

One Bromley Local Care Partnership Board

Date: Thursday 30 January 2025

Time: 9.30am – 11.00am

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

Chairmen: Dr Andrew Parson and Councillor Colin Smith

Members of the One Bromley Local Care Partnership are asked to report any conflict of interest, in respect of any of the following agenda items to Gemma Alborough, Business Support Lead, immediately upon receipt of this agenda.

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:35
4.	Minutes of the meeting held on the 28 November 2024 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Information and Decision				
6.	Bromley Primary and Secondary Care Interface Consensus For Information	Enc. 4	Dr Bridget Hopkins Dr Claire Riley Dr Jon Doyle	9:50
For Information and Noting				
7.	Neighbourhood working in Bromley – Update For information	Enc. 5	Elliott Ward	10:05
8.	Partnership Report For information	Enc. 6	Dr Angela Bhan	10:20

9.	Finance Month 8 Update For information	Enc. 7	Mark Cheung	10:30
Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For information and noting	Enc. 8	Harvey Guntrip	10:40
11.	Contracts and Procurement Group Report For information and noting	Enc. 9	Sean Rafferty	10:45
12.	Performance, Quality and Safeguarding Group Report For information and noting	Enc. 10	Harvey Guntrip	10:50
Closing Business				
13.	Any Other Business	Verbal	All	10:55
Appendices				
14.	Appendix 1: Glossary of Terms	Enc. 11	For information	
Next Meeting:				
15.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 27 th of March 2025 and will start at 9:30am in Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP – NEW PREMISES			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of January 2025

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England.	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley.	28/01/2015	
			Financial Interest	Self-employed General Practitioner.	01/01/2020	
			Non-Financial Professional Interest	Vice Chair of RCGP South East Thames Faculty	05/12/2024	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health.	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health.	01/07/2022	
			Non-Financial Professional Interest	Professional Public Health advise given to the London Borough of Bromley when required.	01/07/2022	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of January 2025

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

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of January 2025

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Site Chief Executive, Princess Royal University Hospital	Financial Interest	Works as an expert witness in midwifery claims - legacy cases only	01/08/2024	
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Donna Glover	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of January 2025

David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Indirect Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
			Non-Financial Professional Interest	Elected Councillor, London Borough of Lewisham	03/05/2024	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	Financial Interest	Chief Executive of Bromley Healthcare	01/04/2024	
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Jan Noble	St Christopher's Hospice	Interim Chief Executive	No interests declared			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Christine Harris	South East London ICB	PA/ Business Support- Bromley	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of January 2025

Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN. The practice is also a member and shareholder in BGPA.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	
Dr Bridget Hopkins	Stock Hill Surgery Five Elms PCN	GP Partner, Stock Hill Surgery PCN Clinical Director, Five Elms	Financial Interest	GP Partner at Stock Hill Surgery	05/10/2018	
				Practice is a member of Bromley GP Alliance	04/02/2000	
			Indirect Interest	PCN Clinical Director, Five Elms PCN	2023	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 28 November 2024
Held in The Council Chamber, Bromley Civic
Centre**

Present:

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

Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Angela Helleur	Site Chief Executive, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	AH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for Health and Care, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
John Vickers	Director of Finance and Corporate Services, St Christopher's Hospice	JV
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW

**Members
(Non- voting):**

Mark Cheung	One Bromley Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Hannah Josty	Vice-Chair, Bromley Local Medical Committee	HJ
Helen Norris	Chair, Bromley Healthwatch	HN
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Dr Ruth Tinson	Chair, Bromley Local Medical Committee	RT

In Attendance:

Gemma Alborough	Business Support Lead - Bromley, NHS South East London	GA
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
David Harris	Associate Director of Finance, NHS South East London	DH
Cavide James	London Borough of Bromley	CJ

Apologies:

Members (Voting):

Donna Glover	Director of Adult Services, London Borough of Bromley	DG
Jan Noble	Interim Chief Executive, St Christopher's Hospice	JN

Actioned by

1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board. Cllr Smith invited John Vickers to introduce himself as a new attendee at the meeting. John Vickers did so, noting that either Jan Noble, Interim Chief Executive or Amanda Mayo, Care Director, would attend to represent St Christopher's in future.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	The declaration of interest register was noted, there were no additional declarations made in relation to items on the agenda.	
3.	Public Questions	
3.1	<p>One public question had been received in advance of the meeting. As the member of the public who submitted the question was not present, as is usual process, the Chairmen agreed that the response would be published in the minutes and emailed to the requestor.</p> <p><i>Please could you inform me what monitoring processes are in place for assessing the quality of private companies NHS provision.</i></p> <p><i>What happens if it is felt that the quality is poor?</i></p> <p><u>Answer</u></p> <p>A key part of South East London Integrated Care Board's (ICB) ongoing relationship with the Independent Sector Providers (ISPs) includes quality review and assurance of the services provided for the population of South East London. This may take place at either South East London or at Borough level depending on the scope of the contract.</p> <p>Our contractual relationship with our ISPs is supported through regular Contract Management Board meetings, where key discussions around quality take place, including the reporting of any quality alerts or complaints received. In addition, our ISPs provide quarterly quality monitoring reports (which include information on patient safety, patient experience and patient outcomes along with quality improvements). When required, the ICB schedules additional quality meetings with ISPs, particularly where there is need to further understand and work through any quality related issues, with the aim to improve services for our population.</p> <p>Services commissioned from ISPs for NHS provision are contracted under a NHS Standard Contract, which includes requirements in relation to contract management, such as meeting National and Local Quality requirements. The contract includes contractual levers to be applied, if necessary, such as the issuing of contract performance notices.</p> <p>Our ISPs will have undertaken work around the development and implementation of the national Patient Safety Incident Response Framework (PSIRF), supported by their lead Commissioner. We are working with ISPs to transition to the new National Patient Safety strategy for NHS Commissioned services and to develop a Patient Safety Incident Response Policy and Plan. This plan should detail how patient safety events are reviewed and responded to.</p>	

	Where contract terms are not met, the ICB's commissioning staff and other ICB personnel will make an appropriate intervention that will usually involve the agreement of an action plan with extra oversight. The ICB will terminate contracts where providers do not respond appropriately to such performance measures. Thankfully it is rare that this needs to happen.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 26 September 2024	
4.1	The minutes were APPROVED as an accurate record of the meeting.	
5.	Actions for the Board	
5.1	The action log was reviewed, all actions were complete.	
5.2	The Committee NOTED the action log.	
6.	One Bromley Executive Committee Terms of Reference	
6.1	Dr Angela Bhan introduced the terms of reference, noting that there have been no major changes. A sentence had been added to note that '...all partner organisations will share key pieces of work at the Executive and engage with other partners to co-produce relevant initiatives, developments and to deliver plans.' This would ensure better join up of all the work we are doing. Dr Bhan commended the terms of reference to the Board.	
6.2	In considering the terms of reference, board members had the following comments: <ul style="list-style-type: none"> • Dr Parson asked what would be different moving forward. • Dr Bhan responded that the Chair role has now been taken over by Angela Helleur. There will be a more detailed forward workplan to enable all organisations to think strategically about the changes they are making and the impact on other organisations, along with a programme of development, with the first session planned for early February. • Dr Hasib Ur-Rub asked if there was any guidance on what key pieces of work was defined as. Dr Bhan replied that there was not, this was about each organisation thinking about what they are working on and the wider impact of any changes, as well as informing the Executive on how services are developing. Dr Bhan noted that this is more of a cultural way of operating rather than a set of criteria. • Dr Parson noted that this sounds positive and builds on what we do already, whilst strengthening this in the terms of reference. • Councillor Colin Smith noted that as a strong partnership if something is important to an organisation we should listen and consider this together. 	
6.3	The Committee APPROVED the updated terms of reference.	
7.	One Bromley Local Care Partnership Board Terms of Reference	
7.1	Dr Bhan presented the terms of reference, noting that these were updated around a year ago to take account of strategic developments. Dr Bhan had redefined and made clearer who were voting and non-voting members in attendance for Part 1 and Part 2 of the meeting.	
7.2	In considering the terms of reference, board members had the following comments: <ul style="list-style-type: none"> • Helen Norris asked what the rationale was for Healthwatch only being present for the public Part 1 of the meeting. • Dr Bhan responded that Healthwatch is not a voting member, and thus is not in Part 2 of the meeting. Provider organisations have indicated that they valued time and environment in which they could raise issues that are 	

	<p>confidential in nature and are sometimes commercially sensitive. The board were asked to consider this.</p> <ul style="list-style-type: none"> • Councillor Colin Smith believed in openness and transparency but noted that on occasion, organisations need to have candid discussions, especially there may be instances of difficulty. Part 2 thus gives an opportunity to have these conversations before information is shared more widely. • David Walker noted that one of the practical things is that core voting members are mainly from delivery organisations. We have discussions about confidential things such as resources. • Dr Bhan noted that we have always had two PCN Clinical Director members on the terms of reference, and it may be opportune to now invite the second PCN Clinical Director to attend the board meetings. • Dr Riley noted that in moving toward neighbourhood working and ensuring good representation of PCNs, it was proposed that Dr Hopkins attend as the second PCN Clinical Director representative. This would enable Dr Riley and Dr Hopkins to share attendance at the meeting between them. • Dr Parson was pleased that the PCNs were taking the opportunity to utilise the option for a second PCN Clinical Director attending the meeting. • Harvey Guntrip noted that for the Primary Care Group and the Performance, Quality and Safeguarding meeting, an addendum had been added to note that the meeting would be recorded to assist with the minutes. Once the minutes were approved, the recording would be deleted. It was agreed that this was also a good approach for this meeting. • Dr Parson noted Helen Norris' comments but highlighted that it is usual practice for Boards to be able to have a confidential part of the meeting and concurred that there are sometimes sensitive and confidential conversations that need to take place. It was agreed that arrangements would thus remain as they are for now, and that the invitation could be extended to other colleagues for future seminars as needed. 	
7.3	The Committee APPROVED the updated terms of reference.	
8.	Winter Plan 2024-25	
8.1	Dr Angela Bhan introduced the item due to colleagues being unwell. The slides were taken as read. The partnership goes from strength to strength and every partner on the board has a key role to play in winter. We are again increasing capacity across the system, joining up the arrangements between hospital and community and expanding our communications and escalation arrangements where necessary. The fourth slide noted the system commitments and outlined what we are doing over the winter period. Dr Bhan commended the winter plan to the Board and welcomed questions.	
8.2	<p>In considering the report, board members had the following comments:</p> <ul style="list-style-type: none"> • Harvey Guntrip asked if we have any feel on vaccinations uptake this year so far, both in terms of the general public and staff. • Dr Bhan responded that there is a section on this within the Partnership Report. In terms of flu vaccinations, we are doing a little better this year, approaching 60% for those aged over 65. Covid vaccination rates were a little lower, with outreach clinics being arranged. All partners are looking at what they can do to improve uptake. • Angela Helleur updated on vaccination rates in secondary care staff, these currently stood at around 30%. There is some difficulty in recording flu vaccinations as these can be accessed outside of the hospital. The PRUH 	

