs. • Bromley borough had reported a break-even position at Month 2, however within this there were some areas that were overspending. Prescribing was £94k overspent. Prescribing data was received two months in arrears, but trends were showing an increase in activity as we move out of the pandemic. • The mental health cost case budgets were showing an overspend of £20k. This position is reported based on actual cost per client (CPC) activity. Expenditure in this area is volatile and is reviewed regularly. • The corporate position was overspent by £20k due to several vacant posts being covered by agency staff, primarily in the Continuing Healthcare team. • These overspends are being offset by non-recurrent underspends in other areas.	
10.2	In considering the report, members gave the following comments: • Dr Parson noted that this may be the first time some colleagues had seen this report in line with the move to the ICB and One Bromley Local Care Partnership. • Mr Lofthouse asked if the wish was to consider spend in the round for all constituent organisations making up the One Bromley Executive and One Bromley Local Care Partnership Board moving forward. Whilst the current report was fair and accurate, this only provided one dimension of the c.£550m spend across Bromley on health and social care provision. • Mr Harris agreed that a full financial picture to include partner organisations was needed. Mr Lofthouse put on record that King's would be happy to provide detail on acute spend to form part of the report. • Mr Cheung noted that this was a transition point, and that the One Bromley Local Care Partnership would welcome a more encompassing financial report to provide detail on all partner financials. • Dr Bhan noted that discussions were already underway with partners, Mr Harris and colleagues were considering the format of the report, to ensure the information included was relevant.	

	• Mr Guntrip noted the Bromley pound and suggested there being a document to outline local spending and the benefits brought by this. • Ms Simmons noted that there was a £241k overspend for prescribing, 40% of which was for Bromley. It was suggested that any future reports pull out any key indicators and include information on how this was being addressed. • Mr Harris agreed with this and noted the limitations of data to identify drivers of overspend so early in the year. As the year progressed the report could be developed to bring more detail to the board. • Mr Cheung noted that this was based on estimates and that historic prescribing trends showed fluctuations throughout the year. The impact of the QIPP programme and savings would also need to be considered, teams were working on this. A lot of the Medicines QIPP programmes were being undertaken across South East London; this provided an opportunity for boroughs to learn from each other. • Dr Bhan noted that prescribing budgets were volatile at the start of the year and said it would not be expected that this would be the position later in the year, particularly as further data emerged. • Ms Scott asked if there were schemes underpinning the QIPP programme and if they had been assessed in terms of quality and impact on the system. • Mr Harris noted that the Bromley QIPP target for 2022/23 was around £3.8m. £3.2m had been identified through deep dives and the team were confident that this was fully deliverable. Bromley had been asked to contribute to the additional £7m savings offered by the CCG, the Bromley contribution had been around £600k. Areas had been identified to achieve savings, but some were non-recurrent, and Bromley were looking to develop further savings across the year. • Ms Scott asked that these be included in the report considering quality and system impact and noted the duty of providers to support in delivery of savings. • Dr Parson noted that QIPP was something the entire system had to achieve together. • Mr Dimond agreed to the principle of transparency and agreed to link Mr Harris in with the Oxleas Director of Finance to think about how best to shape the report in the future. • Dr Bhan pointed out that the QIPP savings were not the only savings required to be made within the borough – all organisations would have their own savings. Consideration would need to be given as to how the joint picture was put together across the system. This would be a large piece of work with careful consideration needed. • Ms Carey agreed in principle but was mindful that reporting timeframes at the Council may be different. The Council reports on finance retrospectively on a quarterly basis, but Ms Carey was happy to share the information. • Mr Lofthouse noted that the PRUH savings target was £7.5m and noted that the report would be of great interest to the committee.	

	• Dr Parson noted that the possibility for the system to come together to discuss this issue was important. Looking at challenges together would be welcome. There was further work needed on developing the report. • Mr Harris confirmed that he had spoken to finance colleagues from some partner organisations and would continue to do so, with a view to developing an all-encompassing finance report. It was key to pitch this at the right level. The report would take time to develop and may not be fully complete by the next meeting. • Dr Parson noted that this was an iterative process. • Mr Cheung noted that this referred to the delegated budget and did not include the vast majority of spend in terms of commissioning of acute hospital services. Central team colleagues would be asked as to whether the rest of the ICS budget could be split by borough to get a better understanding of Bromley spend. • Dr Parson thanked Mr Harris for the report and all partners for their contributions to the discussion.	DH DH
10.3	The Committee **NOTED** the report.	
11.	**Any Other Business** There was no other business discussed at the meeting. Councillor Colin Smith invited colleagues to hold future meetings at the Civic Centre should they wish to. Dr Parson thanked Councillor Smith for the kind invitation and noted that discussions on this would follow.	
12.	**Date of Next Meeting:** Tuesday 27th September 2022,9.30am	

ENCLOSURE: 2.b
AGENDA ITEM: 4

South East London Integrated Care System

ONE BROMLEY

One Bromley Local Care Partnership Board – Action Log

Log no	Action point	Date raised	Responsible	Due Date	Status	Comments
1.	5.2: Suggestion to offer the Bromley Cadet programme to 19-year-olds.	03.03.2022	Dr Angela Bhan/ Paulette Coogan	27.09.2022	Closed	Cohort 2 has been opened up for 16-19 year olds.
3.	10.2: Hospital at Home service - next steps are to expand the service model in an integrated way and to further develop the model by increasing capacity and funding	03.03.2022	Rachel Perry	27.09.2022	Closed	Hospital @ Home has expanded as outlined in the NHS planning guidance and is a scheme that forms part of winter planning. The initial scope of the service will focus on frailty, IVAB, respiratory and palliative care for adults as part of the first phase for winter.
4.	12.2: Action to transform the current Bromley CHC service into a Bromley All-Age Continuing Care model to better meet future needs.	03.03.2022	James Postgate	27.09.2022	Closed	The Bromley Borough Based Board (BBB) agreed the strategy to transform the Bromley CHC service in March 2022. The transformation will involve the commissioning of a CHC partnership delivery service and the reorganisation of the in-house service. It is planned to launch the reorganisation consultation and new service procurement in October 2022. The new Bromley All-Age Continuing Care (AACC) is due to be fully mobilised between January – March 2023.
5.	9.2: Suggestion to present the Celebration of Achievements presentation to the Health and Wellbeing Board or Health Oversight Scrutiny Board.	16.06.2022	Dr Angela Bhan	27.09.2022	Open	Dr Bhan to discuss with Chair of the Health and Well Being Board

6.	5.2: Arrow to be added from One Bromley Executive to the One Bromley Local Care Partnership Board in the structure chart.	05.07.2022	Avril Baterip	27.09.2022	Closed	This has been completed.
7.	8.2: Proposal for Dr Bhan and Mr Walker to meet to discuss how to use collective capacity to undertake the carers audit and what frame this may take. This would then go to the One Bromley Executive. Discussion was also to take place with communications leads.	05.07.2022	Dr Angela Bhan/ David Walker	27.09.2022	Closed	AB and DW have met regularly over the Summer to move this forward. GP practices have already been surveyed and other health organisations are being surveyed. Findings to be presented to One Bromley Exec in the coming months, which will inform communications within the system and externally to carers. The Bromley Well Carers Working Group is meeting on 26 September to discuss key actions and comms based on existing best practice.
8.	8.2: Meeting to be arranged to discuss the Loneliness project linking in with the carers work.	05.07.2022	Kim Carey/ David Walker	27.09.2022	Closed	KC and DW together with Mark Ellison Age UK B&G and Nikki Gage, LBB, met to discuss carers, including loneliness on 21 July. It was agreed that linked to the Carers work of One Bromley, support for loneliness should be included in comms to Carers.
9.	10.2: Proposed that meeting arranged with the finance teams at partners organisations with a view to developing an all-encompassing finance report.	05.07.2022	David Harris	27.09.2022	Closed	An update on One Bromley Financial Reporting is included in the Month 4 SEL ICB Report.
10.	10.2: Meeting to take place with the central team regarding whether the rest of the ICS budget could be split by borough to get a better understanding of	05.07.2022	David Harris	27.09.2022	Closed	An update on One Bromley Financial Reporting is included in the Month 4 SEL ICB Report.

	Bromley spend.					

ENCLOSURE: 2.c.

AGENDA ITEM: 4

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**Update on work to improve identification of carers in Bromley**	
This paper is for **information/noting**		
Executive Summary	This is an update on Carers following on from matters arising at the previous One Bromley Local Care Partnership Board in July 2022.	
Recommended action for the Committee	Following on from the presentation and discussion on Carers at the July meeting of the One Bromley Local Care Partnership Board, the Board is asked to note the update.	
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 Walker, Chief Executive, Bromley Third Sector Enterprise (BTSE)	
Clinical lead:	N/A	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Carers Trust work

David Walker (BTSE) has engaged closely with the Carers Trust and their ICS workstream to understand what developments are taking place in supporting carers across other ICS areas, with the intention to see if there are areas of good practice we can implement in Bromley. An example of good practice is the 'Big Tick' Kitemark approach in North Norfolk and Waveney, an area that has a similar ageing population to Bromley.

Discussion between BTSE and the Executive Director of Policy at Carers Trust to discuss their ideas on policy developments and best practice for carers.

Improving Communications

Communications to carers and those engaging with carers in the system was raised at the most recent One Bromley Communications Sub-committee and is scheduled for the next meeting. The Bromley Well Carers Working Group is meeting on 26 September to discuss key actions and comms based on existing best practice.

Assessing how people identify carers

Work has been commenced by two GP registrars in Bromley, to assess how health and care professionals identify, and what understanding they have of local services. A survey has gone out to general practices with 34 responses to date. The registrars are in the process of trying to increase the response rate and extend the survey to other One Bromley organisations

ENCLOSURE: 3

AGENDA ITEM: 5

One Bromley Local Care Partnership Board Part 1

DATE: 27th September 2022

Title	**Chislehurst and Woodlands Practice Merger**
This paper is for **decision.**	
Executive Summary	• The Woodlands and Chislehurst Medical practices are planning to merge. The two practices have been working closely together for several years, and on 1 July 2022 both practices formed a single business partnership, with all partners subsequently named on each of the two existing Personal Medical Services (PMS) contracts for GP services. • The practices have requested permission to commence the formal merger of their PMS contracts from 1 May 2023. This will merge the Woodlands Practice PMS contract into the Chislehurst Medical Practice PMS contract. The Woodlands Practice G Code Y00542 will be relinquished, and the Chislehurst Medical Practice (G code G84010) will continue. • The newly merged practice will seek a name change to become known as The Chislehurst Partnership. • The practices are seeking this formal merger to further strengthen their partnership working and enable the merged practice to provide patients with more services from a wider range of experienced clinicians. The merger will also provide more security and resilience for both practices in terms of clinical and non-clinical workforce, systems and infrastructure. • The two current premises in Chislehurst (11 Red Hill and 42 High Street) will continue to remain the practice sites. These practices are located 0.2 miles from each other, and this minimal distance means dual sites will still enable the benefits outlined in the business case. In the longer-term, the practices have an ambition to relocate to a new, single, purpose-built Health Centre in Chislehurst. The case for this merger however is not dependent on the relocation and the practices are prepared to merge regardless of any new facilities and continue operating from two sites. • This merger reflects the national policy direction for primary care to encourage increased resilience through greater collaboration between GP practices.

	• This request was submitted to the 8 September 2022 Primary Care Operational Group meeting. The Group considered this request, noted the financial assistance contribution of £15,841.60 from the ICB Primary Care commissioning budget, and the IT-related costs which will be met from the ICB commissioned IT budgets.
	• The Group recommended approval with the following conditions:
	  ○ The practices complete an EIA and undertake any resulting mitigations as required prior to the merger date.
	  ○ That the patient engagement due over the forthcoming period and how the practices are paying due regard to this additional feedback is documented prior to the merger date.	

Recommended action for the Committee	• Following consideration of this request by the Primary Care Operational Group on 8 September 2022 and the Group's recommendation to approve, the Committee is asked to approve the request to merge the PMS contracts and patient lists for Woodlands Practice (Woodlands) and Chislehurst Medical Centre (Chislehurst) with effect from 1 May 2023. • Should approval be granted, the Bromley Primary Care team and supporting functions of the ICB will then proceed working with the practices to progress this merger and to the associated patient communications in line with the standard merger process. • Progress with the merger preparations will be reported to the Primary Care Operational Group on a regular basis.	
Potential Conflicts of Interest	Dr Andrew Parson is a member of the Committee and also a GP Partner of Chislehurst Medical Practice, and therefore identified as having a potential conflict of interest.	
Impacts of this proposal	Key risks & mitigations	Should the merger not be approved, the practices have reported an unmitigated risk to their future resilience and ability to best meet the needs of their patients. This proposal is therefore seeking to anticipate and respond to the medium to long-term pressures which the practices are expecting.
	Equality impact	It is anticipated that there will be no adverse equality impact upon the protected characteristic groups for the following reasons: 1. There will be no reduction of services following the merger. 2. There will be no reduction in the merged practice's catchment area. 3. Patients registered with Woodlands and Chislehurst will remain patients of the newly merged practice unless they choose to reregister with another local practice of their choice. Patients will be supported by the practices in this regard.

		4. There are no changes to the existing premises used for the primary medical services delivered. Both practices have engaged with patients to ensure they understand the pending changes in order to manage expectations. Whilst noting the above, this approval is recommended to be subject to the condition that an EIA is undertaken by the practices to assure this prior to the merger completion.
	Financial impact	The Practice merger will not result in any substantive changes to commissioner budgets in relation to the patient list size payments, rent and rates reimbursement, or QOF payments. Within the business case, the practice has detailed professional fees associated with preparing the case for and implementing the merger. The ICB will contribute up to £15,841.60 from the ICB delegated budgets, plus IT-related costs which will be met from the ICB commissioned IT budgets. There will be no cost associated with formally notifying patients about the merger as these letters are in scope of the PCSE core service.
Wider support for this proposal	Public Engagement	Both practices have engaged extensively with patients through face-to-face, written and online mechanisms. Engagement has been led by the wider practice team, and Partners have presented to patients as part of this process. The feedback has been broadly positive and constructive. The business case details the engagement activities undertaken, the feedback received and the actions the practices will be taking in response to this feedback. The practices have committed to further engagement with patients in the run up to the merger date and it is proposed that this approval is recommended to be subject to the condition that the additional patient engagement and responses to this additional feedback is documented by the practices prior to the merger completion.
	Other Committee Discussion/	Informal engagement has been undertaken by the practices with One Bromley partner organisations to

	Internal Engagement	ensure all relevant parties are aware of these proposals. The proposal was considered and recommended for approval by the Primary Care Operational Group on 8 September 2022.
Author:	Cheryl Rehal	
Clinical lead:	n/a	
Executive sponsor:	Mark Cheung	

BUSINESS CASE

The Woodlands Practice & Chislehurst Medical Practice Merger

Date: 31st August 2022

Woodlands Practice Partners
Dr M Choong, GP Partner
Dr E Brander, GP Partner
Dr N Pascall, GP Partner
Dr S Roy, GP Partner

Chislehurst Medical Practice Partners
Dr A Parson, GP Partner
Dr V Tanna, GP Partner
Dr M Kharade, GP Partner
Dr M Yau, GP Partner
Dr V Jegatheeswaran, GP Partner
Dr S Mitchell, GP Partner

Practice Manager
Mrs Rebecca Green (Woodlands Practice & Chislehurst Medical Practice)

Woodlands Practice Address
11 Red Hill, Chislehurst, Kent BR7 6DB

Chislehurst Medical Practice Address
42 High Street, Chislehurst, Kent BR7 5AQ

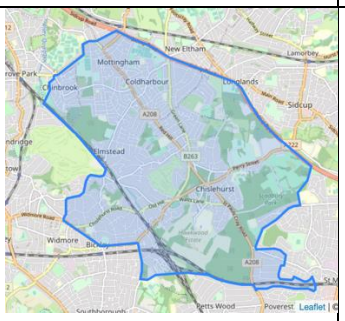
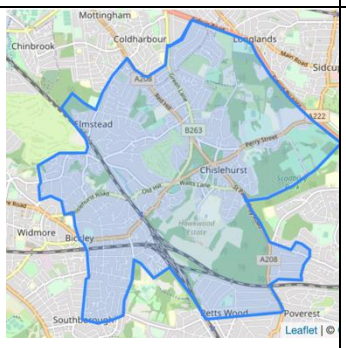
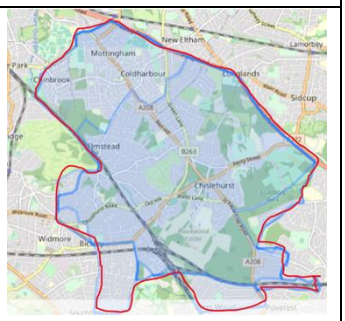
1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 [1]of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach. If appropriate some context is required here in relation to how and why the arrangements for a merger have come about.
Context for the merger The Woodlands and Chislehurst Medical practices are planning to merge to create The Chislehurst Partnership. The two practices have been working closely together for several years, and a merger will further strengthen the partnership and enable the merged practice to provide patients with more services from a wider range of experienced clinicians. The merger will also provide more security for both practices, enabling primary care in Chislehurst to thrive and become more sustainable and resilient so that high quality care can continue to be provided for patients in the heart of Chislehurst. The merger should be seen as an important milestone that will enable the practices to achieve its recently formed vision as described in this Business Case. Another important enabler to achieve the vision is the ambition to relocate to a new, single, purpose-built Health Centre in Chislehurst, although it is important to note that the merger case is not dependent on the relocation and practices are prepared to merge regardless of any new facilities and continue operating from two sites. **Merger model** On the 1st July 2022 both practices formed a single business partnership and contract variations were put in place so that all partners are now named on each of the two existing PMS contracts. The Partnership is now working towards a PMS contract merger on the 1st May 2023, at which point, the Woodlands Practice PMS contract will be merged into the Chislehurst Medical Practice PMS contract; the Woodlands Practice G Code Y00542 will be relinquished; Chislehurst Medical Practice (G code G84010) will continue and will be known as The Chislehust Partnership, the new name for the merged Partnership.

2. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice	The Woodlands Practice 11 Red Hill Chislehurst Kent BR7 6DB	Chislehurst Medical Practice 42 High Street Chislehurst Kent BR7 5AQ	The Chislehurst Partnership **Main Site:** 42 High Street Chislehurst Kent BR7 5AQ

[1] https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/
Annex 12A of the Primary Medical Care Policy and Guidance Manual – Template Business Case for Practice Merger pages 222 -228

			Branch Site: 11 Red Hill Chislehurst Kent BR7 6DB
Contract type **(GMS, PMS, APMS)**	PMS	PMS	PMS
Name of contractor(s)	Dr Michael Choong, GP Partner Dr E Brander, GP Partner Dr N Pascall, GP Partner Dr S Roy, GP Partner	Dr Andrew Parson, GP Partner Dr M Kharade, GP Partner Dr V Tanna, GP Partner Dr M Yau, GP Partner Dr V Jegatheeswaran, GP Partner Dr S Mitchell, GP Partner	Dr Michael Choong, GP Partner Dr E Brander, GP Partner Dr N Pascall, GP Partner Dr S Roy, GP Partner Dr Andrew Parson, GP Partner Dr M Kharade, GP Partner Dr V Tanna, GP Partner Dr M Yau, GP Partner Dr V Jegatheeswaran, GP Partner Dr S Mitchell, GP Partner
Location (provide addresses of all premises from which practice services are provided)	11 Red Hill Chislehurst Kent BR7 6DB	42 High Street Chislehurst Kent BR7 5AQ	11 Red Hill Chislehurst Kent BR7 6DB And 42 High Street Chislehurst Kent BR7 5AQ
Practice area **(provide map of area)**			 The merged practice will cover an area that is consistent with existing practice areas, noting the significant overlap.

List size **(provide both, raw and weighted list and date provided)**	April 2022 Raw: 9,788 Weighted: 9,220	April 2022 Raw: 14,414 Weighted: 13,677	Merged Practice Raw: 24,202 Weighted: 22,897
Number of GPs and clinical sessions **(provide breakdown and the number of wte GPs)**	**4 x GP partners = 3.5 WTE** Dr M Choong = 8 sessions Dr E Brander = 6 sessions Dr N Pascall = 6 sessions Dr S Roy = 8 sessions **3 x Salaried GPs = 1.75 WTE** Dr B Choong = 4 sessions Dr V Baker = 4 sessions Dr C Jones = 6 sessions **Total number of GPs and GP sessions** No. GPs: 7 WTE: 5.25 Sessions: 42	**6 x GP partners = 5.375 WTE** (each Partner currently receives 1 session per week as a PDP session – this is included in the figures below) Dr A Parson = 7 sessions Dr M Kharade = 6 sessions Dr V Tanna = 9 sessions Dr M Yau = 8 sessions Dr V Jegatheeswaran = 6 sessions Dr S Mitchell = 7 sessions **2 x Salaried GPs = 1.5 WTE** (no PDP sessions) Dr P Howell = 6 sessions Dr N Mody = 6 sessions **Total number of GPs and GP sessions** No. GPs: 8 WTE: 6.88 Sessions: 43	**10 x GP partners = 8.875 WTE** Dr A Parson = 7 sessions Dr M Choong = 8 sessions Dr E Brander = 6 sessions Dr N Pascall = 6 sessions Dr S Roy = 8 sessions Dr M Kharade = 6 sessions Dr V Tanna = 9 sessions Dr M Yau = 8 sessions Dr V Jegatheeswaran = 6 sessions Dr S Mitchell = 7 sessions **5 x Salaried GPs = 3.25 WTE** (no PDP sessions) Dr P Howell = 6 sessions Dr N Mody = 6 sessions Dr B Choong = 4 sessions Dr V Baker = 4 sessions Dr C Jones = 6 sessions **Total number of GPs and GP sessions** No. GPs: 15 WTE: 12.125 Sessions: 85
Number of other practice staff **(provide breakdown)**	1 x Practice Manager = 1 WTE (across both practices) 1 x PA to Practice Manager = 0.8 WTE 13 x Reception = 6.51 WTE 5 x Admin = 2.45 WTE 1 x Secretary = 0.64 WTE	3 x Managers = 3 WTE (at the moment only for CMP) 13 x Reception = 5.9 WTE 10 x Admin = 3.9 WTE 2 x Secretary = 1 WTE **Total other practice staff** No. Staff: 28 WTE: 13.8	1.0 WTE Business Manager 0.8 WTE PA to Business Manager 0.8 WTE Operations Manager 1.0 WTE Workflow Manager 0.5 WTE IT Manager 1.0 WTE Patient Liaison

	Total other practice staff No. Staff: 25 WTE: 11.4		Manager 0.7 WTE Compliance Manager 0.8 WTE Finance Lead 1.0 WTE HR Lead 8.8 WTE Administrator 12.4 WTE Receptionist / Patient Liaison Coordinator 1.5 WTE E-Consult Administrator (PCN role) **Total Other Practice Staff** 30.3 WTE (excl. PCN roles) 31.8 WTE (inc. PCN roles
Number of hours of nursing time **(provide breakdown and number of wte nurse and nurse practitioner)** **Sessions/hours of other health care professionals such as HCA, PA and PCN resources**	2 x ANP = 0.61 WTE 3 x Nurses = 1.15 WTE 1 x HCA = 0.96 WTE Total WTE 2.62 <u>PCN Resources across all 3 practices including Links Medical Practice:</u> 3 x Pharmacists = 3 WTE 1 x Pharmacy Technician = 1 WTE 1 x First Contact Physio = 1 WTE 2 x Social Prescribers = 1.5 WTE 1 x Mental Health Practitioner = 1 WTE 2 x Physician Associate = 2 WTE Total WTE 7.5 **Total Other Practice Staff** 2.72 WTE (excl. PCN roles) 10.22 WTE (inc. PCN roles	2 x ANP = 1.3 WTE 4 x Nurses = 1.7 WTE 2 x HCA = 1.5 WTE Total WTE 4.5	**Practice roles** 1.87 WTE ANP 2.72 WTE Nurses 2.43 WTE HCA Total 7.02 WTE **Training Roles** 3.0 WTE GP Registrars 1.0 WTE Medical Students 2.0 WTE Physician Associates 2.0 HCA Total 8.0 WTE **PCN Roles** 3.0 WTE Clinical Pharmacist 1.0 WTE Pharmacy Technician 3.0 WTE Physician Associate 1.6 WTE Social Prescriber Link Worker 3.0 WTE First contact Physiotherapist 2.0 WTE Mental Health Practitioner 1.0 WTE Dietician 1.0 WTE Community

			Paramedic 1.0 WTE Care Coordinator Total 16.6 WTE **Grand Total** 15.02 WTE (excl. PCN roles) 31.62 WTE (inc. PCN roles
ICB area(s) **(list ICB(s) in which practices are located)**	NHS South East London ICB London Borough of Bromley	NHS South East London ICB London Borough of Bromley	NHS South East London ICB London Borough of Bromley
PCN Areas **list PCN(s) in which practices are located)**	MDC PCN	MDC PCN	MDC PCN
Please confirm current and future agreement to sign up to the PCN Network DES	Confirmed agreement	Confirmed agreement	Confirmed agreement
Which computer system/s **(list system(s) used)**	EMIS	EMIS	EMIS – we already have a project leader working on this migration & have notified EMIS & ICB, estimating a minimum of a 6-month lead time to merge.
Clinical governance/ complaints lead and systems **(provide names)**	**Clinical Governance lead**: Dr M Choong **Complaints Lead**: Dr N Pascall & Rebecca Green PM **Systems lead**: Dr M Choong & Rebecca Green PM	**Clinical Governance lead**: Dr A Parson & Lois Deering Deputy PM **Complaints Lead**: Dr A Parson & Lois Deering Deputy PM **Systems lead**: Dr A Parson & Lois Deering Deputy PM	**<u>11 Red Hill site</u>** **Clinical Governance lead**: Dr M Choong **Complaints Lead**: Dr N Pascall & Rebecca Green PM **Systems lead**: Dr M Choong & Rebecca Green PM **<u>42 High Street site</u>** **Clinical Governance lead**:

			Dr A Parson & Lois Deering Deputy PM **Complaints Lead**: Dr A Parson & Lois Deering Deputy PM **Systems lead**: Dr A Parson & Lois Deering Deputy PM
Provide organisational chart showing roles and responsibilities including workforce, corporate governance and finance	All responsibilities fall under the Practice Manager role to oversee & manage. The partners have areas of specialty which overall help with decision making and planning	All responsibilities fall under the Practice Manager role to oversee & manage. The partners have areas of specialty which overall help with decision making and planning	**See Chart in Section 3** proposed organisational chart showing roles and responsibilities including workforce, corporate governance and finance
Training practice (yes/no)	Yes, for GP family planning, Nurse / HCA roles	Yes, for GP, Nurse & HCA roles	Yes, for GP, family planning, Nurse & HCA roles
Opening hours (list days and times)	Monday to Friday: 08:00 – 18:30 Saturday, Sunday and Bank Holidays: Closed Extended hours contract provided by Bromley GP Alliance (Federation)	Monday to Friday: 08:00 – 18:30 Saturday, Sunday and Bank Holidays: Closed Extended hours contract provided by Bromley GP Alliance (Federation)	Monday to Friday: 08:00 – 18:30 Extended hours for both sites through contract provided by Bromley GP Alliance (Federation)
PCN Extended hours delivered by the practices (list days and times)	Saturdays 4 hours	Saturdays 4 hours	Mon to Fri 6:30pm to 8pm Sat and Sun 8am to 8pm Provided by Bromley GP Alliance (Federation) From 1 October the Enhanced Access service will take over from Extended Hours across MDC PCN. See the MDC PCN Enhanced Access plan for details of this service.
Other PCN services delivered by the practice	N/A apart from ARRs roles noted above	N/A apart from ARRs roles noted above	ARRs roles noted above

Enhanced services **(list all enhanced services delivered whether they are commissioned by NHSE, ICB or LA)**	NHSE E/S: Minor Surgery Extended Hours ICB: Cardiology (external referrals accepted) Gender Dysphoria DMARD ADHD Gonadorelin Safeguarding PMS Premium (ICB): Breast screening uptake Bowel screening uptake Influenza and child immunisation invitations End of Life care planning Post-Operative Care planning Integrated case management Practice development planning Public Health: Sexual Health (external referrals accepted) NHS Health checks	NHSE E/S: Minor Surgery Extended Hours ICB: Cardiology (CMP patients only) Gender Dysphoria DMARD ADHD Gonadorelin Safeguarding PMS Premium (ICB): Breast screening uptake Bowel screening uptake Influenza and child immunisation invitations End of Life care planning Post-Operative Care planning Integrated case management Practice development planning Public Health: Sexual Health (CMP patients only) NHS Health checks	NHSE E/S: Minor Surgery Extended Hours ICB: Cardiology (CMP external referrals and CMP patients) Gender Dysphoria DMARD ADHD Gonadorelin Safeguarding PMS Premium (ICB): Breast screening uptake Bowel screening uptake Influenza and child immunisation invitations End of Life care planning Post-Operative Care planning Integrated case management Practice development planning Public Health: Sexual Health (external referrals and CMP patients) NHS Health checks
Premises **(the address for each premises and confirmation of main/branch status**	Woodlands Practice 11 Red Hill Chislehurst BR7 6DB	Chislehurst Medical Practice 42 High Street Chislehurst BR7 6DA	**Main Practice Address** 42 High Street Chislehurst BR7 6DA and **Branch Address** 11 Red Hill Chislehurst BR7 6DB
Premises **indicate whether premises are owned or leased and when the lease is due to expire** **For leased**	Woodlands Practice Owned The Woodlands Practice operates from a converted residential property. The property is owned by the Practice Partners	Chislehurst Practice Owned Chislehurst Medical Practice operates from a purpose-built facility which is on a long leasehold (32 years, no break) with the land owned by The Rochester Diocese	Both properties will be retained following the merger with no change to current ownership arrangements for 11 Red Hill or current leasehold arrangements for 42 High Street. Note that the longer-term intention is to relocate to a new, single, purpose-built Health Centre in

premises please confirm length of lease remaining including and break clauses.			Chislehurst, at which point both properties will be disposed

3. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery.

