

One Bromley Local Care Partnership Board

Date: Thursday 26 January 2023

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber

Chairmen: Dr Andrew Parson and Councillor Colin Smith

Members of the One Bromley Local Care Partnership are asked to report any conflict of interest, in respect of any of the following agenda items to 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	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:35
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:40
4.	Minutes of the meeting held on the 17 November 2022 For approval	Enc. 2	Chairmen	9:45
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:50
For Information and Noting				
6.	Partnership Report For information	Enc. 4	Dr Angela Bhan	9:55
7.	Transforming and Integrating Children's Health For information/noting	Enc. 5	Tony Parker	10:05
8.	Finance Month 8 Update and 23/24 Budget Setting For information	Enc. 6	David Harris	10:25

9.	Assurance Report For information	Enc. 7	Mark Cheung	10:40
10.	Bromley Safeguarding Children Partnerships Annual Report For information	Enc. 8	Chairmen	10.55
For Approval				
11.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24 For approval	Enc. 9	Sean Rafferty	10:55
Reports from Key Sub-Committees for Noting				
12.	Primary Care Group Report For noting	Enc. 10	Harvey Guntrip	11:05
13.	Contracts and Procurement Group Report For noting	Enc. 11	Sean Rafferty	11:15
Closing Business				
14.	Any Other Business	Verbal	All	11:25
Appendices				
15.	Appendix 1: Glossary of terms	Enc. 12	For Information	
Next Meeting:				
16.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 16 March 2023 and will start at 9:30am in Bromley Civic Centre, The Council Chamber or via Microsoft Teams			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 17/01/2023

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	
				SEL SRO for CDC Programme SEL SRO for Theatre Productivity Programme		
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley	28/01/2015	
			Financial Interest	Self-employed General Practitioner	01/01/2020	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place)	01/11/2011	
Dr Maya Lasrado	Crays Collaborative PCN Broomwood Health Centre	PCN Clinical Director, Crays Collaborative GP Partner, Broomwood Health Centre	Financial Interest	GP Partner, Broomwood Health Centre	02/04/2007	
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is the business partnership which currently includes the contract holders for Chislehurst medical practice and The woodlands practice both in Chislehurst and currently going through a merger process. Both contracts are for PMS General Practice. Both Practices are members of the MDC PCN in Bromley . Both Practices hold contracts from Bromley Health care for delivery of the Advanced Practitioner Care Practice in Diabetes.	01/07/2022	
				Chislehurst Medical Practice – Lead partner, CQC registered manager and contract holder for PMS medical practice. Practice is a member of the MDC PCN in Bromley.	01/07/2022	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 17/01/2023

Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	Bromley GP Alliance (BGPA) The Chislehurst medical practice is a member and shareholder of BGPA .	01/07/2022	
			Financial Interest	The Woodlands Medical Practice I am a contract holder for this PMS practice which is going through a merger process as mentioned above. The practice is a member of the MDC PCN in Bromley.	01/07/2022	
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley	01/07/2022	
Avril Baterip	South East London ICB	Corporate Governance Lead - Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	No interests declared			
Kim Carey	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	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			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			

**One Bromley Local Care Partnership Board
Minutes of the meeting on 17 November 2022
Held in The Council Chamber,
Bromley Civic Centre**

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	Senior Clinical Lead (Co-Chairman), NHS South East London	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Jonathan Lofthouse	Site Chief Executive – Princess Royal University Hospital, King's College NHS Foundation Trust	JL
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Teresa Hocking	Director of Adult Services, Bromley Healthcare	TH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Helen Simmons	Chief Executive, St Christopher's Hospice	HS
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Members (Non- voting):		
Helen Norris	Healthwatch	HN
Dr Maysa Noori	Co-Chair, Londonwide LMCs and Londonwide Enterprise Ltd	MN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
In Attendance:		
Jodie Adkin	Associate Director of Urgent Care and Discharge Commissioning, NHS South East London (Items 7 and 8)	JA
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
Karen Hong	Associate Director of Medicines Optimisation – Bromley, NHS South East London	KH
Kelly Scanlon	Associate Director of Communications and Engagement, NHS South East London	KS
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Guests		
Richard Douglas	Chair (Designate), NHS South East London	RD

Apologies:

Name	Title and organisation	[Initials]
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Members (Voting):

Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS

Members (Non-voting):

Charlotte Bradford	Healthwatch	CB
Dr Ruth Tinson	Co-Chair, Londonwide LMCs and Londonwide Enterprise Ltd	RT

Actioned by

1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith and Dr Andrew Parson welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Parson invited members to declare any interests in respect to the items on the agenda. Helen Simmons noted that her husband is a Councillor in Southwark and works for Helen Hayes MP. Dr Riley noted that her declarations were not on the register as these had been submitted after the papers were circulated. Dr Riley noted that she is a GP Partner in an Orpington practice and a Clinical Director for Orpington Primary Care Network (PCN). These interests were not specifically relevant to the items on the agenda but were noted. The register of interests would be updated accordingly for the next meeting.	
3.	Public Questions	
3.1	There were no members of the public present at the meeting. Two questions had been received in advance of the meeting. The responses had been published with the meeting papers and were noted. Would the LCP consider restarting the Bromley Cardiac Support Group which ran prior to the pandemic? The Bromley Cardiac Support Group brought together people with cardiology conditions on a regular basis, where they could hear from healthcare	

	<p>professionals and build up a peer support group. The aim was to help the group to become self-sufficient by getting accreditation from the British Heart Foundation. Administrative support was provided by health commissioners to run the group.</p> <p>Bromley health commissioners were unique in terms of facilitating a local patient cardiac support group. However, given the increased demand on health care services, the LCP is not able to organise these meetings in the future. Bromley ICB will support members in finding accommodation for meetings and help/advice to become self-sufficient in running the group.</p> <p>Bromley Well provides a Health and Wellbeing eight-week programme which is suitable for those with cardiac conditions, both ongoing and post a cardiac event. More information is available at www.bromleywell.org.uk</p> <p>Request for an update on the Bromley Health and Wellbeing Centre from a patient representative.</p> <p>The scheme to redevelop the Health and Well Being Centre is progressing and the Outline Business Case for the scheme has been approved by the Bromley Local Care Partnership Board. It is now currently proceeding through the Governance process of the SEL ICB and the NHS England Regional office, feedback received so far has been positive.</p> <p>The work on the design and the rest of the programme is proceeding at pace to meet the target date for completion for the scheme in Spring 2024. We are working with our partners at Bromley Council in implementing the procurement approach and agreeing commercial and legal terms for the development and the site. A planning pre-application was submitted to LBB for the proposed works in August and a meeting was held with Bromley Council's planning team in September. A formal planning pre-app response from LBB is expected soon. A Full Planning Application is due to be submitted following completion of the final designs in December 2022. A number of site surveys have been arranged for November at the Adventure Kingdom site to inform the design, construction works and costings for the full business case and required development works.</p> <p>Further updates will be brought to the One Bromley LCP Board as the project progresses.</p>	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 27 September 2022	
4.1	<p>Jonathan Lofthouse had raised a correction prior to the meeting, noting that it was not clearly delineated which members were voting and which were non-voting. All future minutes would be formatted to include this detail.</p> <p>David Walker raised a further correction on page 5 to state that SEL were well represented at the SEL ICB Strategy Day and not poorly represented as was currently written. This correction was also raised prior to the meeting and rectified in the minutes.</p> <p>Councillor Colin Smith noted his previous update on Adult Social Care Reforms. There had since been news that the reforms had been delayed for around two years. This would make a significant difference to financial deficits. Ahead of the Government's autumn statement there was speculation that the government may increase council tax payments.</p>	

	Councillor Colin Smith asked that the minutes note Chairman rather than Chair. The Committee APPROVED the minutes of the Local Care Partnership Board held on 27 th September 2022 as an accurate record of the meeting.	
5.	Actions for the Board	
5.1	<p>The action log was reviewed.</p> <p>Action 11 – There had been significant engagement on the third sector. A series of online events had taken place including the 100 leaders event. This had also considered care home issues. Two further workshops were scheduled for later in November.</p> <p>Helen Simmons suggested that Martin Green from Care England be involved in discussions.</p> <p>Action 13 – Dr Bhan updated that the scheme of delegation had been signed. One comment had been received from Jonathan Lofthouse; this would be picked up outside the meeting.</p> <p>All actions were complete.</p>	
5.2	The Committee NOTED the action log.	
6.	Partnership Report	
6.1	<p><u>Integrated Care Board (ICB):</u></p> <ul style="list-style-type: none"> • Dr Bhan introduced the Partnership report and gave a brief update on the work underway in the ICB. The South East London (SEL) Medicines Optimisation team had recently won a national award. The team were working with GPs to improve medicines management and effectiveness of prescribing. Further discussions were underway regarding end-of-life patients. • The One Bromley Health Hub had opened in the Glades in October, with partners across the system making use of the site. • Efforts to improve vaccine uptake continued, with vaccinations and boosters being provided across the borough. • The Continuing Healthcare operating model was undergoing a transformation to create a Bromley All-Age Continuing Care service. Further updates would come to future Local Care Partnership Board meetings. • A new mental health hub had opened to create a single point of access for those living with mental ill health. This aligned with further work which was underway to enable better access to physical health care services. <p>Dr Bhan invited partners to report on their areas in addition to the update in the Partnership Report.</p> <p><u>Princess Royal University Hospital (PRUH):</u></p> <ul style="list-style-type: none"> • Jonathan Lofthouse updated that the PRUH had undergone Care Quality Commission (CQC) inspections. A report on adult health services at Orpington Hospital had been published. A further report on services at the PRUH site had also been undertaken. The CQC had elected not to formally grade the site and previous grading of 'Good' thus remained. The report on maternity services was being worked through as part of the process of 	

	<p>factual accuracy. Once approved, this would go to the Health Overview and Scrutiny Committee and to the One Bromley Local Care Partnership Board. There were no areas of concern.</p> <ul style="list-style-type: none"> A well-led review had been completed; feedback would be received in around ten weeks' time. <p><u>Bromley GP Alliance (BGPA)</u></p> <ul style="list-style-type: none"> Dr Hasib Ur-Rub updated that the Winter Health Hub for the Homeless had won a second award, this time a national innovator award. BGPA's Chief Executive Officer had recently left the organisation, discussions were underway as to what would happen going forwards. <p><u>St Christopher's Hospice:</u></p> <ul style="list-style-type: none"> Helen Simmons noted that all updates were included in the written report, and asked Jonathan Lofthouse when End of Life Care services were due to be inspected at King's. Jonathan Lofthouse responded that an inspection had not been undertaken yet, with no indication of when this may happen. <p><u>Bromley Third Sector Enterprise (BTSE):</u></p> <ul style="list-style-type: none"> David Walker noted the upcoming Self-Care week. Several other workstreams were underway including on cost of living to consider what can be done to support Bromley residents. <p><u>Bromley Healthcare:</u></p> <ul style="list-style-type: none"> Teresa Hocking noted that she was attending on behalf of Jacqui Scott. The Urgent Falls Service was now operational and took referrals from 111 and 999. Bromley Healthcare were a pilot site for wound care. This would include district nursing and wound viability and would later expand into primary care. <p><u>Oxleas NHS Foundation Trust:</u></p> <ul style="list-style-type: none"> Iain Dimond updated that an ICS Mental Health Summit had taken place. Several actions had arisen from this meeting, an update would come to the next One Bromley Local Care Partnership Board meeting. <p><u>Primary Care Networks (PCNs):</u></p> <ul style="list-style-type: none"> Dr Claire Riley noted the projects listed in the report. Clinical Directors were keen to highlight that primary care is open and seeing patients face to face, but that demand for services is extremely high. 	
6.2		
6.3	The Committee NOTED the report.	
7.	Bromley Hospital at Home	
7.1	<p>Elliott Ward presented a report on Bromley Hospital at Home, the following key points were highlighted:</p> <ul style="list-style-type: none"> Development of the Bromley Hospital at Home service is being treated as a blueprint for cross-organizational working in One Bromley, with the enablers being worked through likely transferrable to other programmes. There was a national planning guidance ask for all systems to deliver increased remote monitoring and hands on care at home with 40-50 'virtual' beds per 100,000 population by December 2023. 	

	<ul style="list-style-type: none"> • Our work in this in Bromley builds upon the work of existing services by expanding the community Intravenous Antibiotics (IVAB) service and learning from the separate Children and Young People Hospital at Home service. • Bromley's complex demographics were noted, with the borough seeing increases in chronic conditions exacerbation and resultant increased hospital demand. • The Bromley Hospital at Home model is based in the national evidence and adapted using our local data and engagement with staff, service users and members of the public. Further co-design to refine our offer is commencing January 2023. • Dr Chet Trivedy worked with the team to navigate written evidence and data, with strong engagement undertaken with the Clinical and Professional Advisory Group (CPAG). • This service also aligned with the outcomes of the Fuller Report and would include input from all One Bromley organisations. • Clear governance processes are a key enabler of the service. • Bromley at Home expands in December 2022, building on the IVAB pathway which already delivers over 210 visits a month, releasing up to 100 slots a month in PRUH ambulatory care and a small number of hospital beds for patients who would otherwise be on a ward. • The service will expanded to include heart failure, frailty assessment at home, palliative and respiratory care. 	
7.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Jonathan Lofthouse highlighted the King's and Guys and St Thomas' move to a single shared technology platform. This would mean that for the 1.2m people across South East London there would be access to individual health care records. • It was asked that any technology used in this service be aligned to enable use with EPIC. It was noted that there was also potential co-funding via pilot applications. Elliott Ward responded that it was a high priority to ensure that technology linked up and was usable across the system. • Jonathan Lofthouse noted that the PRUH was keen to ensure that where there was any deterioration in the condition of frail patients being cared for at home and thus a need for hospital attendance, that upon arrival these patients were transferred straight to the frailty assessment service area rather than waiting in the emergency department. • Harvey Guntrip noted the intention for the service to be bold in its approach both in model and in the use of technology. It was asked if a quick access telephone number would be put in place for carers/family of patients to provide information. Elliott Ward responded that there would be a telephone number for patients in the service to access their care team. • Richard Baldwin asked if the service would be separate to the Children and Young People's Hospital at Home Service or if this would be integrated. Elliott Ward responded that the service would be separate. • Richard Baldwin asked if there was any shared learning that could be undertaken around recruitment. Elliott Ward responded that it would be helpful to share learning and knowledge, noting that recruitment was challenging across the sector. • Paulette Coogan noted that Elliott Ward had met with HR directors across Bromley to consider governance around employment and indemnity. Bromley 	

	<p>was on the cusp of an agreement locally to enable short-term transfer of staff between organisations, but that longer term different arrangements would likely be needed. A paper would come to a future Local Care Partnership Board meeting. The One Bromley Workforce Group were undertaking several joint recruitment and retention initiatives.</p> <ul style="list-style-type: none"> • Dr Hasib Ur-Rub noted that this was a great initiative for One Bromley joint working, with a lot of positives. Bromleag Care Practice provides GP services to patients at forty-one care homes with high levels of need. This demonstrates an example of the ability to move patients from the acute back into the community for care. • Access to medical records across the system was central to integrated workstreams. It was asked if access to records at other service providers such as Oxleas was being considered as part of this work. Dr Parson noted that this was beyond the scope of this project. • Elliott Ward thanked Paulette Coogan for her help on the workforce element of this project. 	
7.3	The Committee NOTED the report and ENDORSED the work.	
8.	Winter Plan Communications	
8.1	<p>Jodie Adkin presented the report on Winter Plan Communications, with the following points noted:</p> <ul style="list-style-type: none"> • Communications were a central part of the winter plan, both in communicating with Bromley residents and with Bromley system staff. • A central message is around self-help and keeping well, as well as information on accessing the right services at the right time and managing patient expectations. • This is promoted through the 'One Bromley Keeping Well this Winter' leaflet which is distributed to every household in the borough. • The approach is multi-faceted including proactive and reactive communication tools. • It was noted that targeted comms was also provided to care homes on supporting their residents to remain well, this includes reminding care homes of the use of RESTORE2 for early identification of any deterioration in health to enact managed escalation plans. • The winter launch event for staff was due to take place after this meeting and shares key messages on winter management. • For staff rally promoting the need for joint working and collaboration to complete episodes of care to maximize resources, reduce duplication and manage patient expectations. For example the promotion of Consultant Connect for primary care colleagues to link into the acute sector for advice, which results in 70% of patients not being directed to hospital based care. • A winter bulletin is circulated to staff across the system via email. This shares key messaging so all staff in the system remain informed. • A directory of services has also been shared with system staff. This summarised available services and information. 	
8.2	No comments were raised following the presentation.	
8.3	The Committee NOTED the report.	

9.	Finance Month 6 Update	
9.1	<p>David Harris presented the report, the following key points were noted:</p> <ul style="list-style-type: none"> The South East London Integrated Care Board (SEL ICB) was reporting an overall £48k overspend to Month 6. This reflected a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs were expected to be reimbursed in full by NHSE, thereby generating an overall break-even position. The Delegated Bromley ICB/LCP was reporting an overall £284k overspend at Month 6. The reported position included a £387k overspend on Prescribing and £59k overspend on Mental Health. This was offset by underspends in Acute, Community, Continuing Healthcare and Corporate budgets. Community budgets were £34k underspent. There were some contracts recording small overspends, including the AQP Audiology contract. These will be closely tracked and action plans to mitigate spend would be implemented. The Mental Health overspend of £59k was a result of an increase in cost per case activity in the early part of the year. These clients were reviewed regularly. The Prescribing position was £387k overspent, based on the Month 4 PPA (Prescription Pricing Authority) data. This was primarily due to higher than budgeted activity in the early part of this financial year and a cost pressure relating to Category M drugs and NCSO (No Cheaper Stock Obtainable) drugs. Bromley had a QIPP target of £3.8m, these savings had been identified and were forecast to deliver. Community services had the largest savings target (£1m,387k). These savings included Tariff efficiency £610k, UTC contractual arrangements £150k, Audiology £150k, Contract reviews £78k, External UTC £240k and growth funding of £153k. A further additional systems savings target of £566k has recently been required from the LCP. This has been achieved through removing budgets for other planned investments (£430k) and through further contract savings from growth reductions (£136k). <p>Karen Hong gave an update on the Bromley Prescribing Position:</p> <ul style="list-style-type: none"> The Month 6 position was £387k overspent. The Month 7 draft position was showing a deterioration, with the overspend increasing to £689k and the forecast year end position was £1,556k overspent. Within this position the cost of Cat M and NCSO drugs for the period from July to October 2022 was £699k. The cost of these drugs in the same period last year was £116k. Therefore, the year-on-year increase was £583k. Activity had increased by 5% compared to the same period last year. The cost-of-living issues had led to an increase in prescribing for over-the-counter medicines for self-care. Areas of highest growth in Bromley and above the SEL average, could be attributed to the demographics of the Bromley population i.e., an older population with more co-morbidities and the highest number of care home residents: 	

- Diabetes – Newer drugs and agents/devices for monitoring are the highest area of growth and above average in SEL, this was mainly due to recent quality improvement work in diabetes and more proactive management.
- Drugs in malignancy – Demographics and catch-up post pandemic.
- Anticoagulants – Older population and therefore higher both primary and secondary prevention for example, cardiovascular issues and strokes.

An action plan had been created with the following elements agreed:

- SEL QIPP action plan – A high impact dashboard on this had been agreed focussing on areas with the greatest potential savings.
- Prescribing Improvement Scheme (PIS) – A local scheme had been developed with quality improvement and financial indicators, the latter to support delivery of target savings.
- A number of medicines optimisation quality improvement initiatives have been ongoing over the last year. The Bromley Clinical Effectiveness South East London (CESEL) group has launched a guide to improve the management of diabetes. This has resulted in significant growth in Bromley in the prescribing of newer diabetes drugs and the monitoring agents/devices. Similarly, CESEL have launched a guide on the management of hypertension, which encourages more proactive management and drug treatment. Running alongside this is the nationally commissioned community pharmacy hypertension case-finding service, resulting in more prescribing.
- Other quality improvement initiatives currently ongoing include Medicines review in end-of-life care; chronic kidney disease; lipid modification, respiratory and sustainability; Discharge Medicines Service; patient safety alerts; overprescribing and the community pharmacy champion scheme which had won a national award.
- Awareness campaigns – Refresh and relaunch of campaigns to support the self-care and waste reduction work.
- Practice prescribing meetings – All GP practices have had meetings with the Medicines Optimisation Team, providing individualised data, information, and resources to support delivery of the action plan and PIS.
- Team QIPP work – The Medicines Optimisation Team are working with practices to implement the QIPP plan

There were also several mitigating factors:

- QIPP Plan and PIS – Work to implement these, from both the practices and the medicines optimisation team had now started - the savings have yet to be seen in the data (prescribing data is not live and is only available 2 months later).
- Direct-acting Oral Anticoagulant (DOAC) rebate – A national framework had been negotiated to prescribe the most cost-effective DOAC, the rebate expected for Bromley is expected to be approx. £166k for Q2-Q4.
- Other rebates (SEL) – Income from rebate schemes relating to other drugs is expected to be approx. £124k to £150k for Q2-Q4.
- Drug patents (sitagliptin) – This is expected to come off patent imminently, which is estimated to provide an estimate saving of approx. £117k for Q2-Q4.
- NCSO – Although this had been a significant cost pressure to date, more recent data was showing a reduction in these costs, however this is

	unpredictable. The issue of this cost pressure in primary care has been raised with NHS England, along with a request for mitigation.	
9.2	<p>In considering the presentation, members raised the following queries and comments:</p> <ul style="list-style-type: none"> • Councillor Colin Smith asked if the required savings could be found and if the mental health care cost increases were a local issue or if there had been a general uptake in case costs. • David Harris responded that the cost per case spend was variable. In Bromley the client list had low numbers, but it was difficult to say. Iain Dimond added that he agreed and that it was difficult to draw conclusions. Within Bromley there were robust local systems to monitor activity. • Harvey Guntrip noted that anticoagulants are prescribed to prevent strokes which may lead to decreased hospital admissions. Karen Hong noted that these medications would always continue to be prescribed to those who needed them and that the system benefits of prescribing these medicines would be felt gradually. • Mark Cheung noted that the cost pressures were outside of the medicines optimisation team's control and that this issue had been escalated up to NHS England. The team are very engaged with QIPP and consistently delivered in previous years. • Helen Simmons noted that we were too far into the year to correct this issue and asked if different reporting may be needed earlier in the year, to look in detail and adjust the approach as needed. Helen Simmons noted that there was a larger demographic of older people in Bromley, with many people requiring a range of medications. Dr Bhan noted that data arrived with a 2–3-month lag throughout the year so it would not be possible to review any earlier. • It was asked to what extent geriatrics consultants were involved in reviewing medications. It was not felt that geriatric consultant input was needed regarding deprescribing reviews, this was undertaken within primary care. Karen Hong noted that a national report on overprescribing had been commissioned and a SEL Overprescribing Group had been started to consider this issue. QIPP was a continuous programme throughout the year including the Prescribing Incentive Scheme (PIS), the impact of which would not be seen until next year. • Dr Riley noted that work from the IIF meant that transition from MDI inhalers to DPI inhalers as part of reducing the NHS' carbon footprint and the cost implications that would be incurred as the newer forms of inhaler were more expensive. Karen Hong noted the new form of inhalers were a cost pressure area, more specific work on this was expected. • Dr Ur-Rub noted that prescribing cannot be looked at in silos and asked if data systems were able to generate intelligence on prescribing, for example with the new forms of diabetes monitoring. It was noted that this was a larger issue that would need to be considered system wide. • Jonathan Lofthouse asked for an update on progress on the One Bromley Partnership Finance Report, noting that the current report offered only the ICB optic on finance. David Harris responded that he continued to work with partner organisations to get the information required to complete the report. Information had already been received from Bromley Healthcare and the 	

	<p>PRUH. The report would be brought to One Bromley Executive before coming to the One Bromley Local Care Partnership Board.</p> <ul style="list-style-type: none"> Jonathan Lofthouse also noted that system wide solutions would be needed to address health and social care QIPP, this would need to be done in the round rather than moving money around the system to address issues. David Harris agreed with what Jonathan Lofthouse had stated but noted that he is not sure the Bromley system is yet suitably embedded and mature enough to do this. Draft of One Bromley Partnership financial report to include information received thus far to come to the One Bromley Executive and to the January One Bromley Local Care Partnership Board meeting. Financial Recovery Plan to come to the January One Bromley Local Care Partnership Board meeting. 	<p>DH</p> <p>DH</p>
9.3	The Committee NOTED the report.	
10.	Assurance Report	
10.1	<p>Mark Cheung presented the Assurance Report, the following key highlights were noted:</p> <ul style="list-style-type: none"> Work was underway to start a Bromley task and finish group ahead of setting up the One Bromley Quality, Performance and Safeguarding Subcommittee. The uptake of SMI Health Checks was noted - whilst Bromley uptake rates were slightly above average, there was still more to be done, with practices to work to improve to the 60% target. Bromley was doing well on Personal Health Budgets (PHBs) and was currently leading within South East London. It was noted that the Continuing Health Care team had faced challenges. A transformation project was underway to create an All Age Continuing Care process. There had been a steady improvement in uptake of Learning Disability Health Checks. 	
10.2	No comments were received from members.	
10.3	The Committee NOTED the assurance report.	
11.	Primary Care Group Terms of Reference	
11.1	<p>Harvey Guntrip presented the Primary Care Group Terms of Reference; the following key points were noted:</p> <ul style="list-style-type: none"> The terms of reference had been circulated for input and were a good working document which would be updated as necessary. Harvey Guntrip recommended the terms of reference to the board. 	
11.2	No comments or queries were received from members.	
11.3	The Committee APPROVED the Primary Care Group terms of reference.	
12.	Primary Care Group Report	
12.1	<ul style="list-style-type: none"> Harvey Guntrip noted the report and updated that meetings of the Primary 	

	<p>Care Group were continuing to run well with a good quality and depth of conversation.</p> <ul style="list-style-type: none"> Harvey Guntrip thanked Healthwatch for the reports provided to the Primary Care Group meeting, which had led to good discussions and were helping to analyse and improve any issues. 	
12.2	No comments were received from members.	
12.3	The Committee NOTED the report.	
13.	Contracts and Procurement Group Report	
13.1	<p>Sean Rafferty introduced the Contracts and Procurement Group Report, the following points were noted:</p> <ul style="list-style-type: none"> The terms of reference for this group had come to the last One Bromley Local Care Partnership Board meeting. It was noted that management of conflicts of interest was particularly important for this group, as the items discussed were often commercially sensitive. The report outlined decisions made and the forward work plan for the next year. 	
13.2	No comments or queries were raised by members.	
13.3	The Committee NOTED the Bromley Contracts and Procurement Group Report.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
15.	Any Other Business	
15.1	<p>Dr Ur-Rub noted that Winter Health Clinics for the Homeless would take place again this year. He noted that colleagues had been helpful and supportive and asked members to go back to their organisations to please ask for volunteers.</p> <p>Dr Ur-Rub noted that Bromley Healthcare and Oxleas had supported practitioners to take part in this service in previous years.</p>	
15.2	<p>Councillor Colin Smith thanked colleagues for their attendance and noted that he was encouraged by the integrated way of working. The virtual ward service included input from many organisations and would have a benefit for the whole borough.</p> <p>Councillor Smith noted that it was important for members to attend in person where possible, with the Microsoft Teams link available for those who could not attend the whole meeting.</p> <p>The meeting then ended.</p>	
16.	<p>Date of Next Meeting: Thursday 26th January 2023, 9.30am</p>	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
14.	4.1: Previous minutes to be corrected to reflect the role of Chairman not Chair.	17.11.2022	Avril Baterip	26.01.2023	Closed	Minutes have been corrected; action completed.
15.	4.1: Minutes to be updated to reflect the delineation of voting and non-voting members in attendance	17.11.2022	Avril Baterip	26.01.2023	Closed	Minutes have been corrected; action completed.
16.	4.1: Previous minutes to be corrected to reflect that BTSE was well-represented at the SEL ICB Strategy Event.	17.11.2022	Avril Baterip	26.01.2023	Closed	Minutes have been corrected; action completed.
17.	9.2: Draft of One Bromley Partnership financial report to include information received thus far to come to the One Bromley Executive and to the January One Bromley Local Care Partnership Board meeting.	17.11.2022	David Harris	26.01.2023	Closed	The report is on the January meeting agenda.

18.	9.2: Financial Recovery Plan to come to the January One Bromley Local Care Partnership Board meeting.	17.11.2022	David Harris	26.01.2023	Open	To be updated on as part of the Finance Report presentation.
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ENCLOSURE: 4

AGENDA ITEM: 6

One Bromley Local Care Partnership Board

DATE: 26 January 2023

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, Public Health	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Partnership Report – January 2023

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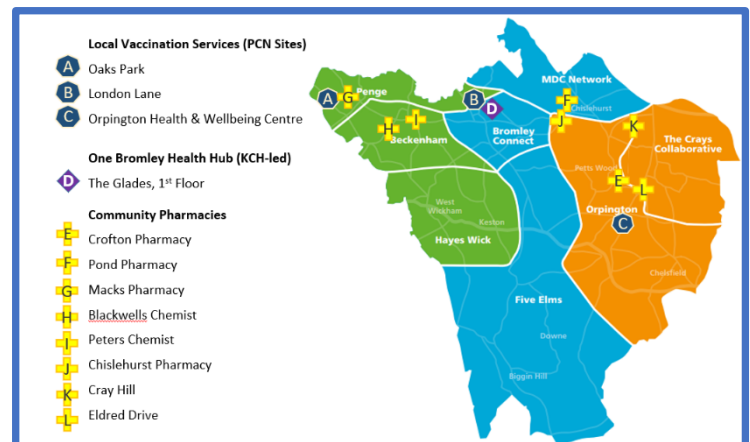
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1. One Bromley Local Care Partnership Programmes

Seasonal vaccinations

As part of the Autumn 2022 Covid booster programme, there have been 12 core vaccination sites that have provided the service in Bromley. These sites are shown on the map and have been supplemented by pop-up clinics at GP practices, community venues and health centres, and the Living Well food bank.

Around 95,000 COVID winter booster doses have been given so far in Bromley. This has resulted in an uptake of nearly 80% amongst those aged 50 and older. Vaccination teams have been visiting housebound residents and those living in residential and nursing homes. Over 80% of care home residents have received their booster. Vaccination clinics for Covid boosters continue to take place and vaccination continues to be promoted through a range of measures including bus advertising, print, online, social media and on the digital display boards in the Glades shopping centre and High Street. Specific advertising has been put in place to encourage people to visit the One Bromley Health Hub in the Glades to get their vaccination.



Map of vaccination sites in Bromley

The winter flu programme has accompanied the Covid booster programme, with co-administration offered wherever possible. Over 90,000 flu vaccinations have been given so far this season in Bromley, with more than 75% of those aged 65 and older, or living in a care home, having received their flu jab. This year, general practice has been able to use an online appointment booking system for flu, similar to the one used for Covid vaccination, making it more convenient for patients to choose and book an appointment for their jab. GP practices have continued to encourage eligible patients to come forward and ran extra clinics through December alongside the ongoing community pharmacy offer to protect as many people as possible.

Promotion of flu vaccination continues. This includes a range of videos aimed at those in high risk groups (pregnant women, those with long term condition and children). These have been widely promoted and offered to all GP practices for their reception screens. The videos were also shown at a successful Flu focused Community Roadshow which ran in the Glades Shopping Centre on 13 and 14 January. The event provided an excellent opportunity to provide information about vaccines and winter health, answer questions and signpost eligible individuals to the One Bromley Health Hub on the first floor of the Glades where walk in vaccinations were provided. [More information is available on the One Bromley website pages.](#) We also published information that the children's flu vaccine will reduce the risk of other infections, such as Group A Streptococcus.

Polio booster campaign

In response to the London wide polio booster vaccination programme, the NHS offered polio boosters to children between the ages of 1 and 9 years from August through to December. Regular clinics and pop-up events were held across the borough, including in Bromley Town Centre library, to maximise access for families. The clinics were widely promoted and very popular. Over 13,000 children have been vaccinated through this programme. One local pharmacy gave over 1,500



South East London
Integrated Care System

NHS

The nasal flu vaccine may help reduce cases of group A strep

Bromley parents are urged to have their children vaccinated against flu to help reduce group A strep infections

The flu nasal spray vaccine which offers protection to children against flu may also help reduce the rate of group A strep infections*.

Flu is a common and infectious disease caused by a virus. It is more severe than a cold. The children's nasal spray flu vaccine is safe, effective and is offered every year to children to help protect them against flu. It is completely painless and reduces the spread of infection to other children and adults. It will protect your child and prevent them getting sick with flu and needing time off school or nursery.

Even healthy children can become seriously ill from flu. In some cases, flu can lead to complications. These can include bronchitis, pneumonia, painful middle-ear infection, vomiting and diarrhoea.

Children who catch flu are at greater risk from subsequent infections, including group A strep infection. This is another reason for children to have their vaccine at a time when there are unusually high rates of group A strep infection across the population.

Dr Bhumi Mittal is a Bromley GP and mother to two young children. Both have had their flu nasal spray.

"The best thing any parent can do for their child is to make sure they are up to date with all their childhood vaccinations, including the yearly flu vaccine. Young children catch and spread the flu easily, but if they are vaccinated, they are less likely to be really ill and less susceptible to other infections like group A strep."

"Flu is circulating in Bromley, and we are seeing many more cases than in previous years. It can be really unpleasant for children, especially those with long term health conditions. Children may be super spreaders so can easily pass the virus on to other family members and the wider community. It is never too late to have your child vaccinated and protect them and other vulnerable people."

Helen Pourak, from Orpington has vaccinated her children. "I protect my children every year with the flu nasal spray. It is quick, easy to have and painless. It gives me great peace of mind they have the best protection. It is better to have the vaccine than have the flu."

When should my child have the flu vaccine?

Child's age	Where to have the flu vaccine
From 6 months until 2 years (with long-term condition)	GP surgery
From 2 years until child starts primary school	GP surgery
All children at primary school	School
Year 7 to year 11 secondary school children	School
Children in reception to year 11 (with long-term condition)	School or GP surgery
Home-schooled children (same ages as reception to year 11)	Community clinic

The Bromley primary school vaccination programme has finished for 2022/23. If your child has missed their vaccine, please contact your GP for an appointment.

For more information about the children's flu vaccine, visit www.seiondons.org/childhoodvaccinations. You can also watch our short video at <https://tinyurl.com/pru6wys9>

* Report from the UK Health Security Agency

vaccinations and the One Bromley Health Hub in the Glades held a series of Saturday clinics. The London polio booster campaign has now come to an end and polio vaccination continues to be offered as part of routine childhood immunisations. We will continue to raise the importance of childhood immunisations as part of our ongoing vaccination promotional work

Winter Schemes update and general review of Christmas and New Year

Winter planning was fully mobilised during the Christmas and New Year holiday period.

A&E attendances

Between 23 December 2022 to 4 January 2023, there were 591 more attendances at the PRUH A&E department than the same period last winter. A total of 4,497 patients attended A&E over this two week period. This is in line with similar increased pressures experienced across London and nationally.

Activity compared to the same period last year:

- 268 more type 1 attendances. Type 1 attendances are patients who need consultant led acute emergency medicine including resuscitation units.
- 323 more type 2 and 3 attendances. Type 3 attendances are patients requiring doctor or nurse led interventions including minor illness and injury, for example strains and breaks.
- 173 fewer Ambulance arrivals. This was a total of 697 which averaged 58 per day. The highest was on Christmas Eve (compared with a much quieter Christmas Eve in 2021) and 4 January at 75.
- There was a drop in Urgent Treatment Centre attendances and demand for primary care provision, which could be attributed to national media coverage on the significant pressure on services.
- Over this period, there were 100 more 30 and 60 minute ambulance handover delays.
- On average, there were 31 more admissions and 24 fewer discharges, with more admissions than discharges on every day through the reporting period.

Staff sickness absence from Covid 19 and other viral infections, as well as the knock on effects of industrial action in the weeks running up to the holiday period, added to the challenges. This had significant impact on acute performance with all type A&E performance dropping to 56% compared to 74% in 21/22.

Primary and community services

During the same reporting period:

- An additional 754 GP appointments were available across bank holidays and weekends
- Additional capacity in GP out of hours was provided, which also supported NHS 111

- Guaranteed capacity was available in community health and social care (including domiciliary care) discharge pathways.
- Community capacity, on the whole, met demand throughout the period. However, fewer patients were well enough to leave hospital which impacted on the number of discharges.

Redirection Programme

As part of a comprehensive programme of managing ongoing pressures within the health and care system, a more robust approach to patient redirection in our urgent treatment services has commenced. This is just one of the ways, outlined in our Bromley winter plan, to manage demand, ensure people are seen in the right place at the right time and enable our urgent and emergency services to focus on caring for those with more serious conditions.

Adults who attend a Bromley urgent treatment centre with a primary care need, will be redirected back to an appropriate primary/community service. The redirection decision will be made by a trained clinician in the urgent treatment centre and appropriate criteria and protocols are in place to safeguard both the individual and the clinician. Each individual will be given a letter explaining the reason for the redirection decision with advice on where to get the care they need.

For now, children and young people will not be redirected given the current paediatric pressures on the whole system and the understandable concerns about Group A Streptococcus infection.

Our aim, through the redirection initiative, is to alleviate some of the pressure on urgent and emergency care services and ensure that people are seen in the right place based on their needs.

Bromley Health and Wellbeing Centre

Plans for the new Bromley Health and Wellbeing Centre are progressing. The key highlights are:

- The updated proposals for the Bromley Health and Wellbeing Centre were approved by the London Borough Executive on 30th November.
- Further work has been completed on the Outline Business Case, including work with both NHSE and the SEL ICB Finance teams to complete the financial due diligence process. The Outline Business Case is due to go to the SEL Executive committee in the next few weeks.
- Following the RIBA Stage 2 sign off in November 2022, the layouts have now been updated to accommodate further discussions with Bromley Council regarding fire exits and the party wall between both the ICB and Bromley Council.
- The design team are continuing to develop the stage 3 design where possible and design workshops with the Dysart Surgery and Outpatients resumed in early January 2023.