	<p>are increasing internal access to flu vaccinations, covid vaccinations are not being provided onsite.</p> <ul style="list-style-type: none"> • Dr Parson noted that pressures have already started, and we are in winter. • Dr Hasib Ur-Rub suggested that we need to continue to encourage patients to attend their appointments. The winter illness hubs had experienced a number of patients failing to attend their appointments, even for those who had booked same day. This equated to around 10% of appointments being missed. • Dr Bhan noted that this is not a major element of communications this year, but that we will try and include some messaging on this if further communications are issued. • Dr Parson noted that it is worth feeding back to practices where patients did not attend, in order for them to check their communications. • Dr Riley noted that PCNs will receive reports on attendance at winter illness hub appointments, where there is indication of practices with patients with a high did not attend rate, this will be raised. • Dr Parson asked where the operational control of the winter plan is happening and how we deal with issues like this. • Dr Bhan confirmed that this is overseen by the A&E Delivery Board. Primary care colleagues are an active part of that group. It was expected that issues would be brought there for discussion as they arose. The primary care team regularly check that practices do not have any staffing issues and undertake discussions with BGPA as needed. Dr Bhan would also ask them to check levels of appointment do not attends. • Jacqui Scott updated that Bromley Healthcare have recently rolled out patient online appointment booking services. It was asked that partners shared the communications, this had so far reduced DNA rates. • Paulette Coogan noted that a communications and engagement toolkit has gone out to communications leads within organisations. We could link this in to ensure we have the right people with the correct messages. We could also tweak some of the local social media messaging too. • Jacqui Scott asked if self-referral could also be included in the communications. • Dr Parson thanked Dr Bhan for the update on the winter plan. 	
8.3	The Committee NOTED the Winter Plan.	
9.	Partnership Report	
9.1	<p>Dr Angela Bhan introduced the Partnership Report. The following topics from the report were highlighted:</p> <ul style="list-style-type: none"> • The Bromley Health and Wellbeing Centre update was noted. The partnership between the local authority and the ICB had led to agreement and signing of contracts for a health centre to be built and based within the civic centre site. There had been a huge amount of operational work to make this happen. • Organisations had also won a number of awards in recent months, including the Hospital at Home service which had won the national Laing Busson Award for pre-hospital care for reducing admissions. We have also been highly commended for our BCHIP work and a senior clinician at Bromley Healthcare was a runner up at the HSJ Awards for clinician of the year. • Dr Ur-Rub noted that the Homeless Service has won five awards this year, the GP awards is upcoming. 	

	<ul style="list-style-type: none"> Dr Bhan noted that this shows how well people and partners are working together and the innovative work we have been doing in Bromley. Dr Parson commended colleagues on their hard work. 	
9.2	<p>In considering the report, board members had the following comments:</p> <p>Harvey Guntrip noted that colleagues from the SEL ICB Board had visited Bromley in November. They had toured locations including the Frailty Unit, Homeless Service, Bromley Health Hub and the Mental Health Hub amongst others.</p> <ul style="list-style-type: none"> Dr Bhan noted that colleagues had seen a range of services, there would hopefully be more visits from the ICB Board in the future. Dr Parson thanked partners for their time during the visit and for all the presentations given. David Walker noted that Bromley Well have updated the warm centres map working with the local authority and other third sector colleagues. This would be distributed via the communications and engagement network. Some work has been accelerated to update the website, with a focus on advice to include information on cost of living support. Bromley Well were hoping to put some additional resource into the hub in the Glades, particularly around cost of living support for residents as there has been an increase in demand. Dr Parson thanked Dr Bhan and colleagues for their contributions to the report. 	
9.3	The Committee NOTED the Partnership Report.	
10.	Month 6 SEL ICB Finance Report	
10.1	<p>David Harris presented the Month 6 2024/25 Finance Report, which was taken as read. The following highlights were noted:</p> <p><u>SEL ICB Month 6 Financial Position</u></p> <ul style="list-style-type: none"> As of month 6 the SEL ICB is forecasting that it will deliver a year-end position of break-even. <p><u>Bromley ICB/LCP Month 6 Financial Position</u></p> <ul style="list-style-type: none"> Locally Bromley LCP is also forecasting a breakeven financial position at year end. Overspends within the mental health and continuing healthcare budgets are being offset by underspends in prescribing and the corporate budget. The Bromley LCP savings target is £6.4m, we are on track to deliver this in full. Slide F6 set out the savings schemes for the year. As requested at the last meeting, a summary of mental health diagnostic assessments at private providers had been included in slide F7. The forecast expenditure is £202,000 for this year, work is ongoing across South East London to mitigate against the increase, to include reducing waiting times. David Harris welcomed any questions from members of the Board. 	
10.2	There were no comments raised. Dr Parson thanked David Harris for the report.	
10.3	The Committee NOTED the Month 6 Finance Update.	
11.	Primary Care Group Report	
11.1	Harvey Guntrip took the report as read and welcomed any questions. There were no questions or comments raised.	
11.2	The Committee NOTED the Primary Care Group Report.	

12.	Contracts and Procurement Group Report	
12.1	<p>Sean Rafferty took the report as read but highlighted that as per the request at the last meeting, there is an Appendix included which outlines a list of contracts due to go out to procurement in the next twelve months.</p> <p>Dr Parson thanked Sean Rafferty for the report.</p>	
12.2	The Committee NOTED the Contracts and Procurement Group Report.	
13.	Performance, Quality and Safeguarding Group Report	
13.1	<p>Harvey Guntrip again took the report as read. Discussions at the last meeting focused on the implementation of PSIRF in primary care. This topic will continue to be discussed at future meetings. Next week's meeting will focus on IT Security, Michael Knight, Chief Digital Security Officer for the ICB will be attending.</p> <p>The following comments and queries were noted:</p> <p>Councillor Colin Smith noted the heightened risk of cyber attacks in light of world events and issues in the Ukraine and the Middle East. We have to ensure we are as on top of digital security as possible. Some local authorities had been subjects of cyber-attacks, these had taken many months and a lot of money to rectify.</p> <p>Dr Parson noted the Synnovis cyber attack in June and highlighted the disruption that can be caused by these events.</p> <p>Mark Cheung noted that Michael Knight has been asked to talk about plans for security, the Synnovis incident had been an attack on the supply chain for pathology services, so it is important that suppliers have good security measures in place.</p> <p>Dr Parson thanked Harvey Guntrip for drawing our attention to this important item.</p>	
13.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
14.	Any Other Business	
14.1	<p><u>Pharmaceutical Needs Assessment</u></p> <p>Dr Nada Lemic noted that the Pharmaceutical Needs Assessment (PNA) has to be produced every three years, per statutory requirements for the Health and Wellbeing Board. The PNA assesses the need for pharmaceutical services in an area and is produced for NHS England as commissioners of these services. The Public Health department is operationally managing the process. The team are looking at geographical needs and the opinions of local residents and professionals. Two surveys are circulated to gain feedback from each group. The public survey is now live on the local authority website and had been put in the leaflet that goes to all households. The survey will remain open to the end of February. Dr Lemic welcomed any suggestions on how to promote this amongst our population.</p> <p>Dr Bhan noted that there had previously been a discussion around having Prescribing and Medicines Optimisation as a topic for a future seminar for this Board in the spring.</p>	

Harvey Guntrip asked if we have any levers in terms of getting further pharmacy provision into an area, noting that there is one area of Mottingham where you have to walk four miles to get to a pharmacy.

Dr Lemic responded that we are the operational side of the PNA, but that NHSE are the commissioners, however we are keen to get input to ensure the final report reflects the reality and experience of residents. There are strict regulations about this including legal elements, it is very prescribed as to what can happen at a local level.

Dr Parson asked Helen Norris if Healthwatch were aware of this work. Dr Lemic confirmed that there is a Healthwatch representative on the steering group.

Councillor Diane Smith asked if there is potential to have a mobile pharmacy. Dr Parson noted that many people order their medication online from a nominated pharmacy who then deliver medications direct. Dr Parson noted the many other services that pharmacies now deliver.

Dr Lemic confirmed that there is a broad list of representatives on the steering group. Dr Parson asked colleagues to feed into this.

David Walker asked if this has gone through the Communications and Engagement Network. Dr Lemic confirmed it had, but that she was open to any other suggestions to increase engagement.

The report will be produced in September and go back to the Health and Wellbeing Board, with regular updates planned in the interim.

Young Carers in Bromley

Helen Norris noted that Healthwatch is undertaking a research project on young carers in Bromley. The team has struggled to get sufficient numbers of carers engaged in this. Helen asked if anyone had any ideas on how else Healthwatch may engage with this cohort.

Richard Baldwin was happy to be a point of contact on this. The JSNA had recently been completed, which had highlighted a number of emerging themes around young carers that could positively feed into that agenda. It was important to link up data and contacts.

Harvey Guntrip noted that there is an organisation called Bromley Gamers, around half of the group are carers for family members. This may be a good group to link in with, Harvey asked Helen Norris to send him some details which he could print and take into the venue.

Sean Rafferty noted that a Carers Plan had been developed last year, with a lot of input from young carers. This had highlighted some consultation fatigue, with young carers wanting to see more work on the ground.

David Walker echoed Sean Rafferty's comment, noting the practical issues for young carers, including the barriers faced in accessing work experience. A big project had been undertaken to assist young carers in getting involved in the cadets programme. It is important to think about doing something fun and engaging to encourage young carers to input. These young people have complex lives with a lot of demands, and we need to be realistic and mindful of

	<p>what we ask of them.</p> <p>Paulette Coogan noted that it is important to undertake engagement with small groups, as this is a unique cohort of young people with a lot of responsibilities. Two young carers had joined the cadet programme.</p> <p>Dr Tinson asked what social media platforms are being used to engage with young people. Helen Norris confirmed all available channels are being used.</p> <p>Helen Norris gave the definition of a young carer (for the purposes of this project), as a person aged four to nineteen who is looking after a family member (unpaid), with a disability, illness, mental health condition, or drug or alcohol problem. Helen thanked colleagues for their suggestions, which she would follow up outside the meeting.</p>	
15.	Appendix 1: Glossary of Terms	
15.1	The glossary of terms was noted.	
16.	Date of Next Meeting: Thursday 30 th January 2024 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
There are no open actions for the Board as of January 2025.						

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Bromley Primary and Secondary Care Interface Consensus	
This paper is for information/decision/discussion		
Executive Summary	As part of improving patient care and communications between organisations, clinicians in general practice and acute care have been working together to agree pathways and methods of communication. The Bromley interface Task and Finish Group has agreed on a draft Consensus document between General Practice and PRUH Secondary care that outlines key principles and best practice for both organisations, in order to improve the interface, reduce unnecessary workload and improve the patient journey. This aligns with NHSE’s Delivery Plan for Recovering Access to Primary Care. Once the draft consensus document is approved, it will be shared more widely with colleagues across SEL and other organisations/partners for consultation.	
Recommended action for the Committee	To approve the draft Consensus document.	
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	Proposal is to share with PPGs once agreed with wider GP and PRUH colleagues.
	Other Committee Discussion/ Internal Engagement	The consensus document has been drafted in line with the objective for SEL ICB to improve the interface across primary and secondary care.
Author:	GP and Secondary care colleagues within the Bromley Primary and Secondary Care Interface Task & Finish Group.	
Clinical lead:	Drs Jon Doyle, Bridget Hopkins, Claire Riley, Deepak Rao, Rob Elias	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead	

Improving the Primary and Secondary Care Interface

Dr Jon Doyle, Clinical Director, Bromley ICB

Dr Bridget Hopkins, Clinical Director, Five Elms PCN

Dr Claire Riley, Clinical Director, Orpington PCN

“The interface is the point of interaction between different systems. In healthcare, interfaces exist where a patient journey comes from one area of care into another such as moving between primary and secondary care, between health and social care and between scheduled and unscheduled care.”

The aim:

To transform the way staff in hospital and general practice are working together for the benefit of patients and for the patient journey.