Summary of the short to medium term benefits of the merger to the practices

Some of the merger benefits will be seen quicker than others, notably those that are not dependent on the merged practice relocating to a single purpose built site:

- Ability to attract high calibre staff who want to work in a larger practice which offers a much broader range of services
- Enables the merged Practices to recruit trainees and build resilience of practice through succession planning
- Provide more training and development opportunities for staff and have a greater mix of different skills in the practice team
- Makes operational sense – economies of scale by merging and avoiding duplication
- Opportunity to offer more services to patients
- Offer more appointments; so, patients get the care they need, when they need it
- Flexibility so patients can access services at either of the two sites in the future

Service Vision and longer-term aims

The practices have created a shared vision for the delivery of primary care that is patient centred. This means that patients will be offered choice, continuity within each episode of care, services that are proactive, coordinated and available close to home, and support the 'whole person' and their health and wellbeing rather than just treating illness, with the local community integral to the delivery of care.

To realise the vision, the practices have created a number of longer term aims that will also support the development and transformation of MDC Primary Care Network. The merger is an important first step on the journey toward delivering on the aims. Future plans include relocating to a new, single, purpose-built Health Centre in Chislehurst, as this will also be an important enabler and work is already underway to secure a premises.

Key service aims are as follows:

- Ensure that all patients experience care that is person-centred
- Address health inequalities across the PCN population
- Integrate and enhance access to a wider range of clinical services that can be delivered closer to home
- Enable the maintenance of low rates of UTC and ED attendance by meeting urgent access needs and increasing proactive care for frail elderly patients and others with multiple and complex needs.
- Drive early identification and consistent management of long-term conditions to prevent escalation and complications
- Renew focus on prevention of ill health - supporting and encouraging people to live healthier lives

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery.

- Increase the sustainability and resilience of the delivery model to meet demands for core services and enable development of the model of care / new activities.
- Strengthen ability to recruit, support and retain high quality team members to provide good quality patient care and patient experience with using their GP practice.
- Establish a scaled-up centre for excellence in primary training to introduce more trainees with clinical and non-clinical skills that are required locally and at least double the combined capacity for GP registrar placements. This will support a continued pipeline of clinical workforce for the practice and will benefit local primary care providers as a whole.

Service model for merged practices

It is envisaged that the service model in support of these aims will involve:

- Embedding a phone / digital-first approach to unplanned care with a low threshold for face-to-face consultation and the option of quick advice / information through e-consult. This will enable the Practice to be responsive to the diverse access needs and preferences of patients and facilitate rapid access to face-to-face contact where most needed, in particular preventing ED or UTC attendance amongst the elderly and very young population. It also enables patients to choose the most appropriate practitioner to provide relational continuity for that episode of care.
- Extended hours/ urgent primary care and access to multi-disciplinary support configured across the PCN to provide capacity where it is most needed.
- Collaboration in proactive and reactive planning, coordination and responsive care for frail elderly people and others identified as being at risk of crisis or hospital admission. This emphasises early identification, including cancer and dementia, linking together with the Integrated Care Network and utilising key PCN resources such as community paramedics, pharmacists and social prescribing to identify and respond to the needs of the individual. Multi-morbidity clinics will wrap services around those with complex needs and take care to patients.
- Testing and diagnostics for long term conditions (such as phlebotomy, ECG, Holter, ABPM, FeNo, spirometry) brought in alongside consultation, care planning, advice and monitoring in primary care to enable more timely identification and effective management. This One stop shop approach will support a more seamless patient experience with less travel, greater continuity of care, and multi-disciplinary input (e.g., incorporating on-site dietetics, foot checks and mental health support) while actively promoting activities to enhance patients' capability to manage their condition (such as through group-based education / peer support, social prescribing, weight management).
- Linking together services for vulnerable cohorts in the population including:
    - The practices continually aim to work collaboratively with the community services for example midwifery, health visiting, mental health support and behavioural/diet advice for young families, using relationships and every contact to promote access to relevant care and keep children physically and mentally well. Due to premises room constraints at both sites we are currently unable to facilitate these services in the practice, however we are working towards a larger medical centre premises which will provide additional consulting space to be able to offer these services to our patients at the convenient location of their GP surgery in the future. Services will be provided off site or remotely until new premises have been secured.
    - Both practices working together utilising clinicians expertise to maximise health checks for people with LD, autism and senior mental illness in the population, including addressing barriers to access and wrapping around other services. Working together we are able to offer a more flexible approach with appointment use.
- Convenient access to vaccination and immunisation within a trusted environment.

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery.

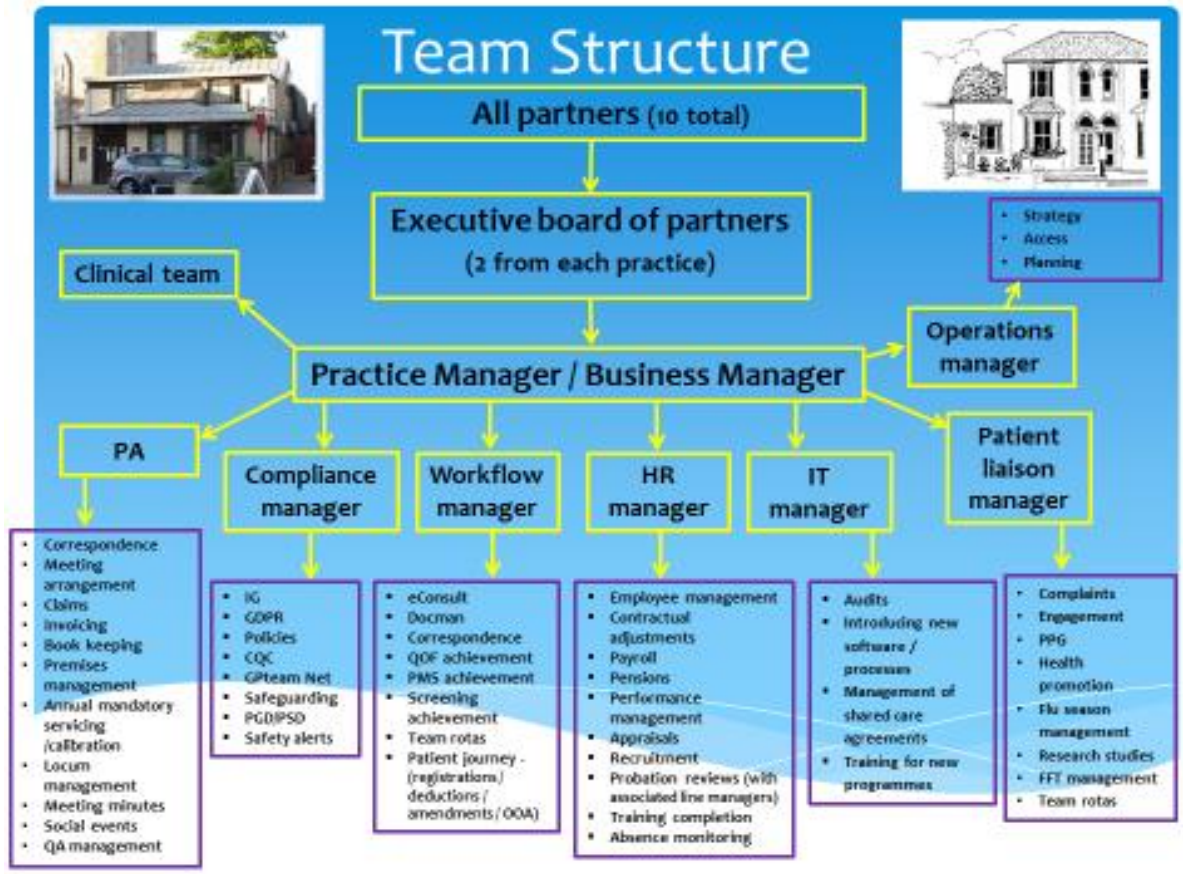
- Connecting with and enabling participation in community-driven support and activities that promote health and wellbeing. This will include not only making links through social prescribing but through wider interactions with residents and facilitating in-reach by partners such as Citizens Advice.
- Extended availability of interventions via specialist clinics held at either site supported by merged systems to ensure access to all patients for interventions such as joint injections, family planning, ear suctioning, as well as diagnostics to offer greater choice to patients across the local area, reduce pressure on waiting times and link up with relevant community-based pathways as these develop.

Operating Model and Team Structure

Our merged operating model has been designed to ensure that we can deliver the service model described above, take full advantage of economies of scale brought about by the merger, avoid duplication of effort and therefore create more capacity for patient care. Key features of the operating model are:

- An executive board of partners consisting of 2 partners from each former practice accountable to all partners and responsible for all aspects of merged practice leadership. One benefit of this model will reduce the partner's time managing the business freeing them to complete clinical work. This will include a reduction in attendance at regular business meetings as the 10 partner meetings will be replaced with the executive board consisting of 4 partners plus the practice manager. The frequency of the full partnership meetings will be on a monthly basis.
- We will be able to streamline Clinical leads to make efficiencies within the team for example 1 safeguarding lead GP representing both practices instead of 1 at each site.
- A Practice Manager responsible for operations across both branches which replaces the need for 2 practice managers.
- A newly combined single management team will work across both practice sites redesigning roles to focus on areas of specialty, for example Finance lead, Compliance lead & Patient Services lead. This will reduce the pressure on the managers at each site who currently have to complete a huge and complex role fulfilling multiple duties.
- A single reception team with flexibility to work across each of our sites as needed. This supports cover requirements and business continuity planning.

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery.



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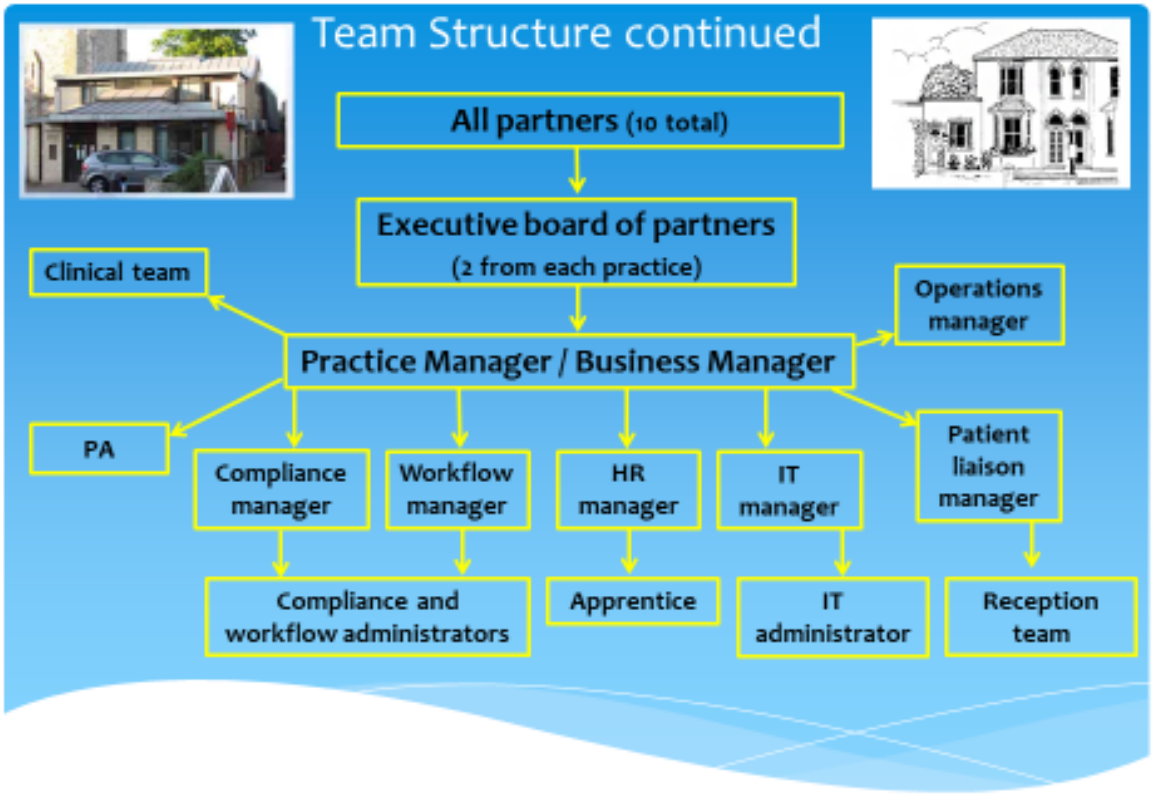

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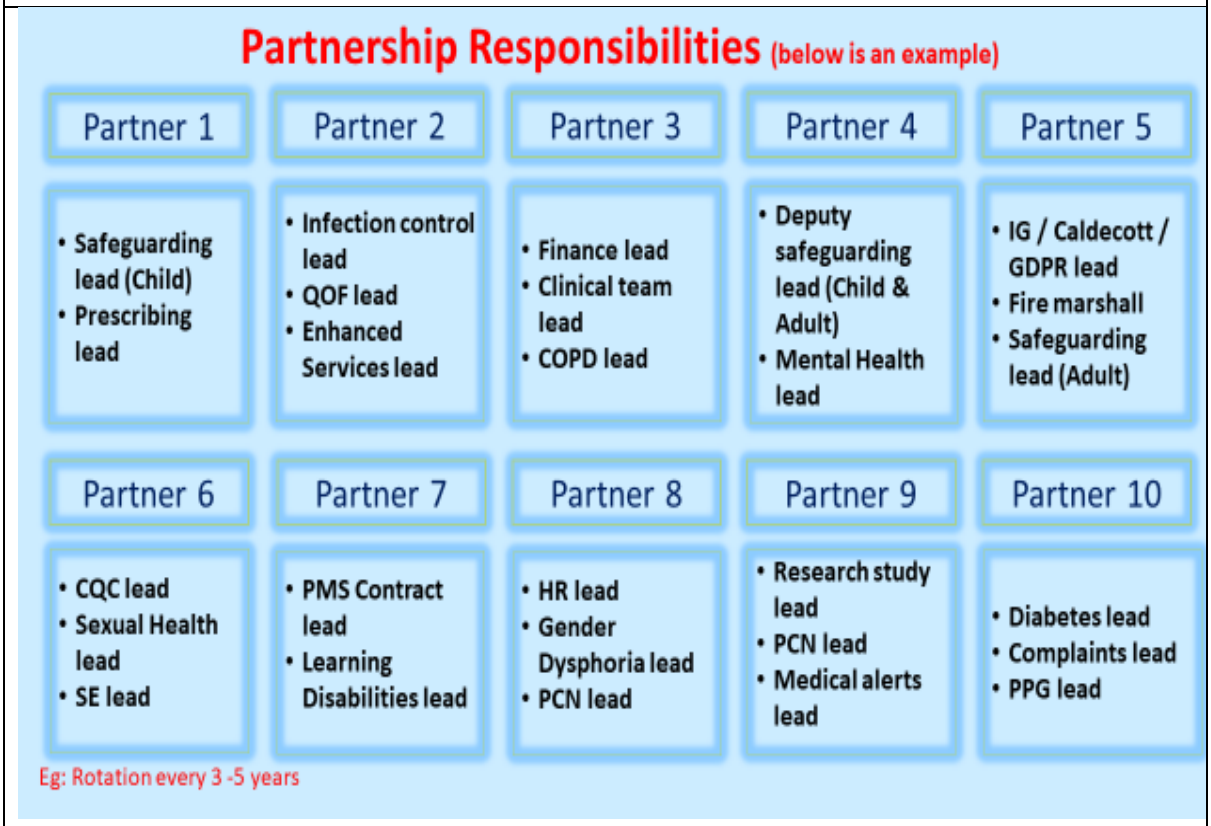


4. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice	
Premises **Business case should consider the following where applicable** • Legal fees • SDLT payments • Rent reimbursement • Any potential savings due to site closure • Or potential increase in rent reimbursement if the newly merged	There will be no changes to property owning or Lease holding Partners resulting from the merger. List Agreements will need to be updated to refer to the new name of the practices, The Chislehurst Partnership and relevant estates colleagues will be informed of this change. Premises utilisation will not change as a result of the merger so no change in rent reimbursement is expected. SEL Estates Team has confirmed that the practices will continue to be reimbursed notional rent in accordance with the Premises Costs Directions. There are no site closures planned in the short or medium term. Note however merged Practice future ambition to relocate to a new, single, purpose-built Health Centre in Chislehurst and that this will be subject to a separate approval process and that practices wish to merge regardless of the outcome of this proposed new site.

<table>
<tr><td colspan="2">Please provide comments <u>from a financial perspective</u> on the following matters if they are relevant to the proposed practice</td></tr>
<tr><td>practice will change premises utilisation</td><td></td></tr>
<tr><td>Merger Execution</td><td>Financial costs associated with executing the merger are estimated at £34,854 with £20,854 of these costs already incurred. The ICB has already committed to sharing the costs related to business case and engagement support. It is further requested that the ICB share legal and accountancy costs with the Practices.

The Practices therefore request that the ICB agrees to support up to £17,427 (50% of £34,854) subject to the Practice presenting evidence that these costs have been incurred.

<table>
<tr><th>Item</th><th>Cost incurred to date</th><th>Further Cost estimate</th><th>Total</th></tr>
<tr><td>Business case and engagement support (Baxendale)</td><td>£9,500</td><td>£0</td><td>£9,500</td></tr>
<tr><td>Legal advice (Hempsons)</td><td>£10,062</td><td>£10,000</td><td>£20,062</td></tr>
<tr><td>Accountants (OBWH)</td><td>£1,292</td><td>£4,000</td><td>£5,292</td></tr>
<tr><td></td><td>£20,854</td><td>£14,000</td><td>£34,854</td></tr>
</table></td></tr>
<tr><td>IT
Cost associated with merging different clinical systems
Moving servers
Upgrading telephony system</td><td>Clinical systems

Both practices are using EMIS. Merger of the systems will be completed within a minimum of 6 months prior to the formal merger. Note that EMIS will not raise a quote without ICB requesting this and it is understood that this will not take place until the merger has been approved and is likely to cost no more than £1,000. It is understood that these costs will be covered by the ICB and the practices also request that the ICB cover the cost of an EMIS representative to be present in the practices when 'go live' is initiated for the merged EMIS system.

Telephone Systems

There are currently 2 different telephone systems at the practices. The aim is to have one telephone system with a single call centre in order to facilitate clinical integration.

Financial support for this is not requested at this stage and a separate business case will be prepared post-merger to assess the resulting investment from a value for money perspective ahead of potentially seeking funding support.

IT

Practices will continue to utilise their current IT equipment and systems with no change or costs incurred in the short term. Once a</td></tr>
</table>

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice	
	full merger date is provided practices will then assess IT needs of the merged practices and associated costs.
TUPE	All employees will be transferred to the new merged organisation with no changes to current terms and conditions. After a bedding in period contract terms will be aligned in full consultation with staff. Advice on this matter has been provided by Peninsula. There will therefore be no costs incurred by the practice.
Redundancy	N/A – no redundancies will be made as a result of the merger. There will therefore be no costs incurred by the practice.
QOF	Both practices are high performing QOF achievers which will continue with merged and joint working: Woodlands: 554.9 (out of 567), 98% Chislehurst: 562.8 (out of 567), 99% The newly merged practice is therefore confidently forecasting the same level of income in future years.
Pension/seniority	Seniority is no longer provided. Pension contributions will continue for all employees, therefore no financial pension or seniority related implications resulting from the merger
MPIG/PMS Premium	Both practices complete PMS premium contracts and perform to a high standard. The newly merged practice is therefore confidently forecasting the same level of income from the PMS Premium in future years. MPIG no longer exists.
Dispensing	There are no financial dispensing implications resulting from the merger

5. Service delivery

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	Both practices already have high QOF achievement. We will utilise the QOF expertise to place the patients with the most suitable clinicians for reviews across both sites
Access	Patients will be able to access appointments across both sites allowing for flexibility for patient choice. This will be available when the EMIS merge has taken place, estimated to be 6 months after merger approval date. The practice therefore anticipates the merger will improve access for patients and support the practices to be more responsive. The GP survey results for 2022 indicated patients would like to see an improvement when accessing the practice via the telephone. Whilst we appreciate there is an increase in demand from patients locally and nationally, this is an area we will be able to develop with a view to improving waiting time through providing a merged team and

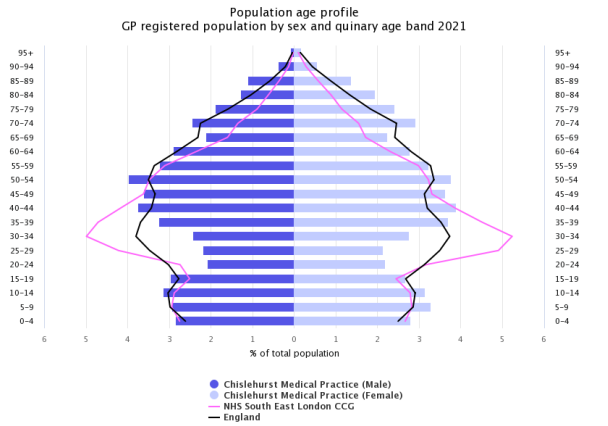
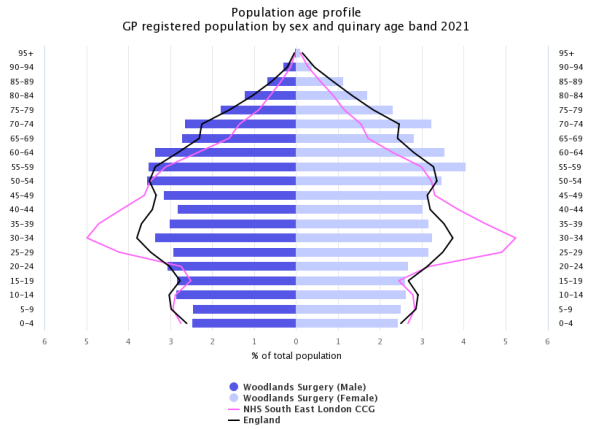
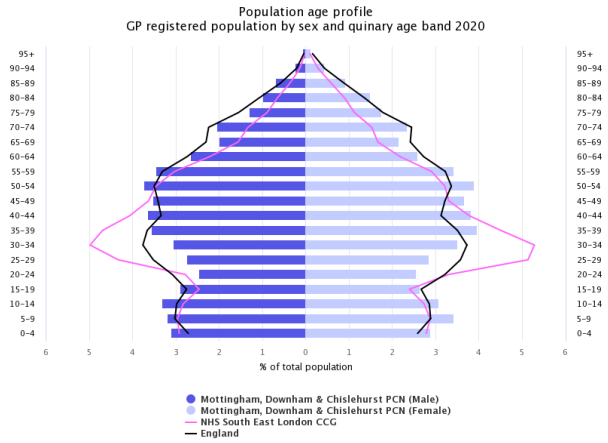
Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
	telephone system. Once we have unified our processes and staff, we will be able to place dedicated members of staff to focus on telephone handling. The results of the survey also highlighted a higher proportion of patients booked appointments through telephoning the practice. We will work with our PPG and social media to help promote other options when booking appointments i.e. online access, eConsult and NHS app. The results suggested the practice websites could be easier to navigate. We continually update our websites and we have already commenced research into merging the websites to host one unified website for the new merged practice. We will obtain patient feedback when we have a draft to demonstrate. A higher proportion of patients reported there wasn't a preference to see a particular GP. Our merger allows us to offer patients access to a wider range of GPs at both sites. This increases availability of appointments.
Primary Care Indicators	Both practices do this every six months and it is anticipated for this to continue unaltered in the new merged entity.
Recent or ongoing breaches of contract	N/A there are no recent or ongoing breaches of contract
Recent or pending CQC matters	N/A both practices rated 'Good'
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	N/A both high performing practices
Will there be any cessation of services post-merger?	No, we will be increasing service provision through sharing appointments. When we relocate to a new, single, purpose-built Health Centre we will introduce phlebotomy, post & antenatal care, group health education sessions, audiology plus many more services
Will there be a reduction of hours for which services are provided post-merger?	No, whilst Woodlands are no longer providing extended hours on Monday and Tuesday evening, as this is provided through a contract provided by Bromley GP Alliance since 1st July 2022. Clinical time released by the merged practice as a result of the new arrangements for extended hours will be reallocated between the hours of 8am and 6:30pm.
Will there be a change in the hours at which services are provided?	No, in addition to extended hours provided through Bromley GP Alliance the Practice will continue to provide services Monday to Friday from 8am to 6:30pm at both sites.
Will there be a reduction in the number of locations or	Services will be provided from existing locations in the short to medium term. However, both Chislehurst Medical Practice and The Woodlands Practice practices have outgrown their accommodation.

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
a change in the location of premises from services are provided?	The Practices are therefore progressing an opportunity to develop a new, mixed-use Health and Wellbeing Centre (as mentioned previously) and library to replace existing primary care facilities. The ability to share a single, modern, purpose-built facility will support the aims and objectives of the proposed merger to deliver better patient-centred care and a wider range of clinical services to the patient population served by these practices and the MDC Primary Care Network.
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	The merger will increase the resilience of both practices and lead to improved patient experience through delivery of the following: • Recruitment and optimisation of further additional roles to refocus GP capacity on complex care and clinical leadership/ supervision, support proactive and consistent management of planned care, and tailor care and support to specific needs of the population. • A consolidated point of access and administration for the merged practice will enable efficiencies in management. This will include piloting of an e-consult or digital hub, releasing clinical capacity and streamlining access. • Deeper partnerships and professional relationships and networks across organisational boundaries, underpinning joint working – as identified by the One Bromley workforce workstream. • High quality GP registrar placement packages across ST1-ST3 that incorporate structured peer support and wide-ranging experience across core and enhanced services. • A wider training offer will target local skills gaps including GP specialisms, allied healthcare professions, and key skills for unregistered and non-clinical roles. • Building participation and partnerships in research and evaluation to build the evidence base as the practice innovates in areas such as diagnostic delivery and LTC management.
Primary Care Networks (PCN) – what are the benefits of the proposed merger for the PCN? **e.g., offer space for PCN services, taking leadership of delivering services on behalf of the PCN**	The merger is an important step in achieving our vision alongside co-location at a new single, modern, purpose-built facility. The new facility will provide much needed physical capacity that patients of The Links Practice will also benefit from. The whole MDC population who will experience the following benefits: • More reliable and resilient general practice provision – including via more stable workforce, better use of additional roles and more efficient administration/back office • Increased availability of appointments across the PCN • Availability of a wider range of services, support and practitioners in the neighbourhood • More choice in where and how patients access care • More rapid access to support via e-consult • Less variation in quality of care

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
	• Reduced inequality in outcomes
Primary Care Networks (PCN) – what are the implication of the proposed merger for the PCN? **e.g., where two practice premises are located in two different PCNs**	There are no negative implications to the PCN arising from the proposed merger. Both merging Practices serve the same PCN. See above for benefits to the whole MDC PCN population expected to arise from the delivery of merged Practices vision.

6. Patient and stakeholder engagement

Please provide comments on the following matters.	
Please provide information about your patient demography	Woodlands Practice (Y00542) and Chislehurst Medical Practice (G84010) serve a neighbourhood which is diverse in terms of its health needs. The practices' populations centre on the Chislehurst and Bickley wards, although the combined patient list extends further than the boundary of these two wards. In line with the national trend, this footprint has grown as patients in adjacent wards have sought to register with larger practices who are able to maintain choice and reliability. The practices have an older patient profile than the average for the ICS and Bromley. This is reflected in the need for proactive and coordinated care that enables residents to maintain their independence at home, with good physical access to services and measures to address social needs such as isolation and support for carers. The Bromley PCN Estate Strategy shows population growth at a ward level of 3.54%. In addition, with the proportion of older people in Bromley (65+) projected to increase from 17.8% of the population in 2021 to 18.7% by 2025 and 20.2% by 2031, it is expected that increase in prevalence of multiple and complex long-term conditions and frailty will place more demand on primary care services. Rates of diabetes and asthma in particular have been growing in the population with the practice seeing an increase pre-diabetes, plus earlier diagnoses of T2 diabetes. With supported housing in the catchment area, and thirty percent of people with a long-term condition also suffering from poor mental health, there is a growing need for provision that takes account of mental health.

Please provide comments on the following matters.	
	In addition, the practices, serve a proportion of young families above the national average, corresponding with requirements for maternal and child health services, and opportunities to prevent ill health.    The area in which the Mottingham, Downham, and Chislehurst (MDC) PCN operates, covers both the least and most deprived areas within Bromley. This is known to be associated with differentials in life expectancy of 8.1 years for men and 6.1 years for. Variation across the PCN in vaccination uptake and rates of non-elective hospital admission have been noted.