- The Planning application was submitted on Wednesday 21 December 2022, and was validated by London Borough of Bromley Planning department on 5 January 2023.
- Meetings have been arranged with workstream leads in the ICB, London Borough of Bromley (LBB) and the Dysart GP Surgery over the last few months to inform the Full Business Case.
- Numerous surveys have been conducted at the site. These include Asbestos, Geotechnical, M&E/Utilities, Building condition, Tree and Arboricultural implications, Flood Risk, Heritage Statement and Archaeological, Transport, Indoor Air Quality and CCTV Drainage. More surveys are due over the next few weeks including Noise and Light.
- A comprehensive communication and engagement plan is in place. An online event was held on 21 December for residents and other stakeholders. A recording of the event and slide presented are available on the [South East London ICS website](#) along with other key information about the project. More events will be held as part of the planning application process.
- Finally, changes in the designs have had an impact on the original dates of the programme, the anticipated delay is yet to be fully assessed but it is anticipated to be of around 6-8 weeks. However, we expect to make the time up later in the programme and the centre is still due to open in Spring 2024 as planned, subject to approvals.

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

Children and Young People

Improving and transforming children's health is a priority for One Bromley. Through our Children's Board we have been revisiting previous priorities and actions and agreeing future objectives and themes for delivery.

In addition, we have been working on a range of immediate priorities including:

- Implementing an integrated therapies model
- Developing an Integrated Child Health team model
- Ensuring our current service specifications with Bromley Healthcare (BHC) are up to date.

Therapies

In the last few months, we have been progressing with our integrated therapies model implementation. This has included:

- Implementation of a tiered model of universal, targeted and specialist provision for Paediatric Speech and Language Therapy, Occupational Therapy and Physiotherapy.

- Developing a website to support families and professionals in accessing support without always needing to be referred to a specialist service.
- Addressing current waiting time pressures in Occupational Therapy.
- Some key achievements include:
 - Launch of the [B-Hive](#) website for professionals and parents. It provides information, support, and signposting for a range of therapy interventions, learning and services. We have also been working with colleagues including Schools and Early Year settings to share information and resources available from Bromley Healthcare.
 - Review of the Occupational Therapy offer in terms of education assessment and provision. We are also reviewing the pathway across Health and Social Care.

The next stage will be to review implementation of the recommendations from the independent therapies review and ensure we progress the areas under development.

Integrated Children's Health

We are developing an integrated health hub model across Bromley. This is a partnership of GPs, Primary Care Networks, Paediatrics (PRUH) and Children's Community Nursing (BHC) working together to provide more effective support for children closer to home. This is a model which has been developed in a range of local areas across the country including South East London. It is also referenced as a model of good practice in the Fuller Review.

We have engaged with PCNs, and wider partners and we are aiming for one to two PCNs to commence in April 23 and other PCNs joining throughout 2023.

A more detailed report on this work is a substantive item at this meeting.

Updating specifications with Bromley Healthcare

Children's Commissioning and Bromley Healthcare children's services colleagues are working in partnership to update the current Children's service specifications. These specifications include Children's Community Nursing, Looked After Children and Therapies. This is taking note of current and planned changing legislation for SEND. It also takes note of local pressures and priorities. These specifications are due to be agreed by the end of January 23.

Next steps

Our next Children's Programme Board is in February, and we will be bringing together work done across our Children's Health partnership to begin to set out a broader vision for improving and transforming children's health in Bromley.

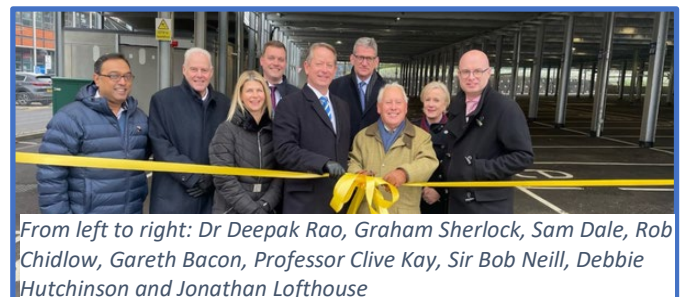
Bromley Health and Wellbeing Strategy

The Bromley Health and Wellbeing Strategy requires updating this year. The public health team at the London Borough of Bromley have been working hard with the Health and Wellbeing Board on preparations for the new strategy. A workshop was held towards the end of last year in which Health and Wellbeing Board members discussed the potential new priorities for this strategy. The next stage of this work is to agree at the next Health and Wellbeing Board meeting the new priorities for the next publication of the Bromley Health and Wellbeing Strategy.

2. Princess Royal University Hospital and South Sites

New parking deck at the PRUH

To time and budget, Jonathan Lofthouse, PRUH Site Chief Executive was delighted to open the new car parking deck at the PRUH on 9 December 2022 alongside Professor Clive Kay, Trust Chief Executive; Gareth Bacon, MP for Orpington; and Sir Bob Neill, MP for Bromley and Chislehurst.



The new deck creates an additional 197 car parking spaces for hospital staff and patients. The top deck of the facility is for the sole use of staff with car parking permits, so freeing up spaces in the rest of the main PRUH car park for patients and visitors. As well as providing over 197 additional parking spaces, the new facility includes enhanced security through CCTV, Automatic Number Plate recognition, with electric charging points for 40 vehicles opening in May 2023.

Not only does this deck improve transport options for patients and visitors, it lays the foundations for the next phase of our ambitious plans for the PRUH, notably the £15m six-room cancer endoscopy unit aiming for a 2024 opening. We hope our design for this unit will gain Council planning approval in January 2023. This is a major development for diagnostic and interventional procedures, creating better access for patients to vital cancer care and early treatment.

Performance

We continue to reduce long waits, particularly for surgery and other planned interventions. No patient waiting for treatment at the PRUH is over 100 weeks and only two waiting 78 weeks on an admitted pathway (as at 9 January 2023). Additional capacity is critical to reducing the total waiting list further, aside from winter pressures and potential strike action, and we continue to work with partners to reduce the 754 patients waiting over 52 weeks for either a procedure or outpatient appointment.

We also continue to outperform the national (DM01) threshold for diagnostic compliance, achieving 0.28% (well below the 1% threshold if a slight deterioration from 0.22% in Oct-22). Breaches increased from 12 in October to 16 breaches in November with the main increase in Cystoscopy-Urology which rose by 3.

In response to the recent nurses and paramedic strikes, we have enacted escalation plans with a heightened incident command and control structure. We increased staffing levels at critical locations, undertook more frequent and more widespread senior communications and repurposed areas to create more capacity to quickly turnaround ambulances. In balancing the risk to our patients under our care during these strikes, we have postponed reluctantly some non-urgent patient appointments but continued life-saving operations throughout. We also thank our additional volunteers that have supported our ED staff and patients during these strikes.

CQC Inspection

On Friday 23 December 2022, we received the CQC report following their inspection of our maternity services at the PRUH in August 2022. The service was rated 'Good' for being effective, caring, and well-led, and rated 'Requires Improvement' for being safe and responsive. Inspectors identified areas for improvement, which have also been addressed. Key changes include enhanced infection control measures, a focus on compliance with mandatory training requirements and a review of all equipment.

Inspectors noted that the service managed safety incidents well, that staff recognised and reported incidents and near misses, and that the service provided care and treatment based on national guidance and evidence-based practice. Whilst we are naturally disappointed with the negative aspects of the CQC's findings, given our aim to provide the very best care for women and families, we have taken immediate actions since August. Our focus now is on making sure we embed the improvements we have put in place, so ensuring we drive up standards across maternity services as part of our commitment to provide safe, high quality care at all times.

3. Bromley Council Adult Social Care

Preparations for the expected busy winter period went well with additional funds being used to supplement services already in place in order that these could be enhanced in a timely way. Some changes to the discharge pathway have been put in place which have shortened the period of time that it takes to arrange discharge, and performance remains good for those needing support post discharge.

Over the busy Christmas period staff worked every day, apart from Christmas Day, to ensure appropriate hospital discharges could be arranged. There were some new pressures that

emerged in accessing care in the home, but this was short term due to staff sickness and leave over the holiday period.

Senior managers were on call to escalate issues and agree urgent funding, but little access was made of this capacity from health settings. Demand for support for those in the community remains high.

Social care staff were also deployed on site during the strike action, to provide additional capacity to enable the system to continue to respond in a timely way.

Pressures remain in accessing residential and nursing care at an affordable cost. Further advice is anticipated from the Department of Health and Social Care on how this is managed, bearing in mind a number of the proposed changes to the reform of social care, along with the funding streams, have been postponed. A further update will be provided at future meetings.

4. St Christopher's Hospice

St Christopher's Hospice continues to provide high quality end of life care across the boroughs of Bromley, Lambeth, Lewisham and Southwark.

We continue to have 100-120 new referrals per week to our services and accept about 80 per week. Our caseloads contain approximately 1,270 people at any one time of which the majority are cared for in the community. During November we were able to reopen some of our inpatient beds and now have 30 open with this extending to 32 over the Christmas and New Year periods to support discharges from local hospitals for people needing our care.

Choose Home, our community service that supports people with basic care needs whose wish it is to remain at home continues to thrive and develop.

The last two months have seen significant numbers of our inpatients having to stay longer than necessary in our beds as suitable capacity in care homes has been a challenge.

We have been seeing positive results with our recruitment drives and are looking forward to welcoming new clinical staff into the organisation in the New Year making us almost fully recruited.

We welcomed Princess Alexandra (our patron) into the Hospice in December where she met with patients and staff to further her understanding of our work

We are working on initiatives with the London Ambulance service to develop clinicians both at St Christopher's (LAS) but also within the LAS around advanced assessment of people reaching the end of life. We look forward to providing an update as this work progresses.

Late 2022 saw us place two bids to support person centred care in Bromley and Croydon. One bid was focussed on frailty in care homes while the other bid was building on work undertaken in another borough with people facing end of life who are homeless. We look forward to hearing if we were successful in these bids early in 2023.

5. Bromley Healthcare

Developing our organisational strategy

In October 2022, the process to launch our new strategy commenced, supported by a social enterprise, Kaleidoscope. The objective being to develop a long-term vision for Bromley Healthcare and a plan that will shape what we do and how we do it for the next 5 years and beyond. This strategy development process is an opportunity to have a meaningful conversation with our patients, service users, partners, and people about how we can improve the experience of working with BHC, and improve care for patients, families and service users. As part of the process interviews have taken place with partners, our Patient Reference Group and all colleagues through digital events. The 'Better Together' group has engaged colleagues across the organisation and is feeding back the key themes to Kaleidoscope. The new strategy is on target to be launched in place from 1st April.

Alongside the development of our overarching strategy, we are also progressing our patient and public engagement strategy in line with the SEL ICS Working with People and Communities framework. Through this, we want to strengthen and grow how we work with local people and communities to shape and improve our services so that they meet the needs of users and understand how we can better support our populations as a community health service provider.

Digital Update

A digitalisation modernisation Programme is progressing across the organisation and improvements include:

- **End User IT Upgrade & Improvement:** Device roadshows held across BHC locations to determine most appropriate new PC devices for colleagues; particularly clinical colleagues for updating patient and service user records. New devices will be rolled out over the coming months along with docking station enabled monitors to enable more flexible use of workspace locations.
- **IT Infrastructure Modernisation:** Network Tender awarded to Exponential-E to deliver a complete refresh and expansion of BHC's wired and wireless networking addressing a number of performance issue using a state of the art Cisco Meraki based solution.

- Digitalisation of the Care Coordination Centre (CCC):** A multi-disciplinary team undertook a procurement exercise to procure a scalable and more reliable cloud based telephony platform with contact centre and remote telephony capability as well as SMS, chat and other contact channel capability. In addition this workstream has been looking at increased use of online forms, use of robotics and automations to enhance productivity and piloting online patient choose & book service. The objective is to improve the patient/ service user experience.

Annual Equality and Inclusion Conference

Earlier this month, BHC's Equality and Inclusion Network (E&I) organised a conference for colleagues. One of our new values is 'belonging': to make BHC a place where inclusivity and diversity are celebrated, where colleagues are treated fairly and respectfully, have access to equal opportunities and feel safe, valued and listened to. The Conference brought together colleagues to celebrate our Black, Asian and Minority Ethnic colleagues, the E&I network, and the progress made: to reflect on our journey, raise awareness and knowledge of racial equality, inclusion and equity; and to inspire and motivate colleagues to take action.

It was launched with an 'in conversation' session on MS Teams hosted by Tilly Majekodunmi, Chair of the Equality and Inclusion Network, and was followed by a number of virtual interactive sessions by external guests; Nzinga Orgill, who led a session on innovative inclusion, social justice and equality and how to challenge the narrative for people from underrepresented groups, and Ruby Ubhi, who spoke about systemic racism.

Annual Ball and Awards

Our annual ball and awards ceremony took place in early November, the first since the pandemic, with around 220 colleagues from across the organisation attending. This was an opportunity to recognise colleague's achievements.



6. Oxleas NHS Foundation Trust

Developments in Child and Adolescent Mental Health Services:

Waiting Times Status

Whilst continued progress has been made in addressing the waits across the service, demand for both assessment and treatment by Bromley CAMHS remains challenging. The creation of additional capacity within the Generic Team is currently being prioritised within the recovery plan.

The overall assessment waiting list has increased since the previous update, due to expected seasonal variation in referrals during August and September. We are exploring options to partner with a digital provider who can provide on-line assessments which will bring us additional capacity.

The most common interventions being waited for are Psychological/Talking Therapies, with a particular concentration in need for Child Psychotherapy and CBT interventions in the Generic and Neuro pathways.

Trajectories

South East London waiting time ambitions propose that no child or young person will wait longer than 52 weeks for assessment by October 2023, with waiting time standards planned to increase so that, by April 2026, no-one is waiting longer than 18 weeks. There will be additional schemes delivered during 2023/24 to support waiting time reduction. Bromley will have the opportunity to develop initiatives to support the overall demand and capacity of CAMHS including the expansion of interventions that support people to move through community CAMHS caseloads (e.g. initiatives that support service discharge) and implementation of a support offer for children, young people and families waiting for assessment and treatment by a community CAMHS team, such as Virtual Waiting Rooms. Oxleas will also be making waiting time information available to children and young people and their families by March 2023, in order to offer greater transparency about timescales for accessing assessment and treatment.

When considering the impact of the different tasks within the recovery plan, the service has been able to map the expected trajectory of improvement in waiting times for initial assessment. Based on current progress against plans, and new initiatives scheduled for implementation, we would expect to see a significant increase in assessment capacity from December 2022 leading to a positive reduction in waiting times. This will enable all 52-week waits to be addressed in line with the SEL ambition. The ongoing impact analysis of this trajectory will include waiting lists for treatments across all pathways. This will ensure the

team is able to proactively monitor progress and ensure resources are used effectively across the whole CAMHS pathway.

Workforce Status

Further progress has also been made with clinical recruitment and we expect vacancies to continue to reduce over the next few months as new starters are scheduled to join before the end of March 2023.

Acute and crisis mental health service developments:

More in-patient beds at Green Parks House

Oxleas has opened a ward at Green Parks House, Bromley, which had been closed during the COVID pandemic. This increases our bed availability and contributes to the suite of initiatives aimed at reducing delays for patients waiting for beds and reliance on out of area placements. Although demand for inpatient services initially dropped during COVID, the need for inpatient treatment has increased consistently over recent months.

Goddington Ward re-opened in early December to provide extra inpatient mental health beds across the trust. Members of the Acute and Crisis Mental Health directorate team have worked hard to prepare the ward and it will provide care for up to 16 patients.

Community mental health services:

Bromley memory service accreditation

The Bromley memory service has received its accreditation for a further three years from MSNAP (Memory Service National Accreditation programme). Bromley is the only accredited memory service in Oxleas and is a real testament to the hard work and daily commitment of the entire team. The team on the day of the inspection were praised for their clear knowledge and expertise in their field. The team were also mentioned at the MSNAP annual conference in 2022 as the peer review team were very impressed with the services that we offer in Bromley.

Trustwide news:

National awards for diversity and inclusion

Oxleas is delighted to have won two prestigious national awards for leading the way in creating a more diverse and inclusive organisation. Our [Building a Fairer Oxleas programme \(BAFO\)](#) has won the Healthcare People Management Association Annual Awards for leading

in equality, diversity and inclusion. Our [Shadow Executive programme](#) has won the Enei Inclusivity Excellence Annual Awards for an innovative approach to diversity and inclusion.

These follow being a finalist in the Engage 2022 Awards for the best Diversity and Inclusion Strategy earlier this year.

Chief Executive Dr Ify Okocha welcomed the awards: "Making Oxleas a Great Place to Work is one of the key aims of our strategy. This means making the trust a great place to work for all. The Building a Fairer Oxleas programme and Shadow Executive are just two ways we are making positive changes. Thank you to all our colleagues who have helped make these innovative programmes such a success."

New nursing scholarship in memory of a former Oxleas colleague

A new scholarship has been launched by the Florence Nightingale Foundation, in partnership with the Jabali Men's Network, in memory of our colleague Francis Adzinku. This scholarship celebrates the nurse, the leader, and the friend that Francis was to so many throughout his career.

The Jabali Men's Network will provide individual mentorship and a ready network of supportive colleagues for the successful applicant. The Jabali Men's Network is sponsored by the Chief Nursing Officer for England, Dame Ruth May, who will provide the successful applicant with an individual mentoring session during their scholarship year.

This scholarship is open to male nurses of a global majority background. An interest in mental health would be desirable but not essential. Potential applicants must be able to demonstrate their commitment and aspiration to progress into a senior leadership role in nursing. The application period closes on **27 January 2023**.

For more details and to apply, please visit [the news section on our website](#).

Non-Executive Recruitment

We are looking for a new Non-Executive Director to join the Trust Board. We are particularly keen to hear from candidates who are rooted in the communities we serve, who can bring experience of building successful alliances and strong relationships with a broad range of partners.

Further information and the candidate application pack can be found here:

[https://www.england.nhs.uk/non-executive-opportunities/2022/12/28/oxleas-nhs-foundation-trust-non-executive-director\(external link\)](https://www.england.nhs.uk/non-executive-opportunities/2022/12/28/oxleas-nhs-foundation-trust-non-executive-director(external link))

The closing date for applications is 22 January 2023.

Carers

Carers continues to be a significant area of work with BTSE successfully submitting our Carer's Trust Excellence for Carers Award, awaiting final confirmation. The new Young Carers App is currently in testing and expected to be operational shortly. This has been codesigned with Young Carers from the outset. Mental Health, Mutual and Adult carers also continue to experience high demand. We have continued to engage with One Bromley and London Borough of Bromley on the Carers Agenda. We also engaged with SEL ICS and secured a specific strategy meeting on carers at the end of November.

Raising Awareness and Campaigns

Bromley Well produced a warm centre map which we launched in late November. This promotes the availability of 58 warm centres including churches, libraries and community centres. Bromley Well has launched its own Warm Hub in Community House on Monday mornings.

According to Google data, the map has been viewed 6,755 times between 21 November and 5 January 2023.

Our Facebook post about the map has reached over 19,000 people to date, whilst our website page with the map has been viewed over 4,260 times to date.

We coordinated a Bromley Self Care Week from 14 to 18 November. Online analytics and profile raising showed good results across website, Facebook and Twitter. For example - our website had 34% increase in sessions, 32% increase in users and 21% increase in page views.

8. Primary Care Networks

Supporting system-wide pressures

Alongside the wider health system, Bromley practices and PCNs have seen very high numbers of paediatric presentations relating to Group A Strep and put as much additional capacity in place as possible to ensure as many children can be seen as quickly as possible. Several PCNs rapidly established temporary paediatric hubs in support of expanding the same-day capacity on behalf of practices and for NHS 111 referrals. Practices and PCNs also responded to the anticipated urgent care demand from the industrial action in December, establishing additional capacity where they could.

Winter messaging to the public

In addition to the direct contacts with patients, Primary care contributed towards the [One Bromley Keeping Well This Winter booklet](#) which has been sent to every household in

Bromley. Bromley primary care clinicians have also participated in public videos to encourage uptake of seasonal vaccinations:

- [Keeping well this winter: why it is important to get your flu vaccine](#)
- [The importance of children's vaccinations](#)

Seasonal vaccinations

Practices and PCNs offered tailored messaging on COVID and flu vaccinations to targeted groups in order to increase uptake, as well as setting up additional clinics in order to protect as many people as possible ahead of the Christmas period. This has included making available additional provision as part of the PCN Enhanced Access clinics.

Integrated Neighbourhood Teams

PCNs have met to consider the Fuller recommendations which include the evolution of PCNs to form 'Integrated Neighbourhood Teams', involving community, mental health, social care, and voluntary sector partners to improve outcomes for their local residents. A deep dive review is currently underway of the Primary Care Needs Assessment first conducted in 2018. There are already initiatives within Bromley working in the form of integrated neighbourhood teams, and PCNs intend to build on these with system partners. This will include the introduction of children's hubs, and PCNs are currently preparing for this with ICB commissioners, the children and young people's clinical lead and the PRUH paediatrics team.

9. Bromley GP Alliance

BGPA continues to play a significant part in winter pressures and supporting urgent and emergency care in Bromley. A number of new and additional services have been implemented and are being further developed:

- Working with practices and PCNs on supporting extended access
- Weekend and bank holiday GP Hub located in the PRUH to support UTC and referrals from 111 services
- Primary care paediatric hubs to support the response to Group A Streptococcal infection
- Support for Care Home residents in vaccination, primary care and urgent care
- Additional community respiratory hubs to support general practice pressures

BGPA has also been working closely with partners on a number of new initiatives that will improve services for the medium and long term. These include:

- In reach of primary care into ED and the acute medical wards
- Development and implementation of the Hospital at Home service.



ENCLOSURE: 5

AGENDA ITEM: 7

One Bromley Local Care Partnership Board

DATE: 26 January 2023

Title	Transforming and Integrating Children's Health
This paper is for information	
Executive Summary	<p>In Bromley we are seeking to improve outcomes for children and young people by transforming children's health provision and the way in which we deliver care.</p> <p>We are developing a medium to long term programme of change for children's health; which will focus on how we transform and integrate our offer to improve outcomes for children and young people (CYP).</p> <p>This vision and strategy for improving children's health is being developed via our Health Children's Programme Board and links in with the wider Children's Partnership Board. This strategy and action plan will be based on our local needs analysis from JSNA and other data sources, as well as lived experiences from our co-production with children, young people and their families. As well as focusing on specific areas of service and delivery, it will also harness cross cutting themes and areas of integration which will seek to improve outcomes and address inequalities in health.</p> <p>We are working on this over the coming months and the aim is to agree to this during late Summer 2023.</p> <p>Whilst we are developing this approach, the first stage of this integrated approach to improving children's health is the implementation of Children's Integrated Health Teams. This model is nationally evidenced and is referenced in the Fuller Review. The aim of these teams is a partnership of Paediatrics (PRUH), local GP's (PCN's) and Children's Community Nursing working together to support children's health closer to home. As well as case discussions, there are also opportunities for shared learning and development across professionals.</p> <p>The benefits of this Integrated Health team model include:</p> <ol style="list-style-type: none"> 1. Improving the quality of care delivered to children, young people and their families. 2. Improving outcomes in physical and mental health and wellbeing. 3. Delivering the care of CYP closer to home.

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	<ol style="list-style-type: none"> Empowering families to take charge of their own care and ensuring that care is more responsive to the needs of the CYP and their family. Detailed assessments on each CYP ensuring that there is a whole child approach. Reducing health inequalities by identifying CYP most in need and providing them accessible, early care. <p>In Bromley we have been developing this partnership model for the last six months with GP's, Paediatrics and Community Nursing. We have attended a range of stakeholder events to communicate and collaborate on the model.</p> <p>The phased implementation is due to commence with one to two PCN's in April 2023 and borough rollout during the year. We will be supporting each local area with this implementation.</p>	
Recommended action for the Committee	<p>The committee is asked to note the proposed implementation and support this programme of work.</p> <p>The committee is asked to offer any further suggestions to aid its effective implementation.</p>	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	<p>Ensuring effective buy in from stakeholders including PCN's, BHC and PRUH, as well as wider partners is and will continue to be key to ensuring effective delivery.</p> <p>We have a range of forums and communication channels in place to ensure effective engagement and collaboration. As we develop the model across localities and borough wide, we will need to continue to review and refine our communications plans.</p>
	Equality impact	<p>We will be working across the borough and also in local PCN's to ensure that the model meets local needs.</p>
	Financial impact	<p>The financial implications have been developed and agreed for the implementation of the programme.</p>
Wider support for this proposal	Public Engagement	<p>We are planning on developing engagement in this model as it launches in one to two PCN's. As well as working with local PCN and GP engagement forums, we will also be engaging with local children and family centre and other stakeholder groups</p>
	Other Committee Discussion/ Internal Engagement	<p>Children's Programme Board</p>

ONE BROMLEY

Author:	Tony Parker
Clinical lead:	Dr Bhumika Mittal
Executive sponsor:	Dr Angela Bhan, Place Executive Lead



ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Transforming Children's Health in Bromley

Addressing current areas of focus

Children's Therapies, Community Nursing, Asthma, CAMHS

Developing a Children's Health Transformation Programme

-Developing a new vision and programme for improving Children's Health in Bromley

Initiating the first stage of our Children's Health Transformation Programme

Integrated Children's Health Teams

Developing a Children's Health Strategy in Bromley

- We have a well developed multi agency Health Programme Board chaired Dr Angela Bhan.
- This links in with the wider Bromley Children's Partnership Board and its current plan and priorities.
- We are working across South East London ICB through the Children's Transformation Board and the emerging South East London Strategy and Priorities for CYP
- Following various discussions and previous/current priorities we want to galvanise these ideas, issues and recommendations into a local CYP Health plan.
- This will link in with multi agency Bromley plans across CYP including CYP Plan, SEND and Safeguarding
- It will give a focus on what we are seeking to achieve across our Health partnership to collaborate, transform and deliver better outcomes for children's health in Bromley



Initial draft timescales for developing strategy

- December 2022 Workshop took place at Children's Board on priorities
- December 2022 Discussion on how these currently align with CYP Plan and Priorities
- Feb 2023 Further discussion on new priorities, timescales and outcomes
- March-June 2023 Engagement and co-production on plan
- July/Sept 2023 Plan agreed

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WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Transforming Children's Health- Integrated Children's Health Teams

Integrating local working by GP's, Paediatricians and Community Nursing has been a local suggestion and theme for implementation in Bromley in recent years.

The advantages are around building local capacity with a range of professionals to benefit individual children, as well as improving and capacity building a more improved offer to children

As well as benefits and outcomes for the individual programme it also can be used as a model for further integration across Health to improve outcomes for children and young people

Integrated Children's Hubs-Fuller and Prevention



- Local Support for Children/Young People and Families in their local communities
- Multi-Disciplinary Team working around Children's needs
- Supporting children with complex needs and long term conditions
- Improving information and building capacity for parents/carers in how to access health services and support their child

Developing a local Children's Integrated Health Model in South East London






- Lambeth and Southwark through their CHILDS (Child Health Integrated Learning and Delivery System) programme have been implementing their Integrated Paediatric Health Hubs offer for a number of years
- The programme integrates Paediatrics, General Practice and Community Nursing Teams. It is being expanded to include Child Mental Health and Community Paediatrics.
- This programme has been critically researched throughout its development and implementation. It has demonstrated positive outcomes including reduced referrals to hospital services, reduced attendances to General Practice and improved health outcomes for children ensuring they get the right care, by the right person first time.
- Following its success, this model is being developed across London. The South East London ICS has agreed that there will be one Integrated Paediatric Health Hub in each of the six places by 2023.



Each local Primary Care Network or Neighbourhood has:



A PCN or Neighbourhood Child Health team, which includes:

-  An identified GP CYP lead
-  A dedicated Patch Paediatrician
-  A patch Children's Community Nurse

Holds a **weekly** triage meeting of CYP referred in from across the PCN / neighbourhood

1
Child Health
Team: Triage
meeting

In-reach clinic on a **4-6 weekly basis**

-  Led by patch paediatrician
-  Attendance by GPs is encouraged for training and education purposes

2
In-reach clinic

- Specialist children's nurses
- Look after the child's physical and medicine management issues
- Work in conjunction with primary care providers
- Treat diagnosed conditions (asthma, eczema and constipation)
- Active case finding using EMIS call/recall for early intervention

CYPHP
specialist
nursing
service

4

Multi-
disciplinary
Team
meeting
(MDT)

3

Monthly MDT meeting, for all interested GPs and partners in the PCN / neighbourhood who care for CYP, such as:

- Child Health Team
- Any interested GP or nurse in primary care
- Health Visitors, School Nurses





1. Child Health Team: Triage meeting



ATTENDANCE

Patient visits a primary care provider to understand more about their health issue.

REFERRAL

GP refers patient to PCN or Neighbourhood Child Health Team via email and/ or puts patient straight onto the triage list on EMIS

CHILD HEALTH TEAM TRIAGE MEETING

PCN or Neighbourhood Child Health Team discusses in detail all clinical queries and referrals, either virtually or in person. This happens on a weekly basis.

RECOMMENDED TREATMENT

The Child Health Team recommend the best treatment for the patient:



Advice and guidance : The triage team make a recommendation to the referring clinician on further management or investigation. This is provided through 'tasks' within EMIS.



Specialist community nursing service: the child is reviewed by a CYPHP specialist nurse



In-reach Clinic: a paediatric specialist and GP work together at a local GP practice, age-appropriate site (e.g. school) or virtually to look after children's health and wellbeing

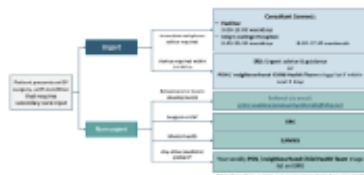


A specialist team: where specialist input is deemed appropriate, the GP is asked to refer on to a specialist team. If possible, the paediatrician will refer on behalf of the GP.



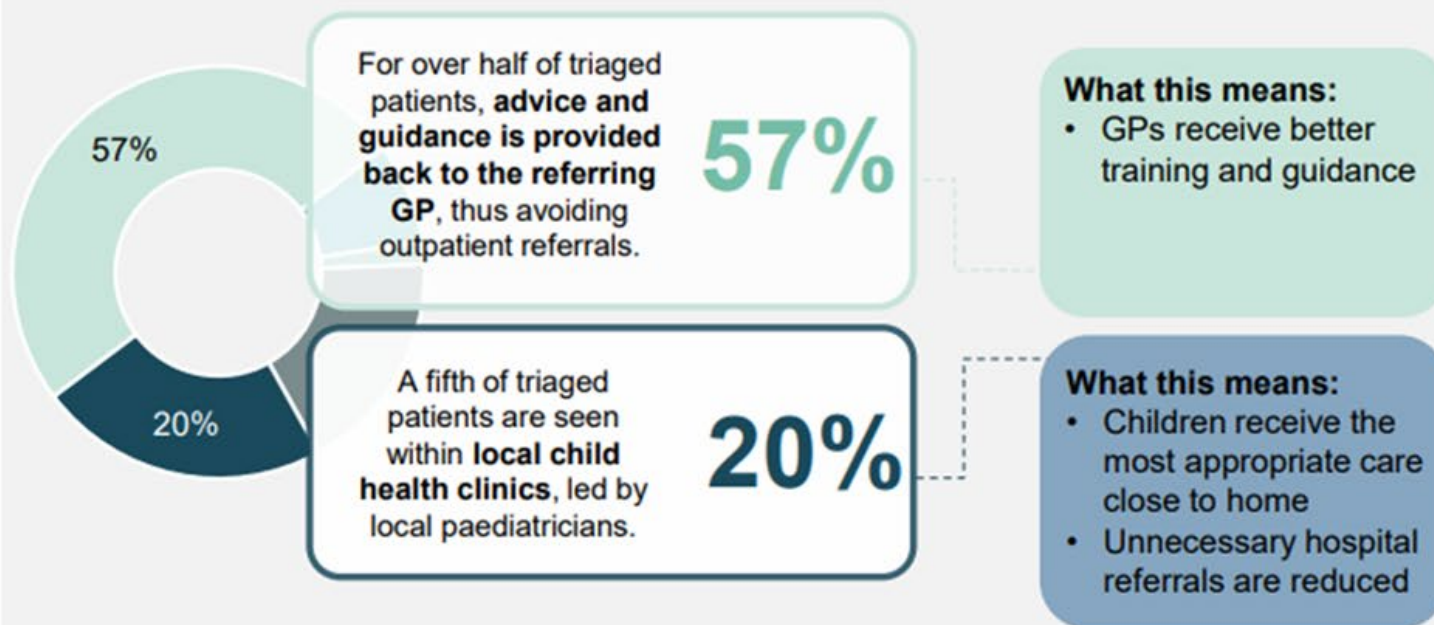
Multi-disciplinary Team meeting (MDT): Complex cases may be reviewed during a monthly MDT discussion and a recommendation provided

See Paediatric Referring Guide for more detail:



Benefits from the model

BENEFIT OF THE MODEL ON PATIENT CARE



REDUCTION IN PRIMARY CARE APPOINTMENTS

Primary care appointments before and after local child health clinic



40% reduction in the number of primary care appointments for patients in the 6 months following the local child health clinic.

Feedback on Child Health Teams (1)

GP FEEDBACK IS VERY POSITIVE...

Having a named consultant for queries and questions. Teaching sessions tailored around our learning needs

The ability to triage quickly, get good feedback and the monthly meetings are excellent as we get to know the consultants and the educational aspect relevant and clear

Quick reply to my advice request – really like the weekly review.

Weekly access, easier to have dialogue and learning opportunity.

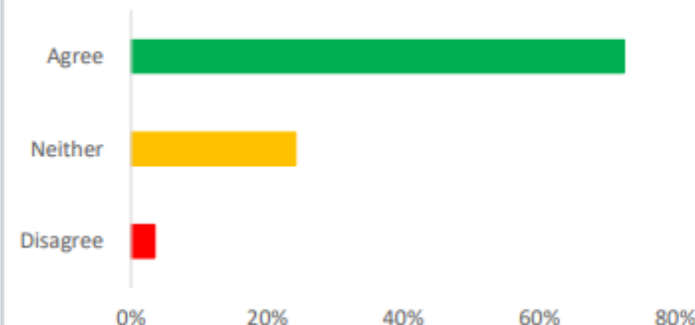
Educational presentations useful and relevant

Booking appointments easy and helpful. Comments received back via task easy to use

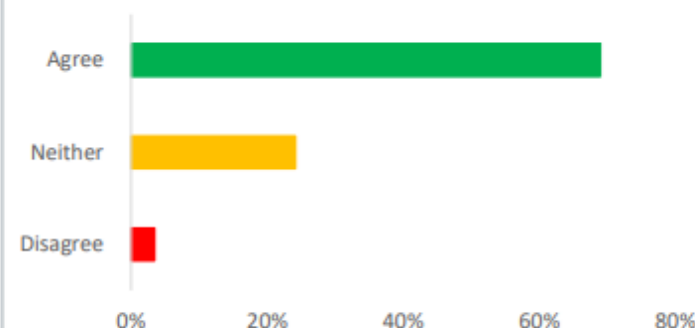
I like that the notes get into EMIS quickly when they are seen in a local clinic.

On-site local child health [in-reach] clinics work really well, especially the clinical team de-brief post-clinic.

The PCN Child Health team has improved access to advice.



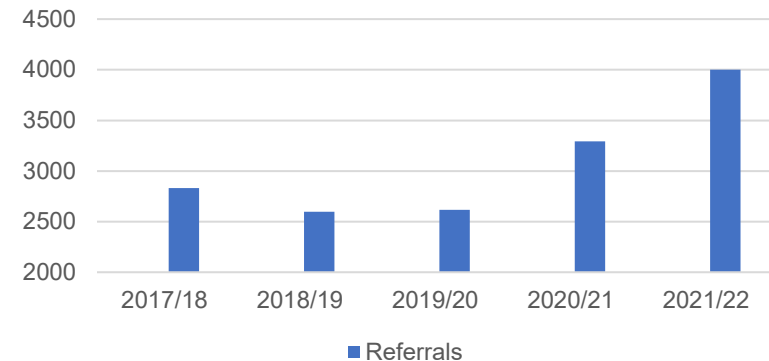
The PCN Child Health team has improved care for my CYP patients.



Why do we want to do this in Bromley?

- The need for change and to implement the model is evidenced by large waiting times for children to be seen, with potential to support children better & more effectively through optimised capabilities in the local system:
- There has been a 50% to 60% increase in the number of General Paediatric referrals to Hospital since the COVID-19 pandemic.

2017/18	2,831 referrals
2018/19	2,597 referrals
2019/20	2,615 referrals
2020/21	3,294 referrals
2021/22	first 15 weeks = 1125 referrals (extrapolated = 4000 referrals/year)



- Despite an increase in supply of appointments (300 additional appointments this year, from a baseline of 1400 new patient consultations per year), there is currently a 23 week wait for a Paediatric outpatient appointment at the PRUH.
- The quality of referrals to PRUH needs to be improved.
- There are currently very few guidelines in place to support the referral process, and those guidelines that exist require review and update.

Benefits to Bromley



- Improve the links between the acute trust, the community services and primary care, ensuring collaborative working.
- Children and Young people being directed to the correct part of the system quicker without having to see multiple professionals to 'get to the right place and the right care'
- Reducing the number of referrals to General Paediatrics that would be better suited to care elsewhere, e.g. enuresis.
- Increasing the knowledge and expertise of GPs in supporting children and young people
- Improving the community offer, supporting the community nursing team to become a stepping stone between the GP and the hospital with smooth transition between services.
- Reducing the waiting time that children and young people have to see a general paediatrician and when appropriate ensuring this care is provided closer to home.