Reducing bureaucracy

In 2023, the **‘Delivery of Recovering Access to Primary Care’** stated ICBs must address these four areas to reduce bureaucracy across the Primary and Secondary Care interface:

1

**Onward
referrals**

2

**Complete care
(fit notes &
discharge
letters)**

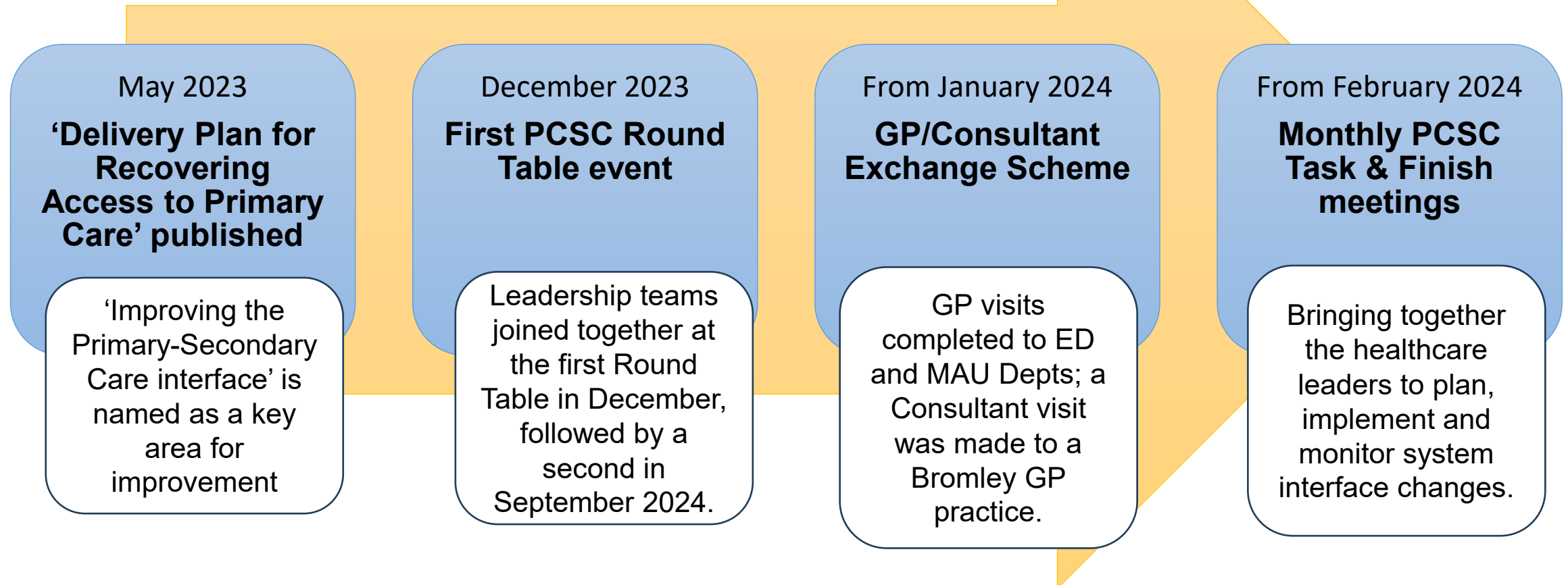
3

Call and recall

4

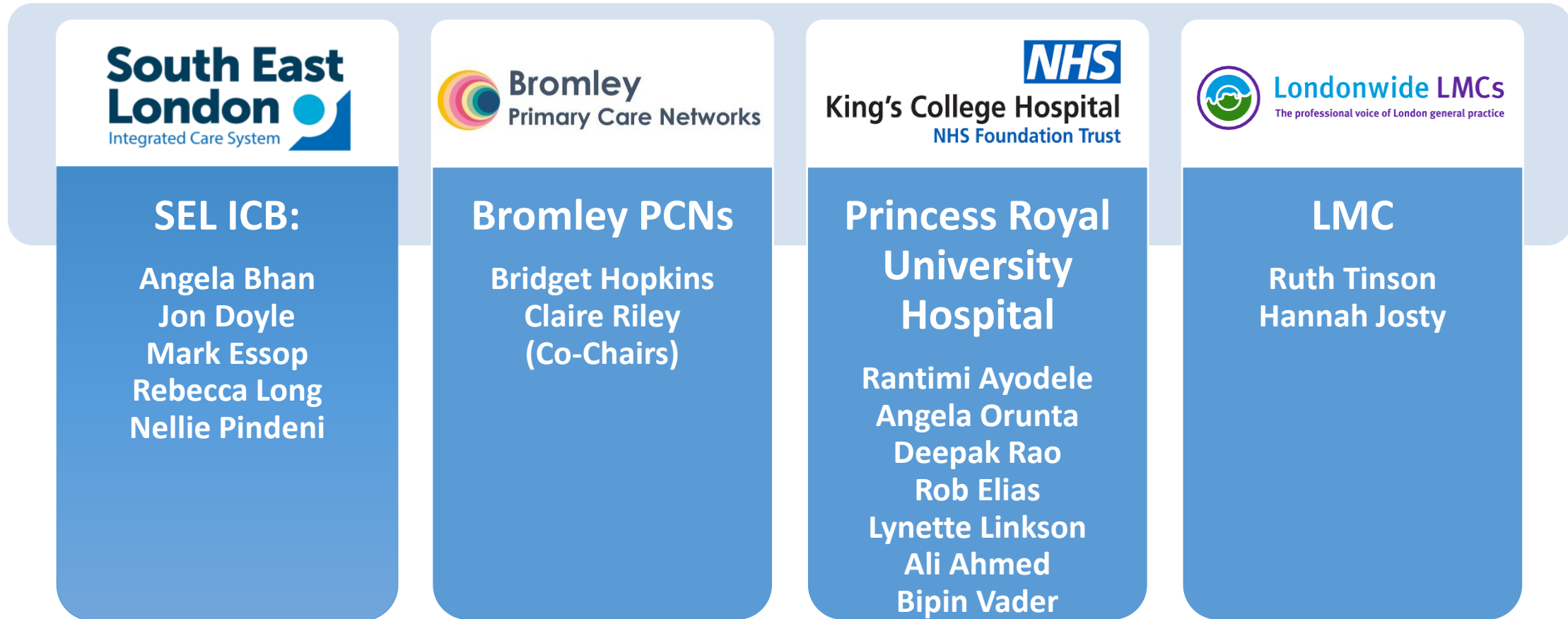
**Clear points of
contact**

Primary and Secondary Care Engagement

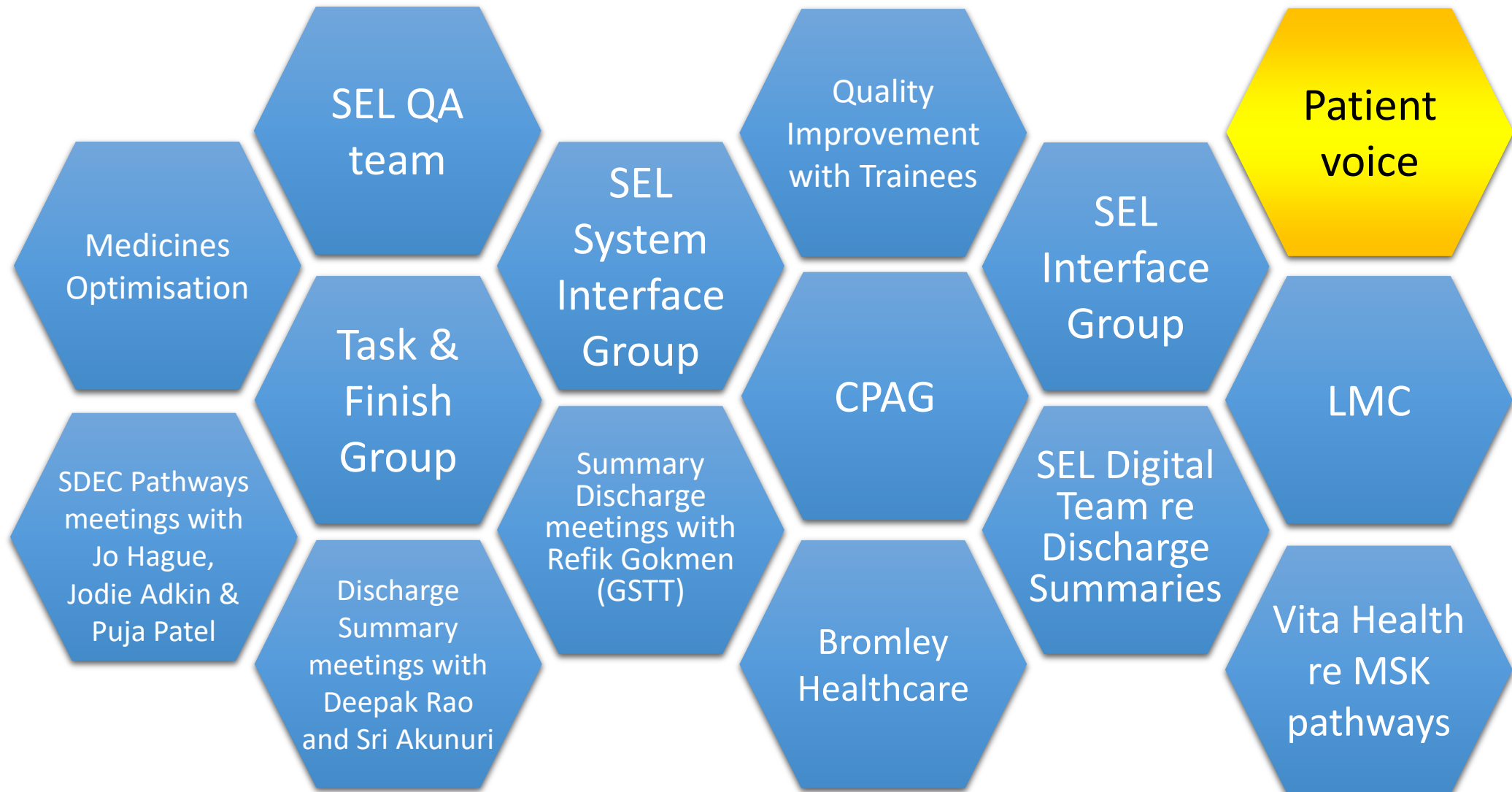


The Bromley PCSC Interface Task and Finish Group

As of October 2024



Working with the wider system



1

Onward referrals

Areas identified for improvement

Need for uniformity across secondary care
 System needs to be more practical for patients
 Training for consultants on how to use Epic to onward refer
 Clarity needed on referral pathways from secondary care to ensure clinical safety
 Better access for secondary care to primary care records to help streamline the process
 More awareness of delays caused to general practice by consultants referring back to GP

Actions

Primary Care

Submit QAs for inappropriate referral requests from hospitals
 Share with consultants what can be seen on LCR for greater understanding

Secondary Care

Prioritise departments for changes to ROP
 Review cancer referral pathways on Epic & disseminate information to consultants

ICB

Develop patient self-referrals database and share access with secondary care
 Explore tailored chatbot solution for hospital teams on self-referral.
 Develop and circulate Referrals Questionnaire to GPs and Consultants

Outcomes



Epic referrals functionality has been shared extensively for cancer; EPIC has excellent functionality for onward referrals, routinely used.