Please provide comments on the following matters.	
	Narrowing this gap is therefore a priority for the PCN, with the PCN using the Additional Roles Reimbursement Scheme (ARRS) to address mental health needs and wider determinants of health. Targeted support will also be needed for specific cohorts. For example, with lower rates of childhood vaccination and baby's first feed breastmilk, support for young parents has been identified as an initial priority area.
Have the practices engaged with patients and/or stakeholders on the practice merger? Stakeholders may include local LMC, Healthwatch, PCN members, Community and voluntary services	Yes, stakeholder engagement has started and is ongoing, supported by our external advisors (Baxendale Advisory), and ICB colleagues. Planning for engagement involved three distinct phases, scoping, design and implementation, based on advice received form communications colleagues at the ICB. The engagement plan is currently in the implementation phase. The engagement plan objective was to share plans for the merger with stakeholders and provide an opportunity to inform and shape our plans. The engagement plan lists and describes the activities, to be undertaken with each stakeholder group, including channels used, materials needed and key milestones.
When did/will you engage with patients/stakeholders?	Engagement activities already completed: • PPG session 12/01/22 describing ambition to merge, with benefits to patients and practices explained. Supportive feedback received from PPG for benefits to economies of scale and access improvements (over time) when phone systems are reviewed. • W/c 18/04/22 - Early engagement with ICB and PPG colleagues to scope engagement activities • W/c 09/05/22 - Staff, patients and a wide range of external stakeholders received a notice announcing our intention to merge, the expected benefits of the merger and requesting feedback. • W/c 09/05/22 - A patient survey was compiled (see attachment) and distributed via the PPG via social media, as a link on both Practices websites, and via a link within a text message that was sent to circa 17,200 patients. • W/c 09/05/22 – Individual local and health stakeholders emailed regarding merger. Note this work is ongoing. • W/c 16/05/22 - A face to face drop in community event was held on the 17th May supported by the PPG where practice partners were able to outline the plans for the merger and members of the community were able to ask questions and raise any concerns. • W/c 23/05/22 – FAQ and responses published on websites of both practices and shared by PPG via social media. • A virtual patient engagement session was held on Tuesday 2nd August 2022 to allow people to attend

Please provide comments on the following matters.	
	who either could not make the community event or preferred a virtual model of engagement. Engagement will continue, with the following activities planned • NHS notification of intention to merge to be issued • NHS letter to all patients to inform them of the merger once completed. • Further patient engagement through PPG Chair. • Regular sessions including face-to-face and Zoom to keep people informed of progress ICB's approval of merger • FAQ page on website regularly updated with new questions and queries and further developments of the merger. • The following links can be used to access the presentation slides used at patient engagement events and FAQs along with responses: The Woodlands Practice - Practice Merger Information Chislehurst Medical Practice – Member of The Chislehurst Partnership - Practice Merger Information
In what form did/will you engage with patients/stakeholders?	Engagement with stakeholders has been in the following forms: • Poster announcing plans • Face-to-face community event with patients • Virtual Zoom community event with patients • On-line survey available on both Practices websites • Text messages to over patients with link to survey and merger announcement • Social media messages via PPG tapping into local community groups followers • E-mail correspondence with a variety of stakeholders
With whom did/will you engage?	Stakeholder groups engaged with include: • Patients, including PPG • Staff at both Practices • Local politicians • ICB • Bromley PCNs • Kings Hospital Trust • London Borough Bromley • Bromley Health Care • Bromley GP Alliance • Oxleas • St Christopher's Hospice • Bromley Third Sector enterprise • Bromley Healthwatch • Community Links Bromley • Health and Wellbeing Board

<table>
<tr><td colspan="2">Please provide comments on the following matters.</td></tr>
<tr><td></td><td>
London Medical Committee
We have communicated with these stakeholder groups and notified them of the merger via email, advising them to respond to us should they have any queries or further questions. Bromely Healthwatch have acknowledged the merger. We are yet to receive any response or follow-up from other external stakeholders
</td></tr>
<tr><td>If you have already carried out engagements, what was the outcome? Please provide evidence</td><td>
A short eight question survey was produced with input and guidance from the ICB and sent via text to 17,200 patients and made available on both practices' websites. As of 30th August 2022 the survey received 395 responses. For patients who are unable to digitally access the survey, printed versions are available in each practice.

The survey is made up of detailed statements which outline the proposed benefits and improvements the merger is likely to bring and asks patients to score along a 5-point scale from Strongly Agree to Strongly Disagree about each statement. Out of the 6 statements, all of them received 70% Strongly Agree or Agree responses and less than 10% Disagree or Strongly Disagree.

Overall 83.5% of respondents are in favour of the merger with 16.5% opposed. The large majority of responses are positive and support the proposed plans, benefits and improvements that the practices aspire to achieve via the merger.

For the 16.5% of respondents that oppose the merger, further opportunity was given to feedback on why this might be, the common issues are noted in the table below along with a description of how the issues will be addressed:
<table>
<tr><th>Issues noted by people that oppose the merger</th><th>How these issues will be addressed</th></tr>
<tr><td>Concern around being able to continue to see their regular doctor</td><td>Patients will continue to have the choice to see their preferred GP and also access to more GPs at either practice</td></tr>
<tr><td>Difference in service they have received from either practice</td><td>Gradually the practices will migrate and unify their processes. This will help patients receive the same service provision at either site.</td></tr>
<tr><td>Unsure if a bigger practice necessarily translates into better service</td><td>By merging, we are aiming to bring the best of both practices together. Our aim in all of this is to ensure we deliver good and consistent care and avoid duplication where possible to free up resource and make our practice(s) more efficient.</td></tr>
</table>
</td></tr>
</table>

Please provide comments on the following matters.		
	Not convinced there is a need to merge	The merger will help to address some areas we would like to improve because we will be able to avoid duplication of work, meaning staff resources can be redistributed to focus on other areas of patient care.
	The practices are confident that with further and continued patient engagement, they will be able to provide sufficient evidence and information to mitigate these concerns e.g. zoom event to enable more feedback, FAQ page on website covering common themes/concerns about the merger. The survey also enquired around how patients access services and what matters to them most in regard to this with 325/395 reporting that availability and timeliness of appointments is of most importance, which we are confident can be achieved through the proposed merger. A face-to-face event was also held locally on 17th May 2022 from 2-6pm, giving patients the opportunity to drop-in and ask questions. Partners from both practices were in attendance (Dr Andrew Parson and Dr Michael Choong), giving four detailed 20-minute presentations on the proposed merger throughout the afternoon, covering why it is happening and what they believe the benefits will be. Attendance of patients was excellent with circa 100 people dropping in. During the Q&A patient concerns reflected those expressed in the survey results and both partners agreed that further patient engagement moving forward should be planned and continued engagement with the PPG throughout the process and beyond is critical to a successful delivery of the merger. Should patients wish to change practices altogether, support and guidance will be provided by practice staff to enable this to happen smoothly. Information will also be added to the merger FAQs section of practice websites to support with this.	

7. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to affect the proposed practice merger.
Both PMS contracts will continue to run side by side until EMIS has confirmed a clinical merger date with ICBs knowledge. Upon EMIS confirmation of date, the PMS contract for Woodlands Practice Y00542 will terminate from this date with the ICB given prior notice to enable this to happen. All Partners from Woodlands Practice will move over onto Chislehurst Medical Practices current PMS contract G84010. The practice will be renamed to The Chislehurst Partnership with all 10 GP Partners listed.

8. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.
No procurement and/or competition matters have been identified

9. Merger mobilisation

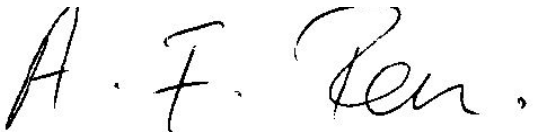
Please set out below a step-by-step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.
The mobilisation plan template is being used to support the merger. The latest version accompanies this business plan.

10. Additional information

Please provide any additional information that will support the proposed practice merger.
It is anticipated that the new organisation will provide for greater resilience and continuation of quality care for patients in Chislehurst and MDC PCN by bringing together a variety of high level clinical and managerial expertise in general practice and as necessary first step in achieving the vision outlined in this Business Case.

11. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr Michael Choong	
Dr Elizabeth Brander	
Dr Nicola Pascall	

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr Supriya Roy	
Dr Andrew Parson	
Dr Viral Tanna	
Dr Meena Kharade	
Dr Maxim Yau	
Dr Vijitha Jegatheeswaran	
Dr Sophie Mitchell	

ENCLOSURE: 4

AGENDA ITEM: 6

One Bromley Local Care Partnership Board

DATE: 27 September 2022

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

Partnership Report

Integrated Care Board Report

Vaccinations campaigns currently underway

A number of important vaccination campaigns are underway to protect Bromley residents from seasonal illnesses and circulating viruses. These are:

1. Covid Autumn boosters (alongside 'evergreen' offer)

Autumn boosters are being offered in Bromley at the newly-relocated Glades Mass Vaccination Centre, known as the One Bromley Health Hub. In addition, three GP-led sites, eight community pharmacies and a number of GP practices will also be offering Covid vaccination. Residents can book their vaccination online or wait to be invited directly by the local GP-led services. People can also visit vaccination services in other locations that might be convenient for them, such as on their way to work.

Boosters are currently available to all those over 65, those who have clinical risk factors, and carers. Eligibility will extend to the over 50s shortly. Care home visits to vaccinate care home residents and staff, have commenced. Scheduling has started for visits to people who are housebound, as these form a further priority group.

For individuals yet to complete their 'primary course' of two doses, it is never too late, and they can book online (evergreen offer).

As the programme progresses, there will be additional 'pop-up' vaccination clinics held in areas where uptake appears lower and outreach is felt to be required.

2. Seasonal flu vaccinations for eligible children and adults

Each winter, seasonal flu vaccination is offered to pre school children aged over 2 years old, at their GP practice; to primary school age children in the school setting, some secondary school year groups and to eligible adults at their GP practice or community pharmacy.

Clinical guidance encourages co-administration of the seasonal flu vaccine with the Covid booster, where the patient is eligible and consents to receive this. Many clinics will endeavour to offer both vaccines at the same time if they can, but this will depend on availability of supplies of the vaccines.

3. Polio booster for eligible children

In response to the London wide polios booster vaccination programme, the NHS is offering polio boosters to children between the ages of 1 and 9 years. A number of clinics are being run across the borough, including in some GP surgeries. Families are also able to bring children to the new One Bromley Health Hub in the Glades to receive the vaccine. Details of all the clinics and how to book are available here: Polio vaccination sites - NHS South East London (selondonics.org)

4. Monkeypox vaccinations for at risk individuals

The NHS is offering vaccination to people most at risk of contracting monkeypox; these individuals are being contacted directly to arrange an appointment. This service is being offered at a number of hospital led clinics and is by invitation only. People who feel they may

need this service but have not been invited for vaccination, should contact their local Sexual Health service.

5. Forthcoming MMR 'catch-up' campaign for children

Parents will be reminded about the importance of all routine childhood immunisations during an autumn campaign. We are particularly keen to ensure that children are fully vaccinated against measles, mumps and rubella (MMR).

Data indicates that London uptake remains below the 95% WHO target. Bromley has some of the highest uptake rates for the first and second doses of MMR in London, but we still need to reach the 95% target. There will be a multi-agency initiative in Bromley to encourage and support an improvement in uptake of this highly effective vaccine.

Governance of the Vaccination programmes

Implementation of vaccination programmes requires engagement and collaboration across One Bromley partners to ensure effective delivery, the broadest coverage across the borough, and a reduction in inequalities in uptake.

These are therefore being led and coordinated as One Bromley programmes of work through a new One Bromley Immunisation Board. This Board will monitor vaccine uptake for seasonal campaigns and routine immunisations, identify areas of low uptake, and ensure there are sufficient multi-agency initiatives to reflect community preferences and needs. The Board will aim to ensure improvements in uptake can be sustained year on year, across the borough, and will sponsor improvement projects in support of this.

At an operational level, the One Bromley Vaccinations Taskforce (vaccination providers, Public Health and enabler teams) meets weekly. The Taskforce ensures consistency of approach, sharing of new information and clinical guidance in a timely manner, a problem-solving mechanism and easy route for issue escalation when required. The Taskforce also leads the preparations for pop-up clinics and other initiatives to reduce inequalities, across the borough.

The One Bromley Vaccinations Communications & Engagement group supports the programmes to ensure consistency and coordination of messages to the public, provision of expert advice and support for engaging effectively in outreach activities and advertising pop-up clinics. It links into the SEL wide campaigns for vaccinations. The media coverage and outcomes of all vaccination related communication and engagement initiatives across One Bromley is being recorded by this group. It has recently successfully secured coverage from BBC News for the polio booster campaign in Bromley.

Enhanced Access Update

Enhanced Access is a model of extending the access hours for general practice appointments. At present, Primary Care Networks (PCNs) offer a service called GP Extended Hours and the GP federation runs primary care access hubs. These services were commissioned through a combination of NHS England and borough-level models. In order to

create a consistent service model across the country, NHS England has brought together the funding streams to form the Enhanced Access service, to be led by Primary Care Networks (PCNs).

Fuller Review

The Fuller Review was published in May 2022 following a significant amount of engagement with general practice and a wide range of other stakeholders. The report aims to enable the right conditions to be in place to secure the development, integration and sustainability of primary care.

Recognising that although significant challenges exist in primary care, over 1 million people a day access these services. In most instances, primary care is first point of contact for people accessing the wider NHS. Whilst the report is entitled the 'Next steps for integrating primary care,' the body of report describes much more, and sets out a vision for an integrated community based care system, spanning general practice/primary care, community services and social care plus elements of secondary care.

The recommendations create an environment for systems to build momentum and energy for change, encourage local collaborations by putting aside silo sector approaches and behaviour, in order to work together for, and with their collective population. Dr Fuller herself says that the philosophy of partnership is at the heart of the report. The proposed partnership approach to secure integrated neighbourhood teams will drive a community based care offer that addresses some of our key opportunities and challenges, for example integrated same day urgent care, continuity of care and prevention, alongside a collective focus on workforce, estates, population health management and other delivery enablers.

The recommendations suggest that we must

- Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices.
- Enable all PCNs to evolve into integrated neighbourhood teams, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn
- Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams from all sectors.
- Develop a primary care forum or network at system level and local level
- Embed primary care workforce as an integral part of system thinking, planning and delivery
- Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care
- Create a clear development plan to support the sustainability of primary care and translate the framework provided by *Next steps for integrated primary care* into reality, across all neighbourhoods
- Work alongside local people and communities

This report reflects many often voiced strategic ambitions in Bromley, and indeed, many of the current initiatives fit in well with the recommendations. The One Bromley partnership can use this opportunity to maximise the impact of our programmes to improve health and services. Over the coming weeks, there will be joint working with partners to do this.

Bromley Safeguarding Executive Summary

The SEL ICB (Bromley) Safeguarding Team has produced an Executive Summary for their contribution to the SEL CCG Safeguarding Annual Report 2021-22. It provides assurance that the Bromley Place based safeguarding team fulfilled our statutory responsibilities to safeguard the welfare of Adults at Risk, Children, and Young People in Bromley.

As the SEL ICS develops, we are confident we are in a strong position to drive forward the placed based safeguarding agenda, working with our providers and key stakeholders, and in collaboration with both Safeguarding Partnerships, to meet the safeguarding needs of the local population.

Princess Royal University Hospital NHS Trust and South Sites Report:

This update outlines recent PRUH and South Sites performance and the status of our key estate developments:

Through continual focus and the hard work of staff, we have made significant strides towards tackling the build-up of elective waits over the Covid period, a challenge across the whole acute sector. Of note, we have:

- Eliminated patients waiting over 104 weeks – with one patient at risk for the month-end
- Significantly reduced the number of waiters in the next long wait cohorts; seven patients are at risk in the over 90 weeks cohort and six patients in the over 78 week category (for the w/c 11-9-22)
- Returned to business as usual levels of activity for outpatients (9,416 in the w/c 11-9-22) and reduced the DNA rate to 8.3%
- Maintained our compliance for diagnostic wait times since February 2022; meaning that less than 1% of patients are waiting more than six weeks for their diagnostic test. For August 2022, we expect to achieve 0.80% (un-validated), July was 0.1%
- Improved access for cancer patients, for August we achieved 96.2% compliance with the two-week wait standard and 80% for the Faster Diagnosis Standard (for the latest figures available being July)
- Achieving compliance against the 62-day cancer standard from referral to treatment and the emergency pressures remain challenges. We achieved 52.3% against the 62-day cancer standard and our four-hour performance was 65.23% for July, well below the four-hour target of 95%. We also reported 534 12-hour DTA breaches in July and our bed occupancy continues to be above 92%.
- Covid continues to be much less prevalent amongst the general population and we have relaxed in-hospital personal protection guidance to visitors and staff which remains in place. As at 9am 12 September 2022, the PRUH had 50 patients with Covid in general and acute beds, and 1 patient in critical care.
- On 19 August, local MP for Orpington Gareth Bacon officially opened two new facilities on the Orpington campus; the fourth state-of-the-art operating theatre and the dedicated Well-being hub for staff. After a short speech, he spent some time talking to staff and thanking them for their service.

- Our development to build a new six-room Endoscopy theatre suite continues but is at risk of delay and significant cost, not least in continuing to outsource services to maintain activity levels and cancer compliance. We submitted our planning application to Bromley Council but then incurred a 12-week delay prior to lodging in the system required to track the application. We are in the process of responding to queries and clarifications raised, and are keen to work proactively with the Council to ensure we remain compliant with timescales for consultation, whilst we minimise fees and secure a planning date from the Council as soon as possible.

Bromley Council Adult Social Care Report:

The Council has begun its budget setting process for the next 4 financial years, facing an extremely challenging time as demand increases, cost of living changes impact on all contracts and providers require more money. The process will continue until February when the final budget will be set by elected members.

For Adult Social Care the pressures relate to the increasing complexity of individuals needing care, reflected in increased costs from providers to meet this need. The Council is also preparing for the changes brought about by the Social Care Reforms, these are summarised below:

- The primary objective of the policy reform is to provide people with financial protection from unlimited care costs and, as a result, give them the peace of mind from knowing that they do not face unlimited care costs.
- **A new £86,000 cap for personal care costs**
- The reforms also aim to increase the protection of those with lower wealth and incomes, expanding eligibility for means tested support by increasing the upper capital limit (UCL).
- **Extending means-tested support for anyone with less than £100,000 in chargeable assets and an increase in the lower capital threshold to £20,000**
- We are awaiting extension of the rules on self-top ups, expansion of the deferred payment scheme and the introduction of direct payments for residential and nursing care
- Secondary objectives of the reforms include encouraging people to take responsibility for planning and preparing for their care needs in later life, and contributing to wider objectives of the care and support system, including supporting sustainable care markets and fairness in terms of rates paid by self-funders and those who fall under the means-test.
- **To make fees fairer between self-funded and state funded care "Fair Cost for Care"**

- Self-funders will be entitled to ask councils to arrange care on their behalf when seeking residential and nursing care placements – this additional demand pressure needs to be quantified and resourced.
- Government policy is for local authorities to move towards a fair cost of care on average, leaving local authorities flexibility in how they use funding strategically to address issues and risks in their markets. It should not replace individual fee negotiations and rates paid to individual providers will differ from the identified median fair cost of care for a particular service type
- **Reforms to be implemented from October 2023**

It is estimated that the changes will create a financial burden on the Adult Social Care budget in the region of an additional £11m per annum, which will not be covered by the government grant allocated to the Council for this purpose.

Further changes are introduced by the legislation in relation to improving our offer to carers, the use of assistive technology and the re-introduction of a CQC Assurance process, which it is anticipated will run alongside the assurance process for the ICS.

Bromley GP Alliance (BGPA) Report:

Bromley GP Alliance have commenced running the Polio booster vaccination on behalf of many practices; and have also started the Autumn 2022 Covid-19 vaccination programme. All care homes are booked in for a visit to vaccinate staff and patients.

Our extended access HUB contracts currently held with the ICB will be changing and a new model will start as commissioned by the PCNs that we are working with.

St Christopher's Hospice Report:

- As we emerge from the pandemic services are returning to a new normal with outpatients clinics commencing including our Living well and Wellbeing services. We have 28 open beds on our inpatient unit with approximately 1300 people being cared for in our community services across 5 Boroughs
- The organisation ran a taster day at the beginning of July that was attended by over 40 people who wanted to learn about Palliative and End of life services
- Recruitment across the organisation continues to be challenging in some areas with other areas receiving many applications
- We published our Annual Safeguarding Report in the summer in addition to our Quality Account

- We are planning for the winter period and considering how we can impact positively on the health economy facing local pressures
- The Annual Meeting is on the 21st September 2022.

Bromley Healthcare Report:

New Chief Medical Officer appointed

Professor Ali Bokhari has been appointed as Chief Medical Officer for Bromley Healthcare. Professor Bokhari will join the executive board of Directors from January 2023 to lead on strategic clinical transformation, innovation and development within Bromley Healthcare. He will also play a role in the One Bromley partnership.

The role of Chief Medical Officer comes as part of wider changes to the leadership structure, with an aim to further strengthen the clinical governance of the board, and as result of organisational growth over the past year.

Integrated Therapy Pathway for physiotherapy patients

Bromley Healthcare recently identified inequities between home pathway, rapid access to therapy and community physiotherapy. This included longer wait times, a higher rate of readmission, duplication of triage, patients being seen by multiple teams and patients being re-referred. The Rapid access to therapy and the home pathway teams ran two pilot pathways to integrate their services. The pilot pathways proved successful.

Since these services have integrated to form improved pathways the demonstrable results have been with the waiting lists reduced from 12 weeks down to 13 days, and a backlog of 190 patients waiting between 1-12 weeks for an initial assessment has been cleared.

End of life Communications aide – Working together to meet patients' needs

Good communication at the end of someone's life is a crucial part of ensuring that they receive the best possible care and that relatives can stay informed. The District Nursing team at Bromley Healthcare has been working with partners in Bromley involved in end of life care, including St Christophers, GPs and carers, to develop a communications aide that puts the patients' best interests at the heart of care. This is a simple tool for all health partners to record any changes in a patient's condition or care, ultimately supporting the integration of care. The aide is kept with notes so that relatives and healthcare professionals visiting someone at the end of their life can be kept informed.

The aide has been piloted over the last 6 weeks, and has been met with positive feedback by relatives. It has helped to connect healthcare professionals to each other and those who care for or are relatives of the patient, and support all involved to make informed decisions about their care. Roll out of the aide will begin across Bromley over the coming weeks.

PCNs and Bromley Healthcare working together:

Orpington PCN Wellbeing Café - Supporting vulnerable, older and isolated residents

The Orpington Wellbeing Café aims to connect Orpington residents to each other and to the local health services by sharing more about what their services do to support the community. Run by the Orpington Primary Care Network (PCN) with the support of Bromley Healthcare, the café is a result of partners working together to identify a need and put something in place. So far, health talks have covered information on Bromley Healthcare's Bladder and Bowel service, Community Matrons, Podiatry, Rapid Response, and the respiratory team. Participation is growing, with around 30 attending each week. People have said that they are enjoying getting out the house and having somewhere safe to come, that they have enjoyed the informative sessions and like the health input and medical interventions. "I phoned up the doctor as I was a bit worried about an elderly relative, and he said to bring him to the Café. The Matrons were here that day and I asked them for their help. It's reassuring to know there is something there that can help you if you need it – even if it's just reassurance". Bridget, Orpington Resident.

Supporting Patients' Wellbeing at the Foxbury Rehabilitation Centre

The team at the Foxbury rehabilitation centre organised a carnival day for patients to coincide with the Notting Hill Carnival at the end of August, following on from discussions with patients about health and wellbeing support. This included activities, food and refreshments. It was an opportunity for patients and colleagues to come together to share cultures, personal experiences, and reflect on history and progress.

Bromley Third Sector Enterprise (BTSE) Report:

Bromley Well Q1 Highlights reported included:

- 2115 SPA referrals and 2377 SPA calls from 1811 clients.
- Over £500k financial outcomes generated in a single quarter - demonstrating demand.
- Elderly and Frail I&A supported 349 clients.
- Young Carers App steering group set specification and app now commissioned for delivery in autumn.
- 134 new clients have been successfully triaged into the Mental Health & Wellbeing Service. An additional 324 enquiries have been managed by the Mental Health Triage Advisor.
- The BTSE/Bromley Well 2021-22 Impact report has been completed

Oxleas NHS Trust Report:

Oxleas developments -

1. Increasing inpatient care capacity for patients with mental health needs

Work is underway to enable us to care for more people with mental health needs as patients at Green Parks House, Bromley. This will create inpatient beds for an additional 16 people and aims to reduce waiting times for people requiring this type of care. We are currently recruiting staff to support this development and plan to open the ward by December 2022. We are also working with other London trusts on the block purchase of surge capacity over winter from the private sector to create extra capacity across the system.

2. Oxleas annual members' meeting and exhibition

Partners and local people are invited to our Annual Members' Meeting and exhibition which will be taking place on Thursday 13 October at Woolwich Works in Greenwich. The exhibition, from 2pm to 4pm, will give delegates the opportunity to find out more about how to get involved with Oxleas, see how we are taking our strategy forward and take part in activities to improve wellbeing. In the Annual Members' Meeting part of the day, from 4pm to 5pm, we will report on how the trust has performed over the previous year. We're really looking forward to being able to meet up and celebrate in person again and hope that many of you will be able to join us. To book a place at the event, call our membership line on 0300 123 1541 or email: oxl-tr.foundationtrust@nhs.net

3. New healthcare contract

Oxleas has been awarded new healthcare contracts for prisons in south west England. This new contract includes 10 prisons in total: HMPs Bristol, Leyhill, Erlestoke, and Ashford; HMPs The Verne, Portland, and Guys Marsh; and HMPs Exeter, Channings Wood, and Dartmoor. The contract has been awarded for a seven-year period and will begin later this year

4. Co-production week

We celebrated National Co-production week in July with a visit from NHS London Regional Director Andrew Ridley and sharing examples of how we put co-production into practice. As part of our Strategy 201-24, we are working to increase service user and carer involvement in the development of our services. Our Executive Lead for this work is Neil Springham, Director of Therapies. "Co-production creates better services that are more effective in meeting people's needs. Increasing co-production is one of the building blocks of our strategy and over the past year we have been developing the infrastructure to support this more at Oxleas.

5. Thank you to our volunteers

In July we held a special event to thank our hundreds of volunteers who support patients and staff across the trust. A 'thank you' afternoon paid tribute to their hard work and recognised the over 12,000 hours they have given us over the last year. There are many ways people can volunteer. Anyone interested in finding out more about volunteering with Oxleas can contact us on 020 8301 9487, or send an e-mail to oxl-tr.volunteeringservices@nhs.net

6. Supporting our staff

We have recognised the pressures our staff are under from the increases in the cost of living and the demands on health services currently. We have introduced a range of ways to support colleagues including increasing expenses to cover the increased cost of fuel.
We also hold regular staff wellbeing events to help improve colleagues' physical, emotional, family and financial wellbeing.

Bromley Primary Care Networks Report:

Bromley PCNs are all participating in this Autumn's Covid booster campaign. A number of PCNs are collaborating with Bromley GP Alliance to run services for their patients. There will be three GP-led Covid vaccination centres across the borough, alongside other NHS centres. Practices will also be offering winter vaccinations directly for their patients, and proactively contacting those most vulnerable patients who may otherwise be left behind.

PCNs have been focusing considerably on planning and preparing for mobilising their Enhanced Access services, which will be operating from 1 October. These new clinics will be able to offer local appointments on weekday evenings and Saturdays for patients who are registered with practices within the PCN. These Enhanced Access clinics are designed to complement the GP services provided during core hours and ensure more routine care can be given at times convenient to the patient.

PCNs are also delivering or preparing to deliver services, including wellbeing hubs, to meet their population's health inequalities needs. For some PCNs, this will be part of their proactive social prescribing service, which is due to start by October. This service, which is being developed in conjunction with health and care partners, is for an identified cohort of their population with unmet needs. This will be underpinned by Shared Decision Making training by all staff and in anticipation of the future expectation for personalised care reviews and shared decision-making audits. One such example is in Orpington, which successfully launched the Orpington Café, alongside One Bromley partners from Bromley Healthcare and the VCS. PCNs are also involved in the development of community respiratory hubs, which will be piloted in several PCNs over the coming months.

In support of these PCN-wide initiatives, and the expanded number of services PCNs are now providing, recruitment and training continues for PCN staff, including clinical pharmacists, social prescribing link workers, care coordinators, mental health practitioners and community paramedics. To explain to the public about the expanded primary care team, and the changes in how general practice works, the ICB team is supporting PCNs with a Bromley Primary Care communications campaign. More details about the campaign are available here https://www.selondonics.org/your-primary-care-in-bromley/

APPENDIX 1

The South East London Clinical Commissioning Group (SELCCG) (Bromley) Safeguarding Annual Report 2021/2022 Executive summary[1]

Contents:

1. Introduction and aims

This Executive Summary seeks to provides assurance to the Bromley Local Care Partnership Board and public, that SEL CCG (Bromley) fulfilled its statutory responsibilities to safeguard the welfare of vulnerable adults or Adults at Risk, Children, and Young People in Bromley.

2. Context

Our responsibilities are discharged in accordance with the NHS Safeguarding and Assurance Framework[2] which sets set out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations.

Safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system. As commissioners it is our responsibility to assure ourselves of the safety and effectiveness of the services, we commission, and to support our Providers and Stakeholders across the Partnership to achieve this.

It should be noted that since this reporting period, Integrated Care Boards (ICBs) were established on 1st July 2022, and Clinical Commissioning Groups (CCGs) were disestablished. CCG staff were transferred to the ICB, and safeguarding remains in Borough, providing continuation of safeguarding oversight and assurance.

The contents of this report refer to information in the reporting period April 2021 to March 2022.