Governance and Partnerships

- To develop this model we have established a steering group and wider partnership group with colleagues and partners. These groups consists of representatives from GP Clinical Leads, Paediatrics (PRUH) and Children's Community Nursing.
- We have carried out a range of presentation with stakeholder groups including PCN's and these have been positive.
- As we implement the model we will have local and borough meetings to support the implementation, share good practice and work through any local implementation issues
- Whilst the initial focus of this will be around three agencies of GP's, Paediatrics and Children's Nursing, we can see initial benefits for working together and also further suggestions on how the model could develop into a wider integrated health offer to include Community Paediatrics and Mental Health.



Next Steps and Timescales

- **6th January 2023**
 - PCNs will be sent readiness questionnaire including opportunities to shape the model, each PCN to complete this to support planning the borough wide implementation.
 - Full slide deck with additional information.
- **27th January 2023**
 - Readiness questionnaire returned
- **February 2023**
 - Those PCNs in the first phase will be identified & they will be given opportunities for local model adaption.
 - All PCNs will be supported in advance of their individual launch dates - this will include patient engagement
- **3rd April 2023**
 - Launch date for first phase of implementation
- **During 2023**
 - Phased borough wide implementation





ENCLOSURE: 6

AGENDA ITEM: 8

One Bromley Local Care Partnership Board

DATE: 26th January 2023

Title	November 2022/23 SEL ICB Finance Report and 2023/24 planning & budget setting update
This paper is for information .	
Executive Summary	<p>The report sets out the financial position, the key highlights are as follows:</p> <ul style="list-style-type: none"> • SEL ICB Month 8 financial position. As at Month 8 the ICB is forecasting a break-even position for the 2022/23 financial year. In reporting this Month 8 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> • 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. • Bromley ICB/LCP Month 8 financial Position. As at Month 8 the year to date position is £496k overspent and the forecast year end position is £460k. The year to date prescribing position is £932k overspent and all other directorate budgets are underspending or breakeven. • The key risk within the Bromley ICB/LCP financial position relates to the prescribing budget, the Month 9 position has recently been received and the year to date position has increased to £1,549k overspend. Prescribing data is received two months in arrears, so the latest information we have relates to October 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 7 months of 2022/23 compared to the same period for last year, has increased by circa 4.5%. Price pressures relate to No Cheaper Stock Obtainable (NCSO) drugs which have increased by £1,075k compared to the same period last year. • One Bromley Local partner positions are included in the report for information and include reports received from Princess Royal University Hospital, Bromley Healthcare and the London Borough of Bromley. For other partner organisations annual financial contract values have been presented. This information is set out at appendix 1.

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	<ul style="list-style-type: none">An update on 2023/24 planning and budget setting is provided within the report.	
Recommended action for the Committee	The Board is asked to NOTE the financial position.	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

26 January 2023

**Month 8 2022/23, SEL ICB Finance Report
and 2023/24 planning and budget setting update**

1. Key highlights
2. SEL ICB Month 8 Financial Summary
3. Bromley ICB/LCP Month 8 Financial Position
4. Bromley ICB/LCP Prescribing Position
5. Update on One Bromley Financial Reporting
6. 2023/24 financial planning & budget setting update (1 of 2)
7. 2023/24 financial planning & budget setting update (2 of 2)

Appendix 1 – One Bromley Local Care Partners Financial Reports (F10 – F15)

1. Key Highlights

- SEL ICB Month 8 financial position. As at Month 8 the ICB is forecasting a **break-even** position for the 2022/23 financial year. In reporting this Month 8 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.
- Bromley ICB/LCP Month 8 financial Position. As at Month 8 the **year to date position is £496k overspent** and the forecast year end position is £460k. The year to date prescribing position is £932k overspent and all other directorate budgets are underspending or breakeven.
- The key risk within the Bromley ICB/LCP financial position relates to the **prescribing** budget, the Month 9 position has recently been received and the year to date position has increased to £1,549k overspend. Prescribing data is received two months in arrears, so the latest information we have relates to October 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 7 months of 2022/23 compared to the same period for last year, has increased by circa **4.5%**. Price pressures relate to **No Cheaper Stock Obtainable (NCSO) drugs** which have increased by £1,075k compared to the same period last year.
- One Bromley Local partner positions are included in the report for information and include reports received from Princess Royal University Hospital, Bromley Healthcare and the London Borough of Bromley. For other partner organisations annual financial contract values have been presented. This information is set out at appendix 1.

2. South East London Integrated Care Board (SEL ICB) Month 8 Financial Position

- This report sets out the Month 8 financial position of the SEL Integrated Care Board (ICB). The SEL ICB is reporting an overall £48k overspend to Month 8. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.
- In month, the SEL ICB has received an additional £14,909k of allocations, giving the SEL ICB a total allocation of £3,040,570k at Month 8. The table below summarises the SEL ICB and Bromley ICB/LCP budget position.

	Total SEL ICB	Bromley ICB/LCP
	£'000s	£'000s
Annual Start Budget	3,903,078	215,006
CCG Final Budget	964,249	53,434
ICB Start Budget	2,938,829	161,573
M8 Budget (including new allocations)	3,040,570	171,554

- At Month 8 the SEL ICB is forecasting a break-even position for the 2022/23 financial year.
- The SEL ICB QIPP (savings) target for 22/23 is £29,305k. The plan is reporting an adverse variance of £1,208k at Month 8 due to slippage in both the prescribing and continuing care savings plans. The forecast outturn is reported as £1,461k adverse and financial recoveries are being implemented to ensure that boroughs minimise their financial overspends by March 2023.

3. Month 8 Bromley ICB/LCP Financial Position

M8 position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to date Variance £'000s	Forecast Variance £'000s
Acute Services	2,727	2,660	67	120
Community Health Services	32,388	32,343	44	80
Mental Health Services	5,439	5,407	32	23
Continuing Care Services	10,031	9,851	180	324
Prescribing	18,855	19,787	(932)	(1,176)
Other Primary Care Services	1,163	1,162	1	1
Other Programme Services	15	15	(0)	0
Delegated Primary Care Services	22,404	22,404	0	0
Corporate Budgets	1,963	1,851	112	169
Total	94,985	95,481	(496)	(460)

- The borough is reporting an overspend of £496k at Month 8. The position includes a £932k overspend on prescribing. This is offset by underspends in Acute, Community, Mental Health, Continuing Healthcare and Corporate budgets.
- The Prescribing position is £932k overspent year to date and the unmitigated forecast overspend is £1,759k (compared to £1,556k last month), based on the Month 6 PPA data. Within this position the cost of Cat M & NCSO drugs for the period from July to November 2022 is £940k. The cost of these drugs in the same period last year was £153k. This is a year-on-year increase of £787k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year are planned to reduce the overspend. The mitigations relate to QIPP, DOAC rebates, other rebates and drug patents, however the impact of these have now reduced. The mitigated overspend is forecast to be £1,176k.
- Within the Community budget the AQP contract for hearing is over performing and is overspent by £398k, this is currently being offset by other underspends within community budgets. Within the Mental Health budget there has been a significant increase in cost per case spend, compared to last year, due to an increase in the number of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated and budget has been transferred within the directorate to resolve the issue.
- The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 8 all schemes are on target except for prescribing which is reporting both a year to date (£212k) and forecast overspend (£318k).
- As part of the recovery plan underspends were identified in other budgets in Month 6 to mitigate the prescribing overspend and report a balanced position. These budgets to underspend however the prescribing position has further deteriorated above the savings identified. We will continue to look for further mitigations, but these will not be sufficient to balance the ICB Borough budget.
- The likely year end forecast position is now an overspend of £460k compared to the previous forecast breakeven position last month. The key movements in the position relate to the deteriorating prescribing position, as set out above. The forecast has been adjusted to reflect the increased costs and reduced rebates and savings. Best and worst-case forecast scenarios have also been modelled and the variances range from breakeven at best case to £872k overspent as worst case.

4. Bromley ICB/LCP Prescribing Position

The Month 8 Bromley prescribing position was £932k overspent and the year end forecast was £1,176k. The Month 9 position has recently been received and the position has worsened and is £1,517k overspent year to date (a movement of £585k in month) and the forecast before mitigations is £2,375k.

Of the current year to date overspend £1,075k can be attributed to the increase in NCSO drugs expenditure, which is a national issue, as set out in the table to the right.

July to December NCSO expenditure	
	£'000
2021/22	203
2022/23	1,278
Year on year increase	1,075
Month 9 prescribing overspend	1,549
Overspend not attributable to NCSO	474

The M9 position for Bromley includes a significant cost for flu vaccines, with further costs expected in the next month or two.

The position may get worse in the coming months because of the increase in prescribing levels and the costs of antibiotics required because of group A streptococcus infections.

The Bromley Medicines Optimisation Team are undertaking focussed work with GP practices to implement the SEL QIPP plan, with additional targeted work on some local initiatives e.g. with blood glucose testing, and additional support to practices with higher overspends. Further income from rebate schemes is also expected to provide some mitigation towards the overspend position.

5. Update on One Bromley Financial Reporting

SEL Reporting

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

One Bromley Partners Financial Reporting

- Reports have been received from PRUH (Month 6), BHC (Month 6) and London Borough of Bromley (Q2). These are set out at *Appendix 1*.
- A table setting out a summary of financial spend with other One Bromley Partners is also set out at *Appendix 1*.

23/24 Planning Update

- NHS England (NHSE) published the 2023/24 Priorities and Operational Planning Guidance and draft financial planning guidance on 23 December 2022.
- The guidance builds on and is very much a continuation of last year's priorities, emphasising the on-going short term priorities of recovering core services and productivity; making progress in delivering the key ambitions the NHS Long Term Plan; and continuing to transform the NHS for the future.
- Alongside the overarching planning to support the delivery of national and local priorities the ICB will also need to agree contracts with providers for 2023/24, inclusive of the application of the new NHS payment scheme (the funding arrangements and tariffs that will apply). Two documents were also published alongside the Priorities and Operational Planning Guidance to support the contracting process:
 - The 2023/24 Draft NHS Standard Contract Consultation;
 - The 2023/25 NHS Payment Scheme Consultation. Responses to these are due by 27th January.
- NHSE will be issuing a two-year revenue allocation for 2023/24 and 2024/25. ICB programme allocations will include a fair shares (convergence) adjustment.
- The planning guidance sets out changes to the way providers will be funded through contracts for activity, with a combined approach that sets an agreed block value for non-elective activity and an activity based approach for elective activity.
- Detailed information setting out ICB allocations and uplifts will be available in the near future.

7. 23/24 financial planning & budget setting update (2 of 2)

23/24 SEL ICB Budget setting Timetable

SEL ICB Budget Setting Timetable 2023/24	
End of November 22	Agreement of recurrent financial positions. Using Month 6 budgets (annualised).
End of January 23	2023/24 Cost Pressures - collation of known and expected cost pressures including mitigation strategies
	2023/24 efficiencies and savings initiatives - agreement of 2023/24 efficiency/savings requirement.
	High level ICB Budgets updated by expenditure area and overall place budgets – after application of planning assumptions, e.g. inflation, growth, efficiency. Budgets will need to demonstrate a financially balanced plan and include efficiency plans.
By 10th March 23	Detailed budget setting
	- Agreement by ICB Exec of overall investments, savings/ efficiency and cost pressures approach.
	- Final savings plans received and signed off by ICB Exec.
	- Assessment of impact of 23/24 pay award and ICB Exec agreement of approach in reflection in pay budgets.
	- Agree methodology and leads for Continuing Care and Prescribing budget setting
	- Budget setting meetings set up with budget holders
	- Agreed actions/amendments from budget holder meetings to be applied to draft budget
	- Send out final draft budgets to budget holders for further review and sign off
	- Updated budgets issued to budget holders to include growth, savings, agreed investments and cost pressures
	Agreement of Provider contract envelopes
	- SEL Contracts, including System top-ups, Covid and ERF
	- External NHS Contracts
	- Bromley Healthcare
	- Independent Sector
	- Voluntary Sector
	Prevention/ Health Inequalities prioritisation process
	Agreement of provider contract envelopes
	Agreement of detailed budgets (at scale and place)
Mid March 23	Submission of system and organisational Operational Plans.
End of March 23	ICB Exec and Board agreement

The recurrent Bromley Delegated position is set out below:

	Bromley
	£'000s
22/23 Core ICS budget proposal	
Other Acute Services	6,502
Other Community Health Services	73,063
Mental Health Services	10,287
Continuing Care Services	23,969
Prescribing	45,213
Other Primary Care Services	2,790
Other Programme Services	67
Delegated Primary Care Services	51,921
Corporate Budgets	4,457
Total Budget - Core Baseline	218,268

At this stage it is expected that the ICB will need to deliver **3% cash releasing efficiency savings** plus additional savings to create the headroom for the funding of further cost pressures and investments.

One Bromley Local Care Partners Financial Reports

Contents

1. Princess Royal University Hospital & South Sites (KCH)
2. Bromley Healthcare
3. London Borough of Bromley
4. Other providers

	Annual	Year to Date			
	Budget	Last Year	Budget	Actual	Variance
NHSI Sub-Category	£'000	£'000	£'000	£'000	£'000
Operating Income	305.8	207.5	226.5	216.6	(9.9)
Employee Operating Expenses	(215.0)	(148.7)	(160.9)	(161.0)	(0.1)
Operating Expenses Excluding Employee Expenses	(52.1)	(39.1)	(39.2)	(42.7)	(3.5)
TOTAL	38.8	19.7	26.4	12.9	(13.5)

Budget delivery

- At month 9, the PRUH and South Sites is £13.5m adverse to budget, driven by the Operating Income from Patient Care Activities being £9.9m behind the stretching plan, but 4% above prior year.
- The plan in line with national assumptions for minimal covid-19, assumed for 50 Covid beds across the Trust. However, during the last four months King's has had on average more than 200 Covid inpatients, as well as 30 additional beds out of action due to the infection prevention and control requirements relating to these patients. The PRUH site has carried more than 90 Covid inpatients and significant numbers of medically fit for discharge patients impede elective capacity.
- Operating expenses overspend reflects pass through drugs, which are offset by income.
- King's continues to perform strongly regionally and nationally against elective recovery targets. PRUH and South Sites ability to meet the target to deliver 104% of 19/20 value weighted activity is dependent on improvement in discharging long stay patients and impact from COVID.

CIP delivery

- The care groups under the leadership of the PRUH and South Sites Executive have been allocated a CIP target of £7.6m for 22/23. This forms part of the £55m CIP that King's is required to achieve to deliver its plans.
- The PRUH and South Sites is on track to deliver its £7.6m CIP, having delivered £5.9m against a target of £5.7m at Month 9.

Explanatory Note: PRUH and South sites budget is inclusive of:

- PRUH & South Sites Executive led care groups of General Medicine, Adult Medicine, Specialty Medicine, Surgery, and PRUH Site Ops*;
 - Cross site led care groups of Orthopaedics, Ophthalmology, Cancer Network, Therapies*, and Medical Engineering and Physics* where services are delivered across PRUH, Orpington, Denmark Hill, Queen Mary's Sidcup and Beckenham Beacon sites;
- (*predominantly non income generating with YTD costs totalling £24mYTD).

PRUH and South sites budget excludes:

- Corporate budgets, including Estates and Facilities costs;
- Those care groups led by Denmark Hill Site Executive that provide services at PRUH, including Maternity, ITU, Children's services.

Capital – PRUH and South Sites forecast

KCH has a total SEL Capital allocation of £50m for 22/23. Schemes to develop the PRUH and South Sites led schemes are forecast to incur £14.1m of capital estates works expenditure in 2022/23.

Project	Project overview	2022/23 forecast £m	Status
Endoscopy	The development of a stand alone six room facility including decontamination facilities. It will produce a centre of endoscopic excellence in practice as well as research and teaching for the region which addresses the PRUH capacity shortfall.	2.0	Subject to procurement and planning permission milestones, building commencement is scheduled for Qtr 4 (delay from Qtr 3 pending planning permission). Construction will take 12 months and open in 24/25 subject to planning.
Powerstation (Mortuary / South East site)	The PRUH and South Sites is at the limit of its high voltage power and requires increased capacity as an enabler for planned schemes (Car Park EV charging; additional diagnostic capacity; endoscopy; mortuary).	2.1	Cost increase from £1.4m post procurement.
Car Park build	To provide an additional 195 spaces and lift existing planning breaches	3.3	The scheme has delivered on time and budget, opening in December 2022.
DSU link bridge	To connect the South Wing to the DSU to expand patient pathways and improve patient experience. This is inclusive of a Changing Places facility.	1.5	On track to complete by the end of January 2023.
Wellbeing hubs	Orpington and PRUH wellbeing hubs	0.3	Orpington complete and opened mid August 2022.
Radiology PFI enabling works	A number of diagnostic replacements past their due date have been instigated including MRI; 2* CT scanner; X-ray room, Cardiovascular fluoroscopy.	1.5	Additional £1.2m profiled into 23/24
Mortuary	To rebuild the PRUH site mortuary to accommodate 202 adult fridges and replace the significant temporary accommodation in place. This provides capacity for not only the hospital but Bromley and Bexley Councils.	3.0	
Ophthalmology diagnostic (QMS)	Additional capacity at Queen Mary Sidcup pending refurbishment to deliver additional lanes of activity for Medical Retina and Glaucoma as part of an Acute Provider Collaborative initiative to set up diagnostic hubs.	0.3	Works undertaken by Oxleas at Queen Mary Sidcup are due to conclude in February 2023.
Other	Smaller projects including data rooms.	0.1	
Total		14.1	

In addition, the PRUH and South Sites equipment replacement and backlog maintenance is serviced from allocated capital budgets.

1. Financial position – Period 6 (to 30th September 2022)

The finance report is presented as at period 6 (30th September 2022) and is in line with our financial plan.

Summary - 30 Sep 22	Actual - Year to date			
	Plan	Actual	Variance	Variance %
Income				
Income Total	32,231	32,277	47	
Service Lines				
Children & Young Peoples Services (CYP) & Dental				
Sub-total	10,506	10,323	183	2%
Community Adult's Services				
Sub-total	7,333	7,211	122	2%
Urgent Community Response				
Sub-total	4,138	4,147	(8)	(0)%
Overheads				
Sub-total	10,192	10,526	(334)	(3)%
Service line total	32,169	32,207	(38)	(0)%
Operating Profit for Investment (Loss)	62	70	9	

2. Summary of financial position

It is important to note that the financial position presented includes all contracts delivered by Bromley Healthcare (BHC) across South East London and has not been restricted to Bromley. This report includes the impact of contract negotiations with a number of elements included on a non-recurrent basis. The key variances within the financial position relate predominantly to vacancies across a number of areas; many of which are being covered through internal bank and regular approved

agency. There are also a number of new posts within the District Nursing Service that are being recruited to.

A key priority for the organisation is substantive recruitment to which good progress is being made following the introduction of our new career pathways in adult and children's nursing. The recent band 5 community nursing readiness cohort welcomed 12 new community nurses and a similar programme across the Health Visiting services has been developed for Health Visitor Development Nurses. This is being supplemented by an international recruitment trial.

The support and estates reflect the premises utilised by BHC under lease arrangements and support services. The over spend within this area represents

additional costs incurred in supporting the CQC improvement plan, securing additional premises and IT infrastructure.

The key financial risks to note within our financial position are:

- Non-delivery of the Productivity programme – all key schemes are identified and in progress. Key milestones are being monitored through our Project Management Office (Celoxis).
- Agenda for Change increase – our position assumes that in line with precedent over previous years and the latest guidance that the increase associated with Agenda for change increases, above original published tariff, will be funded.
- Winter pressures – there is a continued risk of additional financial pressures over the winter period.

3. Capital

BHC has not received any capital funding in 2022/23.

London Borough of Bromley

2022/23 Financial Position – Update for Bromley Local Care Partnership Board Meeting on 26th January 2023

The summary financial position set out below is based upon an extract from the 2022/23 Budget Monitoring paper that was presented to the Executive meeting on 30th November 2022.

The report provides the second budget monitoring position for 2022/23 based on expenditure and activity levels up to the end of September 2022. The report also highlights any significant variations which will impact on future years as well as any early warnings that could impact on the final year end position.

Current projections show an overall net overspend of £9,568k within portfolio budgets and a £8,555k credit variation on investment income, central items and prior year adjustments, resulting in a total variation of £1,013k.

A summary of the 2022/23 budget and the projected outturn is shown in the table to the right.

The variations above are projected to have a full year impact in 2023/24 of £9,369k, the majority of which relates to Children's Social Care and Adult Social Care placements.

	2022/23 Original Budget £'000	2022/23 Latest Budget £'000	2022/23 Projected Outturn £'000	2022/23 Variation £'000
Portfolio				
Adult Care & Health	79,216	79,184	79,131 Cr	53
Children, Education & Families (inc. Schools Budget)	49,594	50,516	58,821	8,305
Environment & Community	34,294	35,838	35,716 Cr	122
Public Protection & Enforcement	2,645	2,629	2,725	96
Renewal, Recreation & Housing	14,502	15,619	16,381	762
Resources, Commissioning & Contracts Management	43,841	46,116	46,696	580
Total Controllable Budgets	224,092	229,902	239,470	9,568
Capital Charges and Insurance	11,399	11,399	11,399	0
Non General Fund Recharges	Cr 1,461	Cr 1,461	Cr 1,461	0
Total Portfolio Budgets	234,030	239,840	249,408	9,568
Income from Investment Properties	Cr 9,166	Cr 8,666	Cr 8,481	185
Interest on General Fund Balances	Cr 2,841	Cr 2,841	Cr 5,841 Cr	3,000
Total Investment Income	Cr 12,007	Cr 11,507	Cr 14,322 Cr	2,815
Contingency Provision	18,208	10,400	4,660 Cr	5,740
Other Central Items	Cr 8,901	Cr 6,938	Cr 6,938	0
General Government Grants & Retained Business Rates	Cr 48,395	Cr 48,395	Cr 48,395	0
Collection Fund Surplus	Cr 4,100	Cr 4,100	Cr 4,100	0
Total Central Items	Cr 43,188	Cr 49,033	Cr 54,773 Cr	5,740
Total Variation on Services and Central Items	178,835	179,300	180,313	1,013
Prior Year Adjustments	0	0	0	0
Total Variation	178,835	179,300	180,313	1,013

<u>SEL ICB Bromley - Expenditure with other Local Care Partners</u>	
Organisation	£'000
<u>Oxleas by Mental Health Investment Standard (MHIS) category</u>	
Children & Young People's Mental Health (excluding LD)	4,798
Perinatal Mental Health (Community)	1,193
A & E and Ward Liaison mental health services (adult and older adult)	1,628
Early Intervention in Psychosis (EIP) team (ages 14 - 65)	1,196
Adult community-based mental health crisis care (adult and older adult)	4,230
Community mental health (adult and older adult), including new integrated models for SMI, pathways for eating disorders, personality disorders (excluding supported housing & placements in the community)	12,957
Community mental health (adult and older adult), supported housing and other accommodation-based support	109
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13,303
Adult and older adult acute mental health out of area placements	1,707
Learning Disabilities and Autism Not included in MHIS	2,254
Dementia Not included in MHIS	1,349
Mental Health Placements in Hospitals	350
Total	45,072
<u>St Christophers</u>	
Bromley Consortia	2,203
Bromley Community	682
Total	2,885
<u>Bromley GP Alliance</u>	
Bromleag Care Homes	1,200
Community Phlebotomy Service	518
Community Headache Service	183
Denosumab Service	100
Total	2,001
Bromley Third Sector Enterprise - Total	2,395

Notes:

This information sets out the values with SEL ICB Bromley unless otherwise stated. It will not reflect these organisations financial relationships with other parties nor will it set out the total turnover of an organisation.

Oxleas information is set out by MHIS category and is based upon the 22/23 start contract value.

St Christophers totals reflect 22/23 contract values with ICB/Bromley.

Bromley GP Alliance values have been taken from the Bromley/ICB contracts register.

The BTSE total reflects the 21/22 income value relating to LBB & ICB/Bromley.



ENCLOSURE: 7

AGENDA ITEM: 9

One Bromley Local Care Partnership Board

DATE: 26 January 2023

Title	LCP Assurance Report – January 2023	
This paper is for information/discussion		
Executive Summary	<p>1. Introduction</p> <p>The attached report sets out the Bromley January performance of local indicators included in the national performance frameworks. There has been a general improvement across most metrics since the last reporting period.</p> <p>Where possible most metrics have been updated for Quarter 3 reporting period. Due to the timing of the release of the National data, further commentary on each of the reported metrics will be provided at the One Bromley LCP Board meeting.</p> <p>The first meeting of the One Bromley Performance, Quality and Safeguarding Committee is to take place at the end of February 2023 and will report back to the next LCP Board.</p>	
Recommended action for the Committee	<ul style="list-style-type: none">• 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

ONE BROMLEY

	Other Committee Discussion/ Internal Engagement	None
Author:	Emma Smith / Mark Cheung	
Clinical lead:	N/A	
Executive sponsor:	Mark Cheung	

Bromley Local Care Partnership supplementary performance data report

January 2023

Introduction and summary

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Reported metrics

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Childhood immunisations [PAGE 10](#)

Learning disability and autism [PAGE 12](#)

CQC overall ratings [PAGE 13](#)

Outline and structure of report

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

Rating performance

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

Bromley performance overview

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
SMI Physical Health Checks	↑	National standard 60%	41.0%	Performance is significantly below target.
Personal health budgets	↑	Q3 2022/23 Trajectory - 637	1087	Performance is above the Q3 2022/23 trajectory
NHS CHC assessments in acute	↔	National standard No more than 15%	0%	Performance is on target as at Q3 2022/23
NHS CHC 28 days assessments	↑	Completed within 28 days Trajectory – Q3 50%	59%	Performance is above the trajectory as of Q3 2022/23
NHS CHC 12 weeks referrals	↓	Q3 2022/23 Trajectory – no more than 3 per borough	45	Performance trajectory is not being met as of Q3 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	↑	November 2022/23 Trajectory - 505 health checks	425	Performance is below the November trajectory.
CQC overall ratings	↔	No target	95.2% (40) rated Good	1 Requires Improvement 1 No Rating

Performance data

Description of metric and SEL context

- South east London is committed to leading work to reduce the premature mortality among people living with severe mental illness (SMI). People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease.
- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**. As at Q3 2022/23 all SEL LCPs performed well below the planned target of 60% and the SEL overall performance was 40.4%. However, improvements are reported for all 6 boroughs and overall SEL performance is up by 5.2% compared to Q2 2022.
- Delivery against the SMI physical health check target for 2022/23 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. A steering group was set-up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation.
- South London and Maudsley NHS FT (SLaM) has recently mobilised an outreach team to work with primary care to carry out physical health checks for Lambeth, Lewisham and Southwark.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q3 2022/23) – target 60%							
% patients receiving check	39.5%	41.0%	34.6%	43.5%	36.1%	46.0%	40.4%
Trend since last quarter	+0.8%	+1.9%	+9.1	+9.6	+2.7%	+3.1%	+5.2%

Description of metric and SEL context

- As of December 2022, 2,791 PHBs were in place in SEL which is 457 below the Q3 target of 3,248. Bexley and Bromley are the only boroughs in SEL performing above their planned Q3 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 – Q3 2022/23							
Target – Q3 2022/23	446	637	552	616	509	488	3,248
Q3 2022/23	480	1087	424	319	127	354	2,791

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. Lewisham is the only borough in South East London not meeting the target as of Q3 2023.
- 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 Bexley and Lewisham achieved the trajectory for Q3 2022/23.

NHS CHC referrals exceeding 12 weeks

- ICSs are expected to minimise the number of incomplete NHS CHC referrals exceeding 12 weeks.
- Only Bexley and Southwark achieved the locally agreed trajectory in Q3 2022/23. SEL is not meeting the target, with 73 incomplete referrals over 12 weeks.

NHS Continuing Health Care (2 of 2)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of NHS CHC full assessments in an acute setting Q3 2022/23 – Target no more than 15%							
Quarter 3 2022/23	0%	0%	0%	0%	4%	0%	0%
Trend since last reported period	↔	↔	↔	↔	↑	↔	↔
Percentage assessments completed in 28 days Q3 2022/23 – Trajectory at least 50%							
Quarter 3 2022/23	59%	43%	22%	33%	77%	49%	45%
Trend since last reported period	↑	↑	↑	↑	↑	↓	↑
Incomplete referrals over 12 weeks Q3 2022/23 – Trajectory no more than 3 per borough and 19 SEL							
Quarter 3 2022/23	1	45	5	12	10	0	73
Trend since last reported period	↓	↓	↑	↑	↓	↔	↑

Description of metric and SEL context

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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months – Q2 2022/23									
% patients	87.0%	89.8%	84.4%	85.7%	86.5%	83.6%	86.2%	82.3%	89.7%
Trend since last quarter	↓	↑	↑	↑	↑	↑	↑	↑	↔
Children receiving MMR1 at 5 years – Q2 2022/23									
% children	91.1%	91.6%	90.4%	85.2%	84.8%	87.1%	88.4%	86.3%	92.9%
Trend since last quarter	↓	↓	↑	↓	↓	↓	↓	↓	↓
Children receiving MMR2 at 5 years – Q2 2022/23									
% patients	81.2%	85.4%	82.2%	76.1%	78.4%	79.3%	80.6%	71.8%	84.7%
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 – Q2 2022/23									
% patients	90.2%	94.2%	89.7%	89.2%	89.5%	90.0%	90.4%	87.6%	95.7%
Trend since last quarter	↑	↑	↓	↑	↑	↑	↑	↑	↑
Children receiving DTaP/IPV/Hib % at 24 months – Q2 2022/23									
% children	90.9%	92.2%	88.0%	88.8%	89.3%	86.6%	89.3%	87.7%	92.9%
Trend since last quarter	↓	↓	↑	↑	↑	↓	↔	↑	↓
Children receiving pre-school booster (DTaPIPv%) % at 5 years – Q2 2022/23									
% patients	80.9%	80.0%	75.7%	73.7%	71.7%	73.7%	75.9%	69.9%	83.4%
Trend since last quarter	↓	↓	↑	↑	↓	↓	↓	↓	↓
Children receiving DTaP/IPV/Hib % at 5 years – Q2 2022/23									
% patients	84.4%	92.2%	81.7%	89.2%	88.8%	88.9%	87.6%	88.3%	93.5%
Trend since last quarter	↓	↓	↓	↑	↓	↓	↓	↓	↓

Description of metric and SEL context

- People with a learning disability often experience poorer physical and mental health outcomes but this does not need to be the case. South east London is committed to offering 75% (5,815) 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 3400 annual health checks were completed between April and November 2022 exceeding the November trajectory of 3202. Workforce challenges continue to impact on the delivery of health checks in primary care. However, improvements can be seen across south east London with 4 out of 6 boroughs exceeding the November trajectory.
- 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 November 2022/23							
November 2022/23	447	425	483	752	682	611	3400
Local trajectory November 2022/23	430	505	500	670	677	420	3202

Description of metric and SEL context

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

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Summary of latest published CQC ratings – January 2023							
Outstanding	4.8% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0.5% (1)
Good	85.7% (18)	95.2% (40)	93.5% (29)	97.4% (38)	97.0% (32)	75% (24)	91% (181)
Inadequate	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	3.1% (1)	0.5% (1)
Requires improvement	4.8% (1)	2.4% (1)	6.5% (2)	2.6% (1)	3% (1)	15.6% (5)	5.6% (11)
No rating	4.8% (1)	2.4% (1)	0% (0)	0% (0)	0% (0)	6.3% (2)	2.0% (4)

* Number of practices reported in ()



Bromley
Safeguarding
Children
Partnership

Annual Report

2021-2022





Foreword by the Independent Chair

This reporting period began as children started returning to school in April 2021 and ends in March 2022, just as a level of post lockdown normality was settling in. The report therefore covers the work of the partnership response to lockdowns, the challenges, and concerns we all faced regarding the lack of line of sight to vulnerable young people and the increase in referrals as children began to emerge back into public spaces, not least the classroom.

Throughout this period the partnership monitored the health and wellbeing of the workforce, the emerging pandemic related safeguarding themes and sought reassurance relating to agency interoperability. I can report that partners demonstrated a real willingness to go the extra mile and to develop and enhance their ability to facilitate digital engagement. In many cases this has led to a more blended style of contemporary working. Individual and organisational commitment, agility, and a commitment to reflect on what could be improved was a key strength.

As part of our commitment to learning and improvement we surveyed partners to identify what had worked and what could work better. In January 2022, the BSCP carried out a Winter COVID Assurance survey with all safeguarding partners in Bromley. This built on the COVID-19 Minimum Standards Assurance Audit carried out the previous summer, but with a specific focus on winter pressures and the Omicron variant. This helped us identify common themes and where necessary adapt practice.

The increase in the number of Strategy meetings continued to be a challenge during this reporting period. Colleagues in the police and health sector in particular, struggled to maintain capacity. In response the partnership developed a new protocol with improved processes and guidance. We continue to monitor progress in this area.

In order to address some of the other pressures linked to heightened levels of post lockdown referrals we revised and relaunched the [Bromley's Threshold of Need](#) guidance and I carried out an audit of our Multi Agency Safeguarding Hub (MASH). This work reflected on the capacity and capability within the MASH, the commitment and resource input from partners and resulted in recommendations regarding call filtering, better pathways, training, resourcing, systems, and an enhanced analytical capability. The action plan to implement these recommendations is now well underway.

Notwithstanding the issues directly related to the pandemic, the partnership has continued to focus on business as usual and develop innovative ways to coordinate and deliver support.

For example, in this reporting period we built on the pan-London Child Exploitation Operating Protocol to develop the Bromley Child Exploitation Strategy 2022, led multiagency challenge and scrutiny activity on mental health services, the Mental Health Strategy and CAMHS waiting times. We also



mapped the availability of support services and advice across the partnership linked to the Afghan refugee crisis, commissioned and commenced a Thematic Review on a child's journey through custody, led multi-agency reflective sessions on key issues and completed an FGM pathway audit.

This reporting period also coincided with the launch of the Everyone's Invited website, highlighting allegations of sexual harassment and abuse in schools. The partnership reviewed the Ofsted report and has responded by ensuring that such matters are raised in our schools providing them with guidance on what is, and what is not acceptable. Furthermore, we have developed and introduced an online safeguarding self-assessment tool for all partners, including schools and early years. This will help such institutions reflect on their practice, identify areas for improvement and assist the partnership to monitor actions.

We recognised that annual reports by their nature are published after the fact, and therefore have begun a process of publishing shorter and more focussed assessments for members on the 'here and now' issues. Two such Strategic Assessments were completed and shared last year. These were based on contemporary feedback from partnership quarterly updates, regarding real time trends. This process has recently been enhanced by the recruitment of a strategic analyst, facilitated by funding won from a DfE pilot and now supported by Bromley Council. This adds deeper insight and analysis through access to better quality multi-agency data.

Moving forward we are determined to maintain momentum, capture what has worked well and make improvements wherever we can on those areas that remain challenging. I am also mindful (at the time of writing) of the growing cost of living crisis and the impact this will have on everyone. To that end, I am pleased to say that my engagement with leaders, at all levels reinforces my belief that they too are committed to doing whatever is necessary to support our children and their families in what are increasingly difficult times.

A black ink signature, appearing to read 'Jim Gamble', written in a cursive style.

Jim Gamble QPM
Independent Chair





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About the Annual Report





The BSCP Annual Report 2021-22 is a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley

Pages 12 to 26 set out the governance and accountability arrangements for the BSCP. They provide information about the structures in place that support the BSCP to do its work effectively.

Pages 27 to 39 outline partners safeguarding achievements and challenges 2021/2022.

Pages 42 to 72 set the context for safeguarding children and young people in Bromley, highlighting the progress made by the partnership over the last year and the challenges going forward.

Pages 73 to 82 highlight the lessons that the BSCP has identified through its work and the actions taken to improve child safeguarding and welfare as a result of this activity.

Pages 83 to 90 describe the range and impact of the multi-agency safeguarding training and briefings delivered by the BSCP.

Pages 91 to 99 set out the priorities going forward and the key messages from the Independent Chair of the BSCP to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, the BSCP annual report 2019-20 has been sent to the following:

- Chief Executive LBB
- The Lead Member for Children's Services
- The Director of Children's Services
- The Chair of the Health and Wellbeing Board
- The Chair of the Safer Bromley Partnership
- The Independent Chair of the Bromley Safeguarding Adults Board
- Bromley Youth Council
- The Mayor's Office for Policing and Crime
- Child Safeguarding Practice Review Panel
- What Works Centre for Children's Social Care

This Annual Report covers and reports on activity between 1st April 2021 and 31st March 2022



Glossary of Terms



ABH	Actual Bodily Harm	LA	Local Authority
BAME	Black, Asian and Minority Ethnic	LAC	Looked After Child
BCU	Basic Command Unit	LADO	Local Authority Designated Officer
BSAB	Bromley Safeguarding Adult Board	LBB	London Borough of Bromley
BSCP	Bromley Safeguarding Children Partnership	LSCP	Local Safeguarding Children Partnership
CAF	Common Assessment Framework	MAPPA	Multi Agency Public Protection Arrangements
CAFCASS	Children and Family Court Advisory and Support Service	MARAC	Multi Agency Risk Assessment Conference
CAIT	Child Abuse Investigation Team	MACE	Multi Agency Child Exploitation
CAMHS	Child and Adolescent Mental Health Services	MASH	Multi Agency Support Hub
CCE	Child Criminal Exploitation	MEGA	Missing Exploitation and Gang Affiliation Panel
CDOP	Child Death Overview Panel	MISPER	Missing Person
CHIN	Child in Need	NHS	National Health Service
CLA	Child Looked After (child in care)	NSPCC	National Society for the Prevention of Cruelty to Children
CME	Children Missing Education	OFSTED	Office for Standards in Education, Children's Services & Skills
CP	Child Protection	PF	Private Fostering
CPP	Child Protection Plan	PCI	Performance, Challenge and Impact Subgroup
CRIS	Crime Reporting Information System	PPU	Public Protection Unit
CSC	Children's Social Care	PRUH	Princess Royal University Hospital
CSE	Child Sexual Exploitation	PSHE	Personal, Social and Health Education
DBS	Disclosure and Barring Service	PSP	Pupil Support Plans
DfE	Department for Education	RAS/R&S	Referral & Assessment Service
DSL	Designated Safeguarding Lead	RHI	Return Home Interviews
DVIP	Domestic Violence Intervention Project	SDVC	Specialist Domestic Violence Court
ECHS	Education, Care and Health Services	SELICB	South East London Integrated Care Board
ED	Emergency Department	SEND	Special Educational Needs and Disability
EWS	Education Welfare Service	SPR	Safeguarding Practice Review
EHE	Elective Home Education	SRE	Sex and Relationship Education
EIFS	Early Intervention and Family Support	TAC	Team Around the Child
FGM	Female Genital Mutilation	UASC	Unaccompanied Asylum Seeking Children
GP	General Practitioner	VAWG	Violence Against Women and Girls
ICPC	Initial Child Protection Conference	YJS	Youth Justice Service
IHA	Initial Health Assessment		



Context



Multi-agency Safeguarding Arrangements

The Bromley Safeguarding Children Partnership (BSCP) was put in place in response to the Children and Social Work Act 2017 and Working Together 2018 and replaced Local Safeguarding Children Boards (LSCBs). The partnership supports and enables local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted.
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children.
- Organisations and agencies challenge appropriately and hold one another to account effectively.
- There is early identification and analysis of new safeguarding issues and emerging threats.
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice.
- Information is shared effectively to facilitate accurate and timely decision making for children and families.