2

Complete care (fit notes & discharge letters)

Areas identified for improvement

Ensure EPIC electronic fit notes are issued by secondary care
 Improvements to structure of hospital discharge letters
 Elimination of inappropriate requests coming back to GPs from secondary care

Actions

Primary Care

GP learning sessions offer to secondary care on what makes a good discharge summary and why it is important

Secondary Care

Arrange GP learning sessions for secondary care teams

ICB

Conduct a Discharge Letters Workload Impact Review

Outcomes



Secondary care confirmed fit notes are possible in Epic system; no fit notes requests should be requested to GPs

3

Call and recall

Areas identified for improvement

Elimination of inappropriate requests to GPs to arrange follow up investigations after patient discharge



Actions

Secondary Care

Establish Epic functionality to enable patient recalls without impacting the Trust's discharge performance measures, thus no longer requesting GPs to undertake this work

Deploy training to secondary care teams to ensure correct patient recall pathway is followed



Outcomes



Secondary care confirmed fit notes are possible in Epic system; no fit notes requests should be requested to GPs.

4

Clear Points of Contact

Areas identified for improvement

Need for clear points of contact on standardised templates in secondary care

Need for secondary care to provide central point of contact (Primary Care Liaison Officer) for primary care to address issues resulting in patients receiving delayed care

Need for direct contacts for primary and secondary health care professionals



Actions

Primary Care

Provide telephone bypass numbers for GP practices on Practice Zone and enable access to secondary care colleagues

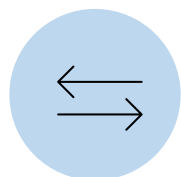
Secondary Care

Standardise hospital templates to enable clinicians to add appropriate contact details as required.

PRUH to provide named Primary Care Liaison Officer

Provide direct telephone contacts for secondary care colleagues to GP practices

Next steps



GP/Consultant
Exchange Visits



Publication of local
PCSC Consensus



Questionnaire for
GPs and Consultants
on referrals



Learning sessions on Patient
Discharge Letters



Third Round Table event
planned for Spring 2025



Continued patient
engagement

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Neighbourhood working in Bromley – Update
This paper is for information	
Executive Summary	<ul style="list-style-type: none"> • Bromley's care and health system has developed excellent examples of multi-agency, multi-professional working which are improving the health and wellbeing outcomes of Bromley residents. • Our strategy is to evolve this way of working together: focussing on prevention, proactive care and more co-ordinated care in the community. Through this we anticipate delaying or mitigating the need for care in the most expensive parts of our system – inpatients and residential care homes – by enabling people in Bromley to live more of their lives in better health. • Building on our existing multi-agency work we are calling this next step of development 'neighbourhood working', with Integrated Neighbourhood Teams a key way for us to practically join up more of our services. • One Bromley Executive has recently agreed a tiered approach to our neighbourhood working and 4 geographic footprints for Integrated Neighbourhood Teams in Bromley. This paper outlines these for the Board. • We are now taking this forward with cross system work to agree our collective narrative for engaging residents and our teams in these changes, and understanding the initial teams we would like to bring together to realise the benefits envisaged for the people of Bromley.
Recommended action for the Committee	<ul style="list-style-type: none"> • Note the paper and progress in developing neighbourhood working in Bromley. • Note the need for the Board's continued role in ensuring Bromley remains on the correct strategic course for its neighbourhood work.
Potential Conflicts of Interest	<ul style="list-style-type: none"> • All parties of One Bromley continue to discuss and develop plans in the best interests of residents and patients. The development of particular neighbourhood teams may, depending on the approach chosen, require more rigorous conflict of interest management.

Impacts of this proposal	Key risks & mitigations	<p>Risk: there is a risk that partners do not all recognise the benefits of integrated working on neighbourhood footprints.</p> <p>Mitigation: workshops being developed to work through 'why' and 'what' cases.</p>
	Equality impact	As a key deliverable of the One Bromley Strategy this work aims to improve equity of outcomes for residents of Bromley. Individual teams and work proposals should conduct an equality impact assessment as the work develops.
	Financial impact	Resources and incentives will need to be assessed and aligned in accordance with model design with form following function.
Wider support for this proposal	Public Engagement	Public engagement was undertaken through the development of the One Bromley Strategy, and the ambition is to continue this through development of delivery programmes.
	Other Committee Discussion/ Internal Engagement	The strategic content has been taken at One Bromley Executive, Health and Wellbeing Board and Bromley Local Care Partnership Board throughout 2024, and subject to further agreement at One Bromley Executive in December 2024.
Author:	Elliott Ward, Associate Director, Strategy Development and Delivery, One Bromley	
Clinical lead:	Dr Andrew Parson, Co-chair, LCPB and Senior Clinical Director	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Local Care Partnership Board

Neighbourhood working

30 January 2025

Our strategic vision is to help everyone in our population live longer, more independent lives with less variation in health outcomes across our borough – aligned with the Health and Wellbeing Board strategy through a common delivery plan.

Our aims:

1

Improve population health and wellbeing through prevention & personalised care

2

High quality care closer to home delivered through our neighbourhoods

3

Good access to urgent and unscheduled care and support to meet people's needs

From our strategic discussions and workshops our ambitions for neighbourhood working have been twofold: i) outcome improvements for residents and ii) mitigation of growth of health and social care costs.

Through prevention, proactive care and same day care delivered in a more joined up way through multi-agency working of social work, third sector, community, primary, secondary and mental health care we:

- expect to better **identify** people with poor health and risk factors earlier (e.g. using our JSNAs and population health data, enabling residents to engage; clear messaging on self-help)
- **connect** residents with local third sector and community-based services to mitigate increases in need (e.g. fewer falls, reduced loneliness, improve low mood through social connection, reduce carer break-down, reduce hypertension, manage childhood asthma)
- **co-ordinate** care and health arrangements around individuals to maintain people in the community (e.g. more end of life care at home in line with patient preferences, co-ordination of social, physical and mental health care for people with multiple long-term conditions or frailty at home)

This we anticipate will support our residents having improved health and wellbeing for longer: reducing need for care in the most expensive parts of our system – inpatients and care homes.

What is an Integrated Neighbourhood Team?

An **Integrated Neighbourhood Team (INT)** is a group of health, social care and third sector colleagues working together locally to provide seamless, holistic care. Unlike traditional models, INTs focus on building ongoing relationships with residents, ensuring care is proactive, personalised, and coordinated. Note: INTs do not need to include all of the features below, and can include more.

Key Features:

- 1) **Relational Care:** Continuous, relationship-based care rather than episodic interactions.
- 2) **Holistic Approach:** Understands people's biopsychosocial needs together.
- 3) **Proactive:** Focuses on early identification, intervention, prevention and de-escalation.
- 4) **Coordinated:** Health, social and third sector service staff working together to meet people's needs.
- 5) **Community-Centric:** Involves and connects residents with local community resources.

This approach links population understanding with personalised, efficient and preventative care.

Where does it fit?

Core integrated neighbourhood team at this level

Note, these are example services

Tier 1 – Hyperlocal

Local services: GP, Third Sector, Practice and School Nursing, Mental Health Support Teams

Tier 2 – PCN level

Managing lower complexity at scale: GPs with special interests, therapy, Mental Health Practitioners, Primary Care Additional Roles, community pharmacy

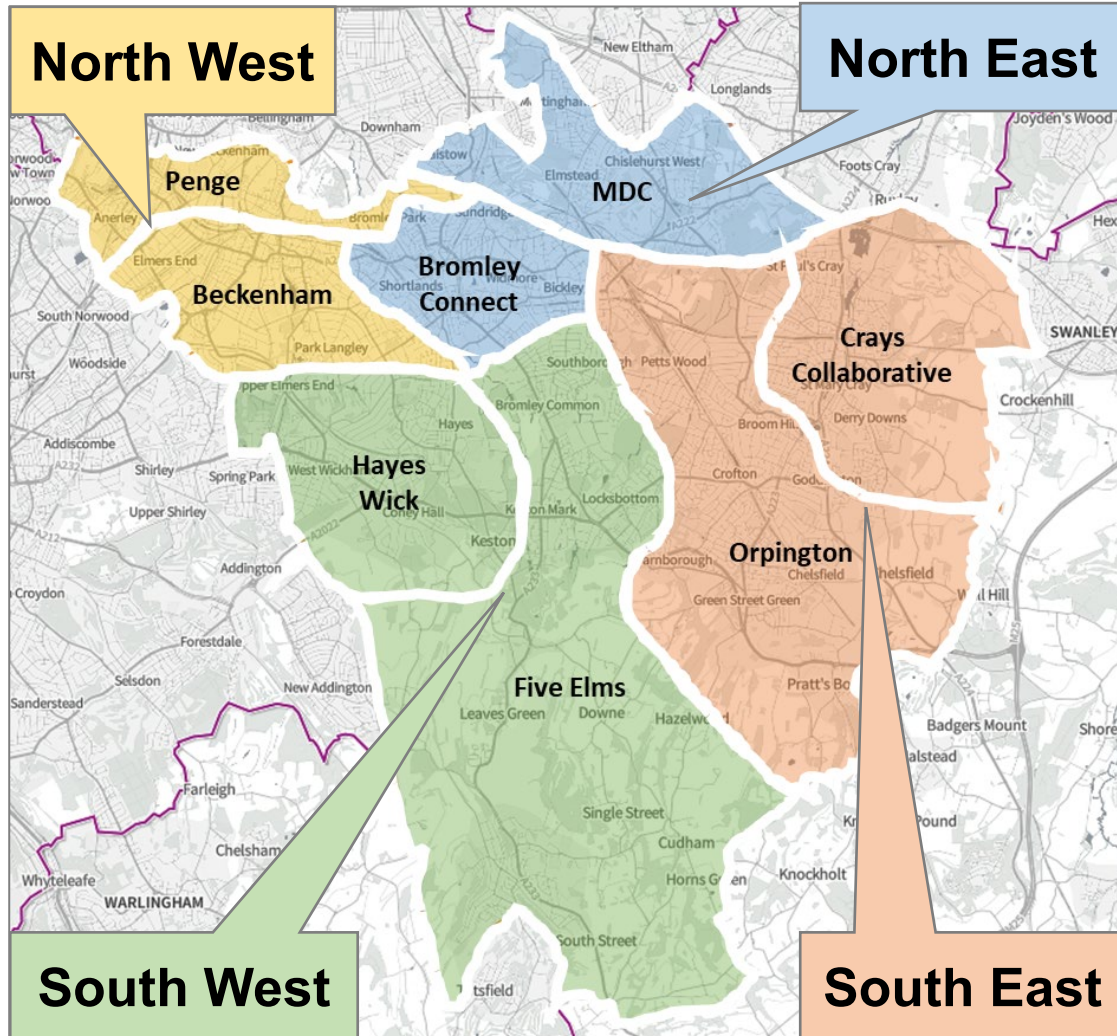
Tier 3 – Core INT

Higher complexity managed at home: 1) community care & health services (e.g. district nursing, palliative care) 2) multi-agency, multi professional working: B-CHIP, frailty and long-term condition multi-disciplinary teams

Tier 4 – Whole borough services

- 1) **Specialist:** Specialist community services, Hospitals at Home, Urgent Community Response, A&E, Same day emergency care, 111, 999, mental health inpatient care, children's respite care, palliative inpatient beds, rehabilitation beds, CYP Mental Health single point of access
- 2) **Universal early intervention:** Mental health hub, health & wellbeing centres and services, bereavement support

What are our INT geographies?



One Bromley Executive considered a range of criteria in the selection of INT footprints:

- Centres of populations and natural communities
- Demographic and needs variation within INT
- Travel times to patients' homes and for residents to services
- Existing provider and local authority footprints
- Number of INTs which could be effectively in-reached by borough-wide services

Each INT:

- Footprint currently operated by local authority and community health services
- Registered and weighted list size 70k-100k
- Comprises two complete Primary Care Networks

Our next steps

Good foundations



Building on our existing multi-agency, multi professional working e.g. primary care networks, health and wellbeing hubs, mental health hub, proactive care pathway, B-CHIP, hospitals at home.