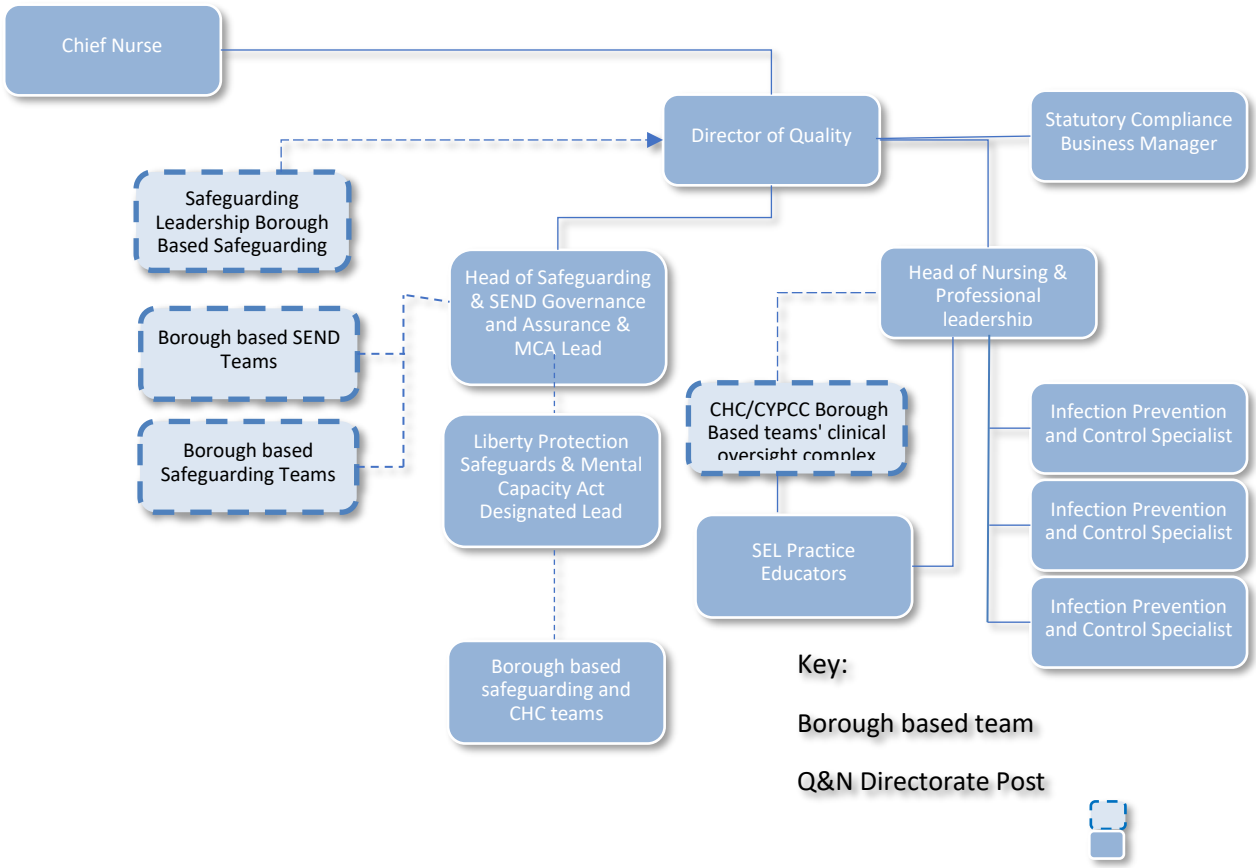
[1] This is an Executive Summary of the SELCCG (Bromley) contribution to the SELCCG Annual Report

[2] Safeguarding Accountability and Assurance framework

3. Safeguarding Structure

Safeguarding formed part of the SEL CCG Nursing and Quality directorate, overall accountability for safeguarding was held by SEL CCG's Accountable Officer, who discharged their duty to the Chief Nurse, who had Executive Governing Body responsibility for safeguarding. Each borough Managing Director was responsible for ensuring safeguarding arrangements are in embedded at local borough base level.

The line of accountability for Safeguarding was reflected in SEL CCG governance arrangements, including statutory roles as indicated in the chart below:



4. SEL CCG (Bromley) Safeguarding Covid-19 Pandemic Response

Safeguarding remained business critical during the pandemic; this enabled the Bromley Borough based safeguarding team to continue to deliver a strategic, system leadership approach, obtaining assurance through provider safeguarding continuity plans, maintaining close relationships with safeguarding leads and attendance in virtual committees and subgroups. Regular meetings with key partners identify safeguarding themes, trends, and risks. Designated Professionals provided a vital source of professional advice across the health economy, CCG, the Bromley Safeguarding Children Partnership (BSCP)[3], the Corporate Parenting Board (CPB) and the Bromley Safeguarding Adults Board (BSAB)[4].

5. Procurement and assurance of Health commissioned services

To ensure that the voice and needs of vulnerable adults, children and young people are considered, the safeguarding team worked closely with the SELCCG contracts team to ensure that safeguarding is embedded in our organisational procurement and contract processes. We worked with relevant contract managers, as subject matter experts, to develop specific versions of our safeguarding procurement standards document. This specifies expectations of any prospective bidder in relation to its safeguarding obligations; it outlines how we will gain assurance that they are meeting compliance requirements, in line with Safeguarding legislation, statutory guidance and local frameworks.

To ensure that SEL CCG (Bromley) commissions high quality care, safeguarding assurance is gained from commissioned healthcare providers through:

- Provider Safeguarding Committees and quarterly dataset collection.
- Regular meetings and supervision with Safeguarding Leads in provider Organisations.
- CCG Borough and Corporate Risk Registers.
- Reporting received at the SELCCG (Bromley) Safeguarding Executive Group.
- The Contract Monitoring processes.

6. Statutory Reviews

The Safeguarding Teams have representation at all stages of the processes of statutory case reviews, from early nomination and the review decision making process, to the reviews itself. This includes undertaking the completion of chronologies and Independent Management Reviews (IMRs) as required and the sharing any identified learning, as appropriate, to the wider health economy. The CCG has implemented the NHSE/I National Safeguarding Tracker which is a portal to record and provide thematic reports to improve system learning and improvement.

Statutory reviews include:

- Safeguarding Adults Reviews (SARs).
- Child Safeguarding Practice and Learning Reviews (CSPR and LR) and Child Death Review process.

[3] Bromley Safeguarding Children's Partnership (BSCP)
[4] Bromley Safeguarding Adults Board (BSAB)

- Domestic Homicide Reviews (DHRs).

7. Key Achievements 2021/22

Safeguarding Children

- The Named GP for Safeguarding Children has strengthened safeguarding practice in Primary Care by:
    - delivering a series of joint safeguarding training webinars to Bromley GPs, with an average of 17 GPs in attendance at each session. This was in addition to the Level 3 safeguarding children training.
    - A Local Enhanced Service (LES) has been embedded, enabling assurance from GP surgeries on their safeguarding practice through the completion of an annual Safeguarding self-assessment return; these inform areas where practices require further support and identify future priorities.

- The Designated Professionals for CYP have:
    - Strengthened and worked collaboratively with partner agencies and health providers. This has included supporting the health response to the Covid-19 pandemic and support of Health Providers' safeguarding teams through guidance and advice, encouraging their safeguarding committees to provide both internal and external scrutiny to their safeguarding processes during Covid-19, including their Covid-19 safeguarding business continuity plans.
    - Continued to influence at a national, regional and local level to share information and influence some of the national directives in relation to safeguarding CYP.
    - Contributed to the strategic workstreams of the Safeguarding Partnership and are represented at place-based forums.
    - Safeguarding Supervision of Safeguarding Leads has been continued, ensuring Named professionals are supported in their practice, providing an opportunity to reflect, learn and challenge and provide advice when required.
    - The Safeguarding Health Forum has continued and has included sharing of information, best practice, audits, reviews, exception reports, key speakers and new guidance and legislation.
    - Joint working with adult safeguarding across the life course approach and embedding the "think family" agenda. Supporting the implementation of the health provider Domestic Abuse Health Forum.
    - Designated Professionals in Bromley identified a cluster of Bromley infants with head injuries during the Covid-19 lockdown; this issue was discussed at a national level and actions identified.

- Mental Health Strategy:
    - Alongside the themes that emerged through the Vulnerable Children and Young People Programme, intelligence across a variety of other work was collected. One of the key themes both locally and nationally has been the significant impact that the coronavirus pandemic has had on children and young people who have existing or have developed mental health issues. This has had a significant impact on children and young people who have SEND.

There were significant concerns about children and young people transitioning back to school and a particular focus on those identified (or with a trajectory) of school refusing.

- The local authority put in place a team around each school, which provides a single point of contact across a range of support services. In addition, the Bromley Mental Health and Wellbeing Toolkit was launched, which is the product of extensive partnership working with Bromley Y and Oxleas CAMHS and builds on the recent collaborative workshops led by the Anna Freud Centre. The Toolkit is designed to be a one-stop shop for wellbeing concerns arising from staff or children and young people.

Safeguarding Adults

- The Care Home Quality Liaison Nurse continued to work collaboratively with partners and stakeholders through:
  - Supporting the management of third wave of Covid-19 by building on foundations laid during wave 1 and 2 and as a result of good high rates of vaccine compliance and effective integrated oversight and response from the Local Authority and CCG.
  - Making significant progress in the equity of support to Learning Disability (LD/Mental Health (MH) homes with all providers included in new initiatives, LD/MH ECHO (community of practice) now mobilised and increased partnership working with providers.
  - Building on the successful palliative and End of Life (EOL) model mobilised in the first years of Covid; with specialists in frailty and palliative care in reaching into the Princess Royal University Hospital (PRUH) to support care home residents.
  - Establishing agreed standards for hospital discharge of care home residents.
  - The partnership team that included our Care Home Quality Liaison Nurse was recognised across SEL for best practice in the roll out of the Care Settings digital programme, vaccinations programme, oversight and support regarding outbreaks and managing hospital discharge, winning a national MJ Award for support to residents at their end of life during Covid19.

- The Designated Professional continued supported the mental capacity and best interest provision through the through the Vaccination Programme and the hospital to community discharge processes, including where safeguarding concerns were potentially delaying discharge through acute hospital to community settings.

- The Designated Professionals ensured that health representation is effective and visible through the Domestic Abuse (DA) victim/survivor journey by:
  - Managing and chairing the multi-agency Bromley DA Health Forum to support a whole health response to DA in Bromley, resulting in:
    - The embedding of a Standard Operating Procedure to ensure that respective GP Practices are shared information of Multi-Agency Risk Assessment Conference (MARAC) case hearings.
    - The development of a MARAC Health provider attendees induction toolkit.

- Contributing to the development of, and committing to the priorities set out in, the Bromley Intergenerational DA Strategy 2020-24[5].
- The contract with Victim Support to deliver the Bromley IRIS service to Primary Care was extended by 6 months to the end of September 2022. The target for 2021/22 was to IRIS accredit all Bromley practices; currently 43 out of the 45 Bromley GP practices have received IRIS accreditation. IRIS is a DA training, support and referral Programme for GPs and Primary Care staff.
- A business case was produced for a SEL CCG DA Commissioning Project Manager, to scope the current varied commissioned response to DA in Health across the SELCCG footprint, with an initial focus on such provision in Primary Care services, to explore options and make recommendations, in order to offer an appropriate and consistent level of training and support offer, having due regard for best practice, value for money, and the recommendations of the Pathfinder Project and the Domestic Abuse Act 2021.

- Strengthened Safeguarding practice in Primary Care through:

  - Delivery of Academic Half Day (AHD) training by the Bromley Safeguarding Named GP for Adult Safeguarding alongside the Named GP for Children, topics included:
    - MCA and LPS update including 16-18yr olds
    - Changes in Adults Social Care
    - Safeguarding Transition and the role of primary care.
    - An update on Domestic Abuse with information on Identification and Referral to Improve Safety (IRIS) training resources.

    Sessions contributed towards GPs and Practice Nurses achieving Level 3 Safeguarding updates that are required on an annual basis.
  - Quarterly Safeguarding Practice lead sessions were held by the Named GPs for safeguarding, whereby a speaker or topic relevant to safeguarding is discussed.
  - The Self Neglect and Hoarding Panel (SNaHP) was publicised at safeguarding training events, making GPs aware how to access information and refer to the panel, resulting in an increase in referrals from primary care.

Children Looked After (CLA) and Care Leavers.

- There were 341 Bromley CLA at the end of March 2021; 196 were placed out of Borough, and of those, 58 were placed more than 20 miles from Bromley. There were 199 CLA from other Boroughs placed in Bromley at that time and there were also 289 Care Leavers (aged 16-25). Quarterly data for Bromley's CLA during 2020-21 was included in reports to the BSCP and has also been provided to the SEL Safeguarding Sub committee.

[5] The Bromley Intergenerational DVA Strategy 2020-24

- In Bromley 42% of CLA have an EHCP which is higher than the national average of 29% and 16% of CLA have SEN support which is below the national average. The CLA Designated professionals have:
    - Established regular meetings with the Virtual school and Children with Disability Teams to oversee the promote the SEND Code of Practice (2015).
    - Continue to work in collaboration with Local Authority colleagues and the Designated Clinical Officer for Special Educational Needs and Disabilities (SEND) to ensure that Bromley meets the recommendations following the 2019 SEND Ofsted inspection.
    - Contributed to a Multi-Agency SEND Audit in relation to CLA and Care Leavers.

- Key Performance Indicators
    - There has been improved compliance with statutory initial and review health assessments during the reporting year compared to the previous reporting year.
    - Regular meetings and the development of pathways and processes with children's social care has led to improvements for CLA. The Named Nurse for CLA has provided ongoing training to new social workers on the statutory health assessments, pathways requirements.
    - The has been a reduction in the uptake of dental health assessments and the CLA Health Team at BHC have worked closely with Children's Social Care to ensure each CLA is registered with a dentist and dental health care is addressed at each health assessment and training offered to social work and foster carers. The Designated Nurse for CLA will continue monitor this trend closely with Children's Social Care.

- Quality Assurance/Supervision
    - There are regular meetings with the Director of Operations at BHC to discuss issues and risks for CLA. The Named and Designated CLA leads also meet monthly to ensure the monitoring and coordination of the service is meeting the needs of CLA.
    - There is a system in place for regular quality assurance of health assessment and Leaving Care summaries by the Designated CLA Nurse
    - The Designated Professionals are in receipt of and provide regular safeguarding children supervision.

- Care Leavers:
    - The Health and Wellbeing Sub-group, chaired by the CLA Designated Nurse, contributes to the Corporate Parenting Strategy for Bromley, has continued to meet to develop services for Care Leavers. The group has facilitated a plan initiated by Care Leavers for Lunch Club with aim to reduce isolation and support their emotional well-being.

8. Bromley Borough Based Safeguarding Team Key Ambitions 2022/23

Safeguarding Children and CLA

- To continue to ensure the "Voice of the Child" is consistently heard throughout the health economy in Bromley.

- To continue to maintain effective assurance of safeguarding arrangements for healthcare services within the changing landscape with the introduction of Integrated Care Systems (ICS.)

- As part of the development of the ICS, the Designated Nurse was asked to scope current Safeguarding Practice Reviews to identify themes and sub themes which may inform best practice across the six Boroughs. The Designated Professionals have also been tasked with being leads for Health Provider Organisations.
- Considering the current situation in Children and Young people's mental health services, the Local Authority and CCG, Bromley Y and NHS Oxleas CAMHS have come together to develop proposals to meet the current challenges across service lines. The different organisations have agreed several priority areas to focus on in the first instance, as set out below:
    - Joint leadership/communication across children and young people's mental health and wellbeing services in Bromley
    - Exploration of an integrated solution for children and young people who require support at a higher level than is provided by Bromley Y but who are not currently receiving treatment from CAMHS
    - Exploration of an integrated solution for children and young people currently under CAMHS who are unable to move out of the service due to a need for additional stepdown provision.
    - Exploration of an integrated solution to improve partnership working with children's social care in relation to children and young people with both mental health and social care needs.
    - Exploration of improved ways of working between children and young people's mental health and wellbeing services for children and young people with more complex and multi-faceted need.

- To pro-actively work with the BSCP ensuring the priorities are aligned for the most effective, positive outcomes, strengthening safeguarding arrangements for CYP within the Borough. This will include children and young people at risk of sexual exploitation, criminal exploitation, gang affiliation, serious youth violence, grooming, county lines and cuckooing.

- To ensure learning from statutory reviews are shared across the wider system identifying themes across SEL. This will support future planning for Commissioning and the wider stakeholder workforce.

- The Designated Nurse for Safeguarding Children will continue to work with commissioning colleagues in the stages of procurement processes for new services.

This is to ensure safeguarding is an essential component of commissioned services, ensuring the voice of the child is an essential aspect of commissioning.

- To work in conjunction with the BSCP, SEL CCG Adults Safeguarding team, the BSAB and other partners to improve safeguarding transition arrangements for vulnerable young people into adulthood. This will include ensuring there are robust joint working arrangements between children's and adults services.

- Training to continue via an academic half day available to all GPs and Practice Nurses.

- The Designated CLA Nurse is currently working with SE London CCG Partners to initiate free prescriptions for Care Leavers.

Safeguarding Adults

- To continue to work in collaboration with other health partners to develop a 'Coming out of Covid together' rehabilitation blueprint for care settings, as well as continuing to develop, support and monitor an Enhanced Health in Care Homes (EHCH) model in Bromley through Integrated Commissioning.

- Implement the recommendations for health in the National Institute for Health and Care Excellence (NICE) 2021 guidance for 'Safeguarding adults in care homes[6]', through working in partnership with providers, Bromley Local Authority, and BSAB. A benchmarking exercise, with all Care Homes, will be conducted to identify areas of good practice and opportunities for learning and development.

- Continue to prepare for the implementation of the new Mental Capacity (Amendment) Act 2019, by developing our delivery plan. The Act will replace the current Deprivation of Liberty Standards (DoLS) with the new Liberty Protection Safeguards (LPS).[7]

- Prioritise Domestic Abuse (DA) by striving to ensure that health representation is effective and visible through the Domestic Abuse victim/survivor journey. We will also work with partners to implement the recommendations in the Domestic Abuse Act 2021 statutory guidance[8].

- To pro-actively explore opportunities to contribute to the development of adult safeguarding roles and responsibilities within the ICS as it develops across SEL.

[6] The National Institute for Health and Care Excellence (NICE) 2021 guidance for 'Safeguarding Adults in care homes

[7] Liberty Protection Safeguards (LPS).

[8] Domestic Abuse Statutory Guidance (publishing.service.gov.uk)

9. Conclusion

The Safeguarding team has adopted a 'life course' method (pre-birth to end of life) and we will continue to embed a 'Think Family' approach to all our workstreams post Pandemic, recognising the long-term effects on vulnerable groups. This will ensure a focus on the transition between children and adults, allowing for continuous service improvement within the CCG and across the health economy.

We will also continue to support the health and well-being of our staff, as well as those of our commissioned health providers, understanding that Covid 19 has been a significant challenge for the NHS and that significant challenges remain in the post pandemic period

The Safeguarding team have developed and maintained strong internal and external relationships and a trusted reputation across the BSCP and BSAB as subject matter experts. We are confident we are in a strong position to drive forward the placed based safeguarding agenda, in a changing strategic landscape as the SEL ICS develops, working with our providers and key stakeholders and in collaboration with both Safeguarding Partnerships to meet the safeguarding needs of the local population.

Claire Lewin

Head of Safeguarding and Designated Nurse Safeguarding Adults (Bromley)

NHS South East London (Bromley) South East London Integrated Care System

ENCLOSURE: 5

AGENDA ITEM: 7

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**One Bromley – Winter Plan 2022/23**
This paper is for **decision**	
Executive Summary	The 2022/23 winter plan aims to deliver on the successful elements of the previous year's plan as well as responding to new emerging needs and system changes. The Plan focuses on providing additional capacity to the system at points of expected demand surges on existing services. The plan is being built on the following key pillars: 1. **Increasing system capacity** ➢ Primary Care ➢ Admission Avoidance ➢ Discharge 2. **Meeting Seasonal Demands** ➢ Respiratory pathways – Adults and Children and Young People ➢ Christmas and New Year additional capacity ➢ Covid-19 and Flu vaccination planning 3. **Information Sharing and escalation** ➢ Winter Intelligence Hub ➢ System Escalations ➢ Winter Communications and Engagement Attached is the detailed 2022/23 ONE Bromley Winter Plan highlighting how the system is collaboratively building the pillars in preparation for winter as well as individual organisation planning arrangements. The plan also outlines the financial investment being made from non-recurrent winter monies to support the increase in capacity across the system. All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures.

Recommended action for the Committee	• Agree the Bromley 2022/23 Winter Plan	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	NHSE non-recurrent winter funding focuses on additional bed capacity in a system that is currently running close to full capacity in both the acute and community. This will be mitigated through working across boundaries and with external providers for support in mobilising closed capacity or capacity within the private sector. Adequate staffing resource to deliver the capacity required. Mitigated through ongoing robust recruitment strategies from system partners, well managed staff banks, with strong agency links for short term absences or vacancies and a One Bromley commitment to support and develop staff and priorities their health and wellbeing. Management and oversight of the funding distribution, tracking of impact and outcomes. The winter intelligence hub will be relaunched to manage intelligence and oversee the deployment of the Winter Plan including funding. Reports on impact will be done through the A&E Delivery board with funding reallocated where there is additional pressure or is unable to be spent.
	Equality impact	Re: Vaccinations over winter period - there is a robust plan in place to ensure flu and covid vaccinations are easily accessible for the eligible cohorts with particular focus on mass vaccination clinic, staff clinics, and vulnerable residents including housebound and care home residents.
	Financial impact	The report provides a description of the non-recurrent monies being received locally to support the response to winter pressures, including a proposal on the allocation of this funding. The Winter Demand Funding (community), Winter Demand Funding (acute) and Virtual Wards are all

<table>
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<td></td>
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<td>specific funding streams to create additional bedded capacity into the system.

The total funding allocation is £6,008,390 allocated to the local system. Some of this funding is ringfenced for specific activity and with individual providers.

All funding is non-recurrent and must be spend on additional activity to support 2022/23 winter pressures.

<table>
<tr><th>Funding stream</th><th></th><th>Bromley
£'000s</th></tr>
<tr><td>BCF winter (health)</td><td></td><td>£ 669,000</td></tr>
<tr><td>BCF winter (LBB)</td><td></td><td>£ 1,064,000</td></tr>
<tr><td>Non-recurrent 21/22 winter monies</td><td></td><td>£ 621,000</td></tr>
<tr><td>Winter Demand Initiatives (community)</td><td></td><td>£ 465,830</td></tr>
<tr><td>Virtual Wards</td><td></td><td>£ 1,829,560</td></tr>
<tr><td></td><td></td><td>£ 4,649,390</td></tr>
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<table>
<tr><td>Winter Demand initiatives (acute)</td><td></td><td>£ 559,000</td></tr>
<tr><td>Urgent Community Response</td><td></td><td>TBC</td></tr>
<tr><td>Acute Pathway Improvement</td><td></td><td>£ 800,000</td></tr>
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All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures</td>
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<td>Wider support for this proposal</td>
<td>Public Engagement</td>
<td>System partners currently undertake regular service level public engagement as part of their core offer to understand the quality of service as well as feedback on suggested improvements. Intelligence has been used from the range of interactions that take place with the public to receive feedback. The strong message received from patients is the want to receive care and support when they need it, close to home with an overwhelming message for not wanting to go to hospital, and where this is necessary, to be discharged home as soon as possible with services that are simple, talk to one another, and can support them to recover.

As a result, most of the investment is being made into the community to increase capacity across primary and community care services, hospital discharge</td>
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		arrangements and community-based recovery services.
	Other Committee Discussion/ Internal Engagement	The wider Winter Plan has been discussed at London Borough of Bromley Adult Services Leadership team Bromley Health Care Executive Bromley third Sector Enterprise KCH via the Integrated Flow Board Integrated Commissioning Board (ICB) Specific discussions around funding allocations have taken place at the A&E Delivery Board and are being taken to CPAG in September for clinical review of service provision. Specific discussions around funding allocations has been taken to the One Bromley A&E Delivery Board and One Bromley Executive for agreement and input for mobilisation pending sign off from the LCP and other governance boards such as LBB Health Sub-Scrutiny Committee.
Author:	Jodie Adkin – AD – Urgent Care, Hospital Discharge and Transfers of Care. Clive Moss – Senior Commissioning Manager – Urgent & Emergency Care	
Clinical lead:	N/A	
Executive sponsor:	Dr Angela Bhan – Executive Lead – SEL ICB (Bromley Borough)	

King's College Hospital NHS Foundation Trust | Bromley Healthcare better together | Oxleas NHS | St Christopher's More than just a hospice | BTSE Bromley Third Sector Enterprise | Bromley GP Alliance | Bromley Primary Care Networks | Bromley The London Borough | South East London NHS

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Winter Plan 2022/23

September 2022

Bromley 22/23 Winter Plan

The 2022/23 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the whole system and respond to new, emerging needs and system changes. The plan is being built on the following key pillars:

1. **Increasing system capacity**
   - **Primary Care**
   - **Admission Avoidance**
   - **Increase system bed base**
   - **Discharge**

2. **Meeting Seasonal Demands**
   - **Respiratory pathways – Adults and Children and Young People**
   - **Christmas and New Year additional capacity**
   - **Covid-19 and Flu vaccination planning**

3. **Information Sharing and escalation**
   - **Winter Intelligence Hub**
   - **System Escalation**
   - **Winter Communications and Engagement**

All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures.

ONE BROMLEY

1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Primary Care - £280,000

- Net increase in number of GP appointments offered locally throughout winter through PCNs and an additional 200 winter GP hub appointments for same day care via 111 and UTCs each weekend throughout winter.
- Provide additional capacity in Urgent Community Response (UCR) to support GPs meet same day emergence care demands for housebound patients

Attendance and Admission Avoidance - £2,051,628 **(£1,829,500 ring fenced for @Home)**

- Launch of the One Bromley @Home service virtual bed offer delivering 28-35 virtual beds to support acutely unwell respiratory, frailty, IVAB and palliative care patients to receive care in their own home.
- Additional capacity for the High Intensity User service to increase caseload from 40-70 patients (aim to prevent 150 ED attendances and 150 bed days saved based on preventing 50 admissions).
- Commission dedicated social care capacity in the community to prevent social admissions (3 community nursing home beds, 8 dedicated extra care housing assessment flats)
- Maintain integrated working model for care home residents including access to enhanced treatment bundles for care home residents to prevent the need for hospital-based care
- Continue to expand access to the PRUH Medical Ambulatory Unit for 111/999 CAS clinicians and LAS crews and increase partnership working with GPs via Consultant Connect.

Increase the systems bed base to protect acute capacity - £540,830 **(£465,830 NHSE/I ringfenced)**

- Commissioning dedicated care home capacity at the fair cost of care rate to unlock additional capacity
- Providing additional support to free up to 5 hospice beds per week enabling increased transfer of patients from the acute

Hospital discharge - £1,558,120

- Increased capacity across all discharge pathways throughout winter with an Increase in Home Based Rehab from 3 to 6 patients per day and 22 to 36 bed based patients per month.
- Dedicated commissioned transport for 30-60 patients per week to ensure timely discharge and transport between settings post discharge

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2. Meeting Seasonal Demand - £138,790

Respiratory pathways – Adults and Children and Young People

- Mobilisation of the @home pathways i.e respiratory and increase capacity of community respiratory clinics and Pulmonary Rehab sessions to support increase in condition exacerbation during this period.
- Development of high risk patient list with proactive contact to ensure rescue packs are available and patients are aware of how to access community support
- Deliver an enhanced offer for paediatric respiratory exacerbation for children and young people to support management in the community.

Christmas and New Year – maintain BAU capacity during bank holiday period

- Enhanced rates to ensure sufficient rota fill for all critical clinical provision during the period
- Dedicated, on-site primary care hub at the PRUH to support redirections and provide access to primary care during the bank holiday period
- Additional capacity within the Urgent Treatment Centres clinical and operational teams to avoid handover delays to ED.
- Maintaining capacity in the hospital discharge team and across all hospital discharge pathways including capacity in dom care and care homes.
- Additional capacity support plan for the acute in the week following New Year when the system will have significant demand pressures.

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2. Meeting Seasonal Demand – Covid-19 and Flu Vaccinations (funded outside BCF)

Bromley are continuing their collaborative approach to flu and covid vaccinations, working across the One Bromley network to deliver a first-class service to all our residents.

Operating a co-administration model, i.e. administering both flu and covid vaccines at the same time for those patients who are eligible for both flu and covid vaccines

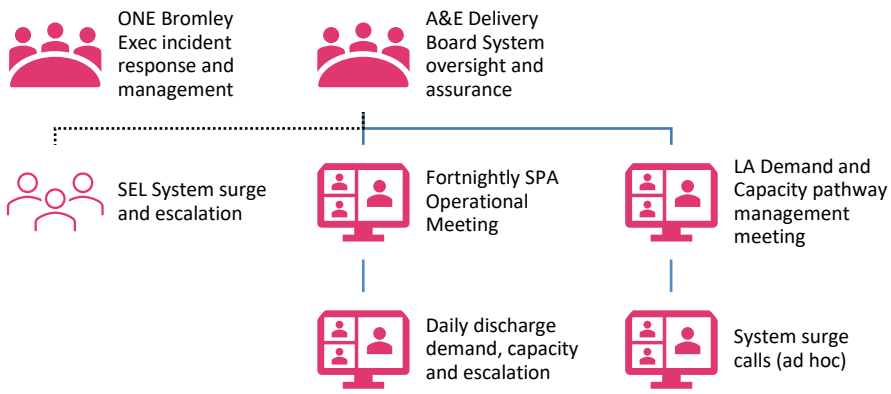
Eligible cohorts will be provided their Covid-19 booster and flu vaccinations via:

- GP practices - flu stock due to be delivered in September with clinics planned from mid-September; expecting covid stocks from September also.
- Mass vaccination clinic (walk in and appointment based) for eligible general public and front-line staff in the Glades shopping centre – run by King's
- Bromley GP Alliance providing vaccinations for care home residents including registered LD Homes via the Bromleag service
- Housebound patients will be provided vaccinations either by their GP practice or Bromley Healthcare.

3. Information Sharing and Escalation

Activity and demand

- Re-mobilise the system monitoring and tracking structure (see image) to allow for early trigger of system pressure and an effective response
- Clear system escalation in place with agreed action cards for all parts of the system
- Ensuring the Clinical and Professional Advisory Group (CPAG) maintain oversight of any clinical pressures or development to assure of quality and safety



Impact reporting

- Weekly monitoring of winter schemes activity and impact reporting to ensure investment is having a clear impact – overseen by the A&E Delivery Board.