The safeguarding partnership is held accountable by the Safeguarding Children's Partnership Executive (BSCPE) which is formed of the three statutory safeguarding partners: the Police; the Local Authority; and the South East London Integrated Care Board (ICB). The Director of Education has also been co-opted as a member of the Executive because of the critical role that schools and education services play in safeguarding children and young people.

Executive leads and Partnership members have signed up to the BSCP Pledge which consists of four priorities: the health and wellbeing of the workforce; understanding vulnerability; a focus on getting the basics right; and continuous improvement.

COVID-19

This reporting year commenced in April 2021, shortly after children returned to school following the second extended period of national home learning (January - March 2021). This coincided with the launch of the national vaccination programme for COVID-19. The work of the partnership this year has therefore again been dominated by the COVID-19 pandemic. Partnership Board and Executive meetings have concentrated on the direct and indirect impact of the pandemic by focussing on health and wellbeing of the partnership workforce (COVID fatigue, work pressures, isolation and vaccine hesitancy), line of sight of children and emerging safeguarding themes, as well as multi-agency interoperability.

Partnership meetings and subgroups continued to engage digitally. Contingency Oversight Group (COG) meetings, which took place every three weeks during lockdowns since March 2020, also continued until June 2021. COG meetings reviewed the partnership risk assessment and multi-agency responses to the pandemic and in April and May 2021 specifically focused on emerging safeguarding concerns following the national return to school.

IMPACT

In January 2022, the BSCP carried out a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures and the Omicron variant. The responses from the survey informed the BSCP Strategic Threat Assessment in 2022.



The Partnership





KEY ROLES AND RELATIONSHIPS

The Independent Chair and the BSCP Team

Jim Gamble QPM is the Independent Chair of the BSCP. The role of the BSCP Independent Chair is set out in our [Multi-Agency Arrangements to Safeguard Children](#). In short, the Independent Chair provides a rigorous and transparent assessment of the extent to which appropriate and effective systems and processes are in place in all partner agencies so as to fulfil their statutory duties and ensure that children are protected and that appropriate safeguarding strategies are developed and embedded. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to the Chief Executive of the London Borough of Bromley. He has retained a 'right to roam', challenging the statutory safeguarding partners and all relevant partners and agencies listed in our multi-agency arrangements.

The BSCP is supported by one Partnership Manager (job share) and one full time Business Support Officer. They ensure the smooth running of the Partnership's day to day business.

Whilst being unable to direct organisations, the BSCP does have the power to influence and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.

Designated Professionals

The Designated Doctor and Nurse for Safeguarding Children take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional expertise. The Designated Dr and Nurse have continued to demonstrate their value by offering challenge and support to partners. This includes the escalation of cases as recommendations for learning review, development of the Health Economy Dataset and leading on health contributions to the BSCP dataset.

During 2021/2022, the Designated Professionals responded to requirements as the COVID-19 pandemic unavoidably dominated the work of health providers, however, they continued to attend all partnership and health safeguarding meetings, ensuring safeguarding remained a priority across the health economy. They also ensured that Health Economy Safeguarding Children Forum members were kept up to date with local partnership work, for example, the Threshold of Need Guidance and the multi-agency Strategy Discussion protocol.

IMPACT

As the number of referrals to Children's Social Care continued to increase this year, the BSCP revised and relaunched [Bromley's Threshold of Need](#) guidance in order to promote a better understanding of social care thresholds and what makes a good quality referral. This now also includes an additional section on thresholds for Children with Disabilities.



Partner Agencies

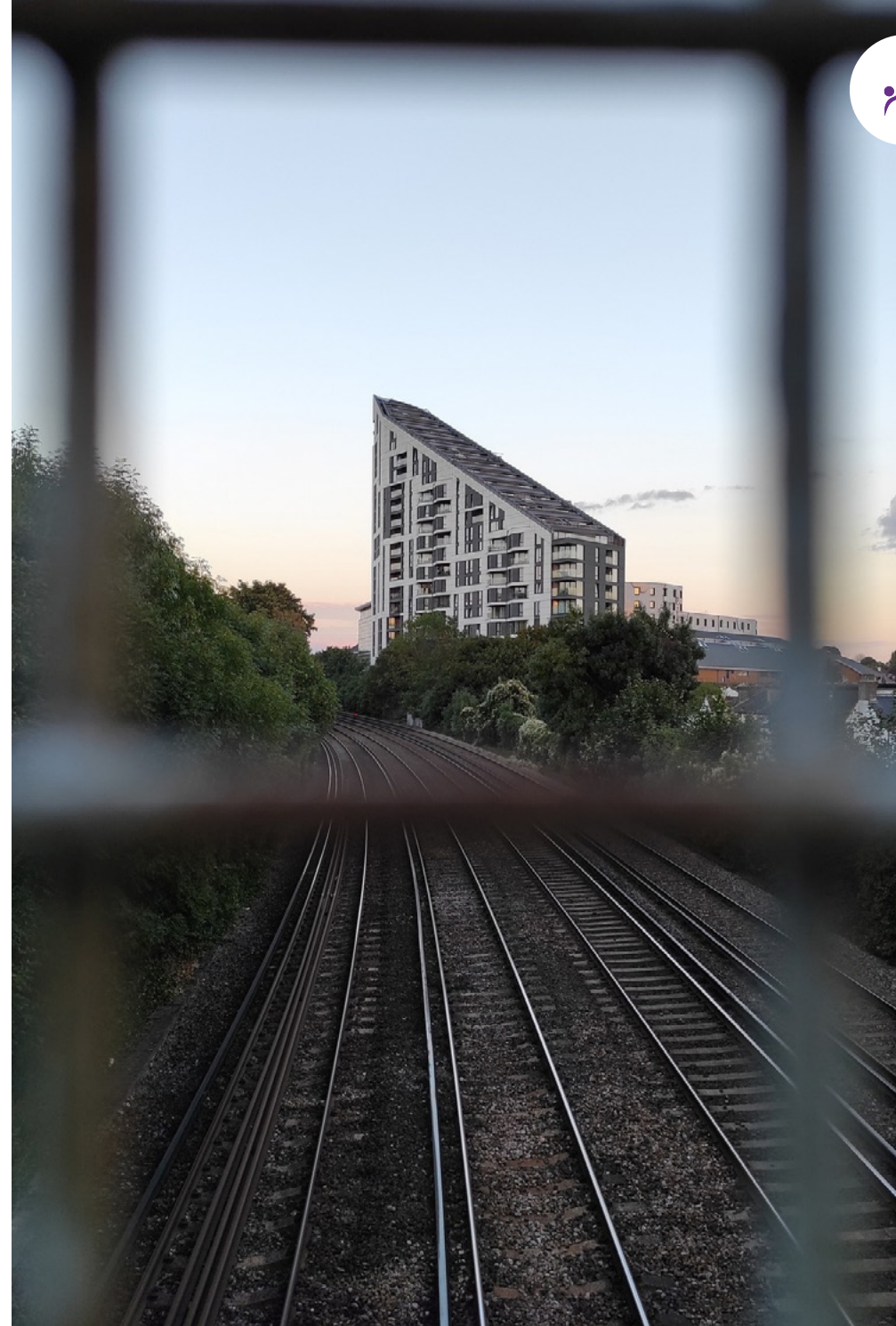
All partner agencies across Bromley are committed to ensuring the effective operation of the BSCP. This is supported by a Constitution that defines the fundamental principles through which the BSCP is governed. Members of the Partnership hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.

Awareness of the escalation process has been raised at BSCP Multi Agency Partnership Events, via the BSCP app and during training events.

Relationship with Other Strategic Boards

The Independent Chair of the BSCP is a member of the Health and Wellbeing Board and has developed links between the two boards with regard to the strategic use of the Joint Strategic Needs Assessment and more recently the BSCP Strategic Threat Assessment. The BSCP Manager is also a member of Children's Social Care's (CSC) Practice Improvement Board to ensure that the BSCP is part of the ongoing improvement journey to excellence.

The BSCP Chair chairs an Inter Board Chairs Group which brings together the Chairs of the BSCP, the Bromley Safeguarding Adults Board (BSAB), the Community Safety Partnership (Safer Bromley Partnership) and the Health and Wellbeing Board. This meeting is responsible for the coordination of leadership, collective awareness, and the coherence of respective plans when reporting back to individual Boards and will consider the strategic risks and key issues across safeguarding including children, young people, families, adults, those leaving care, and communities.





GOVERNANCE AND MEMBERSHIP

Quarterly Safeguarding Assurance Group

To ensure accountability for children and young people's safeguarding to the highest level, the Partnership introduced a new quarterly meeting in Bromley in 2021-22. This is attended by the most senior staff from the three statutory partners as well as other elected Members who have accountability in this area. The meetings are attended by:

- **Metropolitan Police (South BCU)** – Borough Commander.
- **South East London Integrated Care Board (ICB), formerly CCG** – represented by the Borough (Bromley) Managing Director.
- **Bromley Council** – Chief Executive, Leader of the Council, Portfolio Holder for Children, Education and Families
- **Independent Chair of the BSCP**



BSCP Executive

The children's safeguarding partnership is held accountable by the Bromley Safeguarding Children's Partnership Executive (BSCPE) which was put in place in June 2019 as part of new multi-agency safeguarding arrangements. The Executive meetings are chaired by the Independent Chair. The Executive is attended by the three statutory safeguarding partners as defined in Working Together 2018. Locally the three are:

- Metropolitan Police (South BCU) – represented by the Detective Superintendent for Safeguarding.
- South East London Integrated Care Board (ICB) – represented by the Borough (Bromley) Managing Director.
- Bromley Council (Children's Services) – represented by the Director of Children's Social Care.

The Director of Education has also been co-opted as a member of the Executive.

The Executive's purpose is to:

- hold the Partnership to account for the performance in ensuring vulnerable children and young people are safe.
- allow discussion of priorities and commitment of resource amongst partners to promote safeguarding.
- identify any major concerns or areas for further investigation by the Partnership.
- agree funding arrangements and budgets for the BSCP.



BSCP Board

The Partnership Board met four times during 2021-2022. It is held accountable by the BSCP Executive and has a membership made up of representatives from all statutory partners as well as a range of key health, probation, education and community representatives. A list of current Board Members is set out at the back of this report. The Board oversees the work of the subgroups which meet between the quarterly board meetings and scrutinises agency reports from across the Partnership. The agenda offers opportunities for information sharing and discussion, but also encourages questioning and challenge. The BSCP captures all challenges raised by the Independent Chair and partners inside and outside of Board meetings in an Impact Log.

The BSCP now regularly reviews performance through reference to its risk register, self-assessment process and partner agency updates submitted to each Board meeting. During 2021-22, key risks identified as having the potential to impact on the BSCP's ability to carry out its statutory objectives included COVID-19 pandemic and the health and wellbeing of the workforce.

There were some fluctuations around attendance rates sometimes associated with changes of staff changes within agencies. Attendance rates remain subject to ongoing monitoring and agencies are robustly challenged if attendance decreases. This has been a key area of focus for the Chair. The attendance rates by agency for 2021-22 to the four main Board meetings are set out below.

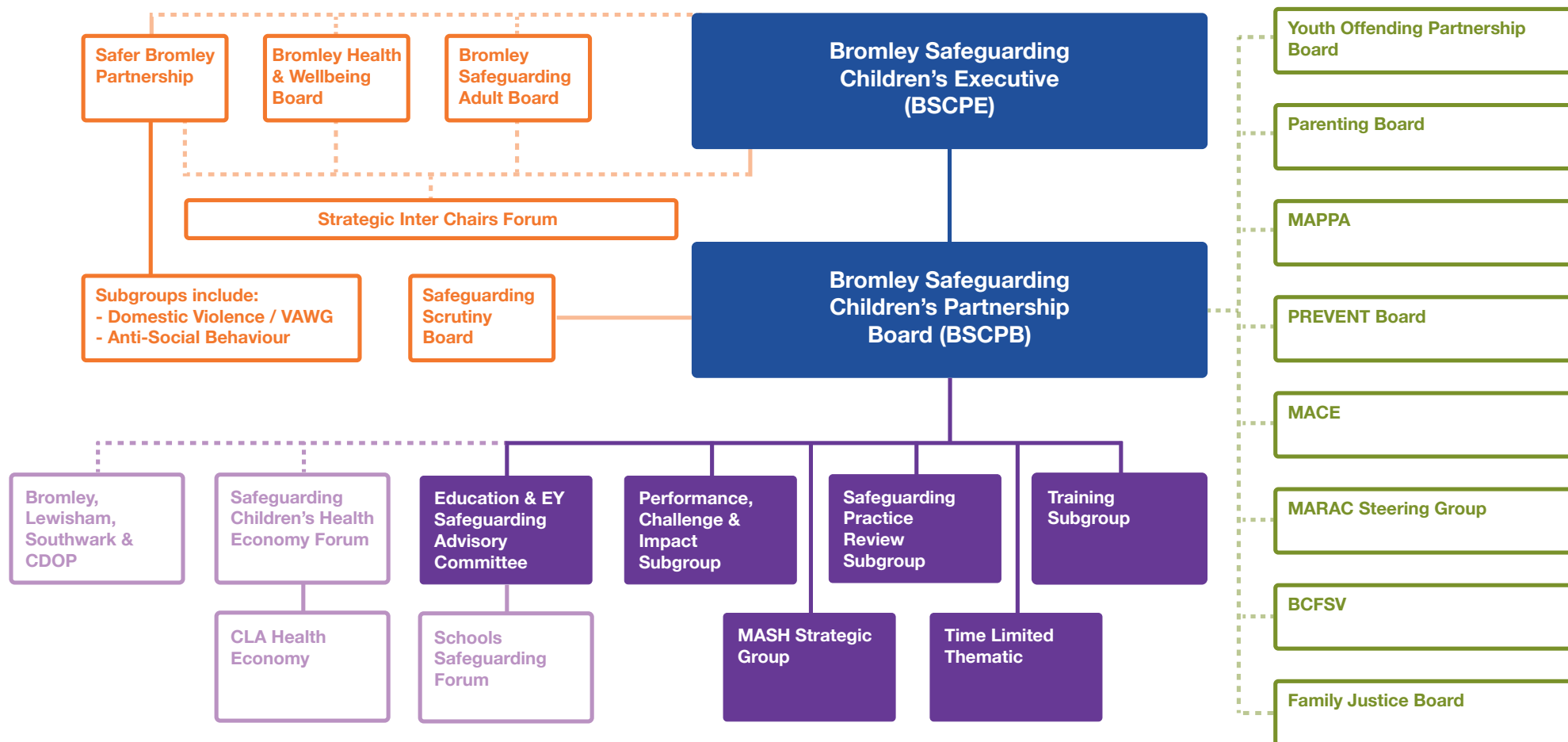
Partnership Board Attendance April 2021 to March 2022

	Attendance	Number of seats per organisation
Independent Chair	100%	1
London Borough of Bromley, Children's Social Care	100%	3
London Borough of Bromley, Education	100%	1
London Borough of Bromley, Youth Offending Service	100%	1
London Borough of Bromley, Public Health	100%	1
London Borough of Bromley, Housing	100%	1
London Borough of Bromley, Portfolion Holder Care Services & Education	100%	1
National Probation Service	75%	1
Lay Members	100%	1
Children & Family Court Advisory & Support Service	50%	1
Bromley School Representation	75%	2
Bromley Colleges*	50%	1
South East London Integrated Care Board (formerly known as CCG)	100%	3
Kings College Hospital	100%	1
Metropolitan Police Service – Bromley Borough BCU	100%	1
Bromley Healthcare	100%	1
Oxleas NHS Trust	100%	1
Children & Family Voluntary Sector Forum	75%	1
Change, Grow, Live	100%	1
Bromley Y	100%	1

*Bromley Colleges joined the BSCP Board in December 2021



BSCP STRUCTURE - APRIL 2022





BSCP SUB GROUPS

Below is an outline of each subgroup, its priorities, and its achievements over the last year.

Contingency Oversight Group

In March 2020, as a result of the first COVID-19 lockdown, the BSCP pivoted to holding Contingency Oversight Group (COG) meetings every three weeks. These meetings brought together senior representatives of partner agencies to review the partnership risk assessment and multi-agency responses to the pandemic. The agenda considered the health and well-being of the workforce, including COVID fatigue and vaccine hesitancy and reluctance, insights into emerging safeguarding themes and matters related to interoperability. Issues considered included: lack of line of sight on vulnerable children and their families, responses to abusive relationships, anticipation of increased online harms, issues related to vulnerable children no longer in school and the increase in need for and access to mental health services.

Example outcomes from the group include challenges by the Independent Chair of the BSCP around delays in Education Health Care Plans, how partners manage a mixed economy of vaccinated and non-vaccinated staff, attendance at Strategy Meetings and delays in concluding care proceedings.

These meetings continued until June 2021 when many restrictions were lifted and it was agreed that risk could be managed through the usual Executive and Board meetings.

Children's Scrutiny Board

IMPACT

The BSCP has put in place a Children's Scrutiny Board which brings together senior professionals from the statutory partners to facilitate the joining up of scrutiny functions across the children's safeguarding partnership. This improves accountability.

The BSCP has strengthened the independent scrutiny of quality and impact of children's safeguarding by establishing a Bi-annual Scrutiny Panel, chaired by the BSCP Independent Chair. The panel includes the independent chair of the Practice Improvement Board, the elected Member who chairs the Local Authority's Children, Education and Families Policy Development and Scrutiny Committee, and quality assurance leads from the LA, the police and the ICB. The purpose of the Board is to map scrutiny functions across the safeguarding partnership to ensure scrutiny activity is not duplicated. The partnership is bringing together scrutiny activity to strengthen the improvement journey across Bromley. This will inform the quarterly Strategic Threat Assessment.



Performance Challenge and Impact Subgroup

The Performance Challenge and Impact (PCI) Subgroup is central to the effective functioning of the BSCP. The subgroup met 4 times during 2021-22. The subgroup is chaired by the BSCP Partnership Manager. The PCI subgroup takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single agency safeguarding arrangements are working and is able to provide robust challenge to improve practice and outcomes for children and young people.

This year the work of the PCI subgroup included:

- Scrutiny of single agency audits, including Police MERLINS for children, CSC Practice Assurance Stocktakes, police audits of child abuse, domestic abuse, mental health and hate crime.
- Scrutiny of a multi-agency audit, checking the FGM pathway from Maternity Services to primary care.
- Scrutiny of the multi-agency dataset every quarter with subsequent challenges. There was additional focus on CAMHS waiting times and caseloads, non-accidental injuries, elected home education, low CAF numbers, and the increase in LADO referrals.
- The BSCP dataset was reviewed this year by our new Strategic Data Analyst and a dashboard developed which draws on additional data sources, previously not shared at partnership level. The Analyst also proposed new indicators to focus partnership scrutiny for the year ahead.
- Scrutiny of regional and new national datasets, including the London Safeguarding Children Board dataset, MPS' Public Prosecution Improvement Plan with 40 KPIs and the Children's Commissioner's CHLDRN dataset to see where Bromley is an outlier and examine why this is the case.
- Monitoring actions from completed audits and reviews in a composite action plan. This included actions for Bromley agencies arising from a practice review in a neighbouring borough to ensure learning was embedded locally.
- Challenge, escalation and resolution of operational issues such as organisation of Strategy Discussions, attendance at Strategy Discussions, and hospital discharges following a mental health crisis presentation.

IMPACT

The safeguarding partnership has historically had a lack of strategic analysis. We are almost overwhelmed with data, much of it coming too late to be of use, commenting on what has been as opposed to what might be. The BSCP was successful in securing one-off DfE 'Safeguarding Reform' funding to pilot the role of a dedicated safeguarding children analyst. The analyst started in November 2021 and provides a richer interpretation of intelligence to safeguarding partners by way of producing succinct, timely strategic threat assessments that will strengthen decision making, improve the scrutiny of front-line safeguarding practice and enhance tactical decision making, which will in turn impact on front line practice. Elected Members in the Local Authority and others whose primary role is not safeguarding children, have found the Strategic Threat Assessments useful and praised the new approach.



Training Subgroup

The BSCP Training Subgroup is chaired by the Head of Workforce Development at London Borough of Bromley (LBB) and it met 3 times this year. The Training Subgroup consists of a multi-agency mix of managers who commission the BSCP multi-agency training programme and monitor the quality of said programme, which usually consists of formal live learning, online learning and less formal briefings, seminars and workshops throughout the year. This year all learning was delivered online using a mixture of live webinars and recorded interactive training modules.

A detailed summary of training is provided in the [Training and Development section](#). In brief, the main tasks of the Subgroup this year were:

- Improving the Learning Management System (Evolve) which manages bookings, evaluations etc
- Managing the 2021-22 training programme through another year impacted by the pandemic
- Agreeing bespoke training sessions from one expert partner to another in order to upskill particular sectors in the Partnership
- Understanding training needs and procuring a new three-year training programme for 2022-25 which is fit for purpose and affordable.

IMPACT

Following an increase in non-accidental injuries regionally and nationally during the pandemic, the Designated Doctor and Nurse ran bespoke training sessions for particular groups of professionals as lunchtime briefing sessions. These were delivered flexibly to groups of GPs, social workers and various agencies in the health economy. A briefing session about the particular vulnerabilities that under-ones face was run by the Designated Doctor for housing partners.

This was followed up with a new Protocol on Bruising and Non-Accidental Injuries in Children for professionals and a leaflet for parents/carers which was shared across the Partnership.





Safeguarding Practice Review Subgroup (Previously Serious Case Review Subgroup)

The Safeguarding Practice Review (SPR) Subgroup is chaired by the Independent Chair of the BSCP and meets quarterly. In addition, extraordinary meetings are held when the unexpected death/significant harm of a child requires further enquiry and cross-partner investigation. The purpose of the subgroup is: to consider instances of significant harm to, or the death of a child that may meet the criteria for a statutory review; to agree how learning can best be captured, distilled and shared; to act as the core group when a SPR is initiated and to maintain critical oversight of action plans resulting from SPRs and learning reviews.

The Child Death Overview Panel (CDOP) now reports directly to the SPR Subgroup. CDOP and Rapid Response/JAR updates are a standing item of the SPR Subgroup.

During 2021/22, the SPR Subgroup:

- Completed a joint Bromley Domestic Homicide Review / Learning Review where the children suffered significant harm
- Contributed to a neighbouring borough's Learning Review concerning the delay in seeking medical treatment
- Led a multi-agency reflective session on a child with complex mental ill health
- Commissioned and commenced a Thematic Review on a child's journey through custody

Multi agency action plans have been agreed for all completed Serious Case Reviews and Learning Reviews and these are monitored by the PCI subgroup. Learning from these reviews is detailed in the 'Reviews of Practice' section.





MASH Strategic Group

There was an increase in demand placed on the Multi Agency Safeguarding Hub (MASH) pre COVID and then exacerbated by the pandemic, with fewer contacts converting to assessment. The BSCP therefore put in place a MASH Strategic Group, attended by strategic leads across the partnership, to provide a forum to ensure partnership oversight, accountability, engagement and support. The subgroup is chaired by the Independent Chair of the BSCP. Its aims to:

- Ensure the formal Partnership agreement is delivered and regularly reviewed.
- Agree and advise sufficient operational resources to ensure that MASH activity is responsive to the changing needs of vulnerable children and families.
- Agree and monitor key performance indicators and develop analysis of the impact of the MASH Partnership.
- Respond to local and national policy and legislative change to ensure partnership practice is aligned.

IMPACT

The Independent Chair undertook a review of capacity and capability of the MASH in 2021. This was informed by interviews and a survey of a range of MASH staff, as well as comparisons with national and local data. The Review has found that the MASH is safe but it is under significant pressure - both the system and on particular individuals. The volume through the MASH has increased significantly since its inception but staffing levels have not increased to match this. The findings include recommendations relating to filtering and pathways, training, resourcing, systems and analysis. The full report was shared with Partnership Board and recommendations will be monitored via the MASH Strategic Group.



Education Safeguarding Advisory Committee

The Education Safeguarding Advisory Committee (ESAC) is a subgroup that reports to the BSCP and is led by schools' Designated Safeguarding Leads (DSLs) and Early Years Professionals. The subgroup has been chaired this year by a Secondary School DSL but will transfer to a Primary School DSL in September 2022.

The purpose of ESAC is to:

- Champion safeguarding across all education settings in Bromley, by promoting understanding of the need to safeguard the welfare of children
- Provide a communication channel between education settings and BSCP to share information and as a source of peer support in meeting safeguarding responsibilities, making it clear this is two-way communication
- Respond to and act on learning from safeguarding practice reviews and BSCP audits.

ESAC priorities are to:

- Share resources, guidance, and advice
- Model safeguarding policies, that are endorsed by ESAC / BSCP
- Support implementation of revised Keeping Children Safe in Education government guidance
- Learn from safeguarding practice reviews



ESAC has continued to meet virtually to look at safeguarding in schools, colleges, and early years. There have been discussions around good safeguarding practices, common presenting themes and reviewing of safeguarding policy and procedures.

The Self-Assessment Audit Tool was launched by ESAC in Summer 2021 and was completed by 91 education settings. These audits enable education establishments to determine whether there are any gaps in their practice and identify where they may need further support. Additionally, it enables the education establishments to evidence a good standard of safeguarding.

This year emotional wellbeing of children in education settings has continued to be an ongoing concern for education professionals, namely for DSLs. Mental health is a key priority in the ESAC work plan and this informed the implementation of Mental Health leads, to promote and support the wellbeing of children and young people. Mental Health & Wellbeing Leads Network have also been put in place. LBB has provided Mental Health and Wellbeing Tool Kits and schools also have access to a single point of contact at Bromley Wellbeing.

ESAC has held three DSL Network Meetings over the last year with schools. In the 2021 summer network meeting there was promotion of the safeguarding self-assessment, and the Education Safeguarding Officer (ESO) shared the findings at the meeting in March 2022. Discussions at the DSLs network meetings have focussed on mental health services in Bromley, contextual safeguarding, the new duties of the virtual school, peer on peer abuse and online bullying. In the summer term, there will be a transition day which facilitates information sharing between secondary and primary schools.

The ESO has provided consultations to DSLs, headteachers and education staff. This involves providing advice and support around safeguarding policies, procedures, and advice on safeguarding thresholds in relation to LADO referrals, where an allegation has been made that a member of staff has harmed or may have harmed a child.

The ESO has carried out training briefings to education professionals including guidance on referrals to children's services in accordance with Bromley's Threshold of Need document; promoting the learning from Safeguarding Practice Reviews; 'Keeping Children Safe in Education'; LADO processes (managing allegations against adults); and themes around contextual safeguarding that are relevant to the borough, such as mental health, gangs, child sexual and child criminal exploitation.

Over the last year some common safeguarding themes for schools are peer-on-peer abuse, bullying in person/online and students presenting with complex emotional needs. There has been increasing complexity around contextual safeguarding and DSLs have been supporting students and families with this over the last year.

Bromley Trust Academy (BTA) Outreach is now provided to primary and secondary schools to support students that are at risk of being permanently excluded. This aims to help the child remain at school where possible or if alternative provision is required, it can be achieved in a planned and supportive way.



Health Economy Safeguarding Children Forum

The Health Economy Safeguarding Children Forum is chaired by the Bromley Designated Nurse and Designated Doctor for Children. The Health Forum provides a professional network for Named Safeguarding Professionals (Nurses and Doctors) across the NHS and Private Sector. The Forum helps support these professionals to link the work of South East London ICB, Bromley Safeguarding Children Partnership, NHS England and the National Network of Designated Professionals and informs work plans, training, supervision and Provider Boards.

The Safeguarding Health Forum is tasked with reviewing practice through policy, audit, feedback and sharing of learning. During 2021/22, topics for discussion included presentation regarding transition support for children and young people with SEND living in Bromley. Discussions and actions were agreed regarding the implications for learning for health identified in Learning Reviews, Safeguarding Children Practice Reviews and Domestic Homicide Reviews. Protocols were reviewed and developed for example, escalation processes where there is professional difference, bruising and injury in the non-mobile child, perplexing presentations and Fabricated Induced Illness and Child Sexual Abuse pathways. Reports from the national panel, national reviews and new legislation were shared, reviewed and discussed and where appropriate recommendations for Bromley considered.

The CLA Designated Doctor and Nurse lead the CLA Health Forum. The Designated Nurse also chairs the Health and Wellbeing subgroup within the Corporate Parenting Board. The Lunch Club for Care Leavers has been on-going initiative since May 2022. The aim of the CLA Health Forum is for partner agencies to work collaboratively to achieve improved outcomes for CLA and Care Leavers. The CLA Designated Dr with Bromley CLA Health Team, carried out an audit of the emotional wellbeing of Bromley Foster Carers and CLA during the Pandemic. The audit was presented to the CLA Health Forum in October 2021.

IMPACT

The [Child Sexual Abuse pathway](#) has been updated so that partners are clear on the services that are available in Bromley following a disclosure or any concerns. It also includes immediate safety and welfare considerations.





FINANCIAL ARRANGEMENTS

A range of partner agencies from the local authority, health agencies, police and probation service continued to contribute to the BSCP's budget for 2021-22, in addition to providing a variety of resources, such as their staff time and support for the BSCP Team (HR, IT and legal). Agency financial contributions totalled £196,588. This is only an increase of 1.45% from last year's total agency income. Whilst several of the partners paid the agreed 2% annual increase, others paid the same small amount to all London LSCPs and one reduced their contribution due to the reunification of two organisations.

Income from training continued to be greatly reduced for the second year in a row; this is partly due to the changed nature of our delivery (we charged less for shorter webinars compared with our usual full day classroom-based courses), the waiving of cancellation/no show penalty fees for 2021-22 and also due to administrative delays with charging as Learning and Development staff were diverted to new duties as part of the council's emergency response to the COVID pandemic. The books have balanced as many of our annual costs were averted this year due to the ongoing pandemic and social restrictions. BSCP did not run an annual conference, the Independent Chair was unable to work as many days in the first quarter due to illness and our training was all conducted online which incurred lower costs than in person training.

A thematic review was commissioned this year but the costs of this will be incurred in the 2022-23 financial year.

In 2021, we were successful in our bid for £40,000 grant money from the Safeguarding Reform team in Central Government to improve accountability in the Partnership. This grant allowed us to pilot the role of a dedicated safeguarding children analyst from November 2021. More detail on this can be found in the Progress on Bromley Pledge section of this report. The remainder of the grant will be spent in 2022-23.



INCOME

	£
London Borough of Bromley	95,044
Bromley CCG	24,073
Oxleas NHS Foundation Trust	23,657
Bromley Healthcare CIC	23,657
Kings College Hospital NHS Trust	23,657
Metropolitan Police Service/MOPAC	5000
CAFCASS	0
National Probation Service	1000
London Fire Brigade	500
Training income	1080
One-off Safeguarding Reform grant from Govt	40,000
TOTAL INCOME	237,688

EXPENDITURE

	£
BSCP SALARIES, including Independent Chair, lay members expenses, and BSCP 2.2fte staff	156,883
Data Analyst (agency costs to end March 2022)	21,306
TRAINING COSTS, including e-learning and external trainers	21,433
OTHER costs, including IT hardware, website costs, general office expenses, publication design, professional association membership	1,682
DfE grant money remainder to be spent in 2022-23. Carried forward	18,694
Thematic Review costs. Payment on completion Autumn 2022. Carried forward	4,000
Child Safeguarding Practice Review reserves	12,000
TOTAL SPEND	235,998



PARTNER SAFEGUARDING ACHIEVEMENTS AND CHALLENGES 2021-22

The reporting year ended in March 2022 - approximately two years after the pandemic started. The impact upon children and their families has been and remains significant. As a partnership we adapted and remained flexible as to how we managed ourselves, our workforce, services, and partnerships to ensure we safeguarded children and supported the children and families needing our support and intervention.

Children's Social Care

Children's Social Care (CSC) has continued to keep children front and centre of all strategic and operational planning throughout the year. The second year of the pandemic has seen increasing demand upon services and LBB has met demand by adjusting and investing in more social work staff. There is a consistent focus upon the quality of social work practice through the Quality Assurance Framework - an internal and external cycle of auditing practice to ensure standards have not dropped during the pandemic. The findings of these audits are reported back to the senior leadership team to consider recommendations. CSC has continued to induct new staff in the Bromley Relationship Model (BRM) and continued with virtual refresher training for existing staff. Many of the compliments received evidence the BRM model displayed by social workers in their engagement with children and their families.

The Bromley Relationship Model emphasises the importance of practitioners' relationships with children and parents/carers as the vehicle through which CSC's intervention is delivered. The BRM vision is: 'By working together with agency partners, we will ensure that every child in Bromley has the right help at the right time to keep them safe, and to meet their needs, so that they achieve, thrive and reach their full potential'. This approach leads to better and timely outcomes for children when quality relationships are formed with families.



In October 2021 CSC received a focussed visit from Ofsted. The focus of the visit was the Children Looked After service: how CSC manage decisions and support children through their care journey. Inspectors fed back that ‘the right decisions are made at the right time, for the right children’ and that ‘children in care in Bromley continue to make good progress supported by a stable and skilled workforce’. In November 2021 the leadership team was strengthened by the introduction of a second assistant director, creating increased line of sight of all services across CSC.

The most common reasons that children are identified as needing a social care service continues to be the impact on children of domestic abuse, parental mental ill health, neglect and substance misuse. During the pandemic, CSC saw an increase in domestic abuse within families and an increase in young people as well as adults suffering from mental ill health. During this period CSC lowered its thresholds in order to ensure children received the right support at the right time. Children’s mental health became the third highest reason for a referral to CSC, behind domestic abuse and parental mental health. Prior to the pandemic this was the sixth most common reason. The joint funded post of a mental health practitioner working alongside social workers in the Children Looked After Service has been a welcome addition to alleviate some of the demand.

Due to the demand and volume of work originating through the Multi Agency Safeguarding Hub (MASH) and then the Referral and Assessment Service, two additional safeguarding teams were funded in January 2022. The teams focus on Children in Need, accelerating identified actions to alleviate difficulties children and their families are faced with.

CSC was aware of the limitations of its recording system and therefore in July 2021 converted from the previous recording system to Liquid Logic. Support

has been in place to support this transition. The assistant directors lead weekly board meetings with senior managers and IT staff to address any new issues that have arisen when a new system has been implemented

The Quality Assurance Framework findings support that threshold is being well applied in decisions to undertake Section 47 enquiries and to convene Initial Child Protection Conferences. There is confidence that the right children continue to be identified from assessment to receive this level of intervention. CSC has seen a rise in children subject to Child Protection Plan. There were 345 children subject to a child protection plan at 31st March 2022, representing 45.7per 10,000 Under 18 population, an increase from last year. 537 children were the subject of Initial Child Protection Conferences (ICPC) during 2021-22 indicating an increase of 36 percentage points on the previous year (394).

The introduction of panels such as the Child in Need panel, chaired by a Head of Service helps to ensure that children who have had a Child in Need plan for more than 9 months are receiving meaningful intervention. The Head of Service for Quality Assurance continues to chair the Child Protection Scrutiny Panel. The panel considers children who have been on child protection plans for 9 months or more and reviews case direction. The panel challenges progress as to whether matters should be stepped up or down to ensure a positive outcome for children in a reasonable timescale.

Final Care Planning meetings are chaired by respective Heads of Service responsible for overseeing the proposed outcome for a child that is in our care. This is a final scrutiny meeting prior to submission of evidence to the court to ensure Local Authority professionals are agreed upon the care plan for the child.



The Legal Gateway Panel applies robust decision making to ensure that children whose safety requires escalating further than a Child Protection Plan is addressed in a timely way for children. The panel process has been commended by the local judiciary for the benefits it achieves in supporting timely outcomes of care applications to the Court. CSC continues to achieve timescales of care proceedings that compare well in the London and national context. That said the judiciary has not been unaffected by the pandemic and continues to experience a back log of hearings that are causing delays for some children.

The Staying Together team now has a lead practitioner, overseeing work across the team and continues to work intensively with families to prevent young people becoming looked after by improving family relationships and young people's safety. The team has designated workers for working with the Youth Justice Service and the MEGA panel.

In November 2021 the LA joined the Your Choice Project. This is led by LIIA (London Innovation & Improvement Alliance) and in partnership with the Institute for Fiscal Studies and the Anna Freud Centre, funded by the Home Office. The project aims to reduce Serious Youth Violence. Staff in the Youth Justice Service were trained in CBT and put their training into practice when working with selective young people as an alternative approach to working with this hard to reach cohort of young people. There are early indications that this is being received positively.