Building together



Rapid alignment of existing services to INT footprints.

Workshops with our top leaders and teams in place over coming weeks to build new alignments.

Continuous development



Engaging residents and staff on tangible changes.

Expanding our neighbourhood working approach over time.

LCP Board ensure we remain on correct strategic course.

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Partnership Report	
This paper is for information		
Executive Summary	The purpose of this report is to provide the Committee with an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative.	
Recommended action for the Committee	The Committee is asked to note the update.	
Potential Conflicts of Interest	None.	
Impacts of this proposal	Key risks & mitigations	Not Applicable
	Equality impact	Not Applicable
	Financial impact	Not Applicable
Wider support for this proposal	Public Engagement	Not Applicable
	Other Committee Discussion/ Internal Engagement	Not Applicable
Author:	Joint report from SEL ICB, the PRUH, Oxleas, St Christophers Hospice, Bromley Council Adult Social Care, Bromley Third Sector Enterprise (BTSE), Bromley Healthcare, Bromley GP Alliance (BGPA), Bromley Primary Care Networks, Bromley Public Health.	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Partnership Report – January 2025

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1. One Bromley Local Care Partnership Programmes

Bromley Winter Vaccinations Update

Winter vaccinations commenced in September 2024, beginning with Flu vaccine for children and pregnant patients, followed on 3rd October by adult Flu and Covid vaccinations. The Covid campaign runs until January 31st, 2025, whilst the Flu campaign runs until March 31st 2025.

Flu

Flu vaccines are available for eligible patients from all Bromley GP practices and most Community Pharmacies across the borough. In addition, several outreach sessions were provided between October and December to provide greater access to both flu and covid vaccinations in our underserved communities.

Demand for flu vaccine remains strong and despite the later start this year, uptake is good. The data below is from week 13 of the 2024/25 campaign. Bromley currently has the highest uptake across south east London.

Cohort	01.01.25
65+	72%
18-64 at risk	40%
U18 at risk	37%
2-3 year olds	48%

*Source: EMIS data 01.01.25

There is no available data for a comparable week in the 2023/24 campaign, but this appears to be a similar trajectory compared to last year.

Covid

Covid vaccines were available for eligible patients from a number of GP sites and Community Pharmacies across the borough. There were also targeted outreach sessions held between October and December to provide greater access to both flu and covid vaccinations in underserved communities.

There is strong partnership working between colleagues across One Bromley organisations to monitor uptake data and identify additional opportunities for improved access and uptake. Based on this, and whilst the wider campaign drew to a close on December 20th 2024, five Community Pharmacies in Bromley are continuing to provide Covid vaccinations until January 31st 2025 to extend the offer for eligible patients. Additional outreach activities are also being explored.

Due to the earlier (and staggered) start dates for the 2023 campaign; to enable a more accurate year on year comparison, the 2023 data below is from a similar point in the campaign. Despite the reduced demand for the Covid vaccine (as seen during the 2024 Spring campaign) across SEL and the UK, Bromley has the highest uptake in south east London.

Cohort	06.01.25	18.12.23
65+	55.7%	68.6%
Under 65 at risk	19.2%	27.3%
Housebound	63.3%	68.9%
Older Adult Care Homes	74.8%	84.3%

*Source: EMIS data 06.01.25/18.12.23

RSV

The new vaccine for Respiratory Syncytial Virus (RSV) was launched nationally on September 1st for pregnant patients and adults aged between 75 and 79 years. The aim of this new vaccine is to reduce the risk of serious illness amongst older adults and newborn babies.

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

As of January 1st 2025, 47% of eligible older patients had been vaccinated in Bromley, again, the highest uptake across SEL. (*Source: EMIS data 01.01.2025).

Pregnant patients are offered the vaccine at the Kings Hospital site (Denmark Hill) and work has been undertaken with maternity colleagues to establish additional local sites to access the vaccine. A weekly clinic at the One Bromley Health Hub in Bromley town centre has been set up, and additional sites across the borough have been identified for consideration.

Bromley Winter System Update

During the Christmas period, Bromley's health and care system faced sustained demand, with four-hour Emergency Department (ED) performance holding above 70% from 20–29 December and peaking at 76% on 26 December. Whilst, nationally, RSV cases appear to have now peaked, flu remains on the rise, further straining services. December saw an expected increase in 111 calls, with referrals to primary care rising from 38% in November to 41% in December. Paediatric attendances surged in November and December, reflecting broader pressures on urgent care pathways, though these dipped during Christmas week.

Flu-related staff sickness has impacted on recovery across the system. Winter Illness Hubs supported 3,031 appointments with 97% utilisation, Only 1.1% of Winter Illness Hub patients required referral to A&E, demonstrating their effectiveness in alleviating pressures on urgent care pathways.

To support system-wide resilience, over 6,500 winter resources, including guides and service leaflets, were distributed through schools, libraries, and GP practices. Media campaigns promoted flu, covid, and self-care messaging, and a mid-point evaluation is planned to refine further communication strategies and enhance public engagement.

Bromley All-Age Continuing Care Update

After a more challenging period in autumn 2024, Bromley returned to being the highest performing All-Age Continuing Care (AACC) team in South-East London with 91% of new assessments completed within the national 28 day target in November 2024. The opening of new specialist care homes in the borough is putting significant additional pressure on the team. Work will be taking place in early 2025 to develop a new long-term plan for the service to build on a history of excellent delivery for service users, whilst preparing for future pressures.

Mental Health Services Update

1. Children and young people's mental health services

Bromley children's and young people's mental health services have seen considerable successes, with referrals and clinical caseloads dropping to their lowest levels since 2026/17. The impact of this has been a significant reduction in waiting times for the service, with children and young people usually able to access support within 4 weeks of a referral (November 2024). The joint Bromley Y/CAMHS integrated single point of access (iSPA) is also driving quick and joined-up decisions around access to tailored support. A new pilot in CAMHS will be focusing on the successful transition of young people to adults services, with improved pathway planning and collaboration across services.

2. Adults mental health and wellbeing

The Bromley community mental health (CMH) transformation project continues to move forward. In September 2024 we opened our new Mental Health Support @ Home service, which

supports around 120 people with mental health challenges with excellent help to live as independently as possible. In April 2025 we will be announcing the outcome of a procurement for the joint NHS-voluntary sector Mental Health and Wellbeing Hub. The service will be at the heart of delivering early help to people in the community. Work is also taking place on a new Bromley Mental Health and Wellbeing Strategy (2025-30) which will be launched in summer 2025. This strategy has been informed by extensive work with service users and will set out a vision for improved outcomes in mental health provision in the coming years.

2. Princess Royal University Hospital and South Sites

Princess Royal University Hospital (PRUH) Site Chief Executive Update

Finance

Current deficit position

For the seven months of this financial year to October, we recorded a deficit of £17.6m. This is a £10.1m improvement on the target deficit of £27.7m that we set ourselves in our plan to the end of October 2024.

Cost-improvement plans

As previously reported the Trust Board committed to delivering 50m of cost saving initiatives. As of 31 October, £50m worth of cost-saving initiatives have been identified, agreed and are now in the process of being delivered.

Referral to treatment – Elective Care

The number of patients on our waiting list for the trust reduced from 95527 at the end of September 2024 to 92162 at the end of October (reduction of 3365). At the end of October, the Trust had 41 patients who waited 78 weeks or more. At the end of October, the Trust had 454 patients (with 133 patients at PRUH) who waited 65 weeks or more. A full action plan is in place to eliminate all 65 week waits.

Emergency Performance – PRUH and South Sites

October attendances were at an average of 385 per day, this increased from September with attendances at 366 per day. October's position and performance was maintained at 70% which is above the SEL agreed trajectory. Our 12-hour Decision-To-Admit breaches increased during October to an average of 17 per day at PRUH. The site has however continued to experience significant pressure and has regularly entered OPEL 4 throughout the summer and this continues with an increase in stroke and mental health repatriation in the wider system.

Cancer

The Trust has continued to see a consistent improvement to cancer performance over the last 7 months. Cancer treatment within 62 days of post-GP referral is ahead of the SEL agreed trajectory, delivering 63.83% for September with PRUH achieving 77.7%. Faster Diagnosis Standard compliance was above target at 79.35% in September against the national target of

70%. 31 day performance for the Trust for September was 88.7% with PRUH's performance at 92.7%. Backlog reduction continues to improve. As a result of these improvements, King's has also been removed from NHS England's cancer tiering programme, which consists of those Trusts identified as needing the most support to deliver improvements.

Diagnostic Performance

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted October performance of 45.077% across both sites against the 5% threshold by March 2025, which is an improved position compared to 46.08% reported for September 2024. The number of 6+ waiters decreased by 116 patients from 13,032 waiters in September to 12,916 waiters in October. Actions being taken include:

- There is ongoing focus on Radiant functionality which will be managed through Apollo programme structures and the KCH Stabilisation Board.
- Diagnostic validation training has been rolled out to support teams to validate accurately and address known issues with planned and therapeutic patients on the DM01 PTL.
- The pilot to transfer non-obstetric ultrasound (NOUS) patients to Eltham CDC has commenced.
- System mutual aid for neurophysiology to support capacity challenges commenced in September and will be ongoing in H2.
- System mutual aid for paediatric sleep studies due to significant staffing issues commenced from September.
- The Trust Diagnostic recovery plan has been signed off with targeted capacity increases in MRI, NOUS and ECHO and is now in implementation phase.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 538,444 patients have registered for MyChart across King's and GSTT with 224,436 of these at King's. Patients using MyChart are less likely to miss (DNA) their appointments in December KCH patients DNA rate was 5.1 rather than 13% for non-MyChart patients.

Around 2.7 million test results have been released to patients via the app, and around 600,000 pre-appointment information forms have been completed, providing clinical teams with key information ahead of consultations.

Estates

Our extensive capital programme continues;

Endoscopy Unit

Construction is now well underway. The building superstructure is complete and internal fitting out is in progress. Internal walls have been completed and first fix services are underway. The project remains on program.

Radiology Upgrades

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

Flow upgrades and other developments

A range of other capital projects across the PRUH are being undertaken.

Day Surgery Unit

Structural improvements and fire protection have been completed. The backlog maintenance program work is now underway for theatre improvements, new pendants, surgeons panels and air handling replacement. This is expected to be completed by the end of March.

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

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

3. London Borough of Bromley - Adult Social Care

Adult Social Care, along with the rest of the Council, completed its office move to the new Civic Centre Building, at Churchill Court, Bromley, in December.

A top priority for the department as we enter 2025 is our Transformation Programme, with delivery partner The Social Care Institute for Excellence. The Programme will create a more sustainable and efficient future operating model that offers a new way of working, providing service quality improvements and better outcomes for Bromley residents and the workforce, whilst delivering good quality and safe care and support. This work has now started at pace and is quickly progressing towards the first deliverables which include:

- trialling the use of AI in practice
- making improvements to our online offer
- delivery of enhanced Assistive Technology pilots
- development of new performance dashboards
- reconfiguration of the adult social care 'front door'
- development of new community-based services/hubs and further work on the concept of Neighbourhoods with the Integrated Care Board (ICB)

The front door reconfiguration will support another key priority, which is to ensure that our response time to adults in the community is quicker and our offer shaped in a way that is proportionate and most likely to support people to remain well, in their own homes for as long as possible. This will be an Occupational Therapy led service, with the pilot going live this quarter.