3. Information Sharing and Escalation - Winter Communications - £30,000

Effective Winter Communication and engagement this winter focuses on:

- Refreshing of the well-received accessible 'Winter Services Directory' describing all services available to support patients
- Localising national campaigns and public facing information and advice on what services to use when. This information will be shared through digital and print media (extent of activity will depend on agreement of budget available)
- Continuing advice to care homes and care settings to care for their clients/residents throughout the winter period (predominantly through the fortnightly newsletter and engagement forums).
- Expand the successful flu campaign to also promote Covid19 Boosters (in line with anticipated guidance)
- Utilise the One Bromley 'Making a Difference Together' bulletin to support a system wide comms and engagement plan, maintaining and providing two way communication on winter pressures, updates on winter schemes and capacity and supporting the workforce

Winter Plan - Governance Timeline 22/23

Board / Committees	Meeting	Purpose
One Bromley Executive	15th August 2022	Agreement to strategic direction of plan
A&E Delivery Board	17th August 2022	Consultation on draft plan
A&E Delivery Board	20th September 2022	FINAL PLAN agreed
One Bromley Executive	21st September 2022	FINAL Plan agreed including financial alloation and KPIs
Integrated Commissioning Board	26th September 2022	FINAL agreement to BCF winter funding allocation
Local Care Partnership	27th September 2022	Overview of final plan, funding allocation (all) and system preparedness
One Bromley Clinical and Professional Advisory Group (CPAG)	29th September 2022	Clinical review and agreement on funding allocation, especially additional NHSE funding
Health Scrutiny Sub-Committee	11th October 2022	Information on final plan
A&E Delivery Board	17th October 2022	Reporting on mobilisation of schemes
A&E Delivery Board	Monthly	Reporting on impact of schemes throughout October 2022 to March 2023 Consideration for any schemes not mobilised for monies to be reallocated (Nov)
Health Scrutiny Sub-Committee	17th January 2022	Progress on winter activity
Health and Wellbeing Board	30th March 2022	Overview of winter activity and impact

Bromley UEC System Winter Preparation

King's Winter Preparation

System development

- Strengthening services and pathways to deliver a more responsive discharge processes. (Emergency front door and inpatient areas)
- Full engagement with our ICS colleagues, CCG partners and specialist clinical pathways (stroke, trauma, critcare);
- Support the health and well-being of staff whilst maintaining workforce development and planning;
- Increase the 'time to care' for our clinical frontline and increase the visibility of senior leaders throughout the hospital;
- Reduce crowding in the Emergency Department by improving LOS for specialty referred patients in the ED;
- Increase non-admitted performance in the ED and work with system partners to reduce HRG1 attendance numbers;
- Establish planned and safe in-patient capacity, including critical care, to meet predicted demand across Bromley pathway;
- Scoping of staffing model to meet winter demands.
- Partnership working across the ICS and One Bromley partners i.e. Development of @Home service, Consultant Connect, Acute Frailty Assessment Unit, Medical Ambulatory Unit – Direct Access for 111/999/LAS and GPs.

Areas of investment

- Due to ongoing pressures throughout the summer many of the 2021/22 schemes will continue in 2022/23 where they have been deemed to benefit patient care and experience.
- Risks will be managed through operational capacity management, and escalation triggers and processes. This will enable early identification of issues and a proactive response to enable the plan to be reviewed and adjusted if needed.
- With regards to assessing the level of risk, the implementation and impact of the different elements of the winter plan will be monitored closely to ensure robust implementation

ONE BROMLEY

Oxleas' Winter Preparation

Organisational approach

- Oxleas operates Bed Management Meetings three times a day with the direct input of Senior Management and Deputy Medical Director to reduce delays and avoid barriers to movement across pathways.
- Enhanced Crisis House – Increased capacity to 7 beds and length of stay from 72 hours to 5 days. Improving both admission avoidance and decreased number of patients attend ED throughout winter.
- Temporary increased Acute MH bed capacity – ward within Green Parks House to avoid use of private placements.
- Home Treatment Team Pool Cares – improving ability of teams to provide care within people's own homes.
- Covid 19 Vaccine / Flu vaccine drives being promoted among workforce – focussed on 80-100% achievement.

Key Risks

- Staffing absence from sickness or self isolation – ongoing recruitment in place and nurse bank system to support
- Bed Capacity at risk of fluctuating demand - Business Continuity Plans in place to manage any service disruption that arises.

Key message for communications / Winter Services Directory

- Enhanced Mental Health Crisis Line is available 24/7 for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED
- Hospital to Home Service – jointly run with BLG MIND and Hestia to support Mental Health inpatients to prepare for discharge, assist transition from hospital to home and to connect patients with community services.

ONE BROMLEY

LBB's Winter Preparation

System development

- Weekly Demand and capacity meetings supported by project manager ensuring flow through all pathways and preventing additional pressures on Adult Social Care.
- Specific focus on the Christmas period to ensure sufficient dom care capacity to meet need with dedicated ringfenced care home capacity to support admission avoidance throughout the whole of winter.
- Additional staffing across care management, occupational therapy and central Placement Team to respond to increased demand.
- Comms and engagement on winter activity being shared across social care workforce
- Extra Care Housing – 8 dedicated flats to support hospital discharge
- Caring for your resident details being sent to all social care providers with communication on which services to access being shared with providers
- Winter performance information being monitored by Adult Services Leadership Team (ASLT)

Key risks and mitigation

- Ensuring sufficient capacity in the adult social care market to meet seasonal demand being managed through effective provider frameworks and care home market capacity management. Increased resilience in Reablement is also supports the dom care market pressures
- Workforce recruitment in LBB roles being managed through early planning and recruitment also allowing for existing temporary staff to be retained

ONE BROMLEY

Greenbrook's (UTC) Winter Preparation

Organisational approach

- To ensure that our staffing levels are in line with anticipated demand to provide best possible service
- Actively promoting clinically appropriate redirection to primary care services
- Clear escalation plans and risk mitigation procedures in place
- Enhanced rate packages are put in place to maximise shift fill for the likely seasonal peaks over Christmas / New Year which tend to be outliers in the usual staffing model.
- Additional floor co-Ordinator post to support shift leads in out of hours period and helps manage the flow and siting of patients. The role will act as patient liaison and will also support the shift lead in being a conduit between the service, ED and patients and can carry out admin tasks, freeing up shift leads for more clinical oversight.

Key risks

- Staffing absence: sickness, self-isolation, competition in recruitment.
- Increased attendances

Risks that remain post mitigation

- Erratic activity, sometimes no rationale for peaks of demand

Key message for communications / Winter Services Directory

- Alternatives to UTC/ED referral promoted, GP Hubs, Pharmacy, Urgent Community Response services

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BHC's Winter Preparation

Organisational Approach

- Recruitment strategy to drive down vacancy rates across services
- Deploying a flexible approach between services enabling therapists and nurses to prioritise patients in most need.
- Maintain Urgent Community Response capacity throughout winter to support admission avoidance work, enhance primary care, and provide assurance over festive period.
- Additional funding to support GP OOHs service over the festive period as well as other community services to support admission avoidance.

Key Risks

- Primarily adequate staffing resource to deliver the capacity required - ongoing robust recruitment strategies, strong agency links and a commitment to support and develop staff.
- Challenge to maximise available capacity across 7 days – low discharges on Sat-Mon can result in wasted capacity.

Remaining risks post planned mitigation

- Low discharge rates from Saturday to Monday: requires a system wide approach to seven day working to increase rates of discharge.
- Short term funding increases risk of staff recruitment challenges.

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Primary Care Winter Preparation

System Approach

- Covid-19 booster and flu vaccinations for eligible cohorts via:
  - Practice flu stock is due to be delivered in September with clinics planned from mid-September; we are expecting covid stocks from September.
  - Mass vaccination clinic (walk in and appointment based) in Glades shopping centre – run by King's
  - Bromley GP Alliance providing vaccinations for care home residents via the Bromleag service
  - Housebound patients will be provided vaccinations either by their GP practice or Bromley Healthcare.
- Supporting PCNs to mobilise their Enhanced Access Services for going live 1st October – opening times for extended access will be until 8pm on a weekday and 9-5pm on Saturdays.
- All services will continue to run, digital where possible and for the majority of services face to face as deemed clinically necessary.

Key Risks

- The transfer of BGPA Access Hubs to PCN-led Enhanced Access Services could result in less appointments for same day cases (none on Sundays/Bank Holidays) and no ring fenced slots for 111.
- Working with system to mitigate potential loss of CAS and access hub appointments on Sundays and Bank Holidays which aren't being offered as part of the PCN plans i.e. establishing PRUH GP Hub on Sundays and Bank Holidays.
- Covid-19 & Flu self isolation and illness amongst clinicians. ICS will support PCNs to increase rapid response service capacity, locum bank coordination and other mitigating actions.

Winter Communications

- Refreshed Directory of Services for primary care clinicians and System Winter e-bulletin
- Leaflets explaining where residents can get the appropriate services for their care needs.

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Bromley Third Sector Enterprise - Winter Preparation

- Training session and information from SELCE to increase staff and volunteers' awareness about how clients can save energy and apply for grants

- Virtual talks with Social Prescribing Linkworkers and their patients (to discuss pre-winter worries and to give quick tips and advice on how to plan ahead for them)

- Supporting Self-Care Week in Nov (in collaboration with other BW pathways, delivering a series of presentations on self-care in winter and on cost of living and how to keep warm, well-fed and support available)

- **Carers:** Leading an event for carers on Carers Rights Day on 25 November.

  - For Young Carers there will be awareness sessions around keeping physically well and also supporting positive wellbeing for the YC's and the people they care for. the flu jab and general sessions on supporting the people they care for during winter and C-19

  - For LD and Mutual Carers Pathways we're planning workshops and additional support around flu jabs, health checks, keeping warm, managing fuel bills and grants where available.

- Developing a wellbeing tutorial and information pack on SAD (seasonal affective disorder) as we anticipate increased referrals around this condition this year

- Developing our annual Christmas support pack

- We will also address the benefits of preventative medical support via a Pharmacist or via 111 and look at the best way to speak with the GP via E-Consult or visiting the surgery.
- Reducing isolation continues to be a priority as does addressing the increase cost of living issues facing our clients.

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St Christopher's Winter Preparation

Organisational Approach

- Ensuring maximum covid 19 and flu uptake amongst staff and assessing new staff compliance on recruitment ;
- Ensuring high uptake of influenza vaccine by using occupational health service to administer onsite vaccinations when possible ;
- Enhanced capacity in Choose Home service
- Enhanced recruitment over summer period to support forward planning and any winter scheme needs.

Key Risks

- Changes in IPC guidance around new COVID variances
- Delays in care home placements.

What guidance about your services would you want to promote as part of a Winter Services Directory

- Early referral when a person is recognised as being end of life;
- use of ceilings of treatment;
- ACP and DNA CPR decisions

ENCLOSURE: 6

AGENDA ITEM: 8

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**Bromley Hospital Discharge Design**
This paper is for **information**	
Executive Summary	• Following the release of the new Hospital Discharge Guidance on 31st March 2022, a Hospital Discharge Task and Finish Group was created, chaired by Sean Rafferty, named Executive Lead for hospital discharge, and attended by senior officers from all partner organisations. The Group, supported by several operational workshops and workstreams, led the review of the current discharge arrangements in line with the updated guidance and considering the implications of the removal of Covid19 Hospital Discharge monies. • The proposed final design is an enhancement of the award-winning arrangements developed during Covid19, delivering in-person multidisciplinary working that provides seamless care driven by individual patient's needs. The design maximises the available workforce with effective hand over of care from the Acute to community services. • The model also mitigates risk of negative financial impact on any single partner and ensure discharge planning starts early, follows residents until recovered with the right care and support to meet their needs long term. There is an increased voluntary sector offer alongside the statutory provision providing an opportunity for early intervention and safety net for residents who are beginning to see an increase in hospital attendances also supporting patients who need some temporary support whilst they recover. • The structure supports all Bromley residents being discharged from any acute hospital
Recommended action for the Committee	The Local Care Partnership are asked to: Support the proposed enhancements to the discharge arrangements and final Discharge Design.

Potential Conflicts of Interest	None declared	
Impacts of this proposal	Key risks & mitigations	Financial impact to one single organisation mitigated by specified pathways within the design, with ease of transition between pathways and early assessment post discharge
	Equality impact	All patients have equal access to discharge arrangements with additional support provided for patients with mental health or learning disabilities to ensure they can access the same level of support at discharge.
	Financial impact	The funding for the infrastructure of hospital discharge including discharge pathways, is in place. Temporarily, the funding for adult social care discharge to assess (D2A) is being provided by additional NHS monies. Further work to understand the long-term financial implications of this is required with funding from the Better Care fund potentially earmarked to provide this.
Wider support for this proposal	Public Engagement	Kings' volunteers conducted interviews with patients and their families post discharge. The main message received was the need for improved information on discharge planning and post discharge care and support. As a result, the 'Patient Discharge Plan' has been developed and reviewed by the King's Patient Advisory group. The plan is tailored to the individual and clearly articulates what provision has been put in place and who to contact post discharge for assistance, should it be needed. Furthermore, there was a strong message from patients to be discharged home as soon as possible. They do not want to spend any longer than necessary in hospital and want services to talk to one another so they can transition into the community and recover. The proposed discharge arrangements provide seamless discharge support planning and post discharge services that will maintain the positive performance around timely discharge responding both to the requirements of the national guidance and patient's wishes. The arrangements maintain the

		Discharge to Assess (D2A) model undertaking all assessments for long term care and support once the resident has been discharged with temporary care, preventing the delay to discharge due to awaiting assessment, as well as undertaking the assessment in a more familiar environment once the adult has had a period of recovery.
	Other Committee Discussion/ Internal Engagement	Individual organisations have discussed the plan including London Borough of Bromley Adult Services Leadership team Bromley Health Care Executive Bromley third Sector Enterprise KCH via the Integrated Flow Board Integrated Commissioning Board The ONE Bromley Executive agreed the arrangements in August 2022.
Author:	Jodie Adkin – AD – Urgent Care, Hospital Discharge and Transfers of Care	
Clinical lead:		
Executive sponsor:	Kim Carey – Director Adult Services – London Borough Bromley Angela Bhan – Executive Lead – SEL ICB (Bromley Borough)	

Hospital Discharge Arrangements

Local Care Partnership

September 2022

ONE BROMLEY

Executive Summary

1. Good foundations to build upon

2. Opportunity to re-establish roles and responsibilities under new funding arrangements and updated guidance

3. Getting everyone on site and managing the areas they are responsible for

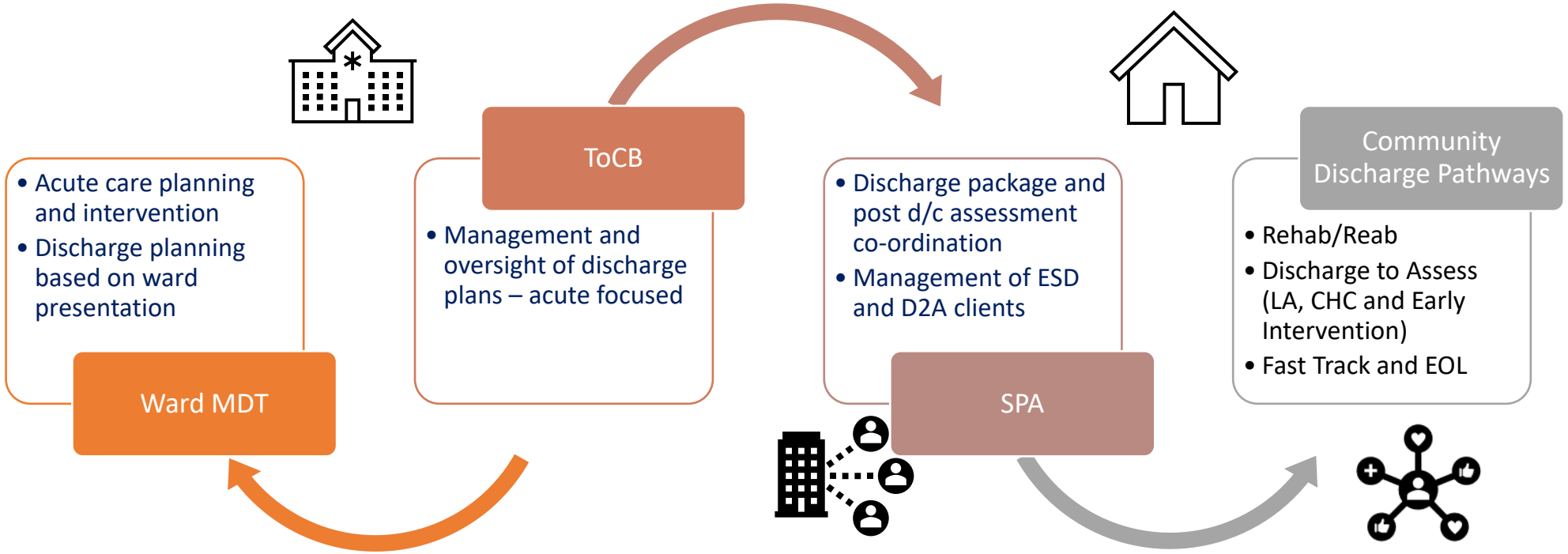
4. Launch ‘Platinum plating’

Note all ‘new features are marked 

“Health and social care professionals should support and involve the individual to be discharged in a safe and timely way to ensure they are only hospitalised for as long as they require hospital care. Discharging people once they no longer need acute care improves their outcomes and reduces the risk of medical complications such as deep-vein thrombosis, hospital acquired infections, and loss of independence.[footnote 7] Evidence suggests that even 10 days of bedrest is associated with significant muscle loss in older adults”

Hospital Discharge Model

Model Overview



"Multi-disciplinary teams (see section 4 below) should work across hospital and community settings – including with services provided by community health, adult social care and social care providers – to plan post-discharge care, long-term needs assessments and, where appropriate, end of life care. Social workers, including children's social workers of young carers and young adult carers, should be involved at an early stage of the discharge planning process where appropriate, including where that planning takes place in a hospital setting. The multi-disciplinary team should also ensure that any mental capacity and safeguarding concerns have been considered alongside other support needs post-discharge."

Hospital Discharge Delivery Model

Elements to maintain:

- Clinician to clinician triage of hospital discharge referrals to the community
- Discharge to Assess for all supported discharges
- Strong joint working between the ToCB and the SPA
- Embedded Home First and promoting independence ethos
- Excellent early MDT planning for complex and EOL discharges

Proposed Enhancements	Current position
Sourcing **new location** in order to allow on-site **co-location of staff** to enable integrated working delivering a more efficient and effective customer journey through sharing of knowledge, expertise, intelligence and importantly, risk	The current hybrid model is resulting on ongoing complaints about lack of co-ordinated care, examples of duplication and a lot of wasted time for clinicians chasing one another often resulting in a delay for decisions.
Clear **self funder** offer and support to **carers** offer	Self funders are being identified be Care Management with basic information provided on 'paying for your own care' supported by CHS Carers are currently involved in discharge planning
Platinum plating the model through an additions 'Hospital to Home' element underpinned by assisted technology/wearables, a safety netting offer and VCS hospital after care service to aid early supported discharge and reduce (re)admissions	Only admitted clients requiring pathway 1, 2 or 3 are supported through the SPA
Develop the **MH discharge pathway** to also include an in-reach and joint working element between the ToCB and CCOs.	Currently all delivered through D2A with no pre-discharge input from allocated CCOs often resulting in delays to discharge due to challenges sourcing appropriate providers
Clear Admission avoidance offer	Limited input with ED and Frailty Assessment Unit currently with virtual support offered through Care Management

Discharge Hub (ToCB)
Case Management 'pulling' discharge of supported discharge patients

Transfer of Care Bureau (ToCB)

"Every local health and social care system based around an acute hospital footprint should have a transfer of care hub whereby (physically and/or virtually) all relevant services across sectors (such as health, social care, housing and voluntary sector) are linked together. The transfer of care hub should coordinate care for people who require formal care and support after discharge from hospital, and any support for unpaid carers providing care. Hubs should be staffed by a small team, dedicated to ensuring people are discharged from hospital on the right pathways, with the right discharge information, and that they get the right onward care and support (if needed)."

Discharge Hub - Transfer of Care Bureau (ToCB)

Discharge Hub (ToCB)
Case Management 'pulling' discharge of supported discharge patients

The Discharge of patients on a supported discharge pathway required significant and robust discharge co-ordination to understand and align clinical, functional and social care needs of the patient ensuring these needs can be met in the community.

The discharge Hub provides close oversight of discharge planning through the 2 x per day ToCB Huddles as well as being the main liaison between community services and the hospital

The ToCB manages discharge planning and arrangements

Discharge Hub Features

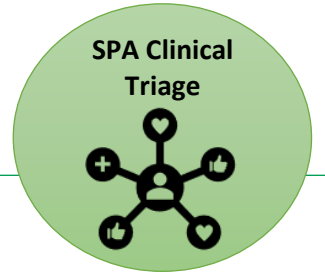
- Based on site at the PRUH
- Staffed by senior clinical discharge co-ordinators who case manage the discharge of patients with complex discharge arrangements, supported by a small team of non-clinical patient navigators
- Presence at daily board Rounds and bed meetings- specialist voice on discharge planning (DisCo/PDNs)
- 2x per day Huddle to manage discharge progress of supported discharge (all to attend)
- LLOS 2 x per week for patients over 21 days

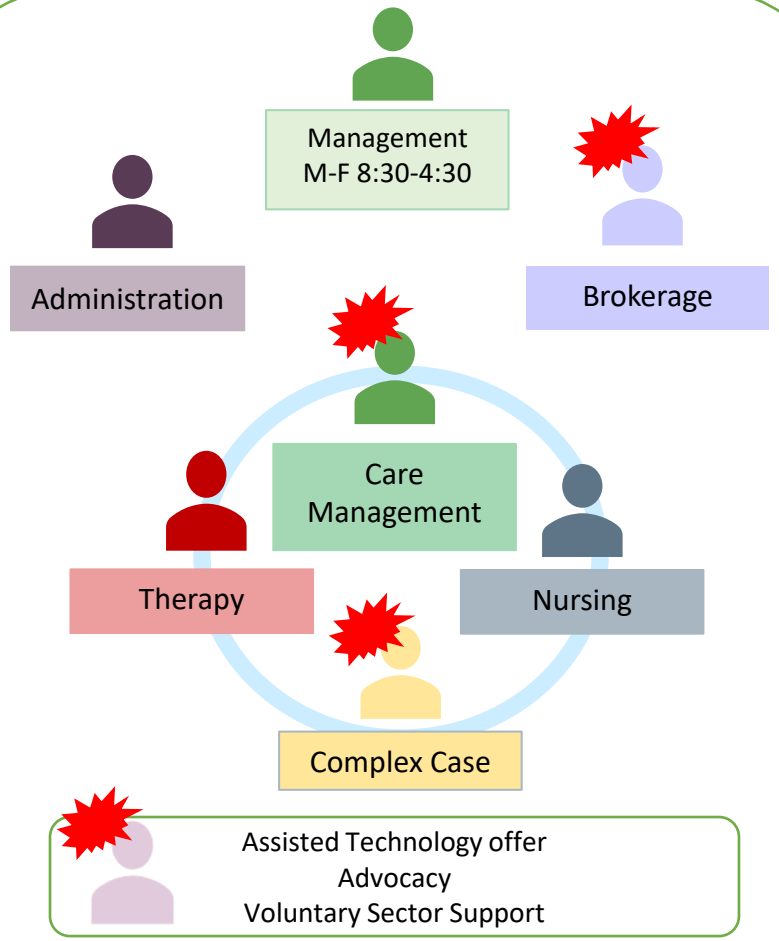
Single Point of Access (SPA)

"Support should extend beyond discharge itself. Local areas should have agreed protocols for collaborating with onward care providers about the individual's hospital discharge through the transfer of care hub"

"Discharging people to the most appropriate place to meet their needs requires active risk management across organisations to reach a reasonable balance between safety at all times, and independence."

Proposed SPA Model





SPA Clinical triage role

- Physical co-location of staff from all organisations receiving patients from hospital working with colleagues from across the system to ensure suitable discharge plans and post discharge support for patients
- Receiving referrals from all hospitals for Bromley residents requiring post-discharge support 8am-8pm M-F and 8am-6pm on weekends
- Agreeing most appropriate pathway and co-ordinating the discharge services and post-discharge assessment
- Post-discharge safety netting and management, responding to change in need and deterioration quickly

Care Management

- Triage all social care referrals POC & placement
- Case Allocation for Care Act Assessment
- Management of change in need post discharge utilising SPA to support

Nursing

- Triage all District Nurse (DN) and End Of Life care referrals
- Roster DN visits
- Interface with Rapid response for post discharge issues

Therapy

- Triage all rehab referrals
- Pipeline management and case allocation and admin (EDNs etc)
- Interface with Urgent therapies for post discharge deterioration

- Engagement in Home First and End of Life Huddle to inform discharge planning and manage post discharge plan
- Management of flow between pathways at point of triage and post-discharge
- Holding of a small ESD caseload until post-discharge assessment pathway is established

New

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7 day working

Weekend

SPA

Mon – Fri
8:45am – 4:45pm

Management

Brokerage

Mon – Fri
8am – 10am and
6pm-8am

2 x Clinical Triage

Mon – Fri
10am – 6pm

6 x Clinical Triage

Sat –Sun
8am-4pm

2 x Clinical Triage

ToCB

Mon – Fri
8:45am – 4:45pm

Management

Brokerage

Mon – Fri 8am – 4pm

7.8 X DisCo
4 X PDN

Sat 8am-4pm

1 x Disco

Nursing

CM

Disco / PDN

Therapy

Admin

Brokerage – reduced hours

Management (on call)

- Working flexibly, cross-covering between SPA and ToCB with SPA clinicians in-reaching as required
- All Flow Meetings attended
- Clinicians working directly to dom care and placement providers out of brokerage hours in case of emergency

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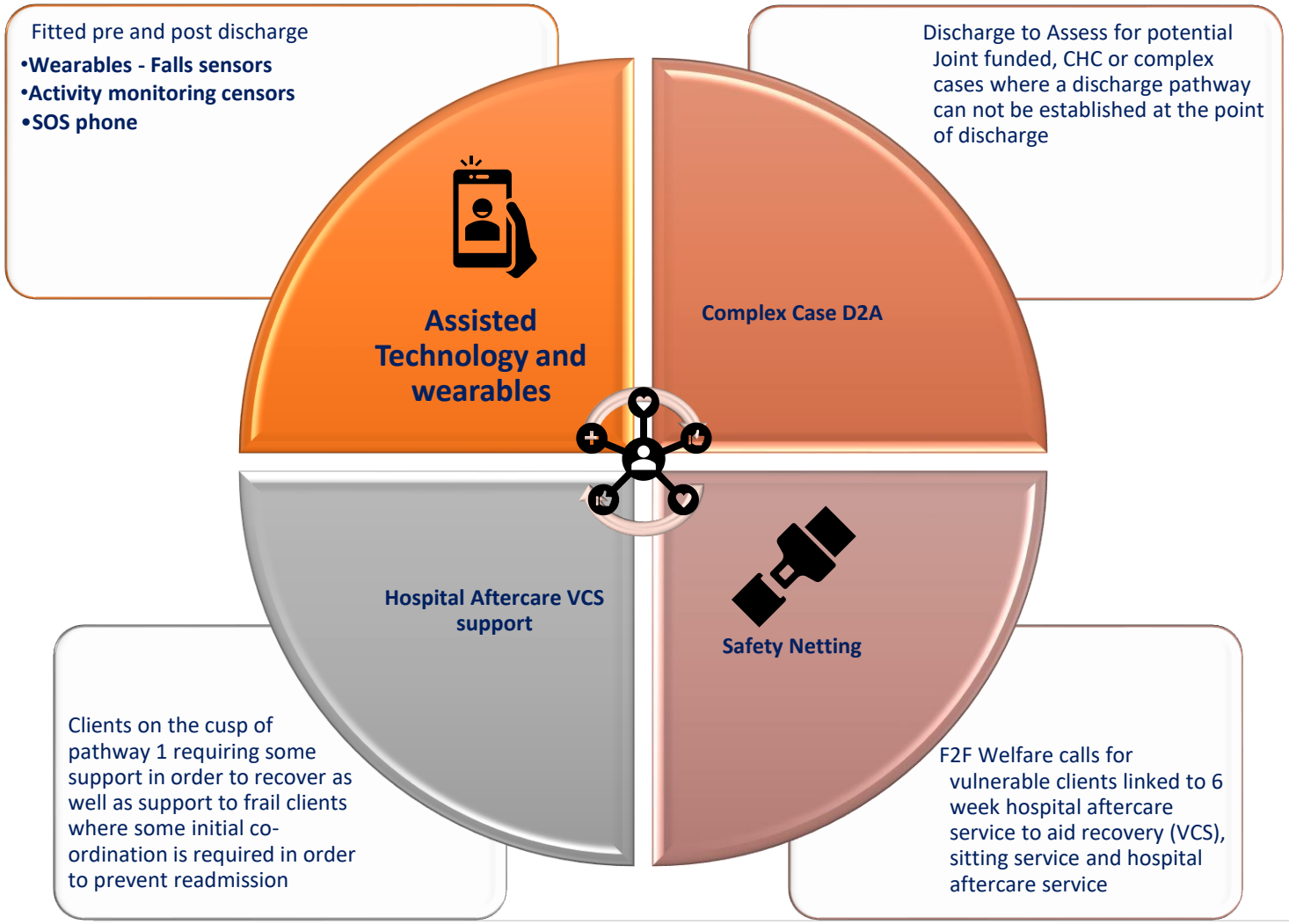
Platinum Plating

“Discharging people to the most appropriate place to meet their needs requires active risk management across organisations to reach a reasonable balance between safety at all times, and independence”

Platinum Plating: Hospital to Home Service offer



> "Local areas should draw upon a range of short and medium-term interim care services, depending on the severity of an individual's needs. For example, some people may benefit from voluntary sector support, or very short term 'hospital to home' services to get them settled back home"

Hospital to Home Service offer

- Underpinned by technology and MDT working
- In-reaches to the hospital to aid transition and engagement
- Provides welfare calls and up to 6 week hospital aftercare service for clients living alone that don't have care needs but require a period of support to enable recovery i.e shopping, medication collection etc
- Utilises a wider workforce including VCS (not dependent on hard to fill clinical posts)
- Dedicated complex case Manager for clients with unclear prognosis or pathways to allow a period of recovery and assessment
- Navigators for clients with complex discharge plans to ensure they are enacted and co-ordinated

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Pathway enhancements

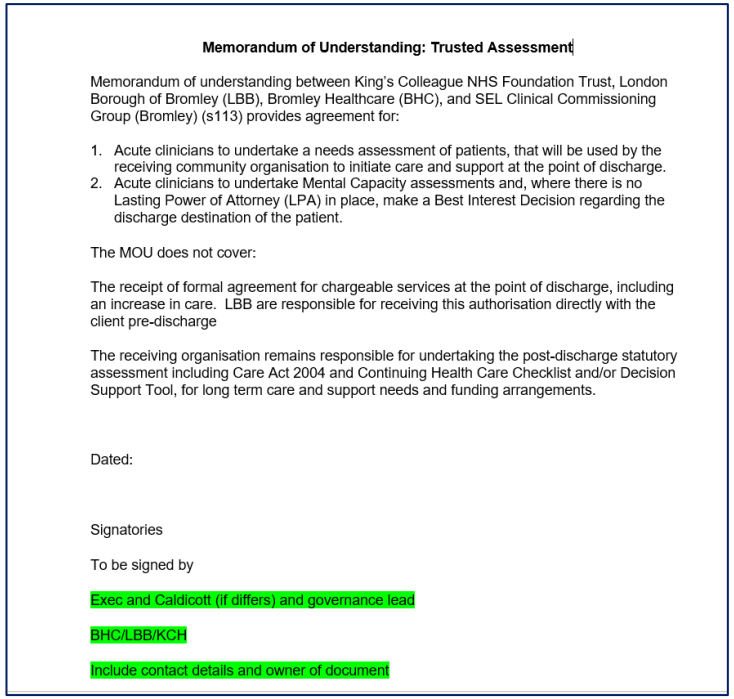
In addition to pathways 1, 2 and 3, in line with requirements of the guidance, the hospital discharge arrangements also include:

- More robust approach to identifying, assessing and supporting carers
- A redeveloped Mental Health D2A offer
- End of life and Enhanced Care Discharge to Assess offer and pathway managed through effective multi-agency Huddles
- Access to the SPA to prevent admissions
- Hospital to Home offer supporting frail elderly clients to recover

Next steps: Mobilisation

Governance

- Developing MOU for Trusted Assessment
- Performance dashboard and reporting refreshed in line with sit rep reqiurements
- Finalising Choice Policy
- 1st draft of refreshed Governance based on relaunched model including position on consent and the



Memorandum of Understanding: Trusted Assessment

Memorandum of understanding between King's Colleague NHS Foundation Trust, London Borough of Bromley (LBB), Bromley Healthcare (BHC), and SEL Clinical Commissioning Group (Bromley) (s113) provides agreement for:

1. Acute clinicians to undertake a needs assessment of patients, that will be used by the receiving community organisation to initiate care and support at the point of discharge.
2. Acute clinicians to undertake Mental Capacity assessments and, where there is no Lasting Power of Attorney (LPA) in place, make a Best Interest Decision regarding the discharge destination of the patient.