CSC Thrive service sits within the Permanency service and was created as an in house offer of therapeutic support to Bromley foster carers, adopters, connected carers and Special Guardians caring for children. The feedback is fantastic and is assisting these carers in caring for children and keeping placements stable. The number of children in Bromley placed with their family

through Special Guardianship during 2021/22 was 11 (8%); this is below that of the previous year and 2021 national average of 14%.

A challenge for CSC is managing caseloads through all of its services at levels that give the best opportunity for social workers and their managers to demonstrate excellence consistently in their work with children and families. This has been addressed by the introduction of new social work capacity but will remain under review as there are no signs of this reducing.

The increase in the complexity of issues children and their families are presenting gives challenges to train and develop social workers to be better skilled in their assessments and knowledge base in supporting families - ensuring social workers feel empowered in being clear in their professional authority and having a good knowledge of the legislative framework and statutory guidance that informs decisions.

IMPACT

The increase in the number of Strategy meetings continued to be a challenge this year. CSC has increased staff levels to meet the volume of demand and will continue to review this. Police and health partners are still struggling with capacity to attend Strategy meetings. The BSCP has therefore reviewed expectations for Strategy Meetings and worked on a new Protocol with improved forms, contact lists and guidance. Police have also implemented a new booking process that allows CSC to directly book appointments, including Strategy meetings, with the relevant teams.



Education

Mental health and wellbeing is a key priority area for the Education department and its partner agencies, with a significant increase in presenting mental health needs, including high levels of anxiety, which are believed to be pandemic related. During 2021/22 we have established a network of trained school Mental Health and Wellbeing Leads and provided extensive support to facilitate the implementation of whole school approaches to wellbeing across the Borough. Working with our specialist mental health providers in Bromley Y and CAMHS, we have extended the support through the Mental Health in Schools Teams (MHST) to cover all secondary schools and the majority of primary schools on a risk based approach.

All frontline Education teams have experienced significant growth in demand for services, with the complexity of presenting needs also increasing. Additional resources have been directed to the Special Education Needs (SEN) teams, Access to Education and Inclusion and Educational Psychology to seek to keep up with the exponential increase in requests that these services are experiencing. Current expenditure on vulnerable cohorts through the Dedicated Schools Grant significantly exceeds the funding provided by Government, necessitating a deficit recovery management action plan to ensure future sustainability of services. The Education Welfare Service has increased its presence on the Multi-Agency Safeguarding Hub (MASH), following the report and recommendations from BSCP.

Since Spring 2022, the Education department has rapidly implemented a range of initiatives to ensure our displaced Ukrainian guests are well supported and have rapid access to suitable education provision. Working with our partners in schools and other settings, we have been able to quickly offer all children an education placement and provided families access to education as a second or additional language (ESOL) support. An offer is made to all Ukrainian

guest pupils of a native language visit to their school, supporting the earlier identification of any wellbeing or safeguarding concerns and enhancing the school's profile of the pupil and individualised education plan.

The Education department has continued to support disadvantaged families with supermarket vouchers during school holiday periods, administered by Bromley schools. Additionally, an extensive range of fun and engaging opportunities is provided through our Holiday Activities and Food Programme, with all parts of the Borough and all age ranges 0-18 covered. Vulnerable children are prioritised within the grant conditions to complement safeguarding work.

School attendance is a key area of focus for 2022, following increases in persistent absence from school, which reflects the national picture. We have established the School Access Taskforce, with a number of primary and secondary school representatives, which will oversee the partnership's data for attendance and inclusion and direct activity to improve attendance for all pupils, with an increased focus on vulnerable cohorts, aligned to the Virtual School's new duties for children known to social care.

IMPACT

Following Ofsted's Review of Sexual Abuse in Schools and Colleges, there was a requirement for safeguarding partners to review how LBB works with Bromley schools and colleges (including academies and independent schools) and to set out its offer of support to schools and colleges. Plans were presented by the Director of Education and Police DCI to the Headteachers Forum and schools were asked to review the Ofsted report and identify any systemic issues within their school. Resources and consistent messages have been published on the LA's 'Education Matters' website, providing guidance on what is acceptable and what is not.



South East London Integrated Care Board (ICB) Formerly known as Bromley Clinical Commissioning Group

On 1 July 2022, Southeast London Integrated Care Board (ICB) was established. As a newly created statutory body, the ICB now supports and builds upon existing health and care partnerships established by the Integrated Care System (ICS) - Our Healthier Southeast London. The ICS was established in 2019 and continues as the partnership that brings together the full range of organisations responsible for publicly funded health and care services across the six south east London boroughs. These are Bromley, Bexley, Lambeth, Southwark, Lewisham and Greenwich. The ICB oversees the work of the ICS NHS body and makes decisions on allocating resources and planning services.

Within each ICS, place-based partnerships lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.

The Designated Professionals are represented on a number of Bromley place based multiagency forums, providing assurance and health oversight to safeguarding children, young people and children looked after. As part of the development of the ICS, the borough based safeguarding teams have been asked to deliver on key areas of practice which will enable a macro view of South East London in relation to safeguarding children and enable more joined up working to improve quality, efficiency and outcomes and help to address unwarranted variation and inequalities in access and experience across different boroughs for children, young people and their families.

Training within Primary Care: This year all training has been virtual due to the pandemic and social distancing requirements. Practices are offered a

training visit by the Named GP every 3 years to provide level 1 and 2 training. Fourteen virtual 'Practice visits' have been made this year. Level 3 training has been provided to Bromley GPs via one Academic Half Day and four Practice Leads training afternoons. Training included:

- Update on Identification and Referral to Improve Safety (IRIS – the Primary Care domestic abuse programme)
- Bruises and injuries in Infants and Non-Mobile Children
- Children Transition- Relevance to Primary Care and the GP Role
- Back to Basics Child Safeguarding
- Learning from Child Safeguarding Reviews and Quality Team
- Change Grow Live
- Early Intervention-Children
- Mental Capacity Act (MCA) and Liberty Protection Standards (LPS)
- Changes in Adults Social Care

Practice Leads training included legal aspects of child safeguarding, Health Visiting services and Family Nurse Partnership (FNP), learning from domestic homicide reviews, Special Educational Needs and Disability (SEND) and Prevent (safeguarding against radicalisation).

The CLA Designated Nurse started in post in March 2022 following the retirement of the previous post holder. The CLA Designated Nurse continues to be the SEND Champion. The Designated professionals have contributed to the multi-agency SEND audit. The CLA Designated professionals compiled a Commissioning Compliance Toolkit for CLA and Care Leaver health services. The Toolkit was aimed at improving health standards for CLA and Care Leavers, identifying best practices and immediate risks.



Police

The learning from Operation Aegis continues to be used across departments to manage risk and improve the outcome of safeguarding investigations. This includes the use of the daily whiteboard to identify risk during the daily morning safeguarding meetings. The schools officers and police resources team regularly attend which increases information sharing.

The Every Child Every Time (ECET) programme continues in custody suites at Bromley and Croydon. This has been running since June 2020, to improve awareness of officers who are dealing with children in custody as a reminder that officers need to understand their vulnerabilities as children and to encourage “the voice of the child”. The weekly ECET meeting monitors performance of the programme and also reviews incidents where children have been placed in police protection ensuring that safeguarding and multi-agency working has been effective. The ECET meeting is currently being reviewed with the intention of inviting social care to attend to share concerns and identify learning.

The “one front door” team was set up in February 2021 in response to the increased demand for multi-agency meetings regarding contextual safeguarding issues that affect children who may be drawn into criminality, risk of exploitation, gangs, missing episodes and living with domestic violence within their home setting. Working with partners, Police have now implemented a booking process that allows Children’s Social Care to directly book appointments with the relevant teams. The CAIT team, which has expertise in child safeguarding referrals, manage the booking process and continue to triage the requests from social care and then allocate to the best placed police team to take part in the strategy discussions. The implementation

of the booking process is improving police attendance at these meetings. Additional strategy discussion training is being delivered to Police teams and supervisors across Bromley. A weekly escalation meeting is in place with social care and health to review any issues and to share learning.

The Child Criminal Exploitation and Child Sexual Exploitation team continues to hold regular operations with the British Transport Police and Safer Neighbourhood team, other agencies and surrounding forces - particularly around transport hubs. These multi-agency operations will continue regularly in the coming year. Representatives from police, schools and safeguarding teams joined partners at the Pre Summer Summit which focused on contextual safeguarding and sharing information across the partnership.



Oxleas NHS Foundation Trust (provider of Child and Adolescent Mental Health Service in Bromley)

Bromley has a single point of access for children and young people experiencing emotional or mental health issues. This is provided by the Community Wellbeing Service (Bromley Y). Specialist Child and Adolescent Mental Health Services (CAMHS) is provided by Oxleas NHS Foundation Trust in Bromley.

The former Safeguarding Adults and Safeguarding Children Committees amalgamated in November 2019, setting new terms of reference to ensure effective safeguarding arrangements. In August 2021, it was agreed to introduce a new standing agenda item – ‘Think Family Safeguarding’, in order to provide evidence of activities that are focused on embedding the principles of the Think Family approach. This has served as an opportunity to introduce new support tools to promote holistic safeguarding practice, such as the Think Family 7-minute briefing, as well as to present good practice through case studies and examples of systems developed within teams to safeguard children.

One of the key highlights of the year 2021-2022 was progress in documentation of “Children in Adult Network” on RIO (a patient records system) by Adult Mental Health services, therefore improving identification of children and young people who may be in need of further support or safeguarding.



Bromley Y

Bromley Y is the single point of access for mental health and emotional wellbeing referrals for children and young people (0-18 years or 0-25 years for CLA, Care Leavers and children with EHCPs in place) in Bromley, working closely with Bromley CAMHS and other partner organisations in the borough. Since April 2021 new systems and processes have been adopted to fully embed the new Mental Health & Emotional Wellbeing Service (MHEWS). The service has been restructured in line with the [Thrive](#) model, which is a needs-led system design.

Challenges included an increase in referrals, acuity, and complexity. There is an increased prevalence of self-harm, suicide ideation and more involvement from social care, medical services and other agencies working with children. The Bromley Y risk support team has made a great number of safety calls and there has been a requirement for increased supervision and staff training to support a growing workforce which includes the volunteer mentors.

With a focus on equality, diversity, and inclusion Bromley Y aims to ensure that marginalised groups have access to its services, particularly through active outreach into these communities. Work with BAME and Black Lives Matter themes continue to be one area of our focus.

Bromley Y has initiated multi-agency meetings to review complex cases, has set up a safeguarding committee which reports to the Board of Trustees and has recruited a full-time safeguarding manager.

The offer includes a choice of virtual and face to face interventions, both for individuals and groups. Bromley Y has developed its support for children and young people, professionals and parents/carers through webinars,

psychoeducation and clear information via its website and other social media platforms. New evidence-based technologies such as [Lumi Nova](#) (online therapeutic game) and The Signpost, a text chat service for young people aged 11-18 have supported this. A recent new intervention, The Cutting Down Programme, delivers a service to those young people who have been engaging in self-harming coping mechanisms.

In January 2022 Bromley Y was awarded additional funding for a third mental health support team (MHST). The MHST operates in 63 schools including all secondary schools. Following Bromley Y and Bromley CAMHS collaboration with LBB, the Mental Health and Wellbeing Leads network has been launched which supports the whole school approach strengthening links with education.

Given the additional challenges faced, Bromley Y places high importance on staff welfare and has introduced wellbeing days, access to Health assured benefits and flexible working.

Bromley Y continues to make sure the voice of children young people and their families are listened to, and their needs are at the centre of the service. Two youth ambassadors and a parent representative have been recruited to support developments in this area.

IMPACT

As the Afghan refugee crisis developed, the BSCP undertook an exercise to assist its understanding of issues and preparedness. The collated information was disseminated to help partners share good practice, to advise, signpost and support displaced families in need.



Kings College Hospital NHS Trust (acute setting: Princess Royal University Hospital and south sites)

King's College Hospital (KCH) has robust processes and procedures in place to safeguard children and young people accessing services and works closely with statutory partners. This year they have strengthened the working relationships between Adult and Paediatric teams by combining the teams into one safeguarding hub. This lends itself to a team approach of "Think Family". It has reinforced the importance of the working relationships between adult and children safeguarding, which underpins the culture that safeguarding children and adults is everyone's responsibility across teams and services in the Trust with clear governance structure in place for safeguarding.

There have been significant challenges within the team with regards to turnover, recruitment and sickness, however the team is now at full establishment with a Director of Nursing for vulnerable people also ensuring a robust structure is in place. A practice development post that works jointly with adult and children's services has ensured our safeguarding vision is reinforced through effective training of our professionals across the Trust. These additions will strengthen KCH's work with statutory partners and enhance the support and care it gives to patients and their families.

Bromley Healthcare (community health services)

Safeguarding remains core business for Bromley Healthcare Community Interest Company (BHC). The Child Safeguarding Service is fully staffed and the new role of the Associate Director of Safeguarding, who will provide strategic safeguarding leadership, is in post.

The impact of the COVID-19 pandemic has continued upon health services in the reporting period. Contingency plans and adaptations to service delivery were required to maintain business continuity.

An increase in MASH referrals to health has led to a business case proposal which was accepted and has resulted in the addition of a MASH Health advisor post.

The Children's Safeguarding Service continues to deliver high quality supervision, training and advice to empower frontline staff to effectively safeguard children and their families in Bromley. Supervision compliance for the reporting period has remained consistently between 90% and 100%. Similarly BHC achieved compliance with all targets for Child Safeguarding training levels 1 to 4.

This year the service has seen a sharp increase in reports of domestic violence, mental health crises in both adults and young people and sexual exploitation. The safeguarding service has seen exploitation in many other forms, including online grooming, scams, frauds, adult abuse, family poverty, mental health issues, and the resulting consequences that these things bring for families and communities.

The safeguarding team takes a proactive approach by collating any emerging themes to assist staff with identification and response to abuse and neglect. Through training, the service has concentrated on Professional Curiosity, Think Family and Back to Basics (including escalation). The introduction of the skills framework tool for Health Visitors and School Nurses supports embedding learning and Reflective Practice groups cover topics such as Routine Safe Enquiry (for Domestic Abuse) and the Myth of the Invisible Men.



Youth Justice Service (YJS)

This year, the Youth Justice Board (YJB) issued an updated version of Youth Justice Service Governance and Leadership. Throughout the guidance it refers to ‘youth justice services’ rather than the statutory definition of ‘youth offending team’. This is to acknowledge the evolution of services in all their guises and to move away from the stigmatising language of ‘offending’. As a direct result of this, Bromley Youth Offending Service (YOS) is now formally known as Bromley Youth Justice Service.

The YJS has continued to provide a good standard of service to children and their families, despite many challenges this year and has also performed well against demanding national and local goals to reduce children’s offending. The service continued to develop its service offer and increase resources, train and support staff, as well as work with partner agencies.

It has been a challenging year with high levels of concern for all YJS children, including those who are vulnerable to exploitation and offending. Bromley YJS continue to focus on its key strategic priorities:

- Reducing the number of first-time entrant children into the youth justice system
- Reducing offending by children.
- Improving the safety and wellbeing of children in the youth justice system
- Addressing ethnic disproportionality and overrepresentation of other characteristics and groups
- Protecting the public and victims
- Strengthening our Partnership Board and workforce

Bromley YJS has adopted the Child First principles: seeing and treating children who offend as children and treating them in this respect when they come into contact with youth justice services. The vision is one of pre-emptive prevention, public protection and keeping children safe by giving them the best opportunities and increasing their health and wellbeing to reduce their risk of further coming into the criminal justice system.



Housing

There continues to be significant challenges in supporting families to obtain and sustain suitable safe and affordable accommodation. The Council's Housing Options & Support Service works with partners in order to intervene early where a household is threatened with homelessness, wherever possible working with households and landlords to sustain tenancies. Our work to provide housing advice and homelessness prevention to ex-offenders continues to ensure that re-offending and rough sleeping is minimised, and to keep residents within the borough safe.

The Council has a number of services to support those experiencing domestic abuse; this includes the Sanctuary Scheme which ensures that people can remain safely in their home whilst benefitting from extra guidance and safety measures such as secure door locks, phone lines and even secure rooms where necessary. During the last year the Council has also engaged a new contract with Bromley and Croydon Women's Aid which provides enhanced holistic services aimed at both women and children as well as increased access to safe accommodation.

The Council recognises the challenges in securing accommodation within the Borough. Over the last year we have seen over 1500 households living in temporary accommodation, much of which has been provided outside of borough boundaries. This is typical across London as all boroughs tackle the challenges faced in securing homes. As part of its transformation programme and in line with the published Housing Strategy the Council has begun building accommodation on Bromley owned land. To date 60 homes - all of which are affordable, energy efficient and have been developed to a high standard have been built - representing the Council's aim to provide good quality 'Bromley Homes for Bromley People'.





Probation

The operational period of 2021/2022 was strongly influenced by the unification of Probation Services. On 26th June 2021, the public and private operational arms of Probation, previously referred to as Community Rehabilitation Companies and the National Probation Service, were unified under the single organisation of the Probation Service. For the borough of Bromley this has resulted in being part of a Probation Delivery Unit (PDU) alongside the borough of Lewisham, which is overseen by a single Head of Service.

The two operational teams in Bromley are responsible for the management and oversight of approximately 700 people on probation. The highest percentage of cases are managed as part of community disposals (Community Order or Suspended Sentence Order), whilst the remainder are subject to statutory supervision following their release from a custodial sentence.

When considering the demographics of the caseload, the vast majority are male (88%), with those of a White British and White Other background forming the highest percentage (64%). The age profile of people on probation indicates that those aged 26-35 form the highest percentage (31%) followed by those aged 36-45 (24%) and 18-25 (22%). In regard to offence type, violence (both domestic and non-domestic) forms the highest profile of offending, followed by matters related to drug supply and possession.

The past 12 months has seen a focus on the mobilisation of the workforce and the need to harmonise or align processes and procedures between the legacy organisations. These include aspects such as ensuring all staff are sufficiently and consistently trained in core mandatory areas such as risk management and safeguarding; that the Probation Services are represented across key operational forums such as the Multi-Agency Safeguarding Hubs (MASH); and that other key partners and statutory agencies are familiar with escalation routes to a single Head of Service.

This approach has resulted in the improved engagement of Probation Services across a number of key forums and partnerships. Whilst there remain some challenges ahead, critically within areas such as the recruitment of staff to case administrator and Probation Service Officer roles, the foundations developed over the past 12 months places the service in a strong position to work effectively with other partners and key stakeholders in Bromley around the area of child safeguarding.



Change, Grow, Live

(Bromley Changes Drug and Alcohol Service for Children and Young People)

Bromley Changes has continued to collaborate with children and young people to develop materials, interventions, and service delivery. Bromley Changes has started a research project entitled 'If Young People are taking risks, why are professionals playing it safe?' to look at Harm Reduction messaging to ensure practice is meaningful and effective for children and young people. There has been keen interest from two universities and the research proposal has been presented in an international webinar. It is also being used to reshape the Young Peoples service provision for CGL nationally.

Over this year, Bromley Changes has developed stronger working relationships with MASH, now attending morning briefings – sharing information, providing case consultation and taking referrals.

Bromley Changes has also:

- recruited a local Hidden Harm Lead and included young people on the recruitment panel – they provided interesting feedback to ensure a suitable candidate was recruited
- delivered training sessions to partners on young people's substance use and Hidden Harm. In addition, they developed a course 'what's drugs got to do with it?', linking the impact of Hidden Harm and substance use to safeguarding and invited all schools to participate
- engaged young people in treatment and assessed children and young people for Hidden Harm support
- supported children and young people to successfully exit treatment, meaning they had achieved their goals around substance use or Hidden Harm.

Bromley Changes worked throughout the pandemic seeing young people and training professionals in a safe, effective and flexible way. To ensure the Bromley Changes offering was promoted, easily available and safely delivered, the website was fully updated with all support options for young people and the full training menu for professionals.



Communication





BSCP communicates with partner agencies and Bromley residents via the BSCP website, BSCP App and Twitter account. We also produce briefings for the children's workforce in Bromley and have a series of short videos explaining our work and priorities.

THE BSCP WEBSITE

The BSCP website includes separate sections for people working with children, for parents and carers, and for children and young people. Issues including Exploitation, Online Harm, Gangs and CCE, Harmful Practices, Radicalisation, Emotional Health and Wellbeing; Domestic Abuse, Bullying, Substance and Alcohol Misuse and Sexual Health have their own sections of the website with advice, signposting to resources, tips and information tailored to the specific audience. There are specific pages for young carers, children in care, licensed premises, and educational establishments. We have videos embedded, a news section and a live Twitter feed. The BSCP multi-agency training programme is accessed through the website and the Training and Resources section is a rich source of learning from audits, reviews and partnership events.



www.bromleysafeguarding.org



TWITTER

BSCP's Twitter account was launched in January 2017 and has been steadily increasing its number of followers. BSCP uses Twitter to share information about local and national safeguarding campaigns and promote local learning events and BSCP products to the children's workforce in Bromley as well as children, young people and families in the Borough. BSCP has supported the following campaigns through Twitter and our website this year: Child Protection in Sport Unit, Autism Acceptance Week, NSPCC – Speak out Stay Safe programme, E-scooters are illegal in all public areas in Bromley, #Childrensmentalhealthweek, #saferinternetday, 'Ask for Angela' initiative, #Antibullyingweek, World Mental Health Day, Not all #Domestic Abuse is physical, #Sexual Health Week, Bromley/ Croydon Women's Aid – Young People's Support Group, MPS – Knife Crime Prevention Order, Winston's Wish – Support or information about supporting a bereaved child.



[@BromleyLSCP](https://twitter.com/BromleyLSCP)



Safeguarding Context in Bromley





BROMLEY DEMOGRAPHICS SNAPSHOT

Approximately **71,000 children** and young people are **under 18**.

Of these, around **21,000** are aged **less than five years**.

0-18 year olds make up **22% of the total population** in Bromley,

Bromley has a similar ethnicity profile to the South-East of England, approximately **21.4%** of Bromley's population in 2021 are **ethnic minority groups**. The largest and fastest growing ethnic minority group in Bromley is Black African (8%), followed by white other group that includes Gypsy or Irish Travellers (7%), White and Black Caribbean (4%) and Black Caribbean (3%).

Although only around **21%** of Bromley's population are from **Black, Asian and minority ethnic backgrounds**, for our **school population the percentage of BAME is much higher at 35%**.

The **level of child poverty** is **better than the England average** with **15.5%** of children aged under 16 years living in poverty.

Source:

- GLA Housing Led Population Projection (2018)
- [Children and Young People Joint Strategic Needs Assessment \(JSNA\) 2018 – London Borough of Bromley](#)
- [Ethnic group population projections - London Datastore](#)
- [Demography JSNA Chapter Update 2021 \(bromley.gov.uk\)](#)





BROMLEY SAFEGUARDING INFORMATION

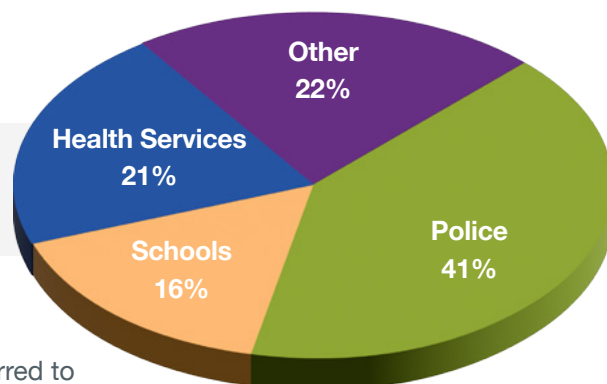
MASH ENQUIRIES AND REFERRALS

The number of monthly MASH enquiries received during 2021-22 has fluctuated throughout the year peaking at a high of 900 in March 2022 and reaching annual total of 8,115.

The three biggest sources of enquiries to the MASH during this period were:

- Police - 41%
- Health - 21%
- Schools - 16%

Source of MASH Contacts 2022



39% of all children with MASH enquiries in 2020-22 were referred to Children's Social Care (CSC) for an assessment.

This conversion rate is slightly higher than that of 2021 (37%) but below that of 2020 (44%).

There is continued and sustained improvement in safeguarding awareness and CSC continues to work with partners on their understanding of the threshold. The pandemic resulted in an increase in enquiries not requiring CSC intervention.

SOCIAL WORK ASSESSMENTS

During the year 2021-22, 4207 Social Work Assessments (SWAs) were completed; compared to 3373 the year before 2020-21. 96% of assessments were completed within the expected timeframe of 45 working days, indicating 11% on previous years' outturn and above annual target of 87%.

The 5 most common factors identified at SWA were:

- Mental Health (of parent/carer) – 28%
- Domestic Abuse (of parent/carer) – 27%
- Mental health (of child) – 22%
- Emotional Abuse (of child) - 17.4%
- Learning disability (of child) – 16.9%

CHILDREN IN NEED

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or where the child is disabled.

The Department for Education Child in Need Census includes all children referred to CSC and any that are currently open cases, except cases where children have reached successful permanence and are being monitored for funding purposes. Locally, our Child in Need cohort is those children who have been assessed as being in need by a completed Social Work



Assessment (excluding Children Looked After, Care Leavers, Child Protection and Private Fostering). Children with a disability are categorised into further subcategories of Child in Need.

In 2021/22, 6426 children were open to Children's Social Care at some point, indicating an increase of over 1,000 more than open cases the year before. On 31st March 2022, there were 2614 children in need indicating a rate of 346 per 10,000 children population in Bromley and slightly above 2021 national rate of 321.2 per 10,000.

SECTION 47 INVESTIGATIONS AND INITIAL CONFERENCES

A total of 1,825 Strategy Discussions were held in 2021-22 and 1,137 Section 47 enquiries commenced - both indicating increases on the year before.

537 children were the subject of Initial Child Protection Conferences (ICPC) during 2021-22 indicating an increase of 36 percentage points on the previous year (394). The average monthly number for 2021-22 was 45, ranging from the lowest number of 33 to 70. The rate per 10,000 ICPCs held in Bromley (72) is now above national rate of 59.3 in 2021.

83% of ICPCs resulted in the child becoming subject to a Child Protection Plan, a decrease from previous years conversion of 95%.

90% of ICPCs were conducted within 15 days of S47 during 2021-22. This is in line with previous year's outturn and above the 2021 national average of 83%.

CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

There were 345 children subject to a child protection plan as of 31st March 2022, an increase of 22 percentage point from the year before (283). This represents 45.7 per 10,000 population and in line with national average of 41.4.

The highest category of abuse for Child Protection Plans is Neglect (217, 63%); followed by Emotional Abuse (107, 31%).

In 2021-22, only one child ceased to be subject of child protection plan that was longer than 2 years, this is less than the 4 reported the previous year and even less than 6 reported in 2019-20. Bromley's rate is well below national average of 3.7% (2021).

87 children became subject of a plan for a second or subsequent time during the period 2021-21 (19.5%) and is above the previous rate of 14% (50 children) but in line with 2021 national average of 22%.



CHILDREN LOOKED AFTER

At the end of March 2022, there were 328 Children Looked After (CLA) and this is 13 below previous years outturn (341). This amounts to 43.5 per 10,000 population and is significantly below the 2021 national average rate of 67 per 10,000.

On 31st March 2022, 19% of children were looked after under Section 20 of the Children's Act. This is slightly above the national rate (15%) but is in line with previous outturn as fewer Unaccompanied Asylum Seeking Children were taken into care in the last 2 years.

35 children looked after (10.7%) had 3 or more placement moves during 2021-22. This is above previous years outturn and better than the 2021 national average of 9%. 71% of Children Looked After are under the age of 16 and in care for 2.5 years or more and have been in the same placement for 2 years. This is in line with 2021 national average of 70%.

On 31st March 2022:

- 70% of CLA were in foster placements. Of these, 42% were with in-house carers, 30% with Independent Fostering Agencies and 13% in connected persons placements
- 22% in residential placements
- 0% in independent living
- 2.5% in adoptive placements
- 5% placed at home

21% of children are placed outside of Bromley and more than 20 miles from where they used to live. This is above the 2021 national average of 16%.

Of the 66 care leavers aged 17 and 18 receiving supports as of 31st March 2022 91% were in touch with the local authority. Of these, 97% were in suitable accommodation, 70% were in Education, Employment or Training (EET).

163 (89%) care leavers aged 19-21 were in touch on their birthday compared to 91% nationally in 2021. 94% were in suitable accommodation compared to 88% nationally and 57% were in EET better than the 2021 national average of 52%.

Of those children continuously looked after for 12 months as of 31st March 2022:

- 100% of under 5s had up to date health checks completed within the statutory timeframe
- 96% of children had a health assessment completed within the statutory timeframe, in line with previous outturn.
- 75% of children had a dental check completed within the statutory timeframe, significantly better than 45% the year before which was affected by the pandemic.
- 93% of children were up to date with their immunisations, slightly below last year's figure of 98%



ADOPTION

10 children were adopted from care during the year 2021-22 representing 8% of the cohort ceasing to be looked after and below the national average of 10% in 2021 also affected by the pandemic with reduced pace of court proceedings.

Six children were placed for adoption during the same year, this is below the 12 in 2019-20. 15 children had an ADM decision for adoption and were waiting to be placed.

Eleven (8%) children looked after ceased to be looked after due to a Special Guardianship Order in 2021-22 indicating significant decrease from the 33 reported in 2020-21.

The average number of days between a child entering care and moving in with an adoptive family in 2020-21 was 557.4. This is higher than the national threshold of 426 days and previous outturn of 287 days.

The average number of days between Bromley receiving court authority to place a child, and matching the child with an adoptive family, was 97 indicating improvement from previous outturn and below the national threshold of 121 days. The 3-year average is however above at 156 days, a slight improvement on previous rolling 3 years.

The percentage of children waiting less than 14 months between entering care and moving in with their adoptive family was significantly lower at 45% (representing 23 children over the last 3 years); slightly above the national average of 43%, however this is no longer published as an indicator.

At the end of 2021-22, there were 133 approved foster carer households (including respite and connected persons). This is similar to the 132 reported in the previous year. There have been 11 newly approved mainstream foster carer households in 2021-22, similar to the 10 approved in the previous year.



YOUTH JUSTICE

The Youth Justice Service (YJS) has 3 national targets of reducing:

- First Time Entrants
- Offending and reoffending
- The use of custody

As well as 2 local indicators:

- Suitable accommodation
- Education, training and employment

The YJS finished the last reporting year with good outcomes for all its indicators.

First-time entrants

- 40 Children became first-time entrants into the criminal justice system during January 2021 – December 2021. A 9% reduction (from 48 down to 40) in the actual number of first-time entrants compared with the previous year.
- Bromley's rate of first-time entrants has reduced annually by 21% and is 18% lower than the average for London. Bromley's rate is also 15% below the national average and is in line with our statistical neighbours. Bromley also has the lowest rate compared with the 6 surrounding boroughs. (Bexley, Croydon, Southwark, Lewisham, Lambeth, Greenwich).
- Bromley has the 5th lowest FTE rate in London and are ranked 45th out of the 154 YJS in the country.
- Bromley YJS are triaging an average 100 cases a year and issuing an average of 17 community resolutions a month which is having a direct impact on keeping the number of first-time entrants low in comparison to the London and national average. (A young person receiving a triage or community resolution for a first offence prevents them from becoming an FTE).



Reducing offending

This measure captures those children who offend and go onto reoffend. It is a quarterly rolling measure of the rate of re-offending after 12 months of a cohort of children. Data taken locally shows that age plays a significant part with the older children being more prolific in their offending.

The YJS tracks a cohort of offending children who received a pre-court, court disposal or were released from custody in a 12-month period. The latest figures available are for a 12-month period July 2019 - June 2020. (Tracked until the end of June 2021)

63 children received a YJS intervention between July 2019 - June 2020. 18 (29%) reoffended within a one year tracking period. Bromley YJS have achieved a 4% reduction in the rate of reoffending compared with the previous year, July 2018 - June 2019.

- This cohort of children being tracked has reduced over the past 4 years where 178 children were serving YJS interventions by the end of June 2016. This is a 65% (115 cases) reduction over a 4-year period.
- Bromley YJS reoffending rate is 10% lower than the average for London and is 5% lower than the national average. Bromley's rate is also 2% lower than statistical neighbours.
- Bromley has the 3rd lowest reoffending rate in London and is ranked 39th out of the 154 YJS in the country.

- During the annual cohort period (July 2019 - June 2020) the YJS had been working with a number of children with complex issues and challenging behaviours. However, the YJS has continued to work to support and reduce the risks posed by these children both to themselves and the public. The service delivered a range of group and individual interventions to support their desistance.
- Bromley has an offence frequency rate of 0.90. A total of 57 offences were committed by those (18) who reoffended. Bromley has the 6th lowest frequency rate in London and is ranked 35th Nationally.



Custody

The YJS tracks the number of children sentenced to custody in an annual period. The latest figures available are for the 12-month period of April 2021 – March 2022. Good performance is typified by a low figure.

- There has been an annual reduction of 10% in the rate per 1000 of custodial sentences, compared with the same period last year (4 custodial sentences). Bromley's rate of custodial sentences is 13% below the average for London and is 8% below the national rate. Bromley's custody rate is 5% lower than its statistical neighbours.
- Bromley is currently ranked 32 out of the 154 YJS in the country and has the 4th lowest rate of custodial sentences in London. Bromley has the 2nd lowest custody rate in comparison to its 6 neighbouring boroughs (Bexley, Croydon, Southwark, Lewisham, Lambeth, Greenwich).
- The YJS continues to provide robust community interventions to manage risk in the community where it is safe and appropriate, however, for those in custody it supports them throughout their sentence and assists in their reintegration into the community, working closely with Children's Social Care, Housing and other agencies to make this a smooth transition.

LOCAL INDICATORS:

Accommodation

The YJS tracks the number of children who have access to suitable accommodation at the end of their order. The latest reporting period is for April 2022 to June 2022. There were 24 interventions which ended between April 2022 to June 2022. 22 out of the 24 (94%) children were living in suitable accommodation with their parents/relatives and carers at the end of their order. Two children were remanded into custody, however, the YJS does not view these placements as suitable for children. The percentage living in suitable accommodation is 8% lower than last year.

Education Training and Employment

The YJS monitors the percentage of children engaged in suitable education, employment, and training at the end of their YJS intervention. The latest reporting period is for April 2022 to June 2022. There were 24 interventions which ended, and these were all school aged children who were on roll and attending an ETE provision at the end of their order. This is in line with the same period last year. YJS has supported these children in a range of ways including CV writing, interviewing and motivational skills. The YJS has seen an 8% increase in the number of above school age children being in a suitable education in comparison to last year. Overall, 92% of all children completing their YJS interventions between April 2022 to June 2022 were in a suitable ETE Provision.



DOMESTIC ABUSE

The Domestic Abuse Strategy Lead role sits within the Early Intervention and Family Support Services which aids the early intervention approach we want to take in Bromley in addressing and tackling domestic abuse.

The 2021/24 Domestic Abuse Strategy 'An intergenerational domestic abuse strategy, making domestic abuse everyone's business' was published last year. Key stakeholders have signed up to the commitment, within the Strategy, to tackle domestic abuse.

The Domestic Abuse Strategy sets out the five key priorities adopted by the London Borough of Bromley.

The priorities and associated workplans are:

1. To promote the message that tackling DA is everyone's and every agency's responsibility.

A Domestic Abuse Strategic Board and an Operational Forum were developed and have been operational since 2020 to help guide, develop and monitor the domestic abuse need and services across the borough. Both the Board and Forum have a strong engagement from services across the borough ensuring a multi-agency approach of early intervention.

The Bromley Multi Agency Risk Assessment Conference (MARAC) Action Plan developed in partnership with SafeLives remains an active document driven through the MARAC Steering Group, Operational Forum and Strategic Board. There is more work to be done on this.

The MARAC Steering Group membership has been reviewed to reflect all agencies required to be in attendance. Over the last year there has been a substantial increase of referrals to MARAC hence the importance placed on having the right people around the table. A second order of 10,000 wallet sized cards have been purchased for front line practitioners to give to people who may be experiencing domestic abuse. The cards contain contact numbers and websites for local and national services and helplines.

The Strategic Domestic Abuse Lead has developed:

- A language document to support professionals in using the correct domestic abuse terminology – published via the BSCP and BSAB
- A factsheet on the Domestic Abuse Act 2021 – published via the BSCP and BSAB
- A range of presentations for focussed services – published via BSAB

Data collection and a service mapping tool is an area of work under development through the Operational Forum.



2. To commission effective services to support victims of Domestic Abuse

Bromley and Croydon Women's Aid (BCWA) are the current commissioned domestic abuse victim survivor service in Bromley.

The services that they provide under the contract with Bromley are:

- Independent Domestic Abuse Advocates (IDVAs)
- One Stop Shop
- Freedom / Keys to Freedom Programme
- Hosting DRIVE IDVA (Perpetrator Service)

The referrals into BCWA for their services have increased since last year. This was impacted by COVID-19 (both in Bromley and nationally):

- Total of new referrals into IDVA services:
 - 2019/2020 - 466
 - 2020/2021 - 943
 - 2021/2022 - 922

- Total number of people supported through the One Stop Shop:
 - 2019/2020 - 358
 - 2020/2021 - 358
 - 2021/2022 - 508
- The Freedom/Keys to Freedom Programme was adapted for online learning:
 - 2020/2021 - 244 places offered online
 - 2021/2022 - 257 offered a place

3. To challenge perpetrators and explore interventions that measure change in their behaviour.

In March 2021 Bromley joined with Croydon and Sutton Local Authorities and the London South BCU (Police) to be part of a new perpetrator intervention: Domestic Abuse Perpetrator Panel (DAPP) delivered through DRIVE. DRIVE is a perpetrator service that works to challenge and change behaviour of high-risk high harm perpetrators and to disrupt behaviours to reduce risk.