Financial pressures continue, with increasing demand, particularly in terms of complexity, coupled with heightened expectations of providers around fee levels. This has been further exacerbated by the employer national insurance rise announced by the government in the autumn, which has not been funded for adult social care providers. We anticipate a difficult year ahead of managing those expectations and needing to support market sustainability balanced against ensuring that the financial position in adult social care is sustainable within the wider context of significant financial pressures in the Council. We continue to closely track emerging

government policy and spending decisions, however, now do not anticipate significant social care reform ahead of the government commission that is scheduled to report in 2028.

Commissioning differently is another key priority. Work is well advanced on a learning disability strategy, being produced in collaboration with people with lived experience, that will bring structure to our intention that more people with a learning disability are supported within the community, in Bromley. Establishing the right blend of models of support for older people in Bromley to achieve best outcomes and enable the Council to operate with its financial limits in a market that is driven largely by a privately funded resident base is an equally important focus. Plans for developing more models that offer an alternative to residential care will be brought forward later this year.

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

Finally, despite ongoing challenges, adult social care continues to achieve great things across a number of areas. Flow through our reablement service and discharge to assess pathways to support people who are being discharged from hospital are holding strong despite the increased pressures we are seeing in our hospitals. Importantly, we also continue to focus on activity in our communities that is preventative and supportive, and important to our residents, such as the loneliness project that has made great progress against its ambitions and received considerable recognition, including internationally:

- The London Borough of Bromley Tackling Loneliness Workshop started in March 2023, 523 people have attended the workshop so far. 97% of participants who have taken the Tackling Loneliness Workshop have found it to be *useful* or *extremely useful*. Future workshops have been planned with frontline professionals, health visitors, Councillors, volunteers, and local community groups.
- In November, National Befriending week was celebrated with the Principal Loneliness Champion and LBB partners using a stall each week in November to promote befriending, volunteering, and services. Over 1,800 leaflets were distributed.
- Over 5,770 Christmas cards were made from 25 primary and secondary schools across Bromley. These were delivered to extra care housing schemes, care homes, Kings College Hospital NHS Trust, Libraries, Wellbeing cafes and many other places to spread joy over the festive period.
- London Borough of Bromley received a delegation of South Korean executive Social Service colleagues who wanted to learn more about the Tackling Loneliness Strategy to take back to Gangwon Province.
- The Wellbeing Wednesday free lunch initiative which was developed through the Tackling Loneliness Strategy with partners LSEC won Project of the Year at the Good for Me, Good for FE awards in December. Wellbeing Wednesdays came runner-up for the overall winner award.
- The Principal Loneliness Champion is supporting the Campaign to End Loneliness as an advisor for the Tackling Loneliness HUB which is commissioned by the Department of Culture, Media and Sport.

- Clarion Futures continue to offer many programmes across their community centres for people to connect through likeminded activities, support services and social gatherings.
- Bromley Libraries and Mytime Active continue to provide excellent services to promote togetherness and connection across various groups within the community. Both organisations arranged Christmas parties and activities for users to come together and socially connect.

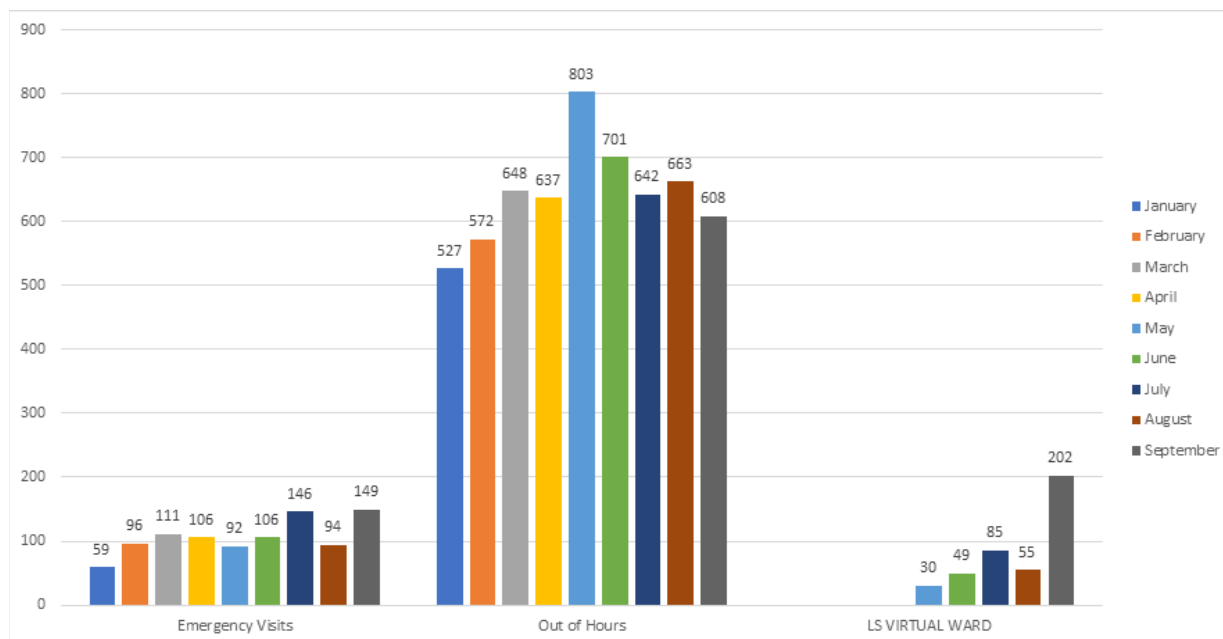


4. St Christopher's Hospice

St Christopher's Caseload Q3 2024 - 2025

We continue to see a variability in the numbers of referrals we receive and accept each week, with an average of 130 referrals a week. There has been a slight reduction in referrals throughout December 2024. However, it is important to note that caseloads remain 29% higher than on 03.01.24.

In February 2024 we added in a new service, the Urgent Response team. This was as a direct result in us feeling that we were not as responsive as we could be to people calling into our services asking for immediate help. It is clear that our emergency and out of hours (OOH) work is increasing in addition to providing more care under our Lambeth and Southwark Virtual Ward offer. The graph below details the number of visits and telephone calls conducted as emergency visits, visits out of hours and also across our Lambeth and Southwark Virtual Ward.



Our Virtual ward offer in Bromley and Lambeth and Southwark continues to grow and develop.

Bromley Hospital at Home

Each week St Christopher's supports approximately 5 patients on the Bromley Virtual Ward (Hospital at Home). An internal review of the service was conducted on 10th December where we reviewed all activity in the preceding 20 weeks.

The median age of people on the ward is 83 years old (range 36-101). Of the 108 referrals 45% of referrals to the service originated from the hospital with a further 39% being referred from home. 53 of these people were already known to St Christopher's on referral and the majority had a clinical frailty score, as expected above 6.

The details for the reason for referral are listed below:

Advance Care Planning	85	79%
Symptom Control	88	81%
EOLC	54	50%
Ref StC Palliative Care Team	52	48%
Sub cutaneous Furosemide	3	3%
Sub cutaneous Fluids	1	1%

On discharge from the Hospital @Home pathway, 76% were alive, 24% had died at home under the care of the service.

For those who died the time to death is detailed below (median 5, range 1-19)

48hrs	5
3-5 days	9
6-7 days	4
8-14 days	6
>14 days	1

For those alive at time of discharge the time to death is detailed below; (time on service median 3, range 1-22)

48hrs	34
3-5 days	11
6-7 days	16
8-14 days	9
>14 days	7

Support for people with enduring mental health illness

As frequently reported, there are increasing numbers of people being referred to us with enduring mental health illness. Our work continues in this area given the increasing expertise that we now have and we are currently looking to recruit a Registered Mental Health Nurse to join the team.

In the last few months we have provided the inpatient teams with training around delirium and management of challenging behaviour and have supported the development of champions to undertake Imparts training which was five days covering skills development in the following areas: The depressed / anxious patient; Delirium and the confused / agitated patient; Managing conflict in a healthcare setting; Addictions and substance dependant patients; Patients with persistent physical symptoms.

Assisted Dying

Over the last few years St Christopher's have been considering issues related to Assisted Dying. In 2022 the Board and Executive team agreed that we wanted to inform the campaigns for a change for or against a change in legislation. Since then we revised our statement on Assisted Dying and commissioned work to understand more from our staff, volunteers and community members. We were concerned by the polarised approach to the debate and wanted to ensure an inequalities lens on the issue and sufficient attention to voices of local people many of whom will have had an experience of marginalisation.

Workshops have taken place with staff and volunteers, to reflect on their views regarding assisted dying using an external organisation "Public Service Works." In addition, we commissioned a Community Researcher to conduct interviews about Assisted Dying with 50 community members, who were recruited from the 5 boroughs we work in. Themes from the research were presented at a Hospice UK (HUK) webinar in April 2024 and presented at the HUK conference in November

2024. A preliminary report of the findings of the community research was sent to all MP's leading up to the debate about the Assisted Dying Bill in parliament on 29th November 2024.

Following the vote, we have continued to support staff by holding a hospice wide update on Assisted Dying and given staff opportunities to reflect on the current position. We have also produced a FAQ document for staff and volunteers and delivered additional training for staff about 'Exploring conversations in the context of Assisted Dying.'

St Christopher's will be submitting evidence to the Parliamentary Committee.

Ward Refurbishment

In Spring 2025 we will be undertaking a 9 month programme to improve our in-patient unit. This will include retaining a mix of single rooms and bays, which will be more flexible, to be used as family space if needed. In built hoists will be added to all single rooms. Two of the three wards will be open at any one time. i.e. 20 beds compared to the 32 establishment. We will create a 'buffer floor' where possible to minimise noise. Additional staff not needed on the wards will work with the Community teams to support keeping people at home.

Work Pan London

In early December 2024 the Care Director attended an event in London, organised by Marie Curie in conjunction with NHSE. This event 'The Future of Palliative and End of Life Care in London' involved participants from hospices, Integrated Care Boards, linked organisations and service users exploring key challenges and opportunities to improve outcomes for patients and carers, and reduce system pressures. The Care Director and Rehabilitation and Wellbeing Consultant Lead have joined a working party to progress ideas and concepts with others across London.

5. Bromley Healthcare

Adult Speech and Language Therapy awarded funding from Parkinson's UK for innovative new treatment

Bromley Healthcare's Adult Speech and Language Therapy (ASLT) team has been awarded a £60,000 grant from Parkinson's UK to develop an innovative swallowing assessment and rehabilitation programme. This initiative incorporates advanced techniques such as Fibreoptic Endoscopic Evaluation of Swallowing (FEES) and Expiratory Muscle Strength Training (EMST), aiming to improve the quality of life for patients with Parkinson's disease. The programme's focus on early and preventative intervention seeks to enhance care locally and create a replicable model for Speech and Language Therapy services nationally. The programme will be available from February 2025 and will be promoted widely throughout the borough.

Celebrating Colleague Achievements

Two Bromley Healthcare colleagues have received prestigious awards recognising their outstanding contributions:

- Rebecca Osbourne (below, top), Bromley SEND Specialist in the Health Visiting Service, was named SEND Champion in the Workplace at Bromley's SEND Star Awards, celebrating her exceptional support for children with special educational needs.
- Tilly Majekodunmi (below, bottom), Head of Medicines Management, received the Inspiring Healthcare Professional Award from the Black Women in Care Awards for her leadership and advocacy in race equality through the REACH network.