The MOU does not cover:

The receipt of formal agreement for chargeable services at the point of discharge, including an increase in care. LBB are responsible for receiving this authorisation directly with the client pre-discharge

The receiving organisation remains responsible for undertaking the post-discharge statutory assessment including Care Act 2004 and Continuing Health Care Checklist and/or Decision Support Tool, for long term care and support needs and funding arrangements.

Dated:

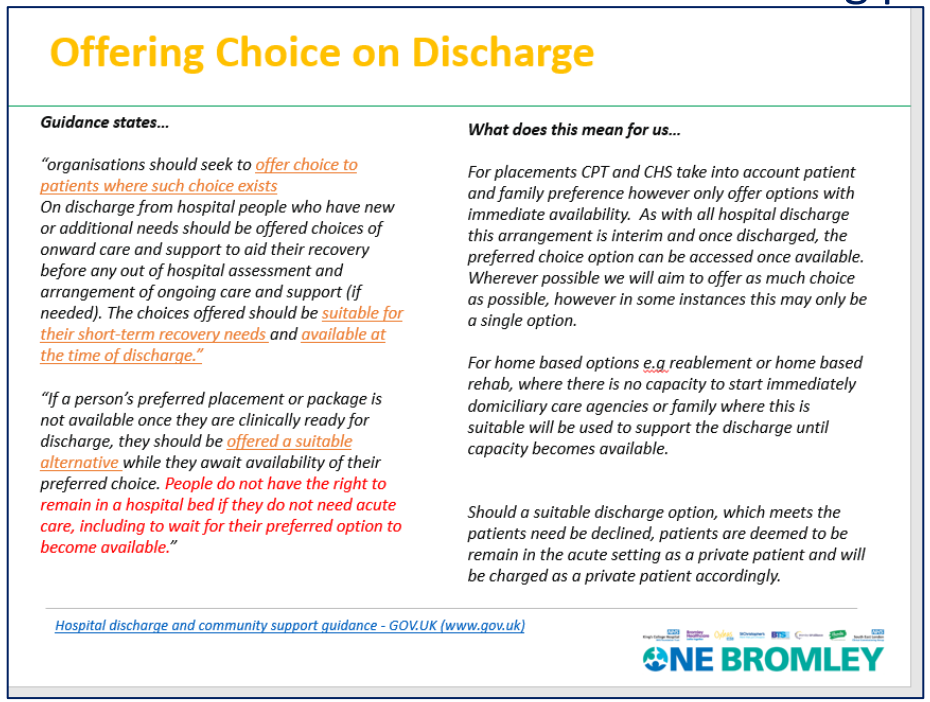
Signatories

To be signed by

Exec and Caldicott (if differs) and governance lead

BHC/LBB/KCH

Include contact details and owner of document



Offering Choice on Discharge

Guidance states…

"organisations should seek to offer choice to patients where such choice exists
On discharge from hospital people who have new or additional needs should be offered choices of onward care and support to aid their recovery before any out of hospital assessment and arrangement of ongoing care and support (if needed). The choices offered should be suitable for their short-term recovery needs and available at the time of discharge."

"If a person's preferred placement or package is not available once they are clinically ready for discharge, they should be offered a suitable alternative while they await availability of their preferred choice. People do not have the right to remain in a hospital bed if they do not need acute care, including to wait for their preferred option to become available."

What does this mean for us…

For placements CPT and CHS take into account patient and family preference however only offer options with immediate availability. As with all hospital discharge this arrangement is interim and once discharged, the preferred choice option can be accessed once available. Wherever possible we will aim to offer as much choice as possible, however in some instances this may only be a single option.

For home based options e.g reablement or home based rehab, where there is no capacity to start immediately domiciliary care agencies or family where this is suitable will be used to support the discharge until capacity becomes available.

Should a suitable discharge option, which meets the patients need be declined, patients are deemed to be remain in the acute setting as a private patient and will be charged as a private patient accordingly.

Hospital discharge and community support guidance - GOV.UK (www.gov.uk)

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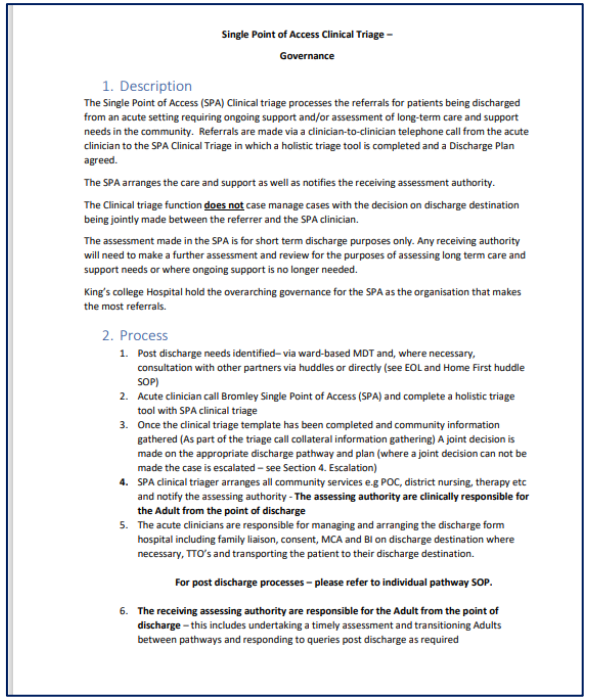

Single Point of Access Clinical Triage –

Governance

1. Description

The Single Point of Access (SPA) Clinical triage processes the referrals for patients being discharged from an acute setting requiring ongoing support and/or assessment of long-term care and support needs in the community. Referrals are made via a clinician-to-clinician telephone call from the acute clinician to the SPA Clinical Triage in which a holistic triage tool is completed and a Discharge Plan agreed.

The SPA arranges the care and support as well as notifies the receiving assessment authority.

The Clinical triage function **does not** case manage cases with the decision on discharge destination being jointly made between the referrer and the SPA clinician.

The assessment made in the SPA is for short term discharge purposes only. Any receiving authority will need to make a further assessment and review for the purposes of assessing long term care and support needs or where ongoing support is no longer needed.

King's college Hospital hold the overarching governance for the SPA as the organisation that makes the most referrals.

2. Process

1. Post discharge needs identified– via ward-based MDT and, where necessary, consultation with other partners via huddles or directly (see EOL and Home First huddle SOP)
2. Acute clinician call Bromley Single Point of Access (SPA) and complete a holistic triage tool with SPA clinical triage
3. Once the clinical triage template has been completed and community information gathered (As part of the triage call collateral information gathering) A joint decision is made on the appropriate discharge pathway and plan (where a joint decision can not be made the case is escalated – see Section 4. Escalation)
4. SPA clinical triager arranges all community services e.g POC, district nursing, therapy etc and notify the assessing authority - **The assessing authority are clinically responsible for the Adult from the point of discharge**
5. The acute clinicians are responsible for managing and arranging the discharge form hospital including family liaison, consent, MCA and BI on discharge destination where necessary, TTO's and transporting the patient to their discharge destination.

For post discharge processes – please refer to individual pathway SOP.

6. **The receiving assessing authority are responsible for the Adult from the point of discharge** – this includes undertaking a timely assessment and transitioning Adults between pathways and responding to queries post discharge as required

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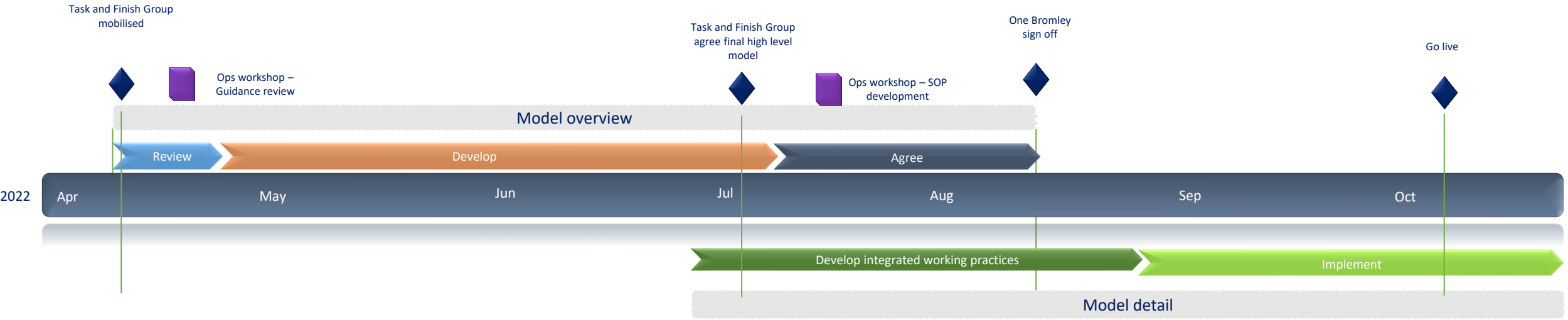
Mobilisation

- Re-establishing the roles, responsibilities and onsite presence in the ToCB
- New name new start - Reconsider the name and description of the various elements to make it clearer what they do
- Relocation of the SPA to enable physical presence and co-location of all SPA staff to improve the client journey including:
  - Mobilising physical presence of Care Management in SPA and formalising the CM presence in ToCB
  - Refreshing the Brokerage model with on-site SPA and ToCB presence
- Launch of Hospital to Home offer including AT (ready to go)
- Established admission avoidance offer
- MH pathway, self funder, EOL and Enhanced Care Pathways already mobilised

Development timeline



Model confirmed by Task and finish Group with up to date slide pack	Beginning of July
Individual Organisation review	ASLT (LBB) 19/7 King's 21st July (Site Exec Meeting) BHC Operational Executive 18/7
ICB approval	25th July
FINAL ONE BROMLEY APPROVAL	15th August
Go live and implementation	October 2022

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Mobilisation

	Must have by Go Live date	Must have by Winter 20022/23 (October)
ToCB	▪ Acute referral process map ▪ Patient discharge pack in place ▪ Roles and responsibilities agreed for the majority of patient pathways with final detail for unique situations to be finalised during mobilisation	▪ Final delivery model trialled and agreed
SPA	▪ Detailed SOP for referral, through clinical triage agreed covering the main pathways including brokerage ▪ New passport available on all clinical traigers systems ▪ SPA operational model ready to be mobilised ▪ Pilot for Hospital to Home Team ready for mobilisation with clear criteria, offer and SOP	▪ Detailed SOP for all pathways agreed ▪ Fit for purpose telephone system ▪ Fit for purpose location
Post-discharge pathways	▪ Draft SOP for all pathways	• Finalised SOP for all pathways
Governance	▪ draft governance document in place ▪ draft Trusted Assessor MOU agreed by all parties ▪ Draft Performance dashboard agreed ▪ Facilitated workshop/workstream for integrated ways of working	▪ Final live performance dashboard mobilised

It is noted that the success of the model is underpinned by effective and efficient multidisciplinary and integrated working. The workstream, which will include a specialist facilitated workshop will support practitioners in developing ways of working that maximised their skills and potential of working together as a coherent 'team'

ENCLOSURE: 7

AGENDA ITEM: 9

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**One Bromley Cadet Programme**
This paper is for **information**	
Executive Summary	The One Bromley Cadet programme was developed to support young people in Bromley gain a greater understanding of the range of carers in health and care in Bromley with the aim of improving their career prospects. The first cohort of the programme started in April 2022 and included 7 sessions. There were 18 students aged 16-18 from 3 Bromley schools. The sessions included guest speakers from different professional groups outlining their roles, guidance on the different routes into health and care professions, signposting on where to find further information and experience of being in a health and care setting. The experience of being in a health or care setting included a tour of the Princess Royal University Hospital incorporating pharmacy, maternity and the frailty unit, a tour around the Health and Wellbeing centre in Orpington and a visit to Bromley Healthcare that highlighted equipment used in a community setting. The overall evaluation of the programme was excellent with feedback from both students and teachers being very positive. The feedback noted that the students preferred face-to-face and slightly longer sessions over more sessions that were shorter and held virtually. It was also noted that we were unable to cover all the 350 roles within health and care. Hence, for the second cohort starting on the 29th September 2022, we have adapted the programme to include less virtual and more face to face sessions. We have also developed a resource pack available on a sway page for students that has further resources on a wider range of roles. For future cohorts we aim to increase the number of schools taking part in the programme focusing on widening participation.
Recommended action for the Committee	To note development of the One Bromley Cadet programme, the evaluation of the first cohort and revised programme for cohort two. Also,

	to note the aim is to run two cohorts a year avoiding the summer term due to examinations.	
Potential Conflicts of Interest	None identified	
Impacts of this proposal	Key risks & mitigations	Risk- Capacity of professionals to provide the appropriate face to face experiences within the different organisations Mitigation- Dates have been established in advance to help support capacity planning
	Equality impact	The aim of the One Bromley Cadet Programme is to widen participation and improve the career prospects of young people in Bromley.
	Financial impact	None
Wider support for this proposal	Public Engagement	Bromley schools were sent a survey prior to the development of the One Bromley Cadet programme to seek their views on what would be helpful. After the first cohort both the students and those teachers that linked with the programme completed a feedback survey. This feedback has informed the programme for the second cohort.
	Other Committee Discussion/ Internal Engagement	The One Bromley Executive and the One Bromley Workforce Group
Author:	Paulette Coogan	
Clinical lead:	Natasha Hoare, Bromley Education and Training Hub	
Executive sponsor:	Dr Angela Bhan	

ONE BROMLEY Careers

NHS
Health Education England

ONE BROMLEY CADETS




NHS King's College Hospital NHS Foundation Trust
Bromley Healthcare better together
Oxleas NHS
StChristopher's More than just a hospice
BTSE Bromley Third Sector Enterprise
Bromley GP Alliance
Bromley Primary Care Networks
Bromley The London Borough
NHS South East London

Aims of the Cadet programme

- To provide young people with wider understanding of a range of careers within Health and Care in Bromley.
- To give young people in Bromley experience of a being in a health or care work setting.
- To improve the potential career prospects of young people in Bromley.

What we did and how we approached it (1/2)

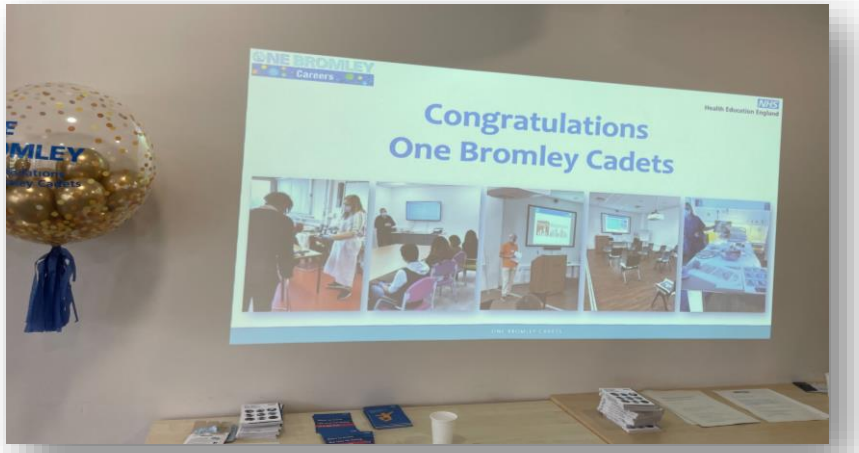
- We reviewed the National NHS Cadets programme and due to feedback on the length of the programme, we created our own shortened Cadets programme.
- The focus of our One Bromley Cadets programme was on the range of health and care careers available in Bromley and the different routes into health and care careers.
- We held 7 sessions over 8 weeks. These included a mix of virtual sessions and face to face. The face to face sessions aimed to give students an immersive experience/tour of different health and care settings, including demonstrations of equipment used in both acute and community settings.
- Sessions were held after school from 4.30pm-5.45pm.
  The session timings allowed students time to get home after school or travel to the sites for face to face sessions.

What we did and how we approached it (2/2)

- The sessions included presentations and talks from One Bromley Career Ambassadors on their career pathways and a 'day in the life' of their roles. This also allowed students to ask the Career Ambassadors questions regarding their roles and career pathways.

- At the final celebration session, cadets were given goodie bags with One Bromley merchandise and leaflets containing further information on various health and care careers. They also received printed information which included links to the websites for each One Bromley organisation. Students expressed that these were useful resources, and they would take time to further research their areas of interest.

- Cadets who completed the programme were given a certificate of completion and a reference to use for future supporting statements and/or job applications.



One Bromley Cadets Programme Outline (1/2)

	Session	Virtual or Face to Face	Outline/Content
Week 1 **Wednesday 20th April**	**Introduction & Welcome** **Health and Care Careers overview**	Virtual	Overview of programme and welcome
			What is Health and Care? - The differences between Health and Care
			Overview of medicine with a focus on General Practice (guest speaker)
			Overview of nursing with a focus on community nursing (guest speaker)
Week 2 **Wednesday 27th April**	**Further Health and Care careers overview**	Virtual	Overview of Allied Health Professionals with a focus on OT (guest speaker)
			Overview of NHS Management roles (guest speaker)
			'Step into the NHS' careers quiz
			Apprenticeships presentation
Week 3 **Wednesday 4th May**	**CVs, Job Applications, and Interview Skills**	Virtual	Session on Job and University applications and Interviews

One Bromley Cadets Programme Outline (2/2)

	Session	Virtual or Face to Face	Outline/Content
Week 4 **Wednesday 11th May**	**Mental Health Services- Bromley Y**	Virtual	Overview of Bromley Y Services and careers available How you can get support- focusing on Children and Young People
Week 5 **Wednesday 18th May**	**Work Experience/ Tour- Princess Royal University Hospital**	Face to face	Tour around the Princess Royal University Hospital in Orpington- to include a talk on volunteering and tours of Pharmacy, Maternity and the Frailty Unit (with equipment demo)
Week 6 **Wednesday 25th May**	**Work Experience/ Tour- Orpington College and Orpington H&WB Centre**	Face to face	Tour around Orpington Health and Wellbeing Centre (focusing on estates) and Bromley Healthcare M&H training dept (focus on equipment used in the community)
Week 7- Break (Half Term Holidays)			
Week 8 **Wednesday 8th June**	**Celebration Event- Beckenham Beacon**	Face to face	Recap on key learnings, programme highlights and obtain overall feedback Certificates awarded Goodie bags for cadets to take away with them

Evaluation

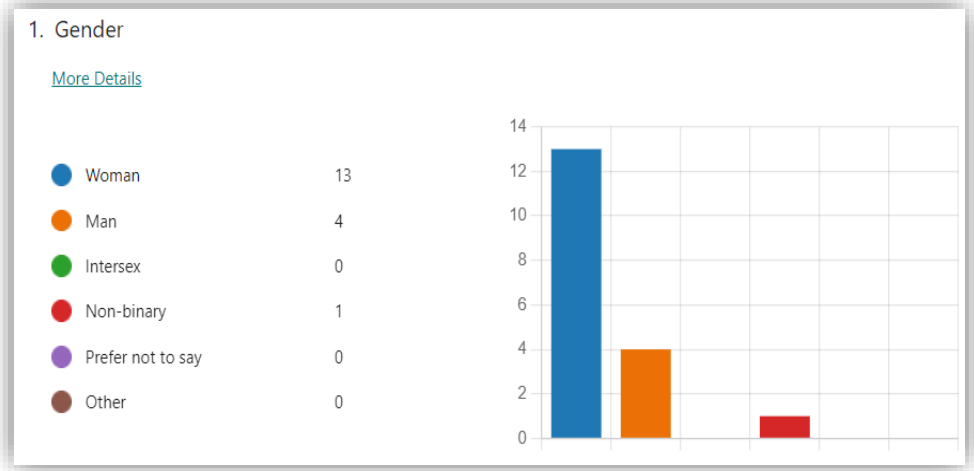
18 students from 3 Bromley schools completed the One Bromley Cadets programme.

All students were in year 12 or 13 (ages 16-18).

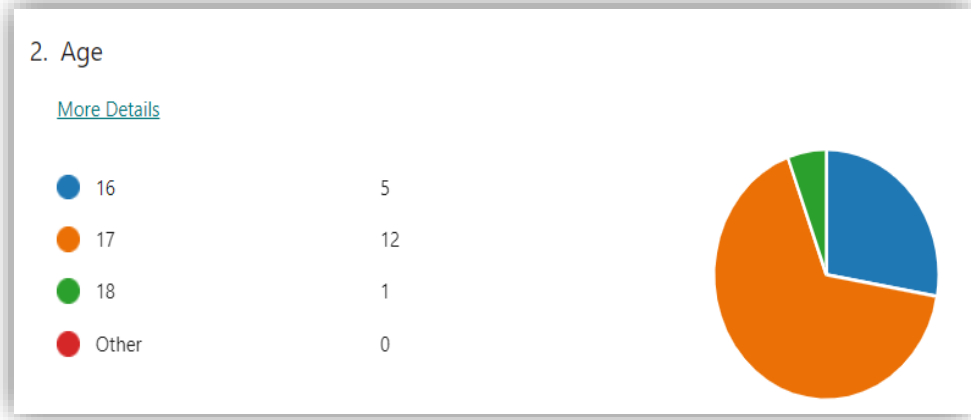
Students who participated were interested in a range of health and care careers such as pharmacy, midwifery, medicine, physio and dentistry.

One Bromley Cadet Demographics

The following statistics show the demographics of our One Bromley Cadet students:



- 72.2% Female
- 22.2% Male
- 5.6% Non-binary

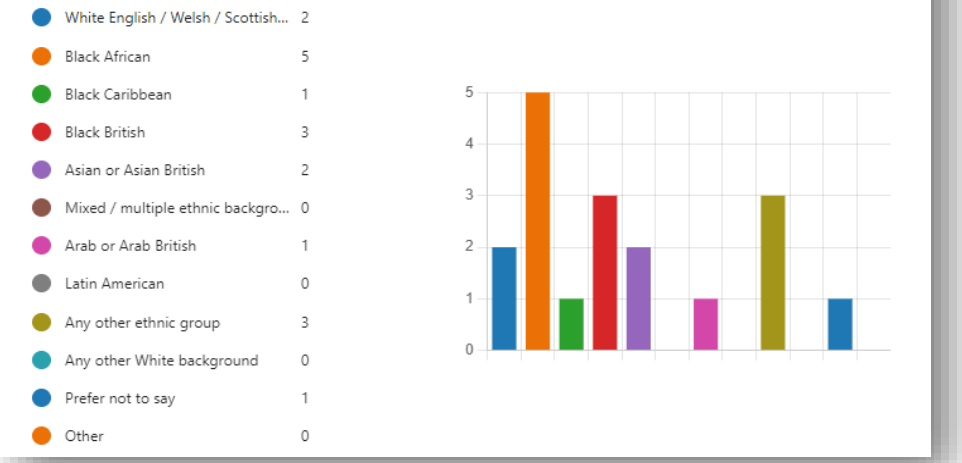


- 66.6% Aged 17
- 27.7% Aged 16
- 5.6% Aged 18

One Bromley Cadet Demographics

3. What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

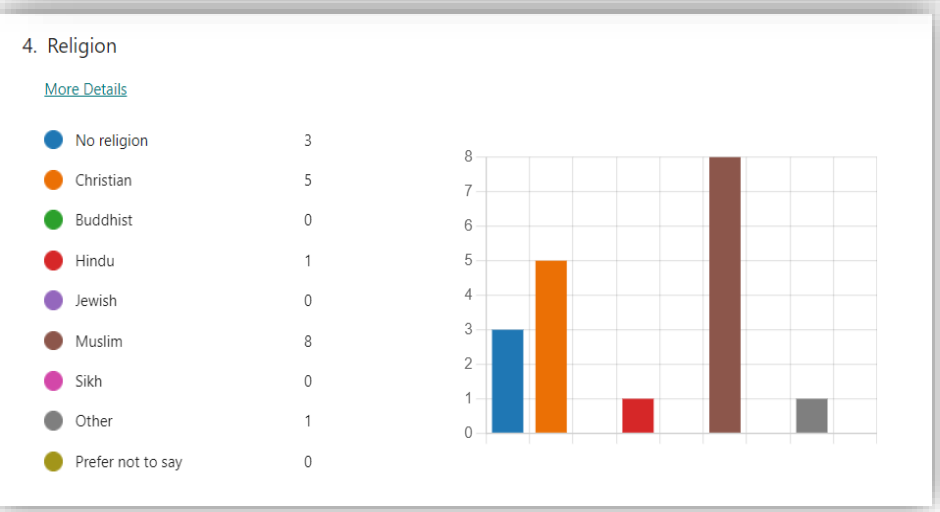
More Details



- 27.7% Black African
- 16.6% Black British
- 16.6% Other Ethnic Group
- 11.1% White English / Welsh / Scottish / Northern Irish / British
- 11.1% Asian or Asian British
- 5.6% Black Caribbean
- 5.6% Arab or Arab British
- 5.6% Prefer not to say

4. Religion

More Details



- 44.4% Muslim
- 27.7% Christian
- 16.6% No Religion
- 5.6% Hindu
- 5.6% Other

Teacher Feedback

"Thank you so much for the PRUH visit on Wednesday, my students definitely found the tours interesting. In fact, one of my students is now talking about changing her career pathway from dentistry to clinical pharmacy."

"I would love to recognise the students and this fantastic programme in our newsletter this week. We are very grateful for this opportunity and thank you for your support with our careers provision."

"Our students won't stop talking about the amazing experience they're having on your One Bromley programme and it's wonderful to see them so enthusiastic about healthcare, so thank you."

"Thank you so much once again for this fantastic opportunity."

Student Feedback

"I liked the opportunities that One Bromley gave me. For instance, I was able to gain an insight into different potential careers in the NHS and I was able to physically experience life in an NHS setting."

"Very Informative- showed a variety of different careers in healthcare as well as providing what qualifications are required."

"From my perspective, the programme was carefully thought out and really enjoyable."

"I thought it was great! I really enjoyed it, especially since it's really hard to obtain work experience; you guys gave us a great opportunity- thank you!"

"Just wanted to say thank you so much for this great experience!"

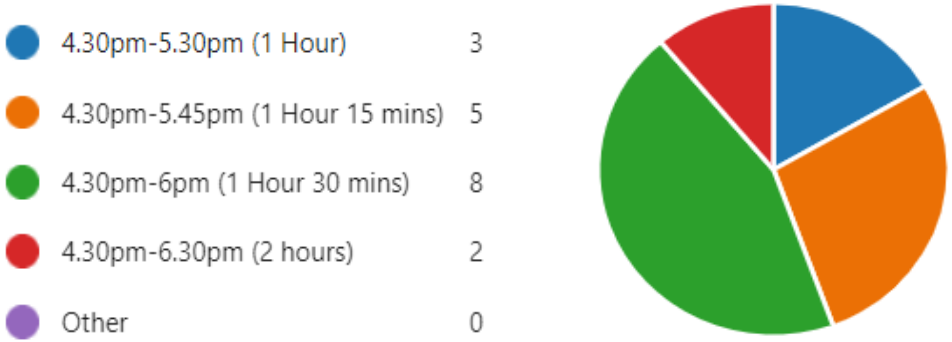
Student Feedback

3.72 Average Rating

The students rated the programme 3.72 out of 4 stars

(4 is excellent, 1 is poor).