A Domestic Abuse Perpetrator Panel sits monthly, and referrals are fed to this panel via MARAC Panel. The target for the year is for 70 referrals into DRIVE. As at quarter 4 2021/22, there were 45 (64% of target) - of which 2 referrals were repeat referrals - therefore 43 referrals were accepted onto the programme. Disappointingly only 13 perpetrators fully engaged.



4. To increase and develop existing training offer on Domestic Abuse to improve local responses to victim survivors.

The Strategic Lead Officer continues to work closely with both the BSCP and BSAB to ensure that Bromley is delivering a good training model to support understanding of Domestic Abuse issues.

Due to COVID there was reduced access to the core domestic abuse training programmes as the provider was unable to deliver online, however, the Domestic Abuse Lead Officer identified and brought into Bromley several specialist DA training events covering in 2021 and repeated in 2022:

- Domestic Abuse and the impact on children
- Coercive control
- DRIVE DAPP panel training (for panel members only)
- Service and referral pathways for MARAC, DAPP and DA support services

5. To introduce Domestic Abuse Ambassadors to support staff in the workplace.

The Strategic Domestic Abuse lead is working with LBB to develop and implement a staff domestic abuse strategy policy to support all Bromley staff and to raise awareness and give guidance to managers. As part of this guidance, there are plans to develop a team of trained Domestic Abuse Ambassadors in Bromley. The staff Domestic Abuse Policy was presented to colleagues and Trade Union in November 2021 and will be implemented in the coming year.

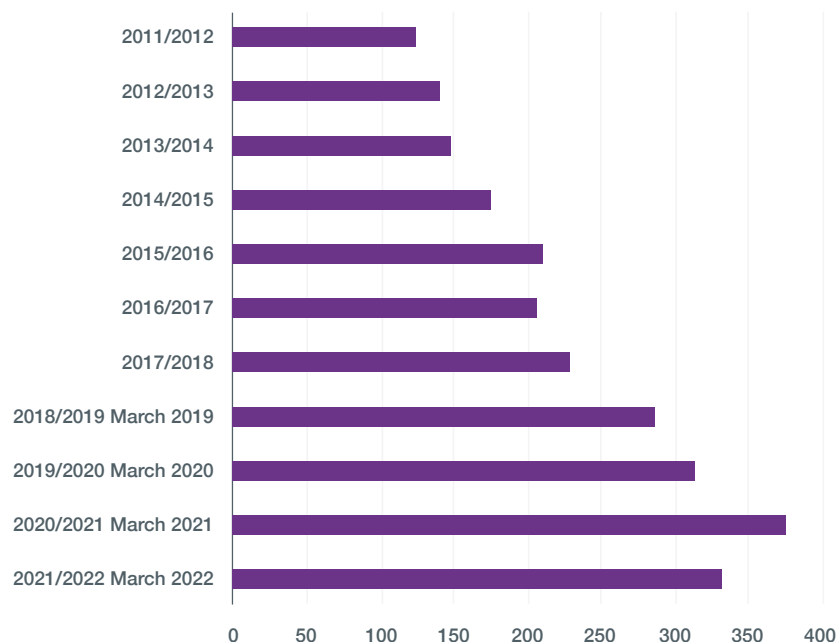
Data from the Mayor's Office for Police and Crime (MOPAC) shows that in Bromley, between August 2021 and August 2022 there were:

- 2750 domestic abuse offences - a decrease from the 2020/21 data of 3035 offences (where a crime has been committed and recorded)
- 4305 domestic abuse incidents - a decrease from 2020/21 data of 4410 incidents (where a crime has not been committed but is recorded for intelligence purposes – i.e. a verbal argument)
- 641 sexual offences - an increase from 2019-20 data of 514 sexual offences.

ELECTIVE HOME EDUCATION

The graph below shows the number of children known to be Electively Home Educated (EHE) in Bromley since 2011/12. It should be noted that the figures up to 2017/18 are based on academic year and the later figures are for the financial year (April-March).

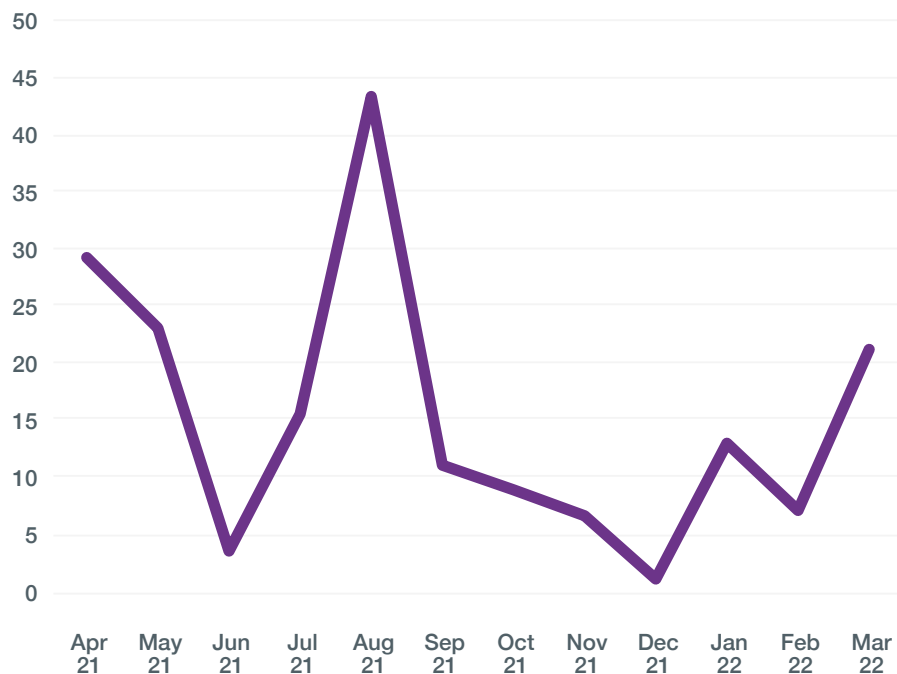
Number of EHE Declared in Bromley since 2011



As of March 2022, the total number of young people registered as electively home educated was 332 (see chart above). Whilst this is a slight reduction in numbers from the previous year, it falls in with the trend that was being seen pre-COVID with a gradual increase in number of students being registered as EHE. With the new guidance and Schools Bill, placing responsibility on ensuring parents notify the LA of their intention to home educate, it is expected that next year we will see a further increase in numbers.



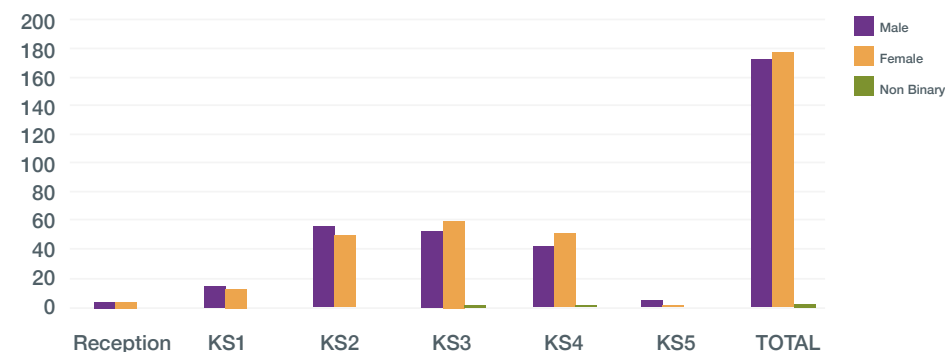
Numbers of Newly Declared EHE April 2021 to March 2022



The fluidity of the EHE is indicative of students returning to mainstream education and being removed from the list when moving out of borough whilst at the same time, new additions from children moving into the borough. The above chart provides data regarding the number of declarations received on a monthly basis from April 2021 until March 2022. As with previous years, we have seen a similar trend of a significant spike in the number of EHE declarations around August.

EHE Cases by Key Stage and Gender for May 2022

Based on data from May 2022, the number of students registered as EHE is highest in Key Stage 2 and 3. A decline is seen in Key Stage 4, with the numbers in Key Stage 5 being almost comparative with reception. Overall females were the most represented group on the register.



Following the removal of restrictions relating to the pandemic, the EHE Team have been able to resume home visits and face to face interactions with families on the register, continuing to build relationships with the EHE community.

Building upon changes made during the previous years in response to the pandemic, the EHE Team and Education services continue to work with the EHE community to appropriately support parents with their choice to home educate their children.

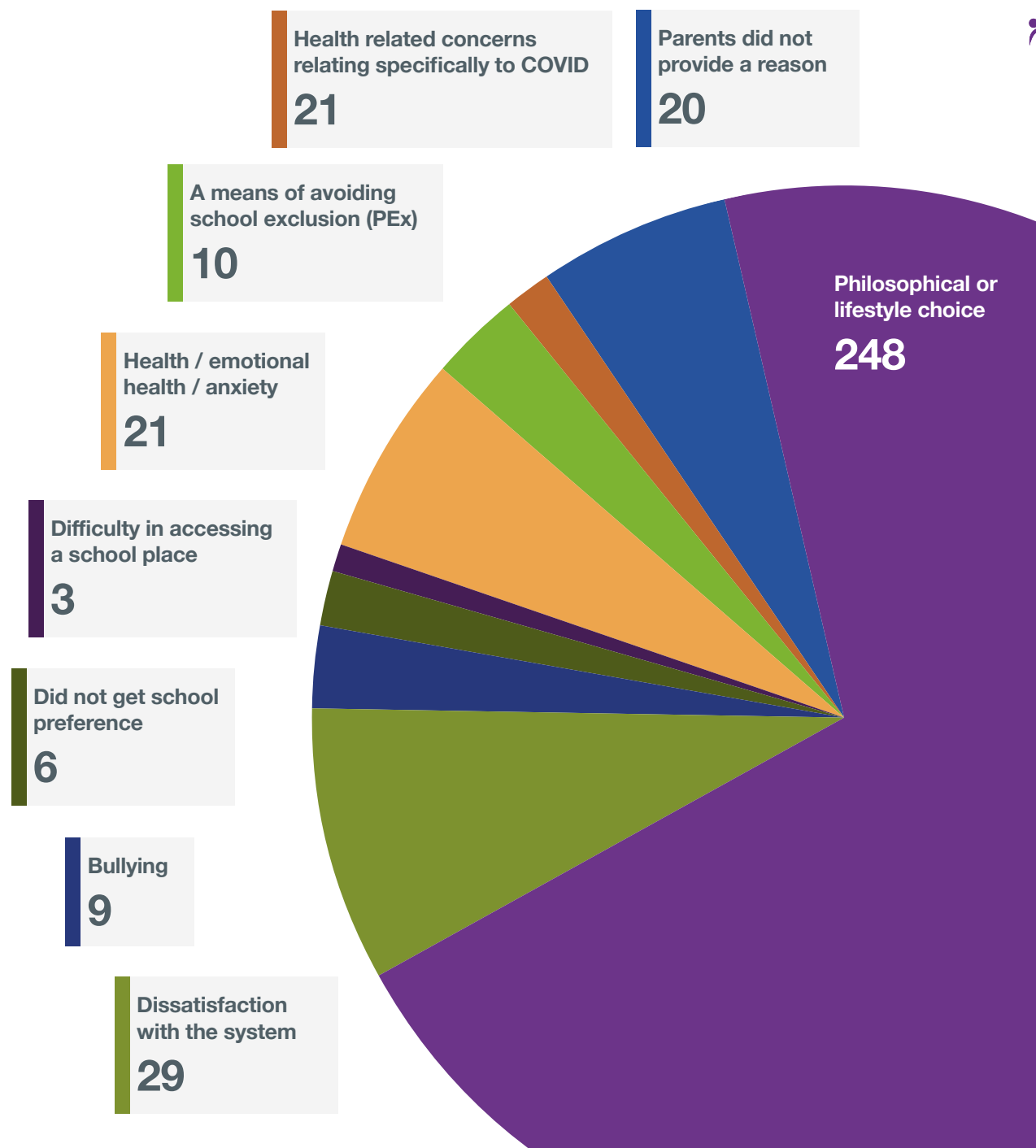


Reasons Given for Choosing EHE May 2022

The Local Authority has a good understanding of the reasons why parents choose to home educate their child. The pie chart shown confirms that philosophical preference continues to be the biggest reason for parents choosing to declare EHE. The number of cases where a reason for decision to EHE was not stated has significantly decreased this year allowing a clearer picture of reasoning to be provided. The number indicating COVID-19 was the main influencing factor has reduced, but it is still present due to the ongoing impact of the pandemic. However, the numbers choosing to return to school indicates the fear of COVID-19 was at the heart of some families' decision.

A clear protocol exists between Bromley CSC, the EHE Team and the Education Welfare Service to manage EHE arrangements. These arrangements remain subject to ongoing and robust scrutiny by the Senior Leadership Team and Portfolio holders.

Partnership working within Education and with other teams across the Local Authority continues to be important. This is seen as a way partners can take a more preventative approach to decisions on Elective Home Education, as well as providing children and families with appropriate support.



Private Fostering Awareness

Do you know a child being looked after by someone who is not a close relative?

It could be a private fostering arrangement.

Learn more at:



bromley.gov.uk/privatefostering



Download our
free App →



Download on the
App Store



GET IT ON
Google Play

PRIVATE FOSTERING

The Private Fostering Regulations apply when children or young people, under the age of 16 years (18 if they have a disability) live with a person who is not a close relative for 28 days or more.

The Local Authority where the arrangement takes place needs to assess the suitability of this arrangement and review it under the Private Fostering (PF) Regulations to ensure the placement can safeguard and promote the child's welfare. The BSCP monitors the arrangements in place for privately fostered children in Bromley. The PCI Subgroup considers the quarterly data on private fostering and scrutinises the PF annual report to scrutinise the arrangements the LA has in place to discharge its duties.

The data that follows illustrates the private fostering activity for the year 2021-2022.



1	Number of active/open PF arrangements at 31 March 2021	4
2	Number of new notifications received during 1st April 2021 to 31st March 2022	4 *1 of the new notifications did not progress into a private fostering arrangement because the birth parent came to the UK and stayed with her child for a few months until the young person turned 16.
3	The Source of new notifications in the year	
	<i>International School</i>	4
	<i>Social Care departments</i>	0
	<i>Primary school</i>	0
	<i>Community / Parents</i>	0
4	Number of children in PF arrangements during 1st April 2021 to 31st March 2022	7 (3 new and 4 from previous year)
5	Number of PF arrangements closed during 1st April 2021 to 31st March 2022	7
6	Outcome / Reason for closure	
	<i>Section 20 / Transfer to other teams in Bromley</i>	0
	<i>Child returned to parents or close relative in the UK</i>	0
	<i>Child returned to parents or close relative overseas</i>	4
	<i>Child turned 16</i>	3
	<i>Child returned to Boarding school after lockdown</i>	0
	<i>Criteria not met as child living with close relative</i>	0
	<i>Care transferred to another Local Authority</i>	0
7	Number of active/open PF arrangements at 31st March 2022	0

- The ages of children at point of notification ranged between 13-15 years.
- The table below illustrates the ethnicity of the children in private fostering arrangements during 2021-2022

Black British	1
White Other	5
White British	1

The number of private fostering notifications has decreased significantly in the last two years. This appears to be a continued impact from the pandemic; notifications from Private Schools decreased significantly due to a reduction in international travel. Awareness raising was impacted due to less contact with the public and partners agencies. An awareness strategy is in place and there are also indications that notifications are increasing again (2022/23).





SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITY)

The number of Education Health and Care Plans (EHCP) have continued to increase over the past year at a rate significantly above any population changes (60% since 2018). At the January 2022 SEN2 Census there were 3,241 children and young people in Bromley with an EHCP, with 476 new plans in 2021.

Requests for Statutory Needs Assessments have increased by 110% since 2018 with a projected annual increase of 36% for 2022 based on the first 7 months data. EHCP assessments in 2022 are projected to be 710 which would be a 42% increase from last year. Based on the first 7 months of this year, it is likely that the number of plans will increase by 17% from last year, bringing the total number of plans to 3,783.

The most common primary needs of children and young people with an EHCP are Speech, language and communication needs (930), autistic spectrum disorder (698) and social, emotional and mental health (SEMH) needs (598).

Mainstream schools (943) and special schools (870) are the settings with the largest EHCP population. Over the past 10 years the total capacity of maintained special schools has increased by 80% from 454 in 2012 to 842 in 2022 to meet this growing need.

Data shows a higher level of requests for support from the Advisory and Teaching Teams (SENAT) over the last two years with referral rates showing an

increase of up to 90% since before the pandemic. Schools and early years settings are reporting a higher complexity of need within their pupil cohort - especially related to SEMH, early developmental presentation and co-existing conditions. The pandemic has contributed to challenges in school, this is partly due to children and young people with SEND missing out on learning time with teachers. In addition, health services have been under significant pressure leading to greater than expected waiting times.

Bromley is now an Autism Education Trust (AET) hub and provides free training to all early years settings, schools, colleges and colleagues across health and social care. Other accredited courses are also offered to schools including Talk Boost and Word Aware.

Each early years setting and school across Bromley has single points of contact within key support teams providing education colleagues with access to advice, support and signposting in a timely way.

The multi-agency panels including Gateway provided a holistic and joined up support pathway for schools and other agencies to refer children. The SEND teams continue to work collaboratively with health and social care colleagues to agree, deliver and communicate a robust offer of support at universal, targeted and specialist levels.



CHILDREN WITH DISABILITIES

At the beginning of August 2022 there were 410 children open to the Children's Disability Service. These are children with a severe or profound disability. Children who require social care support who have a mild or moderate disability can be supported by colleagues across other social care teams. Within the 410 children, there are presently 119 children open via a self-assessment. These are children with a severe or profound disability, who benefit from the provision of short breaks, although do not require a social work visit or increased intervention from social care. This supports children with disabilities and their families to receive a service through a more proportionate assessment.

The team is presently responsible for 31 looked after children and 3 children who are subject to a child protection plan. All children known to the Children's Disability Service are classed as 'children in need'. There are currently 15 children on child in need plans, requiring the highest level of support with 4 weekly visits and 6 weekly meetings. These children may be at risk of coming into care or there may be safeguarding issues requiring a high level of monitoring.

The Children's Disability Service continue to complete their own strategy discussions and subsequent Section 47 enquiries and recommend for Child Protection Conferences if applicable. This has strengthened the safeguarding of disabled children; having practitioners with knowledge of the child, family, and the child's communication needs, therefore aiding in making appropriate decisions to safeguard the child, whilst also recognising the pressures and complexity of caring for a severely disabled child. The team also leads on cases that need presenting to the courts. This ownership of the child's situation has improved the skills of practitioners and consistency of support for children with disabilities. The service continues to support the children within the service if they meet the criteria from initial assessment through to adulthood, which offers consistent support to the child and family and embraces the 'relationship model' within Bromley.

LBB has developed a new role - Head of Service, 0-25 Service. This will lead on ensuring that young people who are transitioning to adult services are supported appropriately.

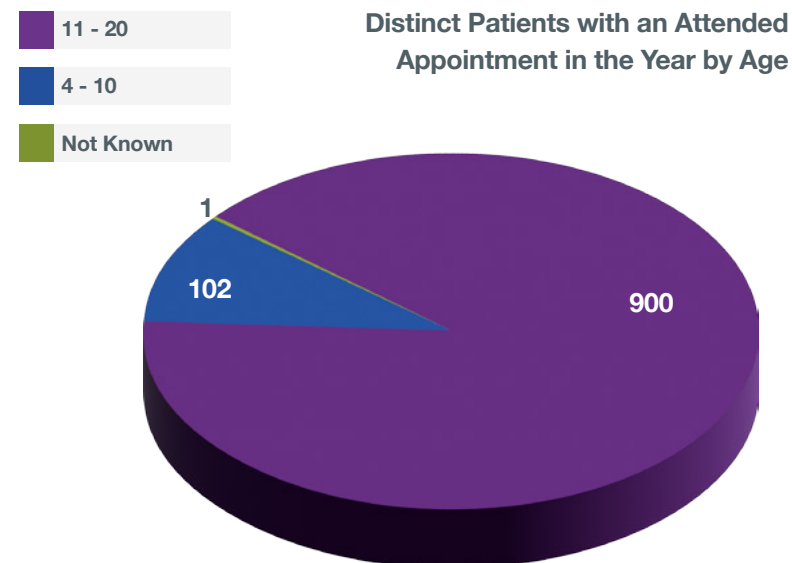
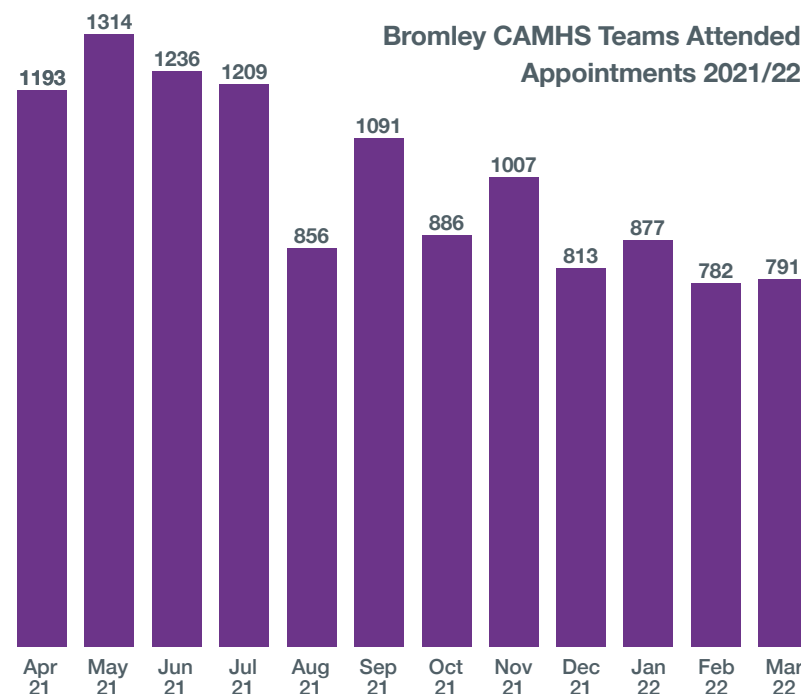


CHILDREN'S MENTAL HEALTH

During 2021 – 2022 Oxleas services made 44 referrals to Children Social Care, which is comparable to the previous year when 43 referrals were made. Oxleas NHS Foundation Trust Safeguarding Team monitors all referrals that are notified to the team. This includes a closer scrutiny of referrals resulting in No Further Action (NFA) in order to improve the quality of information shared with Children's Social Care and at the same time, to identify any potential themes for learning or systems issues that may need to be raised at a partnership level.

In 2020-2021 the referrals received by Bromley Y for the year were 2,348 which is an average of 587 per quarter. As this was an unusual year with the pandemic and two lockdowns, the number of referrals for 2019-2020 was 2,675 which is an average of 669 per quarter. The first quarter of 2021-2022 showed approximately a 74% increase on the 2020-2021 average and a 35% increase on 2019-2020. In Quarter 3 and 4 the number of referrals is closer to the 2019-2020 average. However, the complexity and acuity of referrals has increased. By Quarter 1 of 2022-2023 the number of referrals was again increasing -averaging 15 referrals per day.

The number of children seen by Bromley CAMHS in 2021-2022 was 1003, compared to 1086 in 2020-2021. The drop may be reflective of an increased complexity of risks and vulnerabilities faced by our children and young people due to the pandemic and its aftermath, as well as increasing workforce challenges with recruitment and retention, reflective of the broader national context. The graphs shown evidence the number of attended appointments each month and by age categories.



IMPACT

Due to emerging mental health complexities since the pandemic started, the BSCP have focussed their challenge and scrutiny activity on mental health services this year. The BSCP Board reviewed mental health data and the Mental Health Strategy at the June 2021 board meeting and again in March 2022 to scrutinise CAMHS waiting times. Board members have been assured of mitigations and have planned a follow up Digital Footprint Survey in 2022/23.



MAPPA

The Criminal Justice Act 2003 provided for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in England and Wales. Nearly 20 years later these mechanisms continue to form a conduit for information sharing and the oversight of the management of individuals presenting the highest likelihood of committing offences involving the most serious harm.

Whilst these arrangements are predominately focussed on the management of individuals convicted for offences of sexual and violent offences, the arrangements also include mechanisms for increased oversight for other individuals where risk is assessed to be escalating.

Within MAPPA there is a statutory duty for criminal justice agencies and other bodies managing offenders to work together in partnership. Although the Police, Prison and Probation Services are the 'Responsible Authorities' (with responsibility for chairing and convening these meetings), other bodies hold a 'Duty to Co-operate' function and are invited to attend and share information within these arrangements. Duty to Co-operate agencies may include statutory bodies such as Children and Adult Social Care; the Youth Justice Service; Job Centre Plus; Integrated Care Boards; providers of electronic monitoring; and the Home Office Immigration Enforcement.

Given the dynamic nature of risk assessment, the level at which individuals are managed within MAPPA thresholds will fluctuate, with level 1 being the lowest threshold and level 3 the highest. Most individuals are managed at level 1.

Those individuals with a current conviction for serious violence (category 2) currently form the highest percentage of those managed within the MAPPA framework, followed by those with registrable sexual offences (category 1), and finally those without either a violent or sexual offence but where their likelihood of committing an offence involving serious harm is deemed to be escalating (category 3).

The volume is as follows: Category 1 (74 cases), Category 2 (125 cases), Category 3 (2 cases).

ALCOHOL AND SUBSTANCE MISUSE

In 2021/22 Bromley Changes continued to face lockdowns and uncertainty surrounding coronavirus restrictions. This meant some trends mirrored the previous year:

- Some key partners were not routinely seeing children and young people face-to-face, making it challenging to spot the signs of substance misuse and therefore not making as many referrals
- Anecdotal evidence and feedback from children and young people indicates a lot of children and young people's drug and alcohol use actually reduced with the lockdown due to reduction in supply and the absence of peer pressure as socialising was limited.

Bromley Changes received 196 referrals for young people between 1st April 2021 and 30th April 2022. There were 106 referrals in 2020/21 and 221 in 2019/20. The referral sources included A&E, Alternative Education, Bromley Y, CAMHS, Carer, GP, Children's Social Care, Mainstream Education.



EARLY HELP

Early Intervention and Family Support Services (EIFS) comprise of five distinct services:

- The Bromley Children Project (BCP) Family Support and Parenting Practitioners encompassing the Supporting Families agenda (nee Tackling Troubled Families)
- Children and Family Centres
- Common Assessment Framework (CAF) Team
- Children's Contact Centres
- Information Advice and Support Service.

Also sitting within EIFS are three other key services: Domestic Abuse Strategic Lead Officer; the Reducing Parental Conflict agenda; and the Social Communication Needs Family Support Coordinator. All of these posts reach council and partner-wide and work to support families and their journey through challenging times.

The strongest focus within EIFS is on effective early intervention so that children and their families can receive the help they need at the best time for them. When children and their families need to receive a service, the focus is on understanding their needs and their context well so that help is purposeful and achieves the best outcomes for them. Practitioners work holistically with the family to help them take back control by supporting them to build their self-efficacy and resilience.

The Bromley Children Project Facebook and Instagram account presence continues to grow in popularity and BCP has now also launched its own YouTube Channel 'Creative Kids'. There are in excess of 1,790 Facebook followers

and in excess of 1,050 Instagram followers. During the pandemic, BCP launched its YouTube Channel and posted 28 videos. The Parenting Hotline was launched in 2020 and remains a key element of the support offer. EIFS continues to host the monthly MAPE (Multi Agency Partnership Event) 'Safeguarding is Everyone's Business' training event. Alongside this, EIFS has continued to run the monthly EIFS Information Sessions but moved these online to ensure consistency during the pandemic. 182 partners registered attendance on these sessions. This has been well attended and feedback has been excellent.

Common Assessment Framework (CAF)

Bromley maintains a centralised Common Assessment Framework (CAF) service within EIFS, providing support, training and a central repository for all CAF (also known as early help assessments) completed by any professional working with families in Bromley. The CAF team works with any agency working with children, providing bespoke training as requested, as well as the training published through the BSCP.

Unfortunately, during the COVID pandemic there was a reduction in CAFs lodged with the CAF Team, as partners in education and health had to adapt their practice and move staff to cover key operational areas. During the pandemic the biggest author of CAF was with Children's Social Care including the Bromley Children Project.

Data shows that Early Years Settings and Health services continue to log very few CAF. Despite work undertaken with partners to increase their knowledge and understanding of both the process of CAF and benefits of it to families, this has not translated into an increase in the number of CAF being logged. This continues to be a key focus for the service during the coming year.



Family Support and Parenting Work

The EIFS continued to deliver a range of evidence based accredited parenting programmes using online Webinars in both short courses and one-off sessions. The range of programmes delivered cover parents of children and young people of all ages (0-25, including SEND) and include self-reported before and after measures in relation to confidence, learnt strategies and family cohesion. During the pandemic the service developed a range of new parenting events. There are currently 9 courses in person face-to-face, 18 online webinars, and 2 'short' online courses. Courses are delivered to capacity audiences and have become integral to the wider support offered by other specialist services, such as the recommendation by Community Paediatricians who are asking parents to complete Cygnet before ASC diagnosis and New Forest Parenting before ADHD diagnosis.

Feedback regarding parenting courses and webinars continues to be excellent. The increase in the number of families where both parents attended the sessions remains consistent.

All Family Support and Parenting Practitioners are trained to deliver these programmes which ensures consistency of practice and advice / support for families including in their one-to-one case work. Previously there has

been a year-on-year increase in the number of evidence-based parenting programmes, however, during the pandemic the service adapted to webinars in order to ensure COVID safety restrictions were not breached. Since introducing online parenting in October 2020, EIFS have delivered 151 seminars and short courses, equating to 261 online sessions, and alongside this, delivered 24 face-to-face parenting courses of between 4 and 13 weeks in duration.

Referrals for one-to-one support via Bromley Children Project's Family Support and Parenting Practitioners have dramatically increased; EIFS received its highest ever number of referrals for support for the Family Support and Parenting Practitioner Team in 2019/20 at 977. Despite COVID this extremely high rate of referrals for support was mirrored in 2020/21 with 971 referrals, and likewise in 2021/22 with 947 referrals. Data shows EIFS have worked with in excess of 4,300 families and supported in excess of 5,800 cycles of support.

Feedback continues to demonstrate the positive impact of attending any of these evidence-based parenting programmes with other parents who are struggling. The positive impact reflects improved parenting abilities, improved wellbeing, reduced isolation and generally happier families.



Children and Family Centres

The Children and Family Centres were unable to operate as 'normal' during the pandemic but remained open for appointment only sessions with health partners and its own staff delivering play sessions. COVID safety measures were in place and reported effective as the service did not have to close its doors due to COVID contact.

Whilst the number of visits to the Children and Family Centres was far below normal operating standards during 2020/21 due to COVID, the Centres still managed to support 6,663 visits. As restrictions were relaxed in line with Government health and safety guidance, there was an immediate increase in visits to in excess of 28,280 during 2021/22. We are on track to exceed this for the current year.

The commissioning process for services for the coming year 2023/4 is underway and the ambition is to return to the normal operating model.

Tackling Troubled Families

EIFS continues to lead on the Tackling Troubled Families (TTF) agenda within Bromley. The number of families referred to BCP for support continues to grow. A referral for Bromley Children Project relates to a whole family rather than an individual child or children, and EIFS have received an all-time high this year.

The Department for Levelling Up, Housing, and Communities (DLUHC) set Bromley a range of targets to achieve. To date, all of the Supporting Families (nee Tackling Troubled Family) Programme milestones agreed with the DLUHC have been achieved. This is confirmed via the validation process which requires officers to submit evidence to Internal Audit to evidence that the changes made by the family are both 'significant and sustained'.





CHILD EXPLOITATION

In Bromley all children and young people at risk of extra familial harm, including those who go missing from home and care, those who are at risk of child sexual exploitation (CSE), child criminal exploitation (CCE), gang affiliation, serious youth violence, radicalisation and trafficking are tracked through the Atlas team. The Atlas team was set up in 2017, initially to track and respond to young people who go missing and those who were at risk of CSE. Since then, the team's remit has expanded to respond to wider contextual safeguarding concerns. The team comprises of a team manager, three return home interview (RHI) officers, a data analyst and a business support officer.

The team works closely with the Youth Justice Service, Police (Gangs, Missing, CSE, CCE and Rescue and Response Project). The Atlas team manager also sits on Bromley's Channel (PREVENT) panel, the YJS Risk and Safeguarding Panel and the Out of Court Disposals Panel. The Atlas team functions as an intelligence hub, supporting the MASH and all CSC Teams. The team manager and data analyst attend strategy meetings and collate information in relation to risk assessments and safety planning for young people. This allows for a rich intelligence picture both in relation to young people, their friendship groups, the locations in which they live, learn, and grow as well as the identification of local hotspots, emerging trends / risks and people and places of concern. Having this information allows the social work teams and the wider professional network to identify the most appropriate services to support and address the needs to the young people and their families.

Children and young people who go missing from home and care

The Atlas team has 3 dedicated RHI workers who offer return home interviews to young people who go missing. This includes Children Looked After who are placed outside of Bromley. Where young people have frequent

missing episodes, the team maintains the consistency of the same worker undertaking the return interview. RHI workers provide feedback to allocated social workers. Where young people are not known to a social work team, consideration is given to where an assessment needs to be undertaken by the Referral and Assessment teams. All young people who go missing are discussed in the daily MASH meetings. It is recognised that children and young people rarely go missing in isolation of "push and pull" factors. The Atlas manager reviews all RHIs to ensure that any concerns / indicators around possible exploitation and/or extra familial harm are identified and responded to.

Missing, Exploitations and Gang Affiliation (MEGA) Panel:

Where concerns arise, in relation to extra familial harm, social workers undertake exploitation risk assessments and safety plans. All young people who are considered medium or high risk are tracked through the multi-agency MEGA panel. The MEGA panel supports risk management and risk reduction through strategic and operational oversight. The shared intelligence and partnership arrangements support joined up planning and interventions and offer opportunities for challenge, creative thinking and building a local picture of trends, patterns and themes. In addition to tracking and monitoring risk and safety plans for young people, all partner agencies provide general contextual updates at each MEGA panel e.g. new drugs available, emerging county line activity, hotspots, etc. The information shared at MEGA Panels, ensures that all partner agencies have the most contemporary intelligence in relation to the Bromley context. The panel meets fortnightly and is well attended by all relevant partner agencies. Strategic challenges and emerging trends are shared with senior leadership via the quarterly MACE Panel and through the BSCP.



Key indicators (April 2021- March 2022)

Missing from home and care:

- 162 Children / Young people were reported missing or had an unauthorised absence from care.
- 865 missing episodes were recorded by Atlas and 73 unauthorised absences
- 830 return home interviews were offered. (88%)
- 497 return home interviews were taken up. (60%)
- Of the RHIs taken up, 70% was held within 72 hours of the young person returning.

Risk of Exploitation:

- 55 young people were tracked through the MEGA.
- The risk level of 25 young people was sufficiently reduced and they were closed to MEGA.
- Of the 55 children tracked at MEGA, the following categories of exploitation were identified. Some young people were identified in more than one risk category.
 - 42% had at least 1 missing episode.
 - 14% were identified to be at risk of CSE.
 - 23% were being exploited by gangs or there were concerns around serious youth violence.
 - 17% were being criminally exploited / concerns in relation to County Lines.
 - 3% at risk of radicalisation.

IMPACT

Since publishing the BSCP Vulnerable Adolescents Strategy and protocols on CSE, Missing and Gangs in 2017, the partnership is far more adept at understanding the connections and interplay between these and other types of exploitation. This year, the BSCP has built on the pan-London Child Exploitation Operating Protocol to develop its Bromley Child Exploitation Strategy 2022. This will provide 'local pathways' to access support for exploited children and children at risk of exploitation, and the governance/ accountability arrangements explaining how the MEGA fits with MACE and how they are accountable to the BSCP Executive.



MISSING FROM EDUCATION

The work of the Children Missing Education (CME) Officer ensures that Bromley Council meets its statutory responsibility regarding the identification, monitoring and tracking of children missing or not in receipt of a suitable education. The CME officer works closely with partner agencies including health, police, housing, and the Multi Agency Support Hub (MASH) to fulfil our responsibilities.

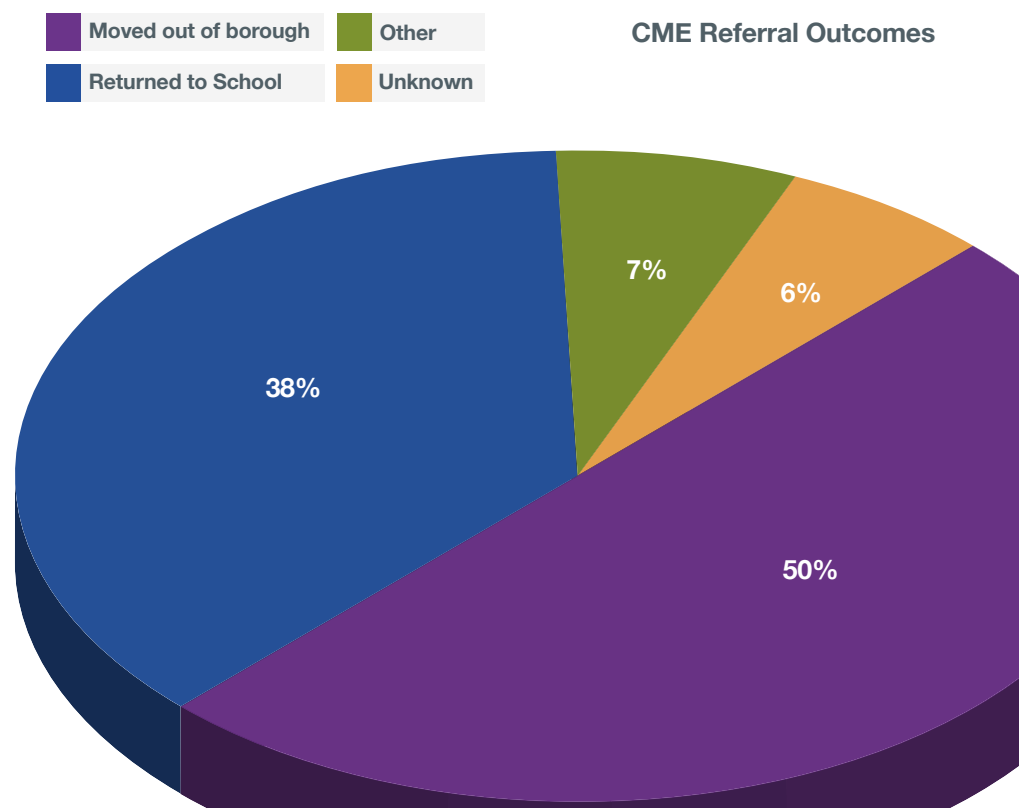
In addition to the tenacious efforts of the CME officer, the Education Welfare Service (EWS) works with schools and families to identify and remove barriers preventing children from accessing school on a regular basis. Secondments in the MASH and Youth Justice Service (YJS) allow the EWS to support vulnerable pupils. The team has strong partnership working across the borough with partner agencies.