Transformation and Organisation-Wide Estates Review

Following Bromley Healthcare's recent organisational restructure, the Transformation Team, led by Teresa Hocking, is now established and actively developing a portfolio of transformation

work streams. These include internal improvements as well as collaborative initiatives with the Integrated Care Board (ICB). As part of this work, Bromley Healthcare has launched an organisation-wide review of its estate to ensure that office and clinic spaces align with the needs of both patients and staff. Staff feedback is being actively sought through dedicated sessions to shape the future of Bromley Healthcare's facilities. Patient engagement will also take place regarding any clinic changes to ensure services meet their needs, with a focus on optimising resources to enhance care.

New safety solutions for colleagues working alone in the community

Bromley Healthcare has introduced PanicGuard, a new lone-working safety solution designed to protect colleagues working in the community. This app-based system, paired with a discreet Bluetooth button, offers improved functionality and ease of use compared to previous systems. Features include an enhanced alarm system and a buddy check-in option, ensuring staff can feel secure while delivering care. Feedback from staff played a crucial role in the selection of this new tool.

South East London Enhanced Sickle Cell Community service featured on ITV news

The South East London Enhanced Sickle Cell Community Service was recently featured on ITV London News, with a focus on the delivery of the programme in Bromley. Debbie Bodi, the Children and Young People Haemoglobinopathy Clinical Nurse Specialist at Bromley Healthcare, leads Bromley's contribution to this initiative, in collaboration with the multidisciplinary team at Guy's and St Thomas' NHS Foundation Trust (GSTT). This two-year pilot programme offers holistic, person-centred care for individuals of all ages living with sickle cell disorder across six boroughs: Bromley, Bexley, Greenwich, Lambeth, Lewisham, and Southwark.

Watch the feature here (from minute 09.34): [Catch up on ITV News London from Thursday 9th January](#).

6. Oxleas

Neighbourhood Based Care

We are working with partners to support neighbourhood-based care in each borough both through discussions at Place and at the South East London Neighbourhood Based Care Board.

Sessions with Oxleas' Board and leadership team have considered how the organisation can be best placed to support such developments.

Winter Pressures

Local acute sites are experiencing considerable demand with high emergency department pressure scores noted at the PRUH and QEH as well as high OPEL scores. Colleagues from our Community Physical Health, Acute & Crisis Mental Health and Children and Young People's services are working alongside system partners to expedite patients through emergency departments and facilitate discharge from inpatient settings.

Community Mental Health Services

Physical health checks are essential for the older adults' teams, and maintaining these has been challenging due to recruitment issues. However, the Bromley service has recently recruited a new member of staff to support physical health checks with this group of patients.

Older People's Conference

We are hosting our inaugural Oxleas Older People's Conference in February 2025. It will focus on the exciting work being done trustwide to improve the health and wellbeing of people in later life. Taking place on Wednesday 12 February 2025 at Kent County Cricket Ground in Beckenham, the event will be chaired by Chief Medical Officer, Dr Abi Fadipe. Keynote speakers will include Dr Amanda Thompsell, National Advisor of Older People's Mental Health at NHS England and Dr Jan Oyeboode, Professor of Dementia Care at the University of Bradford.

The conference will include presentations, posters and interactive stalls from colleagues working with people in later life and in community mental health, acute and crisis, adult learning disability, adult community health and forensic and offender services.

Mental Health Services for Children and Young People

The development of the Crisis Pathway has been progressing with successful recruitment and the implementation of standardised training. The CAMHS Liaison and Crisis Team (CLiC) 24/7 pilot will end, and funding for permanent posts is being sought.

The CAMHS Brief Intervention Home Treatment Team is still experiencing delays in mobilisation, with a soft launch date now likely to be end of January. The 16-25 Pathway project aims to improve mental health service pathways for 16-25-year-olds and recruitment for the Transition Worker post is planned.

Lisa Thompson, Service Director for Children and Young People's Services, will be leaving Oxleas at the end of March 2025. Jenny Ioseliani, currently Associate Director for Adult Learning Disability Services, has been appointed to take up the post on Lisa's departure.

Oxleas Annual Recognition Awards

Colleagues from across Oxleas took part in our annual Recognition and Long Service Awards which were held in December 2024. This event celebrated achievements of staff, lived experience colleagues and volunteers across the organisation.

Improvement and Innovation Conference

Oxleas quality team worked with colleagues from South London and Maudsley and South West London and St Georges to host a conference highlighting service improvement and innovation across the three organisations. Around 300 people attended the event to hear about the latest developments and share learning. The poster presentation competition was won by the Oxleas Shadow User and Carer Committee. The full list of posters and information on the speakers is available at [South London Partnership Improvement and Innovation Conference 2024](#)

7. Bromley Third Sector Enterprise (BTSE)

Bromley Well

Current Service Update

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

We received 14848 referrals and supported 10122 individual clients in 2023-24. Some 33% were disabled. We supported residents to claim £3.8m of benefits to which they were entitled but had not otherwise been able to access. Our Information and Advice Services supported residents to claim almost £550k last quarter and the Forms Completion Service helped obtain benefits of some £350k with over £70k of lump sums.

Bromley Well Hospital Discharge support services continue to perform effectively with 1218 patients supported by our Take Home and Settle Service since April 2024 and 380 in the last quarter. 96% of these were collected within 30 minutes of discharge. This is in significant part due to the work of care navigators at the PRUH. Our Frailty Care Navigator services made 319 Referrals last quarter and the Post-Discharge Settling Service received 100 referrals. The Handy Person Service completed 361 jobs.

Long-Term Health Conditions delivered 45 peer support groups (Fibromyalgia in person, Fibromyalgia online, H&W in person, H&W online) and 40 workshops.

Adult Carers has held two well received events, a drop in and revised its newsletter. 55 Young Carers received emotional support of which 98 were 1-2-1 sessions. 6 Carers Trust Grants awarded.

Website and Referrals

The new online referral form for has proved to be successful with around 20% of referrals now coming via this route. We have now moved to making the online form our preferred contact approach, particularly from professionals, and have removed email contact from our website.

Significant website redesign has made the site more accessible and advice focussed, with a new landing page, clearer links to external support and revised carers pages, leading to visits being up a third on the previous quarter. Since online referrals were introduced, numbers received are consistently in mid 100s for both self-referrals and professional referrals.

Analysis of the effect of removing the email address and directing clients and professionals to the online form suggest this is having an impact, with email numbers down a further 10%. There have now been 2463 self-referrals since June 2023 and 2296 professional/family referrals. October 2024 saw 204 self-referrals; the highest monthly number and we are now receiving over 5 self and 4 professional referrals a day.

Service Issues

Cost of Living issues, particularly changes to Winter Fuel allowance, continue to be significant across pathways, notably for those with disabilities, as well as a further increase in demand for foodbank vouchers and advice on housing. We have seen a notable increase in those accessing our disability support services, physical disabilities in particular, where the number of new clients last quarter was 100, 66% more than KPI for this service.

Carers

The Carers Charter rollout continues with engagement with LBB Carers Champions, Social Prescribers and Bromley Healthcare

Glades Wellbeing Hub

The new One Bromley Hub in the Glades opened on 11 June. Significant client numbers of 156 clients were advised between June and December. One Bromley have confirmed additional winter capacity including cost of living support from January to March 2025.

Campaigns and Awareness

Bromley Well 5th Self Care Week took place 18-22 November with 54 events held by 19 organisations including charities, CICs, LB Bromley and NHS.

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

8. Primary Care Networks (PCN)

Consultation on Primary and Secondary Care Interface Consensus

The Bromley Primary and Secondary Care Interface Task and Finish Group, co-Chaired by Bromley PCN Clinical Directors, Drs Claire Riley and Bridget Hopkins, has developed a draft Consensus document between Bromley General Practice and PRUH Secondary Care. The Consensus document outlines key principles and suggested best practice to improve the interface, reduce unnecessary workload and improve the patient journey in alignment with NHSE's Delivery Plan for Recovering Access to Primary Care. The document has been circulated to colleagues in Bromley primary care, with an invitation to share comments so that it can be shared more widely across SEL and other organisations and partners for consultation.

Once published, the Consensus document will form a key cornerstone of providing high quality care for patients by setting out the parameters of joint working for professionals working in Bromley general practice and at the PRUH, resulting in stronger relationships and real quality improvements to the benefit of patients.

ARRS Newly Qualified GP Recruitment

Bromley PCNs have been working hard to recruit newly qualified GPs, a recently introduced role that can be claimed under the Additional Roles Reimbursement Scheme (ARRS). With the average sized Bromley PCN able to claim a maximum of approximately £55k for the full six month period from October to March 2025, NHSE rules stipulate that they must have qualified under two years before employment, cannot have been 'substantively employed' at a practice previously and cannot be employed on a locum basis. To date, 4 PCNs (Beckenham PCN, Bromley Connect PCN, Five Elms PCN and MDC PCN) have an ARRS GP in place working between 2 and 10 sessions per week across all member practices, offering up to 300 extra weekly appointments approximately across Bromley. The remaining 4 PCNs are actively recruiting.

Orpington PCN National Award

Orpington PCN was awarded the Pharmacy Team of the Year award at the recent General Practice Awards. The General Practice Awards, supported by Pulse and Nursing in Practice, are a prestigious national celebration for those working in primary care and general practice in the UK. The awards honour the work of individuals and teams who are striving to develop innovative projects, make system change, and improve care for their patients and communities. Orpington PCN has a team of 9 Clinical Pharmacists and 3 Pharmacy Technicians. The team were recognised for their innovative work including providing medication reviews within a cafe environment at the PCN Wellbeing Café, which allows patients to receive healthcare in a more relaxed environment. They were also commended for their audit work across the PCN including work on safe opiate prescribing as well as other areas.

PCN Showcase

Beckenham PCN	
Total list size	62,253
Member practices	Manor Road Surgery, Eden Park Surgery, Cornerways Surgery, Elms House Surgery, St James' Practice, Cator Medical Centre
PCN base	PCN office in central Beckenham
PCN infrastructure	2 Clinical Directors 1 PCN Manager 2 Digital Transformation Leads (shared post)
ARRS staff	1 Advanced Clinical Pharmacist 2 Advanced Nurse Practitioners 5 Care co-ordinators 9 Clinical Pharmacists 2 Pharmacy Technicians 1 Dietitian 2 Mental Health Practitioners 1 Physicians Associate 1 Advanced Physiotherapist, 4 Physiotherapists

	1 Podiatrist 2 Social Prescribers
Population health data highlights	Beckenham PCN has a lower than average prevalence of most long term conditions. However, 23/24 data indicates a recent rise and higher than average prevalence of cancer in the PCN, as well as a decrease in the uptake of cancer screening. There has also been an increase in the number of prescribed antibiotics. This data helped form the PCN objectives for 24/25.
Hub services	The PCN operates the hub model of working for GPs, nurse clinics, physios, dietitian and podiatry with clinicians working from one location and all practices booking into the hub.
Health Inequality project	Beckenham PCN has a very successful home visiting nurse service for all housebound patients within the PCN. Although practices can refer patients to the service, all housebound patients are contacted proactively and offered a visit from the nurse. The nurse will carry out a general health check (height, weight, BP etc.) and any outstanding reviews. Feedback from practices and patients has been very positive and our nurse makes a high volume of referrals to our pharmacists and social prescribers which may otherwise not occur.
Capacity and Access improvement initiative	3 practices in the PCN operate a total triage model of service. The PCN supported Eden Park in the transition with patient communications, surveys and processes and procedures, with the view of replicating this in the remaining practices if required. The PCN now has a direct phone line which is accessed via menu option 9 on practice contact numbers. Patients are able to choose this option to book appointments with our ARRS staff and for support with the NHS App.
Flagship service	As one of the first PCNs to pilot the BCHIP (Bromley Children's Integrated Health Partnership) service we have seen the service grow from strength to strength. The BCHIP team now operates seamlessly and we have been able to see the direct impact that has had on patients. Beckenham PCN has also supported others in the launch of BCHIP.
Future plans	The PCN plans on building on our current hub models, offering additional appointments for practices in and outside of core hours for appointments such as vaccinations, smears and long term condition reviews.