What session timing works best for you after school:

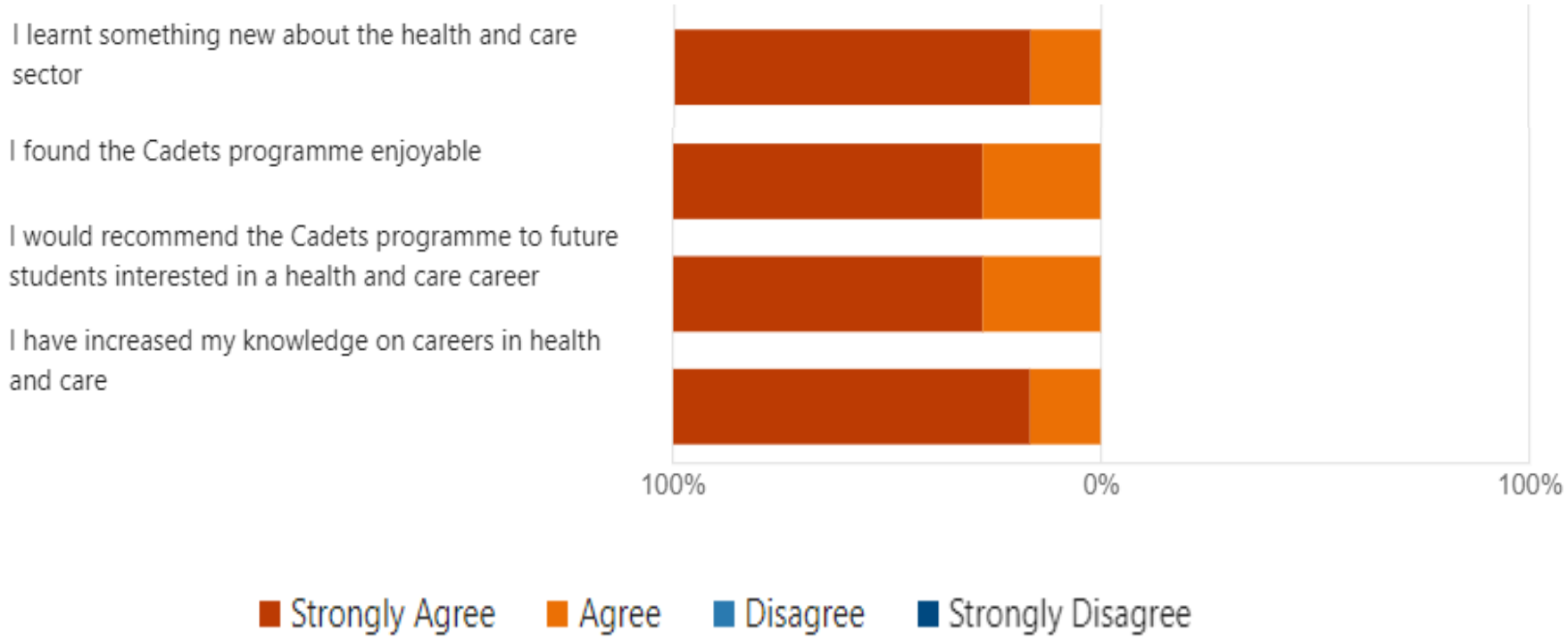


The majority of students voted that 4.30pm-6.00pm was the best session timing for them.

100% of students voted that they preferred face to face sessions to virtual.

Student Feedback

100% of the cadet students agreed or strongly agreed with the below statements:



Plans for the next cohort

We have taken on board feedback and have subsequently adapted the One Bromley Cadets programme for the next cohort:

- We are going to combine certain sessions and extend the session timing from 1hr15 mins to 1hr 30 mins/ 2 hours.

- We will run 5 sessions in total and have more of the sessions face to face
    - 3 face to face sessions
    - 2 virtual sessions

- In order to give further information on a wider range of careers, we will build up a resource pack/sway page for the students taking part which will have further resources on a range of health and care careers, including day in the life videos of certain professions.

- We aim to gradually increase the number of schools taking part to encourage wider participation.

Revised programme outline for cohort 2 (1/2)

	Session	Delivery	Outline/Content
Week 1 **Thursday 29th September**	Introduction & Welcome Health and Care overview	Virtual 1hr 30 mins Via MS Teams	Overview of programme and introduction to each other
			What is Health and Care?
			Overview of medicine with a focus on General Practice
Week 2 **Thursday 6th October**	Health and Care in the Community	Face to Face 1hr 30 mins Orpington College	Community Care focus
			Allied Health Professional careers in the Community
			Nursing
Week 3 **Thursday 13th October**	Apprenticeships, Applications and Interview Skills	Virtual 1hr 30 mins Via MS Teams	Types of apprenticeships available
			Applying for jobs and supporting statements
			Interviews

Revised programme outline for cohort 2 (2/2)

	Session	Delivery	Outline/Content
HALF TERM HOLIDAY WEEK 4 and 5			
Week 6 **Thursday 3rd November**	Tour (Hospital/ acute focus)	Face to face- Up to 2 hours Princess Royal University Hospital (PRUH)	Tour of different departments
			Presentation from Volunteers
Week 7 **Thursday 10th November**	Celebration Event (Primary Care focus)	Face to face- Up to 2 hours Beckenham Beacon	Tour of a GP Practice
			Certificate and goodie bag presentation
			Recap programme learnings

ENCLOSURE: 8

AGENDA ITEM: 10

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**One Bromley Executive - Terms of Reference**	
This paper is for **decision and information**		
Executive Summary	• *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. The One Bromley Executive is the executive and operational management forum for this collaborative initiative at a Borough LCP level.* • *These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the One Bromley Executive.*	
Recommended action for the Committee	• *To agree the attached terms of reference and in doing so the Group's core membership, its chair and their nomination and term of office, the requirements for quoracy, meeting frequency and reporting obligations.*	
Potential Conflicts of Interest	None identified	
Impacts of this proposal	Key risks & mitigations	No risks identified
	Equality impact	None identified
	Financial impact	None identified
Wider support for this proposal	Public Engagement	*n/a*
	Other Committee Discussion / Internal Engagement	*n/a*
Author:	Provider Lead - Jonathan Lofthouse, Site Chief Executive	
Clinical lead:	n/a	
Executive sponsor:	Provider Lead - Jonathan Lofthouse, Site Chief Executive	

ENCLOSURE: 8

AGENDA ITEM: 10

One Bromley Executive

Terms of Reference

Chair: Provider Lead - Jonathan Lofthouse, Site Chief Executive

Accountable to: One Bromley Local Care Partnership Board

Reporting to: Local Care Partnership Board

Version: 4.0 (Updated 10.06.20)

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. Purpose

2.1 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.

2.2 The One Bromley Executive will have overall responsibility for the monitoring and delivery of the One Bromley Strategic Objectives 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.

2.3 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.

2.4 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.

3. Duties

3.1 ***Provide placed based leadership for the 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.

3.2 ***Implement 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.

3.3 ***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.

3.4 ***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.

3.5 ***Promote and encourage commitment to One Bromley principles and objectives:*** The current strategic aims of One Bromley are summarised below:

- Utilisation of population health for strategy and outcomes
- Dedicated to focusing on prevention to save lives
- Improved health and well-being outcomes and excellence in quality
- Working in partnership across the system and with external partners
- Excellence in patient, population and professional engagement
- Commitment to digitally enabled care and innovation
- Ensuring tax payer investment is used to maximum effect
- Integration of wider social care and public health priorities

4. Status, Responsibilities & Accountabilities

4.1 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.

4.2 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.

4.3 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

4.4 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

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

5. Membership and attendance

5.1 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.

5.2 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 Social Services
London Borough of Bromley	Director of Public Health
SEL ICB	Borough Director
SEL CCG	GP Clinical lead Bromley & Co-Chair of LCP Board
PCN representative	Clinical Director
PCN representative	Clinical Director

6. Chair of the meeting

6.1 The chair and nominated deputy Chair shall be selected from amongst the membership of the Executive. This is to be changed every 2 years.

6.2 Deputies may attend the Executive subject to prior notification to, and the agreement of, the Chair.

6.3 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.

7. Quorum and conflict of interest

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

8. Decision-making

8.1 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.

8.2 In the event that consensus agreement cannot be reached, the matter shall be referred to the LCP Board.

9. Frequency

9.1 The One Bromley Executive will meet every 2 weeks / month.

9.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

9.3 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.

10. Reporting

10.1 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. Committee support

11.1 A schedule of meetings will be produced to support advance diary management.

11.2 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

12. Review of Arrangements

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

13. Glossary

SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
BGPA	Bromley General Practice Alliance
CPAG	Clinical and Professional Advisory Group
LMC	Local Medical Committees

ENCLOSURE: 8

AGENDA ITEM: 10

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**Procurement and Contracts Group Terms of Reference**	
This paper is for **decision**		
Executive Summary	In support of the management and oversight of delegated budgets this report makes proposals on the terms of reference for a Procurement and Contracts Group that will work as a sub-committee of the One Bromley Local Care Partnership. The purpose of the Group will to: **1.** Provide specialist procurement advice and decisions on local procurement options and processes in-line with ICB delegated authority. **2.** Provide assurance that procurement protocols and guidelines have been followed and that the procurement approach applied is both sound and legal. **3.** Identify and manage organisational or strategic risks related to procurement **4.** Provide assurance that contracted/commissioned services are delivering services in line with expected quality and activity levels, forming a point of escalation for any contract performance concerns that cannot be resolved through established contract review meetings	
Recommended action for the Committee	The Committee is asked to approve the terms of reference of the Procurement and Contracts Group	
Potential Conflicts of Interest	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. Care will need to be taken by both the Procurement and Contracts Group and this committee to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group will have an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.

		As mentioned above, care will need to be taken by this committee and each agency represented on the committee to identify and mitigate potential conflicts of interest in relation to procurement and contracts management.
	Equality impact	The Procurement and Contracts Group will have 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	The draft terms of reference have been presented to the One Bromley Executive
Author:	Sean Rafferty, Director of Integrated Commissioning, SELICB and Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Borough Director	

Bromley Borough Procurement and Contracts Committee

Terms of Reference

September 2022

1. Introduction

1.1. The Bromley Borough Procurement & Contracts committee [the "committee"] is established as a committee of the One Bromley Local Care Partnership. These terms of reference can only be amended in agreement with the One Bromley Local Care Partnership.

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 One Bromley Local Care Partnership.

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.

2. Purpose

2.1. The committee is responsible for:

A. Providing specialist procurement advice and decisions on local procurement options and processes in-line with ICB delegated authority.

B. Providing assurance that procurement protocols and guidelines have been followed and that the procurement approach applied is both sound and legal.

C. Identifying and managing organisational or strategic risks related to procurement

D. Approving contract award in-line with ICB delegated authority and SEL ICB Schedule of matters delegated to officers.

E. Providing assurance that contracted/commissioned services are delivering services in line with expected quality and activity levels, forming a point of escalation for any contract performance concerns that cannot be resolved through established contract review meetings, including issuing of any relevant contract notices and summarising issues to the Performance and Safeguarding committee.

F. Maintaining Bromley Borough element of SEL NHS Contracts register, in line with SEL ICB schedule of matters delegated to officers including:-

F.1. agreeing to enact any contract extension under schedule 1c

F.2. ensuring processes are agreed to review contract / procurement options in advance of contracts expiring.

F.3. agreeing any Single Tender Waivers (STWs) to be taken to ICB for approval.

F.4. proposing procurement route for any newly commissioned services.

3. Duties

3.1. Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and in-line with Procurement Strategy.

3.2. Comply with NHS Standard Contract rules

3.3. Comply with NHS Procurement regulations and Local Authority regulations and guidelines

3.4. Adhere to SEL ICB Schedule of matters delegated to officers in terms of contract awards.

3.5. Ensure a robust process for reviewing, agreeing and enacting contract options.

3.6. Maintain oversight of established contract management arrangements to provide assurance of contractor performance

3.7. Maintain a record of contract award recommendations and decisions made by the committee

4. Accountabilities, authority and delegation

4.1. The Bromley Borough Procurement & Contracts Committee is accountable to the One Bromley Local Care Partnership

5. Membership and attendance

5.1. Core members of the committee will include representatives of the following:

- Director for Integrated Commissioning
- One Bromley Programme Director
- Associate Director of Integrated Contracting
- Associate Director of Finance
- Head of Quality
- Head of Safeguarding (Adult or Children)

Other members to be invited as required

- Procurement Lead
- Relevant Commissioning Team representatives
- Local authority representatives on matters related to integrated commissioning and contracting

6. Chair of meeting

6.1. The meeting will be chaired by Director of Integrated Commissioning, and the deputy chair will be the One Bromley Programme Director.

6.2. At any meeting of the committee the chair or deputy chair if present shall preside.

If the presiding chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

7. Quorum and conflict of interest

7.1. The quorum of the committee is at least 50% of members of which the following must be present:

a. Director of Integrated Commissioning or One Bromley Programme Director
b. Associate Director of Finance or Associate Director of Contracting.
c. One representative from another function e.g. Quality, Safeguarding, Commissioning

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

7.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.

7.4. 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.

7.5. 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.

Where a member has an interest or becomes aware of an interest which could lead to a conflict of interests in the event of the committee considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the ICB's Conflicts Of Interest Policy.

The committee will maintain a register of interests of interests declared by committee members. Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing.

7.6. When taking reports and recommendations to the Local Care Partnership for information and agreement the committee will give consideration to any potential conflicts of interest that may exist for the membership of that Committee and advise accordingly

8. Decision-making

8.1. The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the committee.

9. Frequency

9.1. The committee will meet bi-monthly and may be convened more regularly where workload demands require this

9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

9.3. 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.

9.4. 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.

10. Reporting

10.1. 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.

10.2. The committee will report on its activities to the One Bromley Local Care Partnership. In addition, an accompanying report will summarise key points of discussion; the key assurance and improvement activities undertaken by the committee; and any actions agreed to be implemented.

10.3. The committee will, in line with the south east London ICS scheme of delegation, report decisions and recommendations to the ICS Board or sub-committees to the ICS Board as required

11. Committee/Committee support

11.1. The Bromley Borough Contracts Team will provide business support to the committee. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within ten working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within fifteen working days of the meeting.

12. Review of Arrangements

12.1. 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.

13. Confidentiality

13.1. Contract and procurement documents circulated by the committee and/or the meeting minutes and enclosures from the meetings may be confidential. Documents cannot be shared outside the committee without the explicit permission of the document owner. Members are required to respect confidentiality of specific topics discussed at the meeting.

ENCLOSURE: 9

AGENDA ITEM: 11

One Bromley Local Care Partnership Board

DATE: 27th September 2022

Title	**July 2022/23 SEL ICB Finance Report**	
This paper is for **information.**		
Executive Summary	The Month 4 financial position for the South East London Integrated Care Board (SEL ICB) was as follows: The SEL ICB financial position was £190k overspent. The Bromley Borough position was £46k underspent.	
Recommended action for the Committee	The Board is asked to NOTE the financial position at Month 4.	
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	

NHS
South East London

One Bromley Local Care Partnership Board

27 September 2022

Month 4 2022/23, SEL ICB Finance Report

1. SEL ICB Month 4 Financial Position

NHS South East London

- This report sets out the Month 4 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months (of which £908k related to ERF under delivery), the ICB is able to overspend its allocation by this amount, so that across the whole financial year a financial position no worse than break-even is delivered.

- The table below sets out the movements in the Revenue Resource Limit at Month 4. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k.**

- The ICB's share of this allocation is £2,938,829k. In month, the ICB has received an additional £4,220k of allocations plus the £1,047k relating to the months 1-3 CCG underspend. This gives the **ICB a total allocation of £2,944,096k.**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Budget	**125,212**	**215,006**	**162,769**	**187,409**	**146,255**	**144,257**	**2,922,170**	**3,903,078**
CCG Final Budget	**31,009**	**53,434**	**40,344**	**46,467**	**36,064**	**35,407**	**721,525**	**964,249**
ICB Start Budget	**94,203**	**161,573**	**122,426**	**140,942**	**110,191**	**108,850**	**2,200,645**	**2,938,829**
Month 4 Allocation (inc. New allocations and adjust's)	**95,777**	**164,687**	**124,535**	**142,301**	**111,535**	**109,909**	**2,194,306**	**2,943,049**
Months 1-3 Carry Forward (Allocated)	-	-	-	-	-	-	1,047	**1,047**
Month 4 Start Budget	**95,777**	**164,687**	**124,535**	**142,301**	**111,535**	**109,909**	**2,195,353**	**2,944,096**

- The ICB is reporting an overall £190k overspend to Month 4. This reflects a break-even position against its recurrent (BAU) allocation, and a (£190k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position. The detailed Month 4 SEL ICB Report is set out at *Appendix 1.*

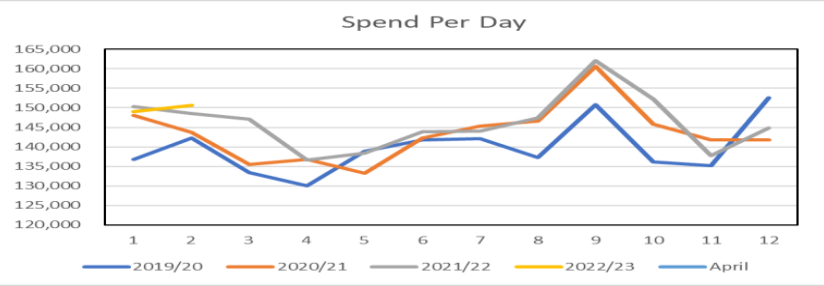
2. Month 4 Bromley Borough Financial Position

NHS South East London

Overall Position

	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Acute Services	544	534	10
Community Health Services	5,973	5,955	18
Mental Health Services	1,026	1,043	(17)
Continuing Care Services	2,113	2,035	78
Prescribing	3,771	3,814	(43)
Other Primary Care Services	235	235	(0)
Other Programme Services	(44)	(44)	-
Delegated Primary Care Services	4,326	4,326	-
Corporate Budgets	393	392	0
Total Year to Date Budget	**18,337**	**18,291**	**46**

Key Indicator – Prescribing



Savings

	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Additional System Savings Requirement	566	189	0	-189	566	0
Community Services	1,387	462	462	0	1,387	0
Continuing Care Services	568	189	189	0	568	0
Corporate/Running Cost	241	80	80	0	241	0
Mental Health Services	103	34	34	0	103	0
Other Acute Services	26	9	9	0	26	0
Other Primary Care Services	45	15	15	0	45	0
Other Programme	267	89	89	0	267	0
Prescribing	638	67	24	-43	638	0
Total	**3,841**	**1,134**	**903**	**-231**	**3,841**	**0**

The Month 4 position is £46k underspent and the borough are forecasting a break-even position at year end. The Bromley Delegated budget for the Q2-Q4 period is £164,687k.

Community budgets are currently £18k underspent. As we move out of the pandemic and back to business as usual arrangements there is a risk that activity will increase. This will be closely tracked and action plans to mitigate spend will be implemented if required.

The borough team are developing the Bromley@Home pathway across One Bromley LCP partners, accessing investment earmarked from the National Virtual Ward Programme, which will provide system wide benefits to patients and organisations.

The mental health budget is overspent by £17k due to higher than budgeted cost per case activity. Expenditure is volatile due to its low volume/high-cost nature and will be closely monitored.

The CHC position is £78k underspent due to average package prices being slightly lower than budgeted levels.

The Prescribing position is £43k overspent, based on the Month 2 PPA data. The overspend is due in part to slippage in the savings plan. The Medicines Optimisation team are developing additional schemes and are confident that the annual savings target will be achieved. The position will be closely monitored over the next few months.

Savings – the additional system savings schemes are being developed (target date is Month 6) and are likely to be delivered in-year from non-recurrent solutions. Recurrent savings will impact from 2023/24, including any additional savings resulting from the new financial year planning and budgeting process.

3. Update on One Bromley Financial Reporting

NHS South East London

SEL Reporting

- Work is underway to provide indicative borough breakdowns relating to the contracts that are managed on a SEL wide basis. These centrally held contracts are typically acute, mental health and community. An indicative borough breakdown of these contracts is given at *Appendix 2*.
- Acute reporting is being developed to provide borough level information. The reports will include an analysis of local contracts at POD (Point of Delivery) level i.e. elective inpatients, outpatient 1st attendance etc.
- The following should be noted in relation to acute contracts. Contract forms are aggregate financial block envelopes so there is no longer a direct link to cost and volume; therefore Borough Reports can only be intended as an indicative position.

One Bromley Partners Financial Reporting

- At the July 2022 One Bromley LCP Board meeting is was agreed that the SEL ICB financial position should be complemented by financial information provided by key partners within One Bromley.
- Meetings have been held with partners over the last few months to take this forward and there have been positive discussions around the provision of the information required and for the setting up of the One Bromley Finance Group.
- High level reports are being developed that will set out key financial information such as: Overall position; Bromley position; key variances; key risks; QIPP/CIP (savings) position and capital updates.
- The work is underway and currently being developed to be presented at a future meeting.

Appendix 1

NHS
South East London

SEL ICB Finance Report

Month 4 2022/23

Contents

1. Executive Summary

NHS South East London

- This report sets out the Month 4 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months (of which **£908k** related to **EFR under delivery**), the ICB is able to overspend its allocation by this amount, so that across the whole financial year a financial position no worse than break-even is delivered.

- The ICB financial allocation for the Month 4 to 12 period is **£2,493,049k.** Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £2,494,096k.** The ICB is reporting an overall **£190k overspend** to Month 4. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£190k)** overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position. During the month, it was confirmed by NHSE that there would be no clawback of EFR under delivery, which is significant driver in the BAU break-even position being reported.

- The main risks within the ICB financial position relate to prescribing, continuing care and mental health. Whilst these budgets are all broadly in balance in month, the prescribing position in particular should be highlighted with May activity (prescribing data is received two months in arrears) above that seen in the last two years. The activity profile is currently as expected, but if this increase continues into future months, the full year forecast impact (on a worst case basis) would be circa **£2,700k**. Borough prescribing leads are currently reviewing the activity and identifying mitigations.

- In reporting this Month 4 position, the ICB has delivered the following financial duties:
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.

- The ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

NHS South East London

- The table below sets out the movements in the Revenue Resource Limit at Month 4. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k.**

- The ICB's share of this allocation is £2,938,829k. In month, the ICB has received an additional £4,220k of allocations plus the £1,047k relating to the months 1-3 CCG underspend. This gives the **ICB a total allocation of £2,944,096k.**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Budget	**125,212**	**215,006**	**162,769**	**187,409**	**146,255**	**144,257**	**2,922,170**	**3,903,078**
CCG Final Budget	**31,009**	**53,434**	**40,344**	**46,467**	**36,064**	**35,407**	**721,525**	**964,249**
ICB Start Budget	**94,203**	**161,573**	**122,426**	**140,942**	**110,191**	**108,850**	**2,200,645**	**2,938,829**
Internal Adjustments								
Enteral Feeds Virement (Full Year)	80						(80)	-
Clinical Staffing Structure (Months 4-12)	208	208	208	208	208	104	(1,144)	-
Mental Health SDF Allocation	745	1,661	1,218	393	213	505	(4,735)	-
Inflation/ Carry Forward Funding	541	1,245	683	758	923	450	(4,600)	-
Month 4 Allocations								
Cancer							1,519	**1,519**
Diabetes							544	**544**
ICB Double Running							440	**440**
Pulmonary Rehabilitation							482	**482**
Other Allocations							1,235	**1,235**
Month 4 Allocation	**95,777**	**164,687**	**124,535**	**142,301**	**111,535**	**109,909**	**2,194,306**	**2,943,049**
Months 1-3 Carry Forward (Allocated)							1,047	**1,047**
Month 4 Start Budget	**95,777**	**164,687**	**124,535**	**142,301**	**111,535**	**109,909**	**2,195,353**	**2,944,096**

Note: If read in conjunction with the final CCG finance report, NHSEI have ringfenced allocations (relating to pension costs) within the CCG only, and therefore there is a slight difference in the SEL CCG budget reported at Month 3.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overall overspend of **£190k** at Month 4 relating to Covid vaccination expenditure. We are expecting that this will be fully reimbursed by NHSE as per national funding arrangements. Once received a **break-even** (green rated) position will be reported.

- All other financial duties have been delivered for the year to Month 4 period. A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	-	(191)	-	(217)	
Expenditure not to exceed income	329,607	329,797	2,966,474	2,966,691	
Operating Under Resource Revenue Limit	327,121	327,311	2,944,096	2,944,313	
Not to exceed Running Cost Allowance	3,040	3,035	27,357	27,357	
Month End Cash Position (expected to be below target)	3,688	253	4,125	500	
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	99.9%	95.0%	99.9%	
95% of non-NHS creditor payments within 30 days	95.0%	99.9%	95.0%	99.9%	
Mental Health Investment Standard (Annual)	134,560	134,560	403,680	403,680	

4. Budget Overview

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	379	544	1,974	137	161	82	178,350	**181,627**	-	**181,627**
Community Health Services	1,189	5,973	1,910	1,765	1,906	2,257	19,051	**34,052**	-	**34,052**
Mental Health Services	837	1,026	690	1,623	512	489	36,480	**41,657**	-	**41,657**
Continuing Care Services	2,039	2,113	2,199	2,515	1,720	1,677	-	**12,264**	-	**12,264**
Prescribing	2,777	3,771	2,721	3,165	3,201	2,621	53	**18,309**	-	**18,309**
Other Primary Care Services	244	235	192	238	103	41	1,964	**3,017**	-	**3,017**
Other Programme Services	(29)	(44)	(38)	(44)	28	(21)	4,449	**4,300**	-	**4,300**
Delegated Primary Care Services	2,974	4,326	3,803	5,897	4,418	4,702	992	**27,111**	-	**27,111**
Corporate Budgets	289	393	400	518	360	376	2,451	**4,786**	-	**4,786**
Total Year to Date Budget	**10,698**	**18,337**	**13,850**	**15,813**	**12,409**	**12,225**	**243,789**	**327,122**	**-**	**327,121**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual										
Acute Services	389	534	1,979	(3)	109	66	178,054	**181,128**	-	**181,128**
Community Health Services	1,189	5,955	1,919	1,765	1,906	2,257	18,818	**33,810**	-	**33,810**
Mental Health Services	825	1,043	613	1,636	536	604	36,470	**41,726**	-	**41,726**
Continuing Care Services	1,895	2,035	2,178	2,590	1,679	1,527	-	**11,904**	-	**11,904**
Prescribing	2,628	3,814	2,757	3,226	3,277	2,568	53	**18,323**	-	**18,323**
Other Primary Care Services	244	235	192	238	103	41	1,936	**2,989**	-	**2,989**
Other Programme Services	(29)	(44)	(48)	(44)	26	(33)	5,647	**5,475**	190	**5,665**
Delegated Primary Care Services	2,974	4,326	3,803	5,897	4,418	4,702	992	**27,111**	-	**27,111**
Corporate Budgets	272	392	411	482	355	355	2,389	**4,655**	-	**4,655**
Total Year to Date Actual	**10,386**	**18,291**	**13,804**	**15,787**	**12,408**	**12,087**	**244,358**	**327,121**	**190**	**327,311**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance										
Acute Services	(10)	10	(5)	140	52	16	296	**499**	-	**499**
Community Health Services	-	18	(9)	-	-	-	233	**242**	-	**242**
Mental Health Services	12	(17)	76	(14)	(23)	(115)	10	**(70)**	-	**(70)**
Continuing Care Services	144	78	21	(75)	42	150	-	**360**	-	**360**
Prescribing	149	(43)	(36)	(61)	(76)	53	-	**(15)**	-	**(15)**
Other Primary Care Services	0	(0)	0	0	0	(0)	28	**28**	-	**28**
Other Programme Services	-	-	10	-	2	12	(1,198)	**(1,174)**	(190)	**(1,364)**
Delegated Primary Care Services	-	-	-	-	-	-	-	**-**	-	**-**
Corporate Budgets	17	0	(11)	36	5	21	62	**131**	-	**131**
Total Year to Date Variance	**312**	**46**	**46**	**26**	**1**	**138**	**(569)**	**0**	**(190)**	**(190)**

- At Month 4, the ICB is reporting an overall **£190k overspend**. This relates to expenditure on the **Covid vaccination programme** for which the ICB is expected to be reimbursed. The main financial risks for the delegated borough budgets relate to continuing care, prescribing and mental health services.

- The overall continuing care financial position is **£360k underspent,** but the underlying pressures are variable across the boroughs. While most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. However it is still early in the financial year, with price negotiations on-going with providers and a risk that costs will increase as we move through the year. An area of concern remains the Lambeth Funded Nursing Care (FNC) budget where costs have increased higher than anticipated. Further work is on-going to understand, and then mitigate, the cost drivers.

- The ICB is reporting a **£15k overspend** against its prescribing position. This is built off the Month 2 2022/23 data and represents a slight improvement in-month. The prescribing data is showing initial signs of moving towards a more 'normal' activity profile following the impact of the pandemic on demand over the last couple of years. This budget will however require careful monitoring over the coming months.

- The mental health position is reporting a **£70k overspend**, with the main pressure relating to Southwark which is seeing an increase in its client cost base. Work is on-going to manage this position locally.

- The variances reported for central South East London Acute, Community and Mental Health budgets relate to non-block activity. To July, this position is generating a **£539k underspend**. A further assessment of the position will be made in coming months.

- More detail regarding the individual borough (Place) financial positions is provided later in this report.