The Director of Education has monthly oversight of CME and Children Missing out on Education (CMOE), ensuring there is continued rigour in the tracing and tracking of young people to confirm their safety and ensure measures are in place to secure schooling.

All referral forms for the EWS are online and this provides a secure central access point for all schools and other agencies to use. All submissions from schools and partner agencies are received into a central mailbox which is monitored throughout the day. Cases are allocated swiftly to officers to begin enquiries.

Whilst robust referral and tracking procedures are in place, children continue to leave the borough without a known destination. These cases are tracked, and all reasonable efforts are made by the EWS and CME Officer to trace the family.

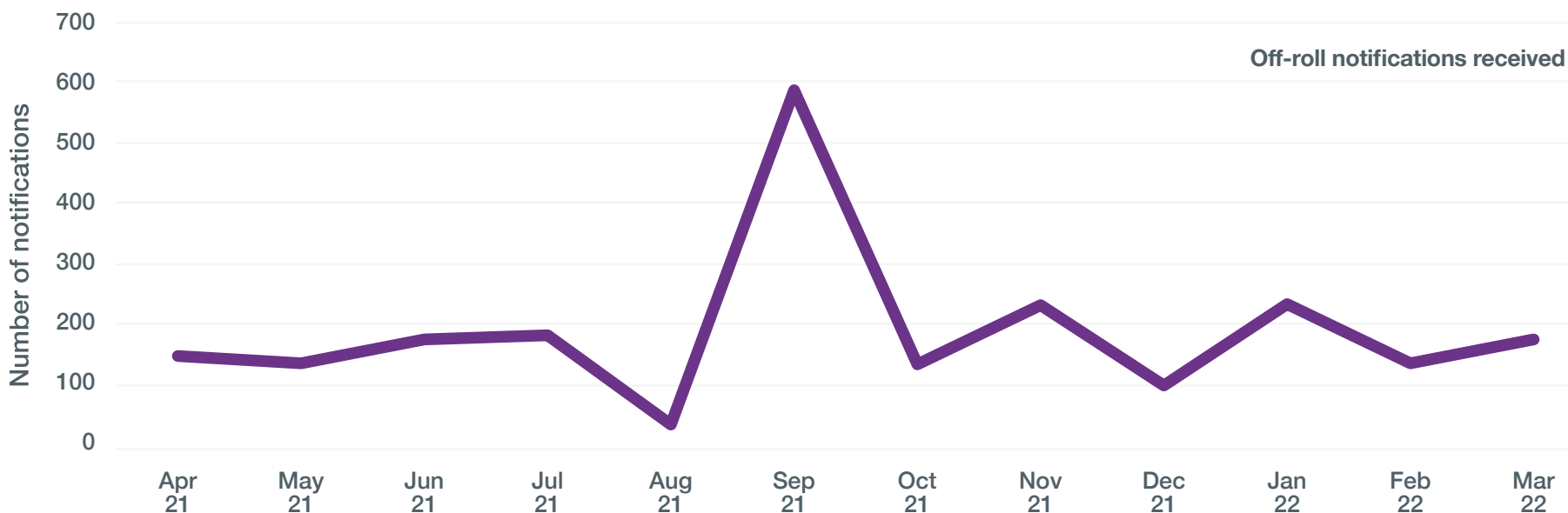
From April 2021 to March 2022, the EWS received 288 CME referrals, this includes referrals from schools and outside agencies. 143 referrals (49.6%) had moved out of the borough and appropriate referrals were made. In 108 cases the children returned to a Bromley school as shown in the graph below. The current number of children that remain unknown is 18 because despite all reasonable efforts, LBB were unable to locate them, or the case remains open due to ongoing investigations.



Outcomes for CME Referrals from Outside Agencies

During the pandemic EWS has continued to ensure any family who moved into borough prior to lockdowns was supported with their schooling applications. In addition, EWS officers have contacted other Local Authorities to inform them when families had moved into their area and supported parents with information to apply for schooling in the new area.

The Education Welfare Service received 2,330 'Intention to Delete from School Roll' notifications from April 2021 and March 2022. This is an increase in notifications from the previous year by 467. The following chart plots this data showing totals of notification each month.



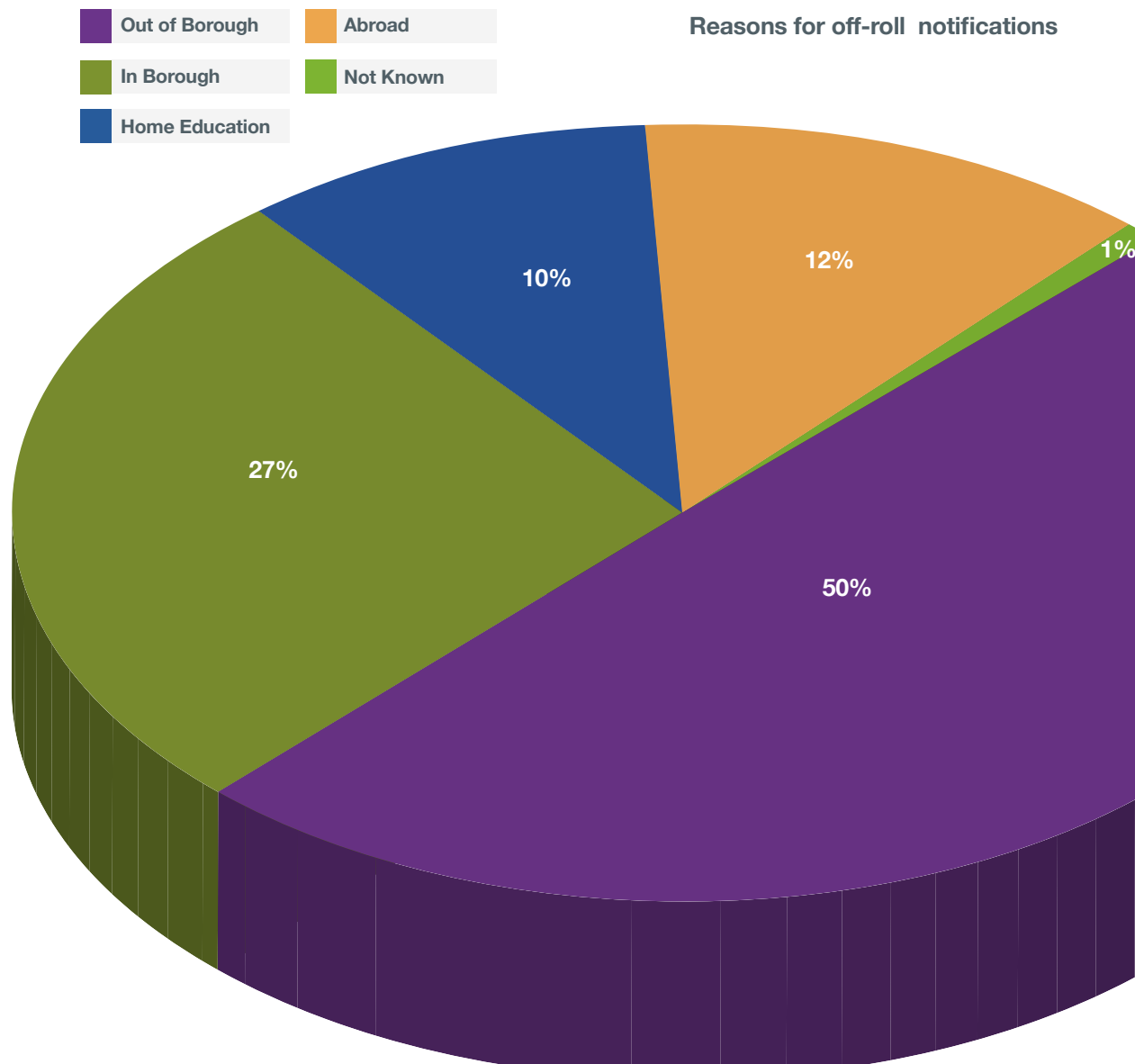
The data shows a spike in September where 590 requests to remove a student from roll was received by the Education Welfare Service (EWS). This accounts for 25% of the total number of requests received in the 12 months from April 2021-March 2022. This peak correlates to the start of the school year.

Schools are required to provide the EWS with the information and reasoning for their intention to off-roll a student. All notifications that are received are tracked and the details verified before confirmation is provided to schools that they may remove from roll. Where there is any doubt, clarification is sought by the EWS.



This chart provides an understanding of the reasons behind the requests to off-roll a student. Almost half (1161 out of 2330) of the requests received relate to the family moving out of borough, where applications in the new borough have yet to be made, a referral is made to the children missing education officer. 627 of the 2330 requests are for in-borough transfers to new schools. 236 requests were received relating to Elective Home Education (EHE) - upon receipt of these the CME officer contacts the parents discussing the implications and ensuring the parent is happy with their decision before the information is passed to the EHE team.

Not all families are easily located and whilst these families may be removed from the school roll, when they move out of area, the EWS continues to try and identify their whereabouts.





LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

In accordance with Working Together to Safeguard Children, the London Borough of Bromley, like all Local Authorities, has a designated officer with overall responsibility for managing and co-ordinating allegations of harm/risk of harm made against staff who work with children. This role is undertaken by a Local Authority Designated Officer (LADO). The LADO should be informed of all allegations and should provide advice and guidance to ensure cases are dealt with and resolved in a timely, fair and proportionate manner.

The LADO continues to develop close working relationships with some of the most experienced LADOs in the London region and keeps abreast of themes, issues and challenges which are shared across the London wide LADO network.

The permanent appointment of a LADO Business Support Officer, continues to provide invaluable support by way of maintaining an effective tracker, minuting Allegations against Staff and Volunteers (ASV) Meetings and facilitating a seamless transition from Care First to Liquid Logic in relation to LADO specific processes.

Referrals to the LADO have significantly increased this reporting period with 437 contacts being made, nearly double from the previous reporting year. Out

of those contacts: 214 met threshold for LADO Referral and 223 were dealt with as LADO Consultations. There were no Criminal Convictions made during this reporting period, although 2 are due for trial this next reporting year. There have been 9 DBS (Disclosure and Barring Service) and TRA (Teaching Regulatory Agency) referrals advised.

The LADO has worked closely with regulatory agencies namely Ofsted, NHS England, DBS, TRA, Church Diocese and Sporting regulatory bodies, i.e. The FA, Swim England, British Gymnastics etc. The LADO has continued to seek to provide information and learning to all partners with virtual quarterly training sessions, and evening training sessions specifically targeted to Early Years Provision who are often unable to attend daytime training. This raises the profile of the LADO along with advice around what constitutes a referral to the LADO and LADO processes.

The LADO line manages the Education Safeguarding Officer (ESO) and continues to be instrumental in supporting the development of the ESO role during the year, providing a link between social care and education. Over the last year the ESO has attended the MASH daily briefing meetings twice weekly to support the triangulation of information about young people and schools being reported to the MASH.



Learning & Improvement



THE CHILD'S VOICE

BSCP Business Plan Principle:

At the core of our safeguarding and child protection work is the commitment to ensuring that children and young people are seen in the context of their lives, heard through professionals taking time to listen and helped by remaining professionally curious. To understand the quality of a child's individual experience in the unique context of their lives in Bromley.

IMPACT

At quarterly BSCP Board meetings, partners are requested to submit Agency Updates, including how they seek the voice of the child. This year, the Independent Chair wrote to all agencies to highlight that many of these updates are descriptive or simply a list of actions. He challenged agencies to demonstrate HOW they seek out the voice of the child, what they do with what they've heard and the difference (impact) that makes. This feedback was collated and shared so that agencies could learn about trends, themes, patterns and good practice across the Partnership.

Children who are looked after by the Local Authority take part in a Brightspots survey every year which is conducted by an external agency in order to give neutrality to the way answers are collated. Children's Social Care holds dissemination sessions with its Living in Care Council to consider the findings and understand the trends and themes and look at where improvements can be made. Recently they have focussed on 'trust' as some young people highlighted they feel they have limited people they can trust to share private information with. CSC has also started a Young Inspector programme whereby older young people in care (16-25 year olds) are supported to visit semi-independent living establishments. They feed back to the provider their thoughts in writing on the provision and this influences providers to make positive changes.

Bromley's Youth Justice Service conducted a feedback questionnaire with young people and their families on activity based restorative justice programmes through the summer which led to very positive feedback that young people want these opportunities to learn and grow.

Bromley Youth Council are an elected forum of young people. When there is a consensus from young people across the borough about their priorities, they design a campaign plan to support them to make a difference for local young people during the year ahead. They have identified significant concerns about young people's mental health post pandemic as well as an increased amount of bullying and sexual harassment occurring in isolated situations. The Youth Council have continued to prioritise their mental health campaign and they have sought online mental health first aid training for young people. Following concerns about sexual harassment, bullying and the boundaries between young people, work has been undertaken in relation to consent and young people's rights in an effort to empower all young people who were feeling unsure about what is acceptable.



The All About Me assessment is a questionnaire tool used by the School Nursing team. It asks comprehensive and age appropriate questions and opens up discussions with children and young people. All About Me has helped facilitate discussion so the practitioner has a good understanding of the child's needs and can offer appropriate support to improve outcomes. The questionnaire has also facilitated discussions around topics children and young people find more difficult to discuss such as sexual health and substance misuse and has led to safeguarding disclosures.

This year, Bromley Y implemented a 'Mental Health and Wellbeing Support' awareness survey as part of their User Involvement Plan. The aim was to capture (via survey) what young people and parents/carers know about mental health services in Bromley and identify subsequent areas for improvement. Bromley Y has employed a Youth Ambassador for 11 months to support this work and to make sure that young voices are heard and their views and recommendations are actioned as part of the service moving forward.

Police continue to run the 'Every Child Every Time' programme in custody suites at Bromley and Croydon. This aims to improve officers' awareness of vulnerabilities when dealing with children in custody and to encourage "the voice of the child". This is further supported by posters in and around police stations and in custody, as well as prompt cards for all officers. Performance around this is monitored at the daily safeguarding meetings and weekly SLT meetings.





REVIEWS OF PRACTICE

Child Safeguarding Practice Reviews (CSPR) are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. These reviews were previously known as Serious Case Reviews (SCRs) but were transitioned to a new CSPR structure from July 2019 in accordance with Working Together 2018. Responsibility for learning lessons lies with a new national panel – the Child Safeguarding Practice Review Panel (the Panel) – and with local safeguarding partners. The Panel and local partners help to identify serious child safeguarding cases that may raise issues of national importance. They commission a review that involves all practitioners who may be relevant or have information that will help to provide learning for future practice. At the time of writing, the BSCP has not commenced any CSPRs. A serious child safeguarding case is one in which:

- abuse or neglect of a child is known or suspected
- the child has died or been seriously harmed.

Where the CSPR criteria has not been met for national learning, the BSCP can also undertake smaller-scale multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve practice.

During 2021/22, the SPR Subgroup:

- Completed a joint Bromley Domestic Homicide Review / Learning Review where the children suffered significant harm
- Contributed to a neighbouring borough's Learning Review concerning delay in seeking medical treatment
- Led a multi-agency reflective session on a child with complex mental ill health
- Commissioned and commenced a Thematic Review on a child's journey through custody

Recommendations and learning are monitored at the PCI Sub Group.

Learning this year includes:

- The need to share information with schools where a child is in a home with incidents of domestic abuse.
- The need to produce coordinated action plans through the MARAC (Multi Agency Risk Assessment Conference) process and the need for MARAC to consider safeguarding of the children.
- The importance of housing services in a multi-agency response to domestic abuse and the need to explore underlying issues.
- The value of facilitating a professionals meeting, especially where there are numerous professionals involved, in order to triangulate all known information to inform decision making.
- The need for Police to take immediate proactive steps to investigate domestic abuse and coercive control.
- The importance of robust CSC transfer procedures between boroughs and local areas.
- The importance of including all family members in assessments.
- Being aware of unconscious bias towards articulate, polite parents.

Access to published serious case and learning reviews can be found at www.bromleysafeguarding.org.



Training and Resources





AUDITING

Safeguarding Self-Assessments

Safeguarding Self-Assessments are issued by the Bromley Safeguarding Children Partnership (BSCP) to safeguarding partners and relevant agencies in Bromley. They replace the Section 11 and Section 157/175 audits and are a key part of our local arrangements. Under Section 16G of the Children Act 2004, relevant agencies must act in accordance with the BSCP's arrangements. They can help organisations focus on what matters most and improve the sufficiency of their safeguarding practice.

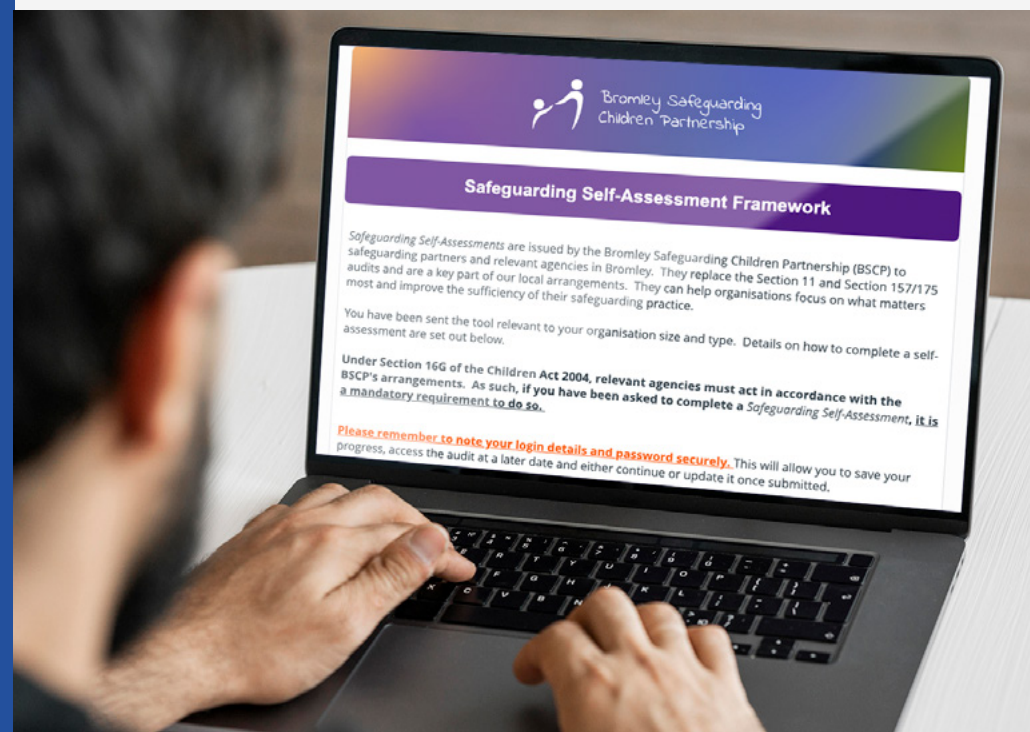
This year, all schools in Bromley were required to submit their safeguarding self-assessments with 91 education settings completing. Analysis was undertaken of the results to identify common themes and areas needing improvement or further support. The Education Safeguarding Officer has dip sampled school self-assessments and will be visiting these schools to discuss areas of concern or needing further development. Overall, schools are meeting requirements relating to leadership, child protection procedures, policies and guidance, practice, safe recruitment, ethics, behaviour and equality, as well as communication. It was noted that there has been positive development around supervision since the last self-assessment in 2019. Some areas for development were also highlighted which recommended that schools:

- ensure the role of Designated Safeguarding Lead is written into job descriptions, specifying responsibilities relating to LADO investigations
- develop child-friendly child protection procedures in schools
- cover Bromley Thresholds of Needs document, local thresholds and contextual safeguarding in their safeguarding training
- ensure DBS checks are being updated and that risk assessments are carried out where a potential employee has a criminal record
- provide safeguarding training to their volunteers.

Early Years settings were also required to submit self-assessment. A total of 264 (41%) audits were returned from the following sectors: 132 (30 %) childminders, 132 (82%) pre-schools and day nurseries. A selection of providers will be visited in summer/autumn 2022 as part of the early years moderating process. These are providers who stated 'not met' or 'partly met' for key priorities.

IMPACT

The BSCP launched an on-line user-friendly safeguarding self-assessment tool this year to help safeguarding partners, including early years and education settings to review their evidence more effectively and enable them to develop action plans to address any weaker areas in their self-assessment.





Winter COVID Assurance survey

In January 2022, the BSCP launched a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures. The survey provided assurance that agency contingency plans were in place during the Omicron wave of infections and that vaccination take up was increasing. It also provided assurance that hybrid ways of working were fully embedding and working well. The responses from the survey informed the BSCP Strategic Threat Assessment in 2022.

FGM (Female Genital Mutilation) Pathway Audit

Following our Learning Review 'Natalie', the BSCP wanted to seek assurance that FGM recording was accurate and shared appropriately from Midwifery to the relevant primary care services. This FGM pathway audit has taken much longer than anticipated due to one agency's reluctance to share adult information with another agency. Escalations and discussions with the Caldicott Guardian took time but were finally resolved. The number of women with FGM who had a female baby is small in Bromley. BSCP was assured that in all cases the correct codes had been used to record on the FGM-IS¹ (Female Genital Mutilation - Information Sharing). However, there was an issue identified whereby not all the relevant GPs could see this on their local NHS information system (EMIS). This has been escalated to the IT lead.

Further learning was identified as the language used on the record shared with the GP was ambiguous; this has been amended. We will audit again with this year's cases in the Autumn of 2022 to ensure the two actions have led to the necessary improvements in recording.

Single Agency Audits

Partners have their own internal audit programmes and report the key findings at the Performance, Challenge and Impact (PCI) subgroup. This year, we have had a particular focus on the Metropolitan Police Service's audits which have included case audits of MERLINS as well as thematic audits of child abuse, hate crime, domestic abuse and mental health. Training and supervision were identified as areas for improvement, particularly for new recruits and Emergency Response and Patrol Teams (ERPT)/first responders. This was overseen by the DCI for Safeguarding. There was also local learning in relation to Operation Encompass and partners were able to support to ensure communication with school occurs after a domestic abuse incident involving a parent/guardian. South BCU is also prioritising the voice of the child and ensuring officers speak with children independently and record those conversations in reports.

¹ The FGM-IS is part of the [NHS Spine](#). Healthcare professionals and administrative staff can view, add and remove the FGM indicator, and it can be accessed via the [Summary Care Record Application \(SCRA\)](#), or with a [local clinical system integrated with FGM-IS](#).



The Child Death Overview Panel



The overall purpose of the Child Death Review process is to understand why children die and put in place interventions to protect children and prevent future deaths. The Child Death Overview Panel (CDOP) is accountable to the Bromley Safeguarding Children Partnership (BSCP) Executive via the Safeguarding Practice Review Subgroup.

All of the meetings are joint meetings with Bromley, Lambeth and Southwark. The meetings are split into deaths of infants under 1 month (Neonatal Death Overview Panel, NDOP) and older children over 1 month (Child Death Overview Panel, CDOP).

Between 01 April 2021 and 31 March 2022 the Southwark, Lambeth and Bromley Child Death Review partnership held 7 CDOP meetings, including a Learning Disability themed panel, and 5 NDOP meetings. During this 12-month period a total of 36 child death cases were signed off at either CDOP or NDOP, 18 cases were signed off at CDOP and 18 at NDOP.

Between 01 April 2021 and 31 March 2022, there were a total of 45 child deaths among residents living within the Southwark, Lambeth and Bromley tri-borough footprint.

Bromley Child Deaths 2021/22

- There were 11 child deaths (Female 4: Male 7).
- The number of deaths in the first month of life was 5.
- The number of deaths of children more than a month old and less than a year old was 3.
- The number of deaths of children in Bromley is very variable due to death being a rare event.
- If stillbirths and infant (neonatal) deaths are monitored together this shows variable rates in Bromley but overall lower than the national and London rates.
- All Bromley perinatal mortality rates are still lower than England and London rates.
- The trend in deaths of older children is downward, again mirroring the rates in London and England



Comparison Bromley deaths 2008-2022 with death rates in England, 2019/20

Category of death	Bromley 14 years average 2008-2022 (%)	All child deaths England 2019/20* (%)
Deliberately inflicted injury, abuse or neglect	1	2
Suicide or deliberate self-inflicted harm	3	4
Trauma and other external factors	8	4
Malignancy	7	8
Acute medical or surgical condition	8	6
Chronic medical condition	8	5
Chromosomal/ genetic/ congenital anomaly	20	25
Perinatal/ neonatal event	33	31
Infection	1	6
Sudden unexpected, unexplained death	9	8

* *Source: National Child Mortality Database

This comparative data shows some differences between pooled data over 14 years of child deaths in Bromley and the national data. Even with pooling of data the numbers are too small for the differences to be statistically significant. However, this process is useful for indicating where there may be differences between national and local patterns of child death.



Suicides of 18-25 year olds

In March 2021, the BSCP Case Review Subgroup held a tabletop session following the suicide of an 18-year-old. It was agreed a system was needed for BSCP to be aware of young adults' suicides as no notifications are legally required to safeguarding partners following a child's 18th birthday.

The BSCP Managers, BSAB Manager and Public Health Intelligence leads (for Bromley Suicide Prevention Group) now have access to the THRIVE database which records all suicides in London. This is checked routinely by the BSCP team.

There were 28 completed suicides of Bromley residents recorded on THRIVE for this financial year, 2021-22. Those deaths have been analysed by the Bromley Suicide Prevention Group for trends, themes and patterns and comparisons with other areas and with non-pandemic years. In addition, the BSCP has analysed the three young adults aged 18-25 years who died. There were no significant similarities between the cases so no additional learning to be shared with professionals. We will continue to actively monitor this information through the Safeguarding Practice Review Subgroup and report on any trends, themes and patterns as they are identified.

In five cases, the adult who died was a parent to a child aged under 18 years. BSCP has checked that recording has been accurate and information shared appropriately in order to support the children and family.



Training & Development



The BSCP training programme consists of the following elements: online e-learning courses, live learning (formerly classroom-based courses, formal face to face learning), and shorter face to face briefings/seminars/workshops.

London Borough of Bromley (LBB)'s Workforce Development Team supports the commissioning and administration of the BSCP training programme with strategic direction provided by the BSCP Training Subgroup. 2021-22 was the last year of a three-year training programme and procurement for the 2022-25 programme began in early 2022.

The BSCP training programme for 2021-22 continued to be significantly impacted by the COVID-19 pandemic. All live learning courses were conducted online for a second year. There continued to be a wide range of multi-agency learning opportunities for the children's workforce in Bromley with 43 different courses. The vast majority of it was very well received and had a beneficial impact on practice. 648 people attended a live learning session (577 excluding the bespoke school DSL courses) which is a modest increase from last year. 5248 people completed an e-learning course.





E-Learning

This year Bromley's e-learning package consisted of 22 different courses suitable for the children's workforce. These courses make up the majority of the BSCP Group 1 and 2 (foundation level) training offer. The advantage of online training is that delegates can learn at a time and pace that suits them. BSCP and BSAB pay costs in full so all participants can undertake this training at no cost to them.

5245 people completed online learning modules for children's safeguarding this year. There has been a steady increase in uptake since 2016, with 2020-21 seeing a huge increase during lockdowns when no other training was available.

Participants on the Level 1 this year included refuge staff, sports coaches, road safety officers, benefits advisers, private tutors, employment advisers/coaches, youth workers, technicians, midday supervisors, environmental health officers, administrators and those working as volunteers. This is excellent as we aim to reach as many workers and volunteers as possible to teach 'safeguarding is everybody's business'. It is reassuring to see that the Safeguarding Children level 1 course continues to have the highest take up.

The use of e-learning is particularly important for those in the children's workforce who struggle to attend daytime live learning sessions. 1285 Early Years staff completed e-learning this year, as did 171 foster carers, and 415 voluntary/charity/private agency staff. This is an excellent take up.

Courses offered this year included: Autism Awareness, Child Exploitation, Gangs and Youth Violence, Human Trafficking and Modern Day Slavery, Safeguarding Children with Disabilities, and Unconscious Bias.

Live Learning

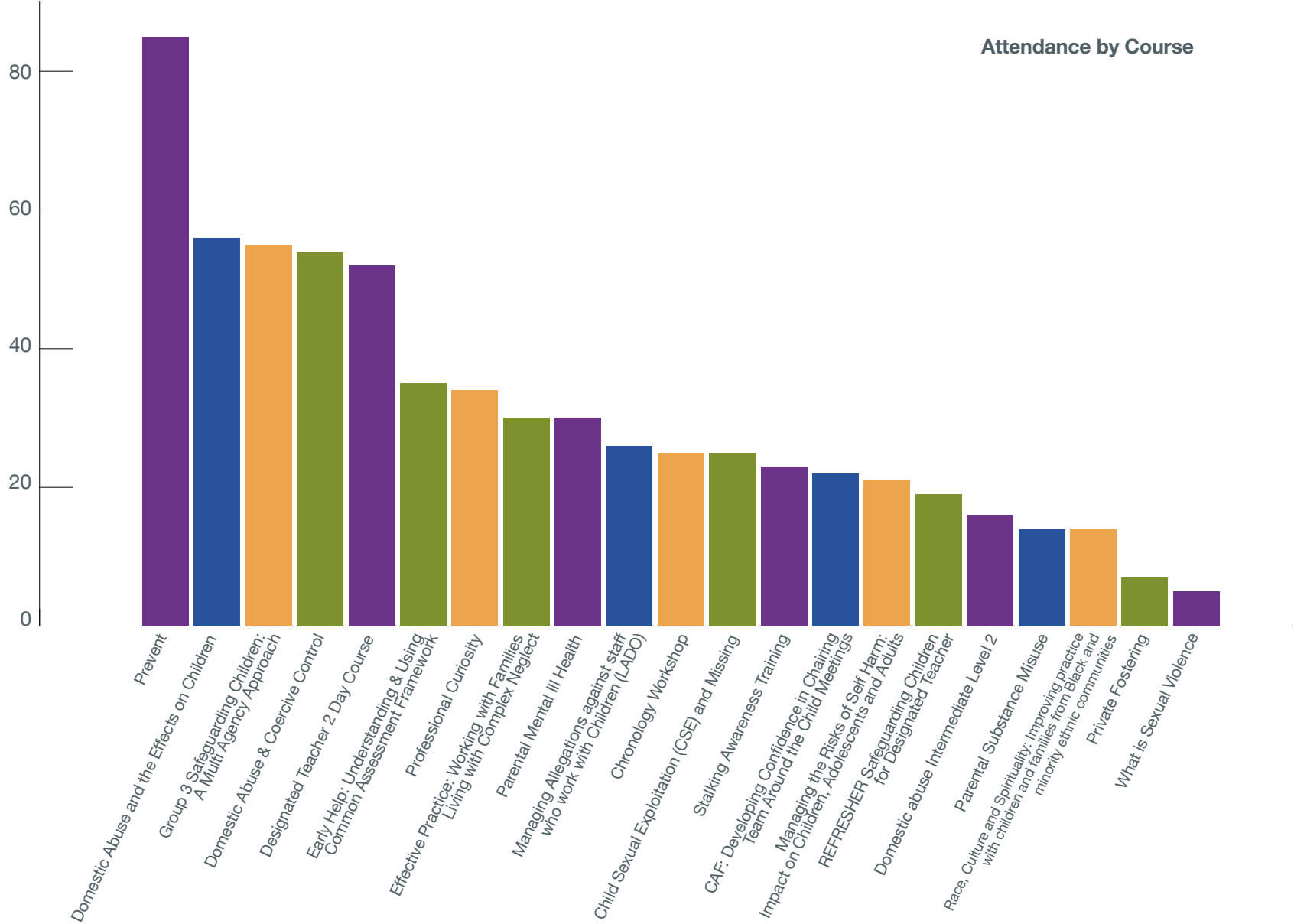
For all the benefits of online pre-recorded training, not all training can take place in short informal sessions and it is important for all staff to have some protected time for formal multi-agency training where they have a safe space to reflect on their own practice, share experiences with other members of the Bromley children's workforce and learn from each other. The BSCP promotes that partner agencies ensure a balance and BSCP provides opportunities for different types of learning every year.

In 2021-22, we ran 21 classroom-based learning courses, including the two Designated Safeguarding Lead (DSL) courses that we commission on behalf of schools. These courses range from half a day to two days' duration and comprise our formal multi-agency training offer. These were attended by a total of 648 people across the different agencies.

Single agency safeguarding training continues to be mandatory for most agencies and covers a broad range of issues. Staff are strongly encouraged to complete some multi-agency training as well as their own agency training every year.



Attendance by Course





We monitor attendance by agency at every course as it is important that training is multi-agency to improve the learning experience. When excluding DSL courses in the analysis, London Borough of Bromley (LBB) accounts for the largest percentage/number of attendees with 71%. This included staff from across the council including Adult Services, Education, Housing, HR, Legal, Public Health, Commissioning, Youth Support, Youth Offending with the majority of places taken by Children's Social Care staff and Early Intervention. Many specialist teaching staff are LBB employees and therefore count in this total. The proportion of our training being taken up by LBB staff has increased considerably since 2019. The increase in LBB staff may be due to increased promotion from LBB's Learning and Development team who send very regular emails to all staff. It may be due to reluctance from other agencies to use Evolve to book on to our training (LBB employees have a simpler single sign on to Evolve so don't need to register for an account). The Training Subgroup will analyse this further.

Education establishments account for 12% of attendances which is a reduction proportionally compared to previous years. School staff attend a very wide range of BSCP multi-agency courses, including domestic abuse, exploitation, Group 3, CAF and chronology courses. We would like to see more education staff attending the courses on self-harm, parental mental health and Race/Culture.

6% of attendances at live learning courses were by health professionals which is lower than in previous years. The 'Other Health Professionals' category included staff in the Bromley Community Wellbeing Service (Bromley Y) and SELICS (formerly CCG). There was nobody from GP practices this year. No doubt the low uptake of training by health professionals was due to the unprecedented pressure on them at the frontline throughout the pandemic.

No foster carers attended our multi-agency training this year. A very comprehensive programme of accredited training for foster carers is in place from London Borough of Bromley but the BSCP programme is available to them free and the LBB Fostering Team continue to promote BSCP training.

1 member of the police attended a multi-agency live learning course this year. This ongoing low level of engagement in multi-agency safeguarding training remains a concern.

Early Years staff accounted for 45 places which is an increase. It is positive that so many early years staff attended multi-agency BSCP training this year. Separate safeguarding training is delivered by specialist LBB Education for early years staff which is evaluated separately. Training sessions are delivered to designated leads in early years settings, childminders, staff in nurseries and out of school provision. Those sessions are run in the evenings and weekends to enable more staff to attend.

Last year, in response to emerging risks and intelligence from our partner agencies, we recognised the increase in domestic abuse during the pandemic, and particularly in periods of lockdown. To better equip practitioners, we spot purchased two new 'live' webinar courses – Domestic Abuse and Coercive Control, and Domestic Abuse and the Impact on Children. Both courses were extremely well received, and attendees stated they felt more able to spot the signs, be professionally curious, support children and families and know what services were available. We committed, alongside the Bromley Adult Safeguarding Board, to continue to provide an enhanced domestic abuse training offer in 2021-22 with a variety of courses at different levels offered at no cost to attendees. This was achieved.



Briefings and Seminars

Attendee numbers for these less formal sessions are not counted within the figures given above as they are commissioned outside the BSCP, however, they are a vital source of learning for partners.

The half day Multi Agency Partnership Events (MAPE) commissioned by London Borough Bromley in partnership with key partners which started in 2017 are highly evaluated and continue to be a welcome contribution to multi-agency training. MAPE covers: Bromley's thresholds of needs; what services are available for families; key safeguarding pathways; and summarises how other partners' work. These sessions are perfect for workers who are new to Bromley or in a new role.

The Designated Doctor and Designated Nurse for Safeguarding Children ran briefing sessions for various sectors this year, including housing, GPs and Children's Social Care. Topics included Perplexing Presentations and Fabricated Induced Illness and Non-Accidental Injuries. The attendee numbers are not included in this analysis. These were short 1-2 hour briefing sessions without follow up evaluations as per our formal training offer.