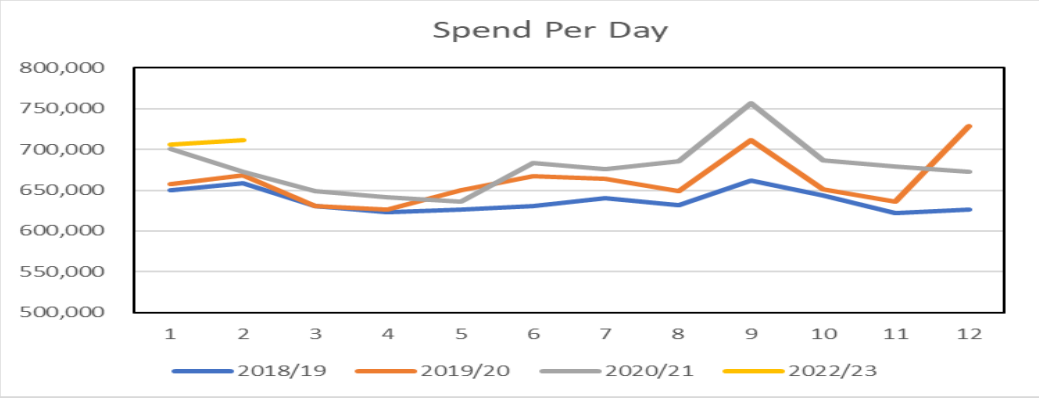
5. Prescribing

NHS South East London

Annual Comparison:

	Price Change From			Activity Change From		
	2019/20 vs. 2020/21	2020/21 vs. 2021/22	2021/22 vs. 2022/23	2019/20 vs. 2020/21	2020/21 vs. 2021/22	2021/22 vs. 2022/23
April	6.1%	3.5%	(3.7%)	0.4%	(0.4%)	1.6%
May	5.3%	3.2%	(3.1%)	(4.4%)	0.7%	4.9%
June	6.5%	2.5%		(3.5%)	6.4%	
July	6.1%	(0.2%)		(3.5%)	1.6%	
August	2.9%	(0.4%)		(4.9%)	4.0%	
September	4.6%	(0.6%)		(2.0%)	1.6%	
October	5.1%	(2.7%)		(3.2%)	1.0%	
November	5.0%	(1.2%)		0.5%	2.4%	
December	4.9%	(0.5%)		1.3%	1.1%	
January	7.0%	(3.5%)		(1.4%)	8.3%	
February	6.9%	(3.9%)		(0.2%)	1.9%	
March	(0.5%)	(2.6%)		(7.3%)	4.2%	
Total	**4.9%**	**(0.6%)**		**(2.4%)**	**2.7%**	
YTD Comparison	**5.7%**	**3.4%**	**(0.1%)**	**(2.0%)**	**0.1%**	**3.3%**

Spend Per Day:



- The Month 4 prescribing position is based upon May 2022 data as the PPA information is provided two months in arrears (the Month 4 data will be received at the end of September 2022, in time for Month 6 reporting). Based on the latest available data, the ICB is showing a **£15k overspend** year to date (YTD).

- The prescribing position represents a key ICB financial risk. Whilst the budget is broadly in balance, current May activity is above that seen in the last two years. The activity profile is currently as expected, but if this increase continues into future months, the full year forecast impact (on a worst case) would be circa £2,700k. The activity comparison on a borough basis is provided below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	-	12,456	-	13,546	-	12,458	-	15,902	-	11,326	-	13,067	-
July	74,153	-	11,883	-	12,742	-	11,569	-	15,147	-	10,569	-	12,242	-
August	75,862	-	12,167	-	12,943	-	11,989	-	15,586	-	10,774	-	12,402	-
September	78,128	-	12,736	-	13,377	-	11,862	-	16,097	-	11,151	-	12,903	-
October	77,572	-	12,703	-	13,883	-	11,880	-	15,659	-	10,799	-	12,647	-
November	79,855	-	12,873	-	14,021	-	12,078	-	16,371	-	11,556	-	12,954	-
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Total	**79,211**		**12,691**	**2,135**	**13,706**	**2,293**	**12,288**	**2,068**	**16,168**	**2,719**	**11,312**	**1,909**	**13,043**	**2,177**
YTD Comparison	**79,965**	**82,523**	**12,520**	**13,249**	**13,732**	**14,227**	**12,362**	**12,828**	**16,526**	**16,870**	**11,361**	**11,844**	**13,460**	**13,504**

6. Continuing Care

NHS
South East London

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.

- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).

- The overall CHC financial position at Month 4 is an **underspend of £360k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth continues to present the largest risk to the position with Funded Nursing Care (FNC) activity significantly about the level anticipated. FNC is activity driven so work is on-going to review, understand and mitigate the position. The remaining boroughs are seeing a slight increase in activity in year, with this currently being offset by lower than anticipated price pressures. However it is still early in the financial year, with price negotiations on-going with providers and a risk that costs will increase as we move through the year.

- As part of the overall 2022/23 NHS funding settlement, the ICB received additional funding **of £1,800k** to offset anticipated price increases for CHC care packages. The ICB has established an uplift working group to review and manage these costs, and recommend how this extra funding is distributed amongst boroughs. The allocation of this funding will be worked through in Quarter 2.

7. Provider Position

NHS South East London

Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.

- In year, the ICB is forecasting to spend circa **£2,680,154k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£677,713k**
    - Kings College Hospital **£735,733k**
    - Lewisham and Greenwich **£580,480k**
    - South London and the Maudsley **£273,526k**
    - Oxleas **£210,278k**

- In month, the ICB position is showing a **£539k** underspend, with activity lower than anticipated with the ICB's acute independent sector providers and in the community position due to a slight underperformance against minor eye condition (MECs) activity. This position is anticipated to be driven by seasonal factors, with the year end position likely to be at **break-even**.

8. QIPP

South East London Clinical Commissioning Group

- The ICB has a QIPP savings ask of **£29.3m** for 2022/23. The 'by area' and borough positions are set out below. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement.

- The position reported below includes both the Months 1-3 CCG position and the Month 4 ICB position. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which has been phased based upon the expected impact of the specific savings schemes.

- Overall, the ICB savings plan is reporting an adverse variance of circa **£500k** at Month 4. This is almost entirely a result of the impact of the additional **£7,000k** savings ask (£3,000k borough and £4,000k central budgets) on the ICB to ensure that the ICS was able to submit a balanced 2022/23 operating plan. Whilst boroughs undertake a process to identify these savings on a recurrent basis, an element of the savings ask is being delivered through non-recurrent underspends in delegated budgets. Of the total savings plan of **£29.3m**, circa **£19.6m** is currently being delivered on a recurrent basis.

	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Additional System Savings Requirement	7,000	2,333	1,837	(497)	7,000	0
Central budgets	491	164	164	0	491	0
Community Services	2,541	880	881	0	2,641	0
Continuing Care Services	3,429	1,143	1,068	(75)	3,429	0
Corporate/Running Cost	2,727	902	1,039	137	2,705	0
Mental Health Services	601	200	200	0	601	0
Other Acute Services	812	271	271	0	814	0
Other Primary Care Services	194	200	200	0	601	0
Other Programme	8,349	2,620	2,620	0	7,861	0
Prescribing	3,161	400	310	(90)	3,161	0
Total	**29,305**	**9,115**	**8,590**	**(524)**	**29,305**	**0**

	Target Savings £'000	Year to Date Plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Variance £'000
Bexley	2,013	594	516	(78)	2,013	0
Bromley	3,841	1,134	903	(231)	3,841	0
Greenwich	2,891	911	675	(235)	2,891	0
Lambeth	2,555	775	774	(1)	2,555	0
Lewisham	2,623	626	645	18	2,623	0
SEL Central	13,419	4,473	4,473	0	13,419	0
Southwark	1,963	602	605	3	1,963	0
Total	**29,305**	**9,115**	**8,590**	**(524)**	**29,305**	**0**

- The forecast outturn is reported as **break-even**, which reflects the confidence boroughs have in being able to deliver these savings by the end of the year. Prescribing and continuing care activity, in particular is very closely monitored on a on-going basis. It is expected that boroughs will have savings plans identified in full by Month 6.

9. Cash Position

NHS South East London

- The ICB is operating within the same cash regime as its predecessor CCG, therefore cash is being managed across the two organisations for this year.
- The Maximum Cash Drawdown (MCD) as at Month 4 after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) is **£3,836m.** The actual cash balance at the end of Month 4 was **£253k**, well within the target set by NHSE.
- There was a need to draw down supplementary cash in July to cover block payments and clearance of invoices which had been cutover from the CCG ledger plus invoices such as BCF for quarter 2 which had not been received into the old ledger before closure. The uncertainties around the timings of actions with regards to the transition to the new ledger made cash forecasting very difficult in July. In August, there has not been the need to enact a supplementary drawdown which is positive news.
- At month 4, the ICB has drawn down 30.85% of the available cash compared to the budget cash figure of 33.30%. The ICB expects to utilise its cash limit in full by the year end.

Annual Cash Drawdown Requirement for 2022/23	2022/23 AP4 - JUL 22	2022/23 AP3 - JUN 22	2022/23 Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	2,945,143		2,945,143
CCG ACDR (M1-3)	963,944	963,944	0
Capital allocation			
Less:			
Prescription Pricing Authority	(72,691)	(55,262)	(17,430)
Other Central / BSA payments- HOT	(797)	(611)	(187)
Pension uplift 6.3%		(454)	454
Add back PCSE System Error			0
Remaining Cash limit	**3,835,598**	**907,618**	**2,927,980**

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
Jul-22	295,000	15,000	1,206,000	31.44%	3,688	253	0.09%
Aug-22	310,000	0	1,516,000	39.52%			
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	1,474,000	**42,000**					

- 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 to achieve the target cash balance.

10. Better Practice Payments Code (BPPC)

NHS South East London

- Under the BPPC, ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. This is measured in terms of the total value of invoices and the number of invoices by count. To date the ICB has met the target cumulatively on both value and count by NHS and non NHS and therefore the target is green on all cumulative aspects. It is similarly expected that this target will be met in full at the end of the year. All in month targets were also met.

- NHSE has requested that all NHS organisations should strive to pay creditors within 7 days to provide assurance on cash flows for organisations. This has obviously assisted in achieving good BPPC performance.

	2022/23 AP4 - JUL 22		2022/23 AP3 - JUN 22		2022/23 Year to date	
	Number	£000	Number	£000	Number	£000
Non-NHS Payables:						
Total Non-NHS trade invoices paid in the month	1,258	34,584	4,653	60,866	14105	248,732
Total Non-NHS trade invoices paid within target	1,258	34,584	4,469	58,837	13735	244,940
Percentage of non-NHS trade invoices paid within target	100.0%	100.0%	96.0%	96.7%	97.4%	98.5%
NHS Payables:						
Total NHS trade invoices paid in the month	39	247,933	133	228,897	416	933,421
Total NHS trade invoices paid within target	39	247,933	127	228,297	410	932,821
Percentage of NHS trade invoices paid within target	100.0%	100.0%	95.5%	99.7%	98.6%	99.9%
Combined non NHS and NHS:						
Total Non-NHS trade invoices paid in the month	1,297	282,517	4,786	289,763	14,521	1,182,153
Total Non-NHS trade invoices paid within target	1,297	282,517	4,596	287,134	14,145	1,177,762
Percentage of all trade invoices paid within target	100.0%	100.0%	96.0%	99.1%	97.4%	99.6%

Appendix 2

NHS
South East London

Summary indicative borough breakdown of SEL Wide managed budgets

2022/23 INDICATIVE BOROUGH BREAKDOWN AND FINANCIAL RISK

NHS South East London

- The following slide sets out the summary indicative borough breakdown of SEL Wide managed budgets for use in Local Care Partnership financial reporting

- Further detail is on provided on the accompanying spreadsheet. Values are based on M2 budgets before final ICS financial adjustments and pay awards and will be updated in September 2022 to reflect revised contractual baselines

2022/23 Financial Risk

- See attached draft M3 Finance report which sets out the position on delegated budgets. The ICB has agreed a balanced financial plan for 2022/23 as part of an overall ICS operational planning process and agreement.

- Further funding has recently been made available to fund additional costs associated with the NHS pay award in 2022/23, which will be applied to the ICBs budgets, including to its provider contracts. However, it is expected that additional costs associated with the ICB's running costs will need to be managed within existing budgets.

- Contracts with the ICB's South East London providers have been agreed on a block basis in 2022/23, with the exception of a variable element relating to the delivery of elective activity within acute contracts. A variance on elective activity will be managed through the nationally allocated Elective Recovery Fund, so will neutral to the ICB. Contracts with providers outside of South East London are also being agreed on the same basis.

2022/23 INDICATIVE BOROUGH BREAKDOWN

NHS South East London

	BEXLEY	BROMLEY	GREENWICH	LAMBETH	LEWISHAM	SOU'WARK	SEL WIDE	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
ACUTE								
LOCAL CONTRACTS	£158,720	£261,040	£212,504	£227,812	£256,844	£238,239	£350,550	**£1,705,709**
NON LOCAL CONTRACTS	£53,260	£25,956	£18,073	£58,257	£13,480	£15,122	£0	**£184,148**
AMBULANCE SERVICES	£11,157	£14,291	£13,259	£15,932	£13,451	£15,910	£0	**£84,001**
NHS 111	£1,378	£1,765	£1,638	£1,968	£1,662	£1,965	£0	**£10,376**
ACUTE LVA BLOCK PAYMENTS	£1,531	£1,531	£1,531	£1,531	£1,531	£1,531	£0	**£9,188**
INDEPENDENT SECTOR PROVIDERS	£2,705	£3,637	£2,967	£3,508	£3,437	£3,160	£0	**£19,413**
NON CONTRACTED - COST PER CASE AND EXCLUSIONS TO CONTRACTS	£133	£179	£146	£173	£170	£156	£0	**£958**
OTHER EARMARKED BUDGETS	£72	£72	£72	£72	£72	£72	£0	**£430**
TOTAL ACUTE	£228,956	£308,471	£250,190	£309,253	£290,647	£276,155	£350,550	£2,014,223
COMMUNITY								
LOCAL CONTRACTS	£32,228	£670	£25,682	£57,496	£36,482	£49,355	£0	**£201,913**
NON CONTRACTED - INCLUDED ON NHSE INSTRUCTED PAYMENTS	£136	£182	£114	£248	£148	£213	£0	**£1,042**
COMMUNITY LVA BLOCK PAYMENTS	£56	£75	£47	£103	£61	£88	£0	**£431**
SEXUAL HEALTH	£605	£810	£505	£1,104	£660	£948	£0	**£4,633**
OTHER EARMARKED BUDGETS	£522	£522	£522	£522	£522	£522	£0	**£3,133**
TOTAL COMMUNITY	£33,549	£2,260	£26,869	£59,474	£37,874	£51,126	£0	£211,152
MENTAL HEALTH								
LOCAL CONTRACTS	£32,829	£47,475	£57,710	£78,588	£78,001	£74,234	£65,532	**£434,369**
MENTAL HEALTH NON LOCAL CONTRACTS	£68	£83	£139	£1,839	£190	£256	£0	**£2,575**
MENTAL HEALTH LVA BLOCK PAYMENTS	£162	£231	£206	£287	£230	£236	£0	**£1,352**
OTHER EARMARKED BUDGETS	£396	£396	£396	£396	£396	£396	£0	**£2,377**
TOTAL MENTAL HEALTH	£33,455	£48,185	£58,451	£81,111	£78,817	£75,122	£65,532	£440,673
ALL OTHER SERVICES								
NON CONTRACTED - COST PER CASE AND EXCLUSIONS TO CONTRACTS	£907	£30	£475	£16,437	£267	£7,891	£0	**£26,007**
TOTAL ALL OTHER SERVICES	£907	£30	£475	£16,437	£267	£7,891	£0	£26,007
TOTAL MANAGED BUDGET	£296,867	£358,947	£335,987	£466,273	£407,604	£410,295	£416,082	£2,692,055

ENCLOSURE: 10

AGENDA ITEM: 12

One Bromley Local Care Partnership Board

DATE: 27 September 2022

Title	**LCP Assurance Report – September 2022**
This paper is for **information/discussion**	
Executive Summary	**1. Introduction** The attached report sets out the Bromley performance of local indicators included in the national performance frameworks. A short narrative is provided below for each of the reported metrics setting out the latest performance position and key points. One Bromley LCP is currently working with partners in developing a future assurance framework at a Bromley level, which will be led through the Performance, Quality and Safeguarding Committee. This will include a more developed assurance report considering wider metrics with a focus on how the whole LCP system can respond and provide support to address any emerging challenges in performance. **2. Reported metrics** **2.1. Serious mental illness – physical health checks** Reporting at the end of Quarter 1 showed an uptake of SMI Health Checks of 34.6% (as compared with 14.1% at the same point last year. An incentive scheme for SMI checks was implemented with primary care in Q2 of this year, with 41 of 43 practices participating. As part of this scheme, training webinars on SMI Health Checks are being held for practices wth the first on 28th July, and the next on 29th September. Recruitment is underway for a healthcare assistant role for outreach work to encourage attendance at health checks, accompany patients to practices if necessary or carry out checks outside practices. This role will initially cover Beckenham, Penge, The Crays and Orpington (60% of eligible patients). Additional work with SMI patients to improve uptake and outcomes is being developed in Penge PCN. There is ongoing patient engagement to identify barriers to health checks and suggestions for improvement.

2.2. Personal health budgets

Bromley is performing well in the provision of personal health budgets (PHBs). A joint pilot for the delivery of personal budgets has been established with Bromley Council and this means that, for the first time, health clients are able to access the same services as those in social care. All of Bromley's Continuing Healthcare (CHC) clients are able to access a PHB, and many are now taking up the offer of a direct payment through the pilot scheme also. Personal Wheelchair Budgets (PWB) are embedded within the Bromley Wheelchair and Specialist Seating service. All service users have a PWB personalised discussion on initial assessment to identify the best approach to meet their individual needs. From April 2022 – August 2022 397 Personal Wheelchair Budgets have been established, of which there are 393 notional budgets, and 4 third party budgets. Further work is now taking place to roll out PHBs for clients with learning disabilities of mental health challenges.

2.3. NHS Continuing health care

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

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

A review of the Bromley CC/CHC team took placehas taken place and signed off by the Brough Based Board in March 2022. The proposal was to transform the Bromley CC/CHC service in order to create two mutually supportive and aligned elements:

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

The changes would involve establishing a common delivery model with one or more One Bromley partner organisations.

These changes are now being implemented
.

	2.4. Childhood Immunisations It is noted that whilst MMR2 uptake has increased in Bromley, MMR1 uptake has dropped. A national MMR catch up campain is planned from September – November and will have a strong focus on MMR2. In addition, the 6 in 1 at 12 months has dropped since last quarter so further scrutiny will be applied. In response to the national Polio campaign, GP practices and Bromley GP Alliance are currently offering Polio boosters to approx 36,000 children in the borough. To date1889 booster vaccinations have been adminstered since mid August with further invitations going out to all eligible parents w/c september 19th. A series of pop-up events is planned at Children's Centres as well as a family event at Bromley FC. A new Bromley Immunisations Board has been formed and met for the first time in August. The aim of this group is to increase uptake by identifying and removing barriers to access and developing a cross-organisational approach to any issues identified. This is supported by a wide-ranging membership included representatives from the ICS, Local Authority, Bromley Practices and other vaccination providers (e.g. community and schools provider). **2.5. Learning disability and autism – annual health checks** Up to the end of August this year, 225 annual health checks have been delivered, against the planned trajectory of 230 at this point.The national team have asked that all patients who did not receive an annual hleath check last year should be invited this year by the end of September. Bromley is on track to deliver this requirement.Work is being done to support young people to access the annual health checks.The Clinical Lead is engaged with quality audits of the health checks and is meeting with practices to discuss the results and share good practice. She will also be delivering a training update for practices in October. **2.6. GP practices – CQC ratings** CQC inspections were temporarily adjusted during the pandemic and are now returning to the more usual inspection arrangements involving a combination of remote and on site assessments. Two inspections have taken place in Bromley since this report was produced. One inspection resulted in the retention of the practice's Good outcome. The second inspection outcome was assessed as Requires Improvement as a result of ratings in three key areas. The ICB has been working closely with the practice to establish a focused action plan and assist the practice to meet the inspector's recommendations in a rapid manner.

	The ICB is using the recent CQC assessments to identify common areas for improvement which can be shared with all GP practices in order to better ensure the delivery of high quality care for residents.	
Recommended action for the Committee	• The LCP Board is asked to note this report	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are reported as part of the ICB Risk Register
	Equality impact	Not applicable for the contents of this report
	Financial impact	None
Wider support for this proposal	Public Engagement	This report provides an overview of the LCP local performance position and is for information at the public LCP Board
	Other Committee Discussion/ Internal Engagement	None
Author:	Omar Al-Ramadhani / Mark Cheung / Subject leads	
Clinical lead:	N/A	
Executive sponsor:	Mark Cheung	

South East London Integrated Care System

NHS South East London

Bromley Local Care Partnership supplementary performance data report

September 2022

Contents

Overview of report

Outline and structure of report

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

Rating performance

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

Bromley performance overview

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
SMI Physical Health Checks	↑	National standard **60%**	34.6%	Performance is significantly below target.
Personal health budgets	↔	Q1 2022/23 **Trajectory - 301**	545	Performance is above the Q1 2022/23 trajectory
NHS CHC assessments in acute	↔	National standard No more than **15%**	0%	Performance is on target as at Q1 2022/23
NHS CHC 28 days assessments	↑	Completed within 28 days **Trajectory - 50%**	66%	Performance is above the trajectory as at Q1 2022/23
NHS CHC 12 weeks referrals	↔	Q1 2022/23 **Trajectory – no more than 8 per borough**	10	Performance trajectory not being met as at Q1 2022/23
Childhood immunisations in primary care	↔	Above the London average for all 7 metrics	Above the London average for all metrics	Performance being met for all metrics
LD and Autism – annual health checks	↔	Q1 2022/23 **Trajectory - 100 health checks**	103	Performance is above the trajectory as at Q1 2022/23.
CQC overall ratings	↔	No target	1 practice not rated, 97.7% (42) rated Good	Performance noted as Good.

Performance data

SMI Physical Health Checks

Description of metric and SEL context

- South east London is committed to leading work to reduce the premature mortality among people living with severe mental illness (SMI). People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease.
- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**. As at Q1 2022/23 all SEL LCPs performed well below the planned trajectory of 60% and the SEL overall performance was 34.8%.
- Delivery against the SMI physical health check target for 2022/23 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. A steering group was set-up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation.
- South London and Maudsley NHS FT (SLaM) has recently mobilised an outreach team to work with primary care to carry out physical health checks for Lambeth, Lewisham and Southwark. We expect to see the impact of these checks in Q2 2022/23.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q1 2022/23) – target 60%							
% patients receiving check	36.1%	34.6%	24.5%	36.7%	31.3%	44.3%	34.8%
Trend since last quarter	-0.9%	+3.5%	+16.5%	-2.0%	-1.8%	-3.0%	+1.4%

Personal Health Budgets

Description of metric and SEL context

- As of June 2022, 1,433 PHBs were in place in SEL which is 101 below the Q1 target of 1,534. Bromley is the only borough in SEL performing above their planned Q1 trajectory.
- The personal wheelchair budgets offer has been restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership.
- New PHB offers have been introduced including PHBs for people with learning disabilities that are at risk of admission to hospital, across SEL ICS.
- The personalised care team is part of the continuing healthcare working group, ensuring that PHBs are considered in future CCC/CHC plans.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Number of PHBs provided – Q1 2022/23							
Target – Q1 2022/23	211	301	261	291	241	231	1,534
Q1 2022/23	162	545	246	189	77	214	1,433

NHS Continuing Health Care (1 of 2)

Proportion of assessments taking place in an acute setting

- ICSs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person's long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- ICSs are required to ensure no more than 15% of assessments take place in an acute setting. All boroughs in South East London are meeting this target as at Q1 2022/23.
- All boroughs are working to local discharge to assess arrangements.

Percentage of assessments completed in 28 days

- ICSs are expected to make a decision about eligibility for a full assessment for NHS continuing healthcare within 28 days of an initial assessment or request for a full assessment.
- Performance across SEL ICS varies significantly against the 50% trajectory. Only Bromley and Lewisham achieved the trajectory for Q1 2022/23.

NHS CHC referrals exceeding 12 weeks

- ICSs are expected to minimise the number of incomplete NHS CHC referrals exceeding 12 weeks.
- All boroughs except Bromley and Greenwich achieved the locally agreed trajectory in Q1 2022/23.

NHS Continuing Health Care (2 of 2)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of NHS CHC full assessments in an acute setting Q1 2022/23 – Target no more than 15%							
Quarter 1 2022/23	0%	0%	0%	0%	0%	0%	0%
Trend since last reported period	↔	↔	↑	↑	↔	↔	↑
Percentage assessments completed in 28 days Q1 2022/23 – Trajectory at least 50%							
Quarter 1 2022/23	46%	66%	19%	6%	71%	23%	44%
Trend since last reported period	↓	↑	↓	↑	↑	↑	↑
Incomplete referrals over 12 weeks Q1 2022/23 – Trajectory no more than 8 per borough and 49 SEL							
Quarter 1 2022/23	0	10	17	4	2	1	34
Trend since last reported period	↔	↔	↑	↓	↔	↑	↑

Childhood immunisations: MMR

Description of metric and SEL context

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

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

Childhood immunisations: six-in-one vaccination rate

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

Learning disabilities and autism – annual health checks

Description of metric and SEL context

- People with a learning disability often experience poorer physical and mental health outcomes but this does not need to be the case. South east London is committed to offering 75% (5,811) of patients aged 14 and over on a GP register with learning disability the opportunity to have an annual health check. An annual health check will aid earlier detection of any health issues, which may need further investigation and appropriate interventions made.
- In south east London 695 annual health checks were completed between April and June 2022 against the Q1 trajectory of 800. In Q1 there were workforce challenges to deliver the health checks in primary care, with significant impact from the winter and the omicron wave. There is also a recovery target in place to reach out to patients who did not receive a health check in 2021/22 which added further pressures on capacity.
- Resources have been made available by NHS England for the most challenged areas, which will be used to fund additional staff hours or training where possible.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Annual Health Checks Q1 2022/23							
Quarter 1 2022/23	68	103	110	121	119	174	695
Local trajectory Q1 2022/23	100	100	100	200	200	100	800

CQC overall ratings

Description of metric and SEL context

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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Summary of latest published CQC ratings – July 2022							
Outstanding	4.8% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0.5% (1)
Good	85.7% (18)	97.7% (42)	96.7% (29)	97.5% (39)	97.0% (32)	90.6% (29)	95% (189)
Inadequate	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Requires improvement	4.8% (1)	0% (0)	3.3% (1)	2.5% (1)	0% (0)	3.1% (1)	2% (4)
No rating	4.8% (1)	2.3% (1)	0% (0)	0% (0)	3% (1)	6.3% (2)	2.5% (5)

* Number of practices reported in ()

ENCLOSURE: 11

AGENDA ITEM: 13

One Bromley Local Care Partnership Board Part 1

DATE: 27 September 2022

Title	**Briefing on Enhanced Access implementation**
This paper is for **noting.**	
Executive Summary	The purpose of this paper is to ask the One Bromley Local Care Partnership Board to note the decision made as Chair's Action and to brief the Board on progress with mobilising Enhanced Access. Enhanced Access is a model of extending the access hours for general practice appointments. It will replace the Extended Hours service and Access Hubs currently operating. NHS England has brought together the funding for these services in order to create a consistent access model across the country. The Enhanced Access services are commissioned from Primary Care Networks (PCNs). The new service is designed to improve access to local general practice services, including by increasing access to appointments for people with long-term conditions, for those experiencing health inequalities and to support increased screening for early diagnosis. Patients will have available the added convenience of seeing GPs, nurses and other healthcare specialists in a surgery near them on weekday evenings and Saturdays. In line with NHS England requirements, PCNs prepared and submitted their localised Enhanced Access plans by the first national milestone date of 31 July. These plans proposed the clinics and design of their Enhanced Access service to best meet their population's needs. Following a period of assurance and cooperation, all eight PCNs submitted their finalised plans by the second milestone date of 31 August. The PCNs engaged fully with the assurance process conducted by subject matter experts as part of an Assurance Group. On 31 August, the Assurance Group recommended approval of all finalised plans. In order to accord with the national timescales for Enhanced Access implementation, the Board's approval was sought as Chair's Action on 1 September 2022. This recommendation for approval has also been considered and endorsed by the Primary Care Operational Group on 8 September. The Primary Care Networks are now moving into mobilising these services in readiness for the start date of 1 October 2022. The Bromley

	team and supporting functions of the ICB are working closely with the PCNs to support their mobilisation efforts and to continue to maintain oversight of readiness for the borough. PCNs will be further supported once their services have gone live to monitor delivery against the requirements and continue to ensure their successful operation.	
Recommended action for the Committee	This paper invites the One Bromley Local Care Partnership Board to note the decision made as Chair's Action and the progress with mobilising Enhanced Access.	
Potential Conflicts of Interest	The Enhanced Access service is commissioned from GP practices, some of which have sub-contracted service delivery to Bromley GP Alliance. However, as this paper is for noting only, this may not present a significant potential conflict of interest.	
Impacts of this proposal	Key risks & mitigations	There is a detailed risk log for the Enhanced Access implementation which captures the risks and mitigations in place. There are no 'red' or unmanaged risks at the present time.
	Equality impact	PCNs have gathered patient feedback and considered their population's needs during the course of designing their Enhanced Access services.
	Financial impact	NHS England has provided PCNs with funding equating to £7.44 per patient multiplied by their PCN adjusted list size. Each PCN has confirmed in their plan they will be able to deliver the service within this funding envelope.
Wider support for this proposal	Public Engagement	Engagement with patients has been ongoing through the planning and preparation stage to inform each PCN's model. Bromley Healthwatch has considered and advised on the patient engagement elements of the plans during the assurance process. It is expected PCNs continue to gather patient feedback as an important means of learning from patient experience to continually improve the Enhanced Access service they are offering.
	Other Committee Discussion / Internal Engagement	Bromley Assurance Group; Primary Care Operational Group; Enhanced Access Mobilisation Group (PCNs and GP federation).
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