Impact of Training

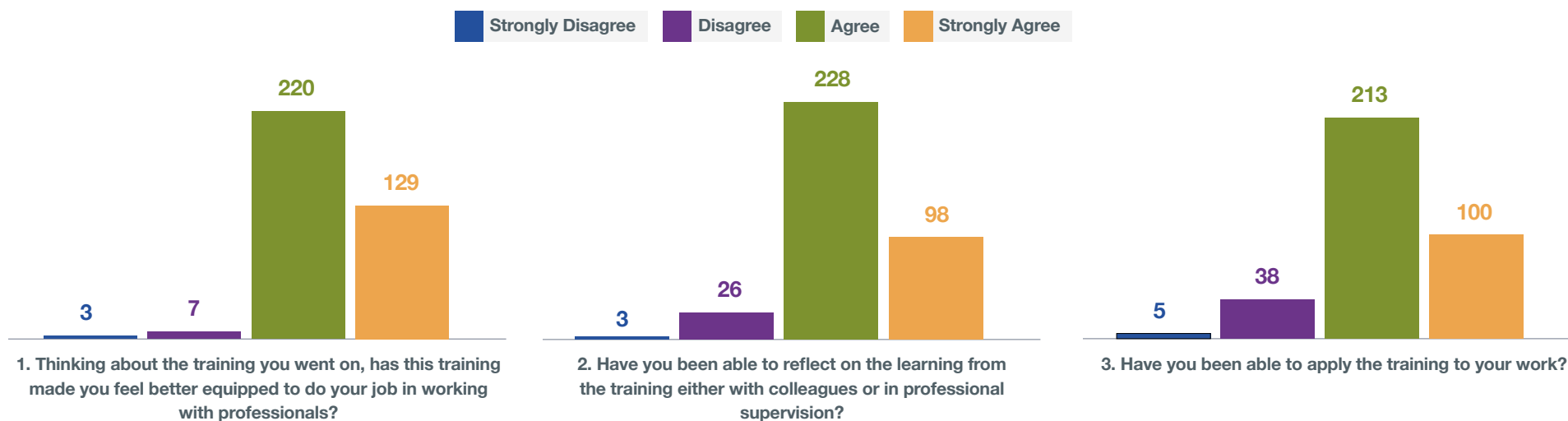
The BSCP consistently provides training of a high standard, with course participants agreeing that courses are useful and relevant to their needs. Each course is subject to user evaluation at two points in time – immediately after the course (every participant) and 8 weeks after the course (one session per course). This year 85% of attendees completed the initial evaluation and 61% completed the 8 week follow up evaluation.

In the immediate post-course feedback in 2021-22, 97% of the attendees judged the courses to be Excellent or Good. Whilst this is positive, it is not as glowing as in previous years. Far more attendees rated the course as 'Good' than 'Excellent' this year. This is almost certainly caused by the courses being online, rather than face to face.

At the 8 week post training evaluation, attendees were asked to state whether they had had time to reflect on the training with colleagues and in supervision,

whether the training made them feel better equipped to do their job in working with professionals, how they'd applied the training to their work and to give examples of any impact. Evaluations were received from a wide range of agencies.

- 349 of the 359 scored that they felt (significantly or much) better equipped to do their job.
- 326 of the 359 said they had been able to reflect on the learning from the training two months earlier with either colleagues or in professional supervision.
- 313 of the 359 had been able to apply the learning to their work within the two months since they had completed the training.





The Training Subgroup has been provided with the detailed data analysis showing evaluations by course. We have particularly looked at those attendees who answered that they disagreed with the statements or were yet to apply any learning to their practice. 1.68% (11 attendees) who strongly disagreed with any of the three questions felt the learning is not very applicable to their job role and they had not yet reflected on the learning. 11.8% (71 attendees) who disagreed with any of the three questions felt they were yet to apply the knowledge acquired during the training and others felt they had forgotten what they learnt in the training sections.

Each BSCP training course is allocated to a member of the Training Subgroup to monitor, dependent on their specialist area. Where a course consistently has a low score, indicating low impact, attendees are contacted to obtain more specific details, which is then fed back to the trainer to amend content or delivery. Poor evaluations can lead to unsatisfactory trainers being replaced or courses decommissioned. Furthermore, certificates can be withheld if individuals do not apply the training and the BSCP also expects that this is followed up by supervisors and line managers during supervision.

All trainers are required to submit an evaluation form to evaluate how well the course went. Questions include how relevant the course was to the experience of the delegates and whether any organisational issues emerged during the training. Forms are submitted to and followed up by the Chair of the Training Subgroup. The Training Subgroup routinely analyses evaluation data and also carries out observations of courses to ensure quality and impact.

Courses are amended during the year by trainers in agreement with BSCP to reflect learning from evaluations, new developments (for instance the introduction of a new policy or guidance) and learning from new reviews. Our trainers continue to be accommodating and receptive to these amendments.

A detailed analysis of training, learning and development can be found in the Training Evaluation Report 21-22 which is available from the [BSCP Team](#) or members of the Training Subgroup.



Progress against the Bromley Pledge



BSCP Vision:

“Children and young people in Bromley are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together.”

The Executive has reviewed Bromley’s safeguarding children landscape, refreshed and agreed their philosophy and priorities and commit their organisations, wherever and whenever possible, to support and improve the lives of our children and their families and carers. This forms a key part of that commitment and comprises of the follow four areas:

Health and Wellbeing of Workforce

What did we do?

- Health and wellbeing of workforce was a standing item at Contingency Oversight meetings and also at quarterly Board meetings for oversight, identification of risks and solutions across the partnership and sharing of good practice.
- We carried out a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures and the Omicron variant. The responses from the survey informed the BSCP Strategic Threat Assessment.
- Included health and wellbeing of workforce in BSCP Strategic Threat Assessments.
- The BSCP requested regular updates on vaccine hesitancy and reluctance amongst staff and explored how partners manage a mixed economy of vaccinated and non-vaccinated staff.
- The MASH Review made specific recommendations regarding the health and wellbeing of staff on this busy team. Some of these have been achieved already with several key agencies adding resources to increase capacity.



Understanding Vulnerability

What did we do?

- Piloted the role of a dedicated safeguarding children analyst. The analyst provides a richer interpretation of intelligence to safeguarding partners which strengthens decision making, improves the scrutiny of front-line safeguarding practice and enhances tactical decision making.
- Line of sight of children, emerging risk and mitigation linked to the pandemic was a standing item at the 3 weekly Contingency Oversight meetings.
- Identified current pathways to harm, risks and recommendations were included in Strategic Threat Assessments.
- Built on the pan-London Child Exploitation Operating Protocol to develop the Bromley Child Exploitation Strategy 2022. This will provide 'local pathways' to access support for exploited children and children at risk of exploitation.
- Reviewed and relaunched the Bromley Threshold of Need guidance.
- Focussed challenge and scrutiny activity on mental health services. The BSCP Board reviewed mental health data and the Mental Health Strategy at the June 2021 board meeting and again in March 2022 to scrutinise CAMHS waiting times. Board members have been assured of mitigations and have planned a follow up Digital Footprint Survey in 2022/23.
- Mapped the partnership approach to risk identification, assessment, medication and management of vulnerable young people that you come into contact with, including Children Looked After (via December 2021 Board agency update).
- Reviewed partnership work specifically for harm to children under the age of one (via December 2021 Board agency update).

A Focus on Getting the Basics Right

What did we do?

- Carried out a review of MASH capacity and capability. Recommendations are monitored through the MASH Strategic Group.
- Reviewed our expectations for Strategy Meetings/Discussions and worked on a new Protocol with improved forms, contact lists and guidance.
- Reviewed and republished our Threshold of Needs Guidance using the pan London indicators to improve cross borough working and transfers.
- Revised the health assessment form so it can easily be used as a Common Assessment Framework (CAF) referral if Early Help support is needed.

Continuous Improvement

What did we do?

- Launched an on-line user - friendly safeguarding self-assessment tool to help safeguarding partners review their evidence more effectively and enable them to develop action plans
- Led a multi-agency reflective session on a child with complex mental ill health and safeguarding concerns
- Commissioned and commenced a Thematic Review on a child's journey through custody
- Scrutinised single agency audits, including Police MERLINS for children, CSC Practice Assurance Stocktakes, police audits of child abuse, domestic abuse, mental health and hate crime.
- Audited the FGM pathway from Maternity Services to primary care.
- Scrutinised the multi-agency dataset every quarter with subsequent challenges. There was additional focus on CAMHS waiting times and caseloads, non-accidental injuries, elected home education, low CAF numbers, and the increase in LADO referrals.
- Undertook challenge, escalation and resolution of operational issues such as organisation of Strategy Discussions, attendance at Strategy Discussions, and hospital discharges following a mental health crisis presentation.
- Ensured our training programme reflected training needs, which included commissioning additional domestic abuse courses.





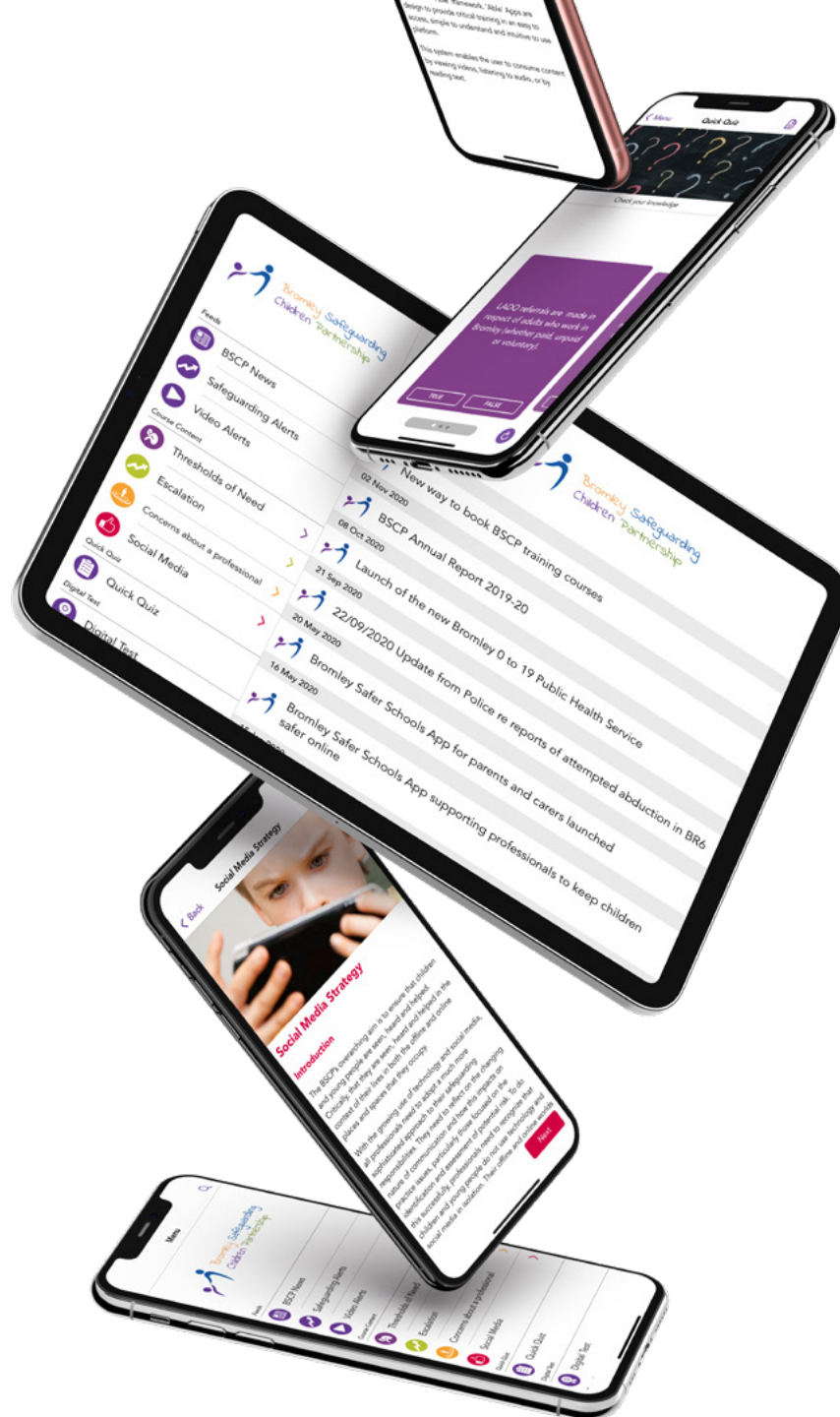
Technology & Social Media



The BSCP business plan aims to develop and deliver services that meet the needs of the children they seek to safeguard. This in the context of children's lives; at home, in care, in education and health, with family and friends and in all the offline and online spaces they frequent. The BSCP recognises that children's access to technology and use of social media is not novel and distinct; rather it is fundamentally integrated in the lives of young people. We further recognise that the context within a child's offline life; neglect, emotional or physical abuse or living in the shadow of abusive relationships is often reflected in the online 'digital footprint' children, young people and many adults now create.

We have therefore discarded the development of an e-safety strategy on the basis of its singular focus on technology and have instead, developed a strategy and suite of supporting documents focused on safeguarding children and young people within the context of their real lives and their access and use of technology. In the toolkit supporting this strategy, professionals are provided with policy, guidance and checklists that will assist safeguarding professionals identify and support children and young people in need of help and protection. This is available on the [BSCP website](#).

In addition, the BSCP has developed Apps to support professionals so that they have immediate access to the guidance they need. The BSCP App includes information on subjects such as thresholds of needs, escalation, what to do if you are concerned about a professional and how to get help if you are concerned about a child. The BSCP Private Fostering App has been downloaded around 26,377 times, the BSCP Safeguarding App has been downloaded around 16,823 times and the FGM App has been downloaded 1,393 times. Short videos on a number of topics, including exploitation, are also available for professionals on the [BSCP website](#).





What you need to know



THE BSCP WEBSITE



www.bromleysafeguarding.org >



[@BromleyLSCP](https://twitter.com/BromleyLSCP) >

CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for
- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important
- This is about you and we want to know more about how you think children and young people can be better protected
- We want to talk to you more often and we want to know the best way to do this..... please help
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to Childline on 0800 1111

PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help
- Tell us what works and what doesn't when professionals are trying to help you and your children
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face
- You'll never get ahead of your child when it comes to understanding social media and IT – but make yourself aware of the risks that children and young people can face





THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. If you see something, say something.
- If the child lives in Bromley, call the Multi Agency Safeguarding Hub (MASH) on 0208 461 7373/7379 7026 during working hours
- If you need to speak to someone out of office hours contact the Out of Hours Duty Service on 030 0303 8671
- You can also call the NSPCC Child Protection helpline on 0808 800 5000

FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make sure children and young people are seen, heard and helped... whatever your role
- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role
- Understand the importance of talking with colleagues and don't be afraid to share information. If in doubt, speak to your manager
- Escalate your concerns if you do not believe a child or young person is being safeguarded
- Use your representative on the BSCP to make sure that your voice and that of the children and young people you work with are heard
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents/carers

LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously
- Councillor Kate Lymer is the Portfolio Holder for Education and Children and Families and has a key role in children's safeguarding - so does every other councillor
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind

CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organisation. When you talk, people listen - talk about children and young people
- Your leadership is vital if children and young people are to be safeguarded
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust
- Ensure your workforce attend relevant BSCP training courses and learning events
- Ensure your agency contributes to the work of BSCP and give this the highest priority. Be Section 11 compliant
- Advise the BSCP of any organisational restructures and how these might affect your capacity to safeguard children and young people
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection



THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse
- Ensure a strong focus on MACE, MAPPA and MARAC arrangements

HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with 'Keeping Children Safe in Education' (DfE 2022)
- You see children more than any other profession and develop some of the most meaningful relationships with them

INTEGRATED CARE BOARDS

- ICBs in the health service have a key role in scrutinising the governance and planning across a range of organisations
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

THE LOCAL MEDIA

- Safeguarding children and young people is a tough job
- Communicating the message that safeguarding is everyone's responsibility is crucial - you can help do this positively
- Hundreds of children and young people are effectively safeguarded every year across the borough of Bromley





BSCP Membership



Independent Chair

Jim Gamble QPM

BSCP Team

Kerry Davies	Partnership Manager (Job Share)
Joanna Gambhir	Partnership Manager (Job Share)
Hazel Blackman	Business Support Officer

Board Members (as at May 2022)

Gill Allen	Director, Bromley Y
Richard Baldwin	Director Children's Social Care, LBB
Angela Bhan	Director (Bromley) South East London Integrated Care Board
Samantha Britnell	Bromley CFVSF Operations Manager (third sector)
Kim Carey	Interim Director, Adult Social Care, LBB
Debbie Carter	Interim Head of Safeguarding, Bromley Colleges
Lynnette Chamielec	Deputy Director Housing, LBB
David Dare	Assistant Director Children's Social Care, LBB
Stuart Hills	Head of Service Quality Assurance, LBB
Louise Jones	Service Manager, Cafcass
Marina Laurie	Lay Member
Cllr Kate Lymer	Portfolio Holder, Care Services & Education
Fiona Martin	Detective/Superintendent, South BCU (Metropolitan Police Service)

Betty McDonald	Head of Youth Offending Service, LBB
Karen Moorey	Deputy Headteacher, Eden Park High School
Lauren Mulligan	Service Manager, Change, Grow, Live
Jared Nehra	Director of Education, LBB
David Osoba	Designated Dr, South East London Integrated Care Board
Rebecca Saunders	Designated Nurse, South East London Integrated Care Board
Geraldine Shackleton	Primary Education Director, Aquinas Trust
Jenny Selway	Consultant in Public Health, Public Health, LBB
Sharon Smith	Head of Children's Nursing, Bromley Healthcare
Lucien Spencer	Head of Service, National Probation Service
Antoinette Thorne	Learning and Development Manager, LBB & BSCB Training Subgroup Chair
Lizzie Wallman	Deputy Director Nursing, Kings College Hospital
Jane Wells	Director of Nursing and Safeguarding, Oxleas NHS Trust



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ENCLOSURE: 9

AGENDA ITEM: 11

One Bromley Local Care Partnership Board

DATE: 26 January 2023

Title	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24
This paper is for approval	
Executive Summary	<ul style="list-style-type: none"> The formal partnership agreements made between the London Borough of Bromley and Bromley ICB to facilitate the joint commissioning and delivery of services have all been legally underpinned by a Section 75 (s75) Agreement in accordance with the National Health Service Act 2006. Since 2014 a single s75 agreement has been in operation to support allied working across social care and health. The s75 will run continuously until it is formally stopped. This report details the current range of services included in the s75 agreement (Appendix A). Following the approval of the s75 in 2014, the core agreement remains unchanged, however officers are required to annually update the list of funding commitments. From a local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement. The Bromley ICB Borough Director holds this responsibility on the behalf of Bromley ICB. In order to align the approvals mechanism and ensure an optimised integrated approach, the s75 updates are presented to the One Bromley Local Care Partnership Board. Additionally, individual agreements will be subject to the LBB standard financial and contract regulations based on the level of funding involved e.g. if the Variation to funding was over £100k or if a new agreement involves funding contributions of over £1m, permission to vary/commence will be taken first through Executive for a decision.
Recommended action for the Committee	<p>The Partnership Board is recommended to approve the update to s75 funds as outlined in Appendix A and note:</p> <ul style="list-style-type: none"> the current 2022/23 arrangements including the new schemes that weren't previously presented due to the end of year allocation of the funds by central government.



	<ul style="list-style-type: none"> that all of the 2022/23 projects will be incorporated in the 2023/24 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB to do so. that where new projects are to be included in the 2023/24 s75 the approvals process will be adhered to (e.g. seeking approval from the Leader, Portfolio Holder and ICB Borough Director), following presentation/agreement at the Bromley ICB (group). 	
Potential Conflicts of Interest	No conflicts of interest have been identified in the writing of this report	
Impacts of this proposal	Key risks & mitigations	The oversight and risk management of the s75 agreement is managed by the officer led Integrated Commissioning Board. Additionally, Better Care Fund performance is reported to the Health and Wellbeing Board.
	Equality impact	The s75 agreement funds a wide range of health and care services with a focus on vulnerable Bromley residents including adults and children with disabilities and older frail residents. Equality Impact Assessments are undertaken at the individual project/service level.
	Financial impact	2022/23 expenditure has already been agreed. Where new projects have been initiated approval to spend has been sought in as detailed in 3.2 below.
Wider support for this proposal	Public Engagement	No public engagement has taken place with respect to this report. Public engagements and work with patients, service users and carers takes place when developing individual schemes and programmes covered by the agreement.
	Other Committee Discussion/ Internal Engagement	Better Care Fund performance is reported to the Health and Wellbeing Board
Author:	Kelly Sylvester – Head of Community Commissioning (LBB)	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Cllr Diane Smith	

1. REASON FOR REPORT

- 1.1 Section 75 (s75) of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care



related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It encourages joint commissioning and the commissioning of integrated services.

- 1.2 The report provides a brief insight into the original development of the s75 (see section 3 below). The report also provides confirmation of the services currently incorporated in the s75 (see Appendix A). These services range from projects that were included in the initial s75 to services that have been included since the initiation.
- 1.3 Additionally, the report seeks the formal approval to incorporate new services (which have an allocated funding stream/budget).

2. RECOMMENDATIONS

2.1 The Partnership Board is recommended approve updates to the funding included in the s75 agreement and to note:

- the current 2022/23 arrangements (Appendix A) which includes the new schemes that weren't previously presented due to the end of year allocation of the funds by central government.
- that all of the 2022/23 projects will be incorporated in the 2023/24 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB to do so.
- that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB (group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.

3. COMMENTARY

- 3.1 On the 16th July 2014 Bromley Council Executive approved the adoption of the s75 Agreement in order to enable the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. The s75 conditions (NHS Act 2006) also enable one partner to take the lead in commissioning services on the behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision, commonly known as 'Health Act flexibilities'. Here staff can be seconded/transferred and managed by another organisation's personnel. (s113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations). The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation. This legislation only applies to local authority and health partners.



- 3.2 LBB Executive agreed that any new individual agreements proposed by the Joint Integrated Commissioning Executive (renamed the Integrated Commissioning Board) would be covered under a deed of variation, which is subject to the standard financial and contract regulations based on the level of funding involved. For example if a new agreement involves funding contributions of over £1m it will be taken through Executive for a decision first.
- 3.3 From the local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s). This process is facilitated by the One Bromley Local Care Partnership Board.
- 3.4 From the Bromley ICB perspective, the Borough Director has the authority to approve any new agreements/amendments to the s75.
- 3.5 The services that are currently included in the s75 for 2022/23 are included in Appendix A. Unless funding is not available, the services detailed in Appendix A will be incorporated in the 2023/24 s75.

4. FINANCIAL CONSIDERATIONS

- 4.1 A summary of the services included in the s75 agreement and split of funding between the Council and ICB is shown in Appendix A.
- 4.2 There are no financial implications for the Council arising from this as the various amounts are included in the 2022/23 budget, with the exception of the new Winter Funding for Adult Social Care and LD discharge lines, which will be reported to the Executive in March 2023 for agreement.

5. LEGAL CONSIDERATIONS

Comments on behalf of the London Borough of Bromley's Legal Services

- 5.1 The Partnership Board is asked to note:

- the current 2022/23 arrangements (Appendix A) which includes the new schemes that weren't previously presented due to the end of year allocation of the funds by central government.
- that all of the 2022/23 projects will be incorporated in the 2023/24 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB to do so.
- that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB



(group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.

5.2 The One Bromley Local Care Partnership committee is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in its Terms of Reference. This Partnership committee has responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the Integrated Care Board. These services include Primary care services; Community services ;Client Group services; Medicines Optimisation related to community based care and Continuing Healthcare

5.3 The Partnership Board has adopted terms of reference which sets out the extent of its role, responsibilities, membership. reporting, decision-making and governance. The recommendations to this report fall within the Terms of Reference . In particular the Terms of Reference say that as far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership. Furthermore the Executive of the London Borough of Bromley (Executive Decision CS14048) has resolved that, “the Leader and Portfolio Holder for Care Services be given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching Section 75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s).”

5.4 As part of the section 75 arrangements which underpin the Partnership Board, responsibility for compliance with the relevant Procurement Regulations will be with the relevant section 75 Partner, leading on that particular contract.

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Appendix A

Services/ arrangement	Delegations Functions	Designated Lead Commissioner/ contact	Supplier	ICB Funding (21/22) £'000	Authori ty Fundin g (21/22) £'000	Total Funding (21/22) £'000	ICB Funding (22/23) £'000	Authority Funding (22/23) £'000	Total Funding (22/23) £'000	Agreement needed for 2023/24?
Intermediate Care Contract	Delivery of intermediate care services in the borough [Authority Function]	Authority - Associate Director of Contracting - Michael Johnston	Bromley Health Care	2,517	921	3,438	2,517	921	3,438	No
Short Breaks Service for Children - Hollybank	Delivery of short breaks service to children with special needs	Authority - Associate Director of Contracting - Michael Johnston	Bromley Health Care	833	468	1,301	833	468	1,301	No
PSIS (excluding BCF Contribution)	To establish effective self management programmes and improve joint IAG arrangements	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	239	713	952	239	713	952	No

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Community Equipment	Provision of all Community Equipment	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	Mediquip	600	624	1,224	600	624	1,224	No
Speech and Language Therapy for Children and Young People	Commissioning speech and language therapy and occupational therapy for pupils in special schools and for pupils in schools with unit provision and for the Inclusion Support Service (ISS)	BCCG hold contract	Bromley Health Care	1,415	0	1,415	1,415	0	1,415	No
Mental Health (Edward Road)	Accommodation support for people with MH needs	Authority - Kim Carey - Director Care Services	Ambient Support	118	0	118	118	0	118	No
Mental Health community contract	Early intervention and prevention services for people with mental ill health (Employment Services)	Authority - James Postgate - Associate Director of Integrated Commissioning	Bromley & Lewisham Mind	414	100	514	414	100	514	No

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Contribution to Commissioning Posts	Agreement to jointly fund commissioning posts	Authority- hold employment contracts	Associate Director Children and Young People Commissioning	84	0	84	86	0	86	No
			Children's Commissioner	32	32	64	33	33	66	No
			MH accommodation and support project manager	0	0	0	117	0	117	No
Integrated care and health programme	Joint LBB / BCCG into shared Integrated Care fund to support joint work on integration in health and social care with invest to save and transformation schemes	Health & Wellbeing Board - Directors through Integrated Commissioning Board. Funding released through report to Local Authority Executive	n/a	0	11,126	11,126	0	11,126	11,126	No
Community Contracts	Health Visiting	Authority - Nada Lemic Director of Public Health	Bromley Healthcare	0	3,274	3,274	0	3,274	3,274	No
	Health Support to Schools		Bromley Healthcare	0	670	670	0	670	670	No
	National Childhood Measurement		Bromley Healthcare	0	105	105	0	105	105	No

	Programme (NCMP)									
	Sexual Health Service		Bromley Healthcare	0	927	927	0	927	927	No
Public Health Support to Bromley CCG	Contraception devices	Authority - Nada Lemic Director of Public Health	n/a	10	0	10	10	0	10	No
Public Health Infection Prevention & Control (IPC) Advice & Support to BCCG	n/a	Authority - Nada Lemic Director of Public Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	No
BCCG Support to Public Health	n/a	Authority -Mark Cheung - Programme Director - Integrated Care Systems	n/a	n/a	n/a	n/a	n/a	n/a	n/a	No
BCF - Transformation Reserve	One off BCF underspent from 2015/21 to pump prime transformation projects and support savings	Health & Wellbeing Board - Directors through IHSCB. Funding released through report to Authority Executive when appropriate	n/a	0	3,823	3,823	0	5,710	5,710	No

BCF - Protecting Social care/ Care Act	Funds moved by the CCG from acute into Community - specifically to protect social care services. DoH Grant £4,494k	Authority - Kim Carey - Director Care Services	multiple resi, nursing and dom care providers	0	12,876	12,876	0	13,293	13,293	No
BCF – CCG Previous Existing Grants – subsumed into BCF	Reablement grant Carers grant	Authority -Mark Cheung - Programme Director - Integrated Care Systems	multiple including Authority	1,554	331	1,885	1,616	344	1,960	No
Winter pressures - clinical support	Clinical support into discharge activity	Authority -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas/ BHC	679	0	679	706	0	706	No
Winter pressures - Social Care Support	Social Care support into discharge activity	Authority - Kim Carey - Director Care Services	Dom Care Agencies	0	1,080	1,080	0	1,123	1,123	No
BCF - At risk funds against acute spend/community investment	Held at risk - invested in community to manage acute risk	Authority -Mark Cheung - Programme Director - Integrated Care Systems	n/a	1,416	0	1,416	1,472	0	1,472	No
BCF - Dementia Clinical diagnosis	To increase diagnosis rates and build capacity at the Memory Clinic	Authority -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas	652	0	652	678	0	678	No

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BCF - Dementia - Non clinical post diagnosis	New universal post diagnosis service	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	0	547	547	0	569	569	No
BCF - Self-Management and information, advice and guidance - PSIS Contract	To establish effective self management programmes and improve joint IAG arrangements	Joint - to align with ICNs	3rd Sector/ PH self management projects	0	1,766	1,766	0	1,837	1,837	No
BCF - Reablement (additional capacity)	To increase capacity up to 900 reablement packages per year	Authority - Kim Carey - Director Care Services	Authority	0	896	896	0	932	932	No
BCF - Discharge Team	Go live of new integrated discharge team at the PRU	Authority - Angela Bhan - Chief Officer	Multi- agency	593	0	593	617	0	617	No
BCF - Discharge Team	Go live of new integrated discharge team at the PRU - staffing contribution	Authority - Kim Carey - Director Care Services	Authority	0	52	52	0	56	56	No

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BCF- Community Equipment (additional capacity)	Additional funding on top of historic sum to balance total budget of £1.5m	Authority - Kim Carey - Director Care Services	Mediquip	563	444	1,007	585	461	1,046	No
BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care	Authority -Mark Cheung - Programme Director - Integrated Care Systems	EMIS/ Kings/ OLM	397	0	397	413	0	413	No
BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care. Staffing contribution to LBB	Authority - Kim Carey - Director Care Services	LBB	0	56	56	0	58	58	No
BCF - Intermediate care costs	Some shared intermediate care costs moved into BCF	Authority -Mark Cheung - Programme Director - Integrated Care Systems	BHC	658	0	658	684	0	684	No
BCF - Health support into care homes and extra care housing	To increase the clinical support into local care homes	Authority -Mark Cheung - Programme Director - Integrated Care Systems	GPs/ BHC/ Oxleas	330	439	769	343	457	800	No

BCF - Intermediate care costs	Contract reduction funded through BCF	Authority - Kim Carey - Director Care Services	Bromley Healthcare	0	157	157	0	163	163	No
BCF - BCF Post - Programmes Team	Contribution to Programmes Team	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	40	40	0	44	44	No
BCF - LD Strategic Board Support		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	25	25	0	27	27	No
BCF - Development of joint initiatives	Enablers for Integration – Discharge Therapies Support	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB/CCG	532	531	1,063	1,046	0	1,046	No
BCF - D2A		Authority - Kim Carey - Director Care Services	LBB	0	0	0	0	458	458	No
Winter Pressures - D2A staffing	Other interventions to minimise delayed discharges, implement good practise on discharge and discharge planning	Authority - Kim Carey - Director of Adult Social Care	LBB	0	95	95	0	95	95	No

Winter Pressures - Equipment	Improved equipment services to speed up turnaround times	Authority - Kim Carey - Director of Adult Social Care	LBB	0	214	214	0	214	214	No
Winter Pressures - DomCare	Additional domiciliary care packages	Authority - Kim Carey - Director of Adult Social Care	LBB	0	72	72	0	72	72	No
Winter Pressures - Placements	Specialist placements .e.g. dementia, mental health and learning disabilities	Authority - Kim Carey - Director of Adult Social Care	LBB	0	405	405	0	405	405	No
Winter Pressures - D2A Placements	Specialist placements to support Discharge to Assess	Authority - Kim Carey - Director of Adult Social Care	LBB	0	83	83	0	83	83	No
Winter Pressures - D2A DomCare	Dedicated discharge teams embedded in domiciliary care providers	Authority - Kim Carey - Director of Adult Social Care	LBB	0	321	321	0	321	321	No
IBCF - Offsetting growth	Managing demand across the services	Authority - Kim Carey - Director of Adult Social Care	LBB	0	4,636	4,636	0	4,636	4,636	No
IBCF - Whole system reserve	To avoid any crisis in the joint health and social care systems e.g. utilising resources to aid	Authority - Kim Carey - Director of Adult Social Care	LBB	0	1,677	1,677	0	1,904	1,904	No

	hospital discharge when the clients still have complex needs. This effectively provides an expansion of winter pressures funding but will be used in other times of the year.									
Joint Assistant Director of Integrated Commissioning post		Authority - Kim Carey - Director of Adult Social Care	LBB/CCG	70	70	140	72	72	144	No
Family Support	Family support	Authority - Jared Nehra - Director of Education	Mencap	21	21	42	21	21	42	No
Winter Pressures Funding	Winter pressures funding to enable timely enhanced winter capacity to be put in place	Authority - Kim Carey - Director of Adult Social Care	LBB				612	0	612	No
Hospital Discharge Funding	Financial support to secure the continued provision of social care services in line	Authority - Kim Carey - Director of Adult Social Care	Various care providers	0	0	0	3,308	0	3,308	No

[illegible]



ENCLOSURE: 10

AGENDA ITEM: 12

One Bromley Local Care Partnership Board

DATE: 26 January 2023

Title	Bromley Primary Care Group: January 2023 Report
This paper is for information	
Executive Summary	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following matters were considered at the January 2023 meeting of this group:</p> <p>a) Future improvements: developing Integrated Neighbourhood Teams</p> <p>The PCG was advised of the work underway to support the development of Integrated Neighbourhood Teams in Bromley, in line with the recommendations from the 2022 Fuller report. Data gathering and practice visits are currently underway with the intention to complete the review of the Primary Care Needs Assessment by late Spring. Members were invited to be part of the review and development process.</p> <p>b) Patient feedback form: Healthwatch</p> <p>Healthwatch provided a copy of the new patient feedback form that is now in use. The Primary Care Group provided some suggestions to improve the information that can be gathered through the form.</p> <p>The Group requested that detailed feedback is provided via the Bromley Primary & Community Care Team, so that the ICB can work with individual GP practices where improvements are proved necessary. Members of the Group emphasised that feedback needed to be gathered with sufficient detail in order that changes can improve patient experience in the future.</p> <p>The quarterly report for Quarter 3 was not yet available and therefore will be shared at the March meeting.</p>



c) Updates on improving GP Access

The PCG received an update on the projects underway as part of the programme to improve patient experience of accessing GP services in the borough. This included changes to practice websites, findings from an audit of telephony systems and ideas to help grow digital skills and confidence amongst the public. Further updates will be brought to future meetings to provide ongoing assurance and input from the PCG.

d) Improving access through supporting the primary care workforce

Bromley Education and Training Hub (BETH) provided a summary of the workforce training and recruitment initiatives underway for clinical and non-clinical staff in primary care.

The PCG noted the importance of improving retention in light of the level of turnover and loss of staff from primary care. The PCG considered the need to build upon the primary care element of the One Bromley workforce programme.

Proposal endorsed by Primary Care Group

e) Primary Care System Development Fund

The PCG was advised of the funding allocated to Primary Care Networks in Bromley, subject to receipt of accepted development plans from PCNs. Use and impact of this investment will be monitored by the Primary Care Group.

The PCG endorsed the proposal for distribution of the practice resilience funding allocated to Bromley. This will be progressed in line with the [guidance issued by NHS England](#).

f) PMS Premium 2022/23

The Bromley Primary & Community Care Team set out the 2022/23 performance data for the PMS Premium scheme in Bromley. Overall performance is positive, however there remain some common challenges with achieving the end-of-life referral and palliative care plan requirements, and with achieving the childhood immunisations threshold. The PCG was advised that practices would be supported to improve performance against these two areas.

To ensure achievement across all practices, individualised support would be offered where the data indicated there were other gaps and the ICB team will work with practices to determine any additional support as necessary.

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



ENCLOSURE:11
AGENDA ITEM: 13

One Bromley Local Care Partnership Board

DATE: 26th January 2023

Title	Bromley Procurement & Contracts Committee – November 2022 update
This paper is for information	
Executive Summary	<p>Following the establishment of the Bromley Procurement & Contracts committee to support of the management and oversight of delegated budgets in terms of compliance with procurement and contract management, the following items were discussed and agreed at the committee on 30th November 2022.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> No new contracts were awarded. <p><u>Contract Extensions</u></p> <p>Within the contractual terms of the NHS Standard contract the following contracts have been extended: -</p> <ul style="list-style-type: none"> Vita Healthcare – MSK – 2 years extension as per schedule 1C until 31st March 2025. GP Enhanced Services (various providers) – 1 year extension as per schedule 1C until 31st March 2024. <p><u>Contract Variations</u></p> <ul style="list-style-type: none"> Adult Community Contract – agreement to vary the Community Diabetes service into the existing Adult Community contract with Bromley Healthcare, which expires 30th November 2024 Recovery Works contract – agreement to vary existing contract to include a non-recurrent pilot project for supported accommodation and recovery rehab transformation work in relation to Stafford House until 31st March 2024. <p><u>Current Procurements</u></p> <p>The following services are currently undergoing a tender process:-</p> <ul style="list-style-type: none"> Community Anti-coagulation – tender opportunity closes 18th January 2023 with expected contract award 6th March 2023 and service commencement 1st April 2023. Identification and Referral to Improve Safety (IRIS) – tender opportunity closes on 16th January with expected contract award 16th February and service commencement 1st April 2023. Community Densosumab – request for quote process is being undertaken with service expected to commence 1st May 2023.

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	<u>Forward Planner</u> The following contracts will be discussed at future committee meetings with a view to agreeing the relevant procurement options and processes, ensuring the ICB to be fully compliant with contract and procurement regulations:- 26 th January 2023 <ul style="list-style-type: none">Community Cardiology Diagnostics Service – contract due to expire October 2023.Mental Health Hub (Community Options, Recovery Works, IAPT) – contracts due to expire March 2024.Enhanced Medical Support for Care Homes – contract due to expire March 2024. 29 th March 2023 <ul style="list-style-type: none">Hospice Contracts – contract due to expire March 2024.Exercise Referral Programme – contract due to expire September 2024. May 2023 <ul style="list-style-type: none">Children & Young People community contract - contract due to expire November 2024.Adults community contract - contract due to expire November 2024.Urgent / Unscheduled community contract - contract due to expire November 2024.	
Recommended action for the Committee	The Committee is asked to note the work undertaken by 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 has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets



Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/Internal Engagement	N/A
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Appendix 1: Glossary of Terms

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

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