9. Bromley Public Health

NHS Health Checks in Bromley

The NHS Health Checks programme in Bromley has recovered well after it was paused during the Covid pandemic with thousands of people having the opportunity to receive this important public health prevention intervention. In 2023 -24 the NHS Health Check was offered to 27,818 eligible people in Bromley. 8,863 people took up that offer and received their NHS Health Check which was the highest number achieved within the 5 year period. There are an estimated 99,441 people eligible for an NHS Health Check in Bromley and in the last 5 years we have offered this opportunity to over 72,000, with 24,000 people receiving an NHS Health Check over the 5 years to 2024, which is a significant achievement when factoring in pause during the Covid pandemic. Work is ongoing nationally and locally to improve the uptake to maximise the reach of this programme.

In addition to numbers of NHS Health Checks offered and received, it is important to assess the impact of the NHS Health Checks with regards to risk factors identified which would need to be managed to reduce future adverse health outcomes. For 2023-24 the NHS Health Checks identified the following risk factors:

- 1447 (17%) of people had a raised blood pressure above 140 systolic and or and/or 90 mmHg diastolic. Of those 273 were at the higher reading of above 160/100mmHg and 273 had a documented diagnosis of hypertension at the time of data extraction.
- 2938 (34%) of people had a Body Mass Index of 30 or more which is in the obese category, with a further 2766 (32%) being overweight.
- 131 (1.5%) people were identified as having an irregular pulse rate which would need investigating to assess for atrial fibrillation or other heart rhythm problems.
- 1,149 (13%) were identified as current smokers and would have been offered advice and signposted for support to quit.
- 894 (10%) of people were identified that their alcohol consumption was a risk factor, 54 of those at higher risk and with 32 people with possible dependence.
- 1667 (19%) were identified as physically inactive, and a further 1195 (13.5%) as moderately inactive.
- 3863 (44%) were identified as requiring further investigation to assess for diabetes. Of those 465 (12%) had a blood test identifying them as having blood glucose (HbA1c) levels in the pre-diabetes range and 69 were identified as having blood test levels in the range consistent with diabetes. None of these people had a prior diagnosis. 60 people had a documented diagnosis of diabetes at the time of the data extraction.
- 1163 (13.4%) were identified as requiring a blood test to assess for Chronic Kidney Disease, of those 420 (36%) were documented at the time of data collection of receiving this test and 37 (8.8%) people were identified as having a blood test result which may

indicate chronic kidney disease. 53 (3.1% of total) people had a documented diagnosis of chronic kidney disease

- 1974 (22%) of people were identified as having an increased Cardiovascular risk score (Qrisk $\geq 10\%$), with 374 (4.2) over 20% which is the level where a statin prescription in addition to lifestyle modification should be discussed with the patient. Numbers on statin therapy could be improved with only 66 of the 374 at higher risk receiving a statin at the time of data extraction.

These results highlight the value of the NHS Health Check programme in identifying people with modifiable risk factors.

In order to maximise the prevention opportunity, these risk factors require modification with some factors requiring further medical investigation and intervention. When individuals attend their NHS Health Check in Bromley, they are provided with a written copy of their results, provided with motivational interviewing to support lifestyle behaviour change and signposted/referred to resources or programmes to help them to reduce their risk. However not all of them take up this offer and not all attend for follow up which would ideally be improved. In addition, due to the nature of the data extraction it may be that not all outcomes have been picked up in this evaluation.

The contract with GP Practices for the provision of NHS Health Checks is being reviewed this year as the current contract expires 31st March 2026. This review provides Public Health and Primary Care colleagues with the opportunity to develop an improved programme which is future proofed and able to reach more people and with greater improvements in health outcomes.

For further information please do not hesitate to contact; Gillian Fiumicelli, Head of Disease Prevention, Public Health. Gillian.fiumicelli@bromley.gov.uk, 0208 461 7789.

10. Bromley GP Alliance (BGPA)

Bromley GP Alliance (BGPA) Winter Illness Hubs

BGPA Winter Illness Hubs commenced on Monday 11th November and will run through until Tuesday 22nd April 2025.

The service is providing same day, face to face GP appointments for primary care which can be booked via GP Connect. Sessions run from 4pm – 8pm during the week and 1pm – 5pm at the weekend. Sessions and the number of appointments have been flexed to try and support primary care during the busiest time of the year.

The criteria for Winter Illness Hubs are specific as it is important that the patients seen are those with a same day need. The inclusion criteria are indications of a possible acute respiratory infection (where same day urgent assessment is required) and indications of other possible acute infections (where same day urgent assessment is required).

The service has offered 3031 appointments between 11th November and 29th December with 2955 of these being booked. Utilisation is at 97%, with 1.1% of patients referred on to UTC/A&E.

The BGPA Winter Illness Hub team continue to work hard to ensure the sessions run seamlessly and patients are seen and dealt with in the same appointment reducing the need to refer on to urgent care services or their own GP practice. The team continue to send out weekly communications to PCNs enclosing up to date statistics, feeding back on any challenges encountered or changes to the service.

BGPA Bromley Homeless Health Project

The Bromley Homeless Health Project continue to provide care to the vulnerable, homeless community across the borough.

From April 2024 to December 2024, there were 260 referrals into the service, highlighting the ever-growing need for this type of easy access support for those who are homeless or at risk of homelessness. Satisfaction rates remain at 100% with positive comments including:

- “As you walk through the door you get your humanity back.”
- “You’re a god-send.”
- “You have saved me multiple appointments.”
- “Coming here is the first time in a long time I have been spoken to like a human.”
- “It’s great that I’ve managed to sort out so much in just one visit to the shelter, not just about my situation but my health as well.”
- “I can see how hard you are working trying to help me.”
- “Thank you so much for taking the time to listen and not judge.”
- “I am so happy I found you.”



Sarah Jackson (Nurse Practitioner) and Matt Gray (Care Coordinator)

The project has continued to build on its homeless outreach across the borough, including supporting a new Asylum Seeker and Refugee Clinic, enabling a new cohort of clients to have access to holistic care with Nurse Practitioner Sarah Barber at TLK Apartments in Orpington.

On 8th October 2024, a visiting optician provided free eye test clinics at Bromley United Reformed Church and Living Well sites. As a result, 20 clients received prescription glasses for free. Meanwhile, a new nail cutting clinic begins on Tuesday 14th January and will be held

monthly. Bromley Homeless Charity continues to kindly ask for food and clothes donations. The winter months are proving to be incredibly challenging with food/clothes supplies running low.

BGPA Community Phlebotomy Service

The BGPA Community Phlebotomy Service recently returned to “business as usual”, following several months of disruption as a result of the Synnovis cyber-attack.

BGPA has been able to reinstate routine clinics across all community and hospital sites, whilst continuing to support patients who missed appointments during the disruption.



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

In December, the service faced further disruption due to planned Synnovis staff industrial action. Thankfully, this was averted and whilst some clinics were affected, BGPA worked closely with ICB colleagues to ensure systems were soon back up and running with patient appointments rescheduled.

Since BGPA returned to normal operations in late September, the service has seen 36,467 patients. Patient satisfaction throughout 2024 and into 2025 remains high at 96%, which is testimony to the staff team working across Bromley who continue to provide the service, despite the challenges faced throughout the past 6 months. Migration to the Blackfriars pathology hub from the PRUH was scheduled for Monday 13th January.

BGPA is pleased to be able to resume a full service in Bromley.

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Month 8 2024/25 SEL ICB Finance Report
This paper is for information .	
Executive Summary	<ul style="list-style-type: none"> The SEL ICB financial allocation as at month 8 was £4,774,863k. As at month 8 the SEL ICB is forecasting that it will deliver a year end position of break-even. In reporting the month 8 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> Underspending (£1,604k YTD) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions. Delivering all targets under the Better Practice Payments code. Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard. Delivered the month-end cash position, well within the target cash balance. The 2024/25 Bromley ICB/LCP place budget at month 8 was £261,288k. The Bromley ICB/LCP place forecast outturn is break-even.
<ul style="list-style-type: none"> 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

30 January 2025

Month 8 2024/25, SEL ICB Finance Report

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 8 Financial Position
3. Bromley ICB/LCP - Risks
4. Bromley ICB/LCP - Savings Summary

Appendix 1 – M8 SEL ICB Finance Report

- The SEL ICB financial allocation as at month 8 was £4,774,863k.
- As at month 8 the SEL ICB is forecasting that it will deliver a year-end position of break-even.
- In reporting the month 8 position, the ICB has delivered the following financial duties:
 - Underspending (£1,604k YTD) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - Delivering all targets under the Better Practice Payments code;
 - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
 - Delivered the month-end cash position, well within the target cash balance.
- The 2024/25 Bromley ICB/LCP place budget at month 8 was £261,288k.
- The Bromley ICB/LCP place forecast outturn is break-even.

2. Month 8 Bromley ICB/LCP Financial Position

	Year to date Budget	Year to date Actual	Year to date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	5,273	5,209	63	7,909	7,814	95
Community Health Services	60,537	60,453	83	90,805	90,680	125
Mental Health Services	9,819	10,242	(423)	14,728	15,306	(578)
Continuing Care Services	18,086	18,486	(401)	27,128	27,685	(557)
Prescribing	34,363	34,064	299	51,047	50,467	580
Other Primary Care Services	1,507	1,507	(0)	2,261	2,261	0
Programme wide projects	-	-	0	-	-	0
Delegated Primary Care Services	38,429	38,429	0	63,929	63,929	0
Corporate Budgets	2,333	1,998	335	3,480	3,146	334
Total	170,346	170,389	(43)	261,288	261,288	0

- The borough is reporting an overspend of £43k at Month 8 and is forecasting a breakeven position at year end.
- The Mental Health budget is £423k overspent year to date and is forecasting an overspend of £578k. This is due to the cost per case budget being overspent due to an increase in client numbers. Cost per case clients are reviewed on a regular basis.
- The Continuing Healthcare budget is £401k overspent year to date and the forecast is £557k overspent. The increase in adult CHC and FNC client numbers which is impacting adversely upon the position. This is because of an increase in care home beds in the borough. The national FNC increase for 24/25 was 7.4%.
- The prescribing budget is £299k underspent year to date and is forecasting a £580k underspend at year end. This position represents a deterioration in the forecast position compared to last month of £23k. Prescribing information (PPA) is received 2 months in arrears, so this position is calculated using six months of current data. It is difficult to forecast the position in the early part of the year and caution should be taken with regards to the ongoing delivery of this position.
- The Corporate budget is £335k underspent year to date due to vacancies and these are expected to be filled soon. The forecast position is £334k underspent as additional non-pay costs are anticipated due to the Place Team moving later in the year, at which point it will be co-located with the Local Authority.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to achieve these savings and is reporting full delivery of the target.

3. Bromley ICB/LCP risks

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

1. Mental Health CPC placements. The number of clients has not changed since the last report and clients are reviewed regularly. The total CPC forecast spend is £2,867k which represents a £680k overspend against the annual budget of £2,187k.
2. Continuing Healthcare. The excess costs relating to the provision for retrospective claims and appeals that were highlighted in previous reports have been funded centrally. The key risk going forward relates to the costs of FNC (funded nursing care) associated with the new homes that have recently opened in the Borough or are due to open soon. These costs are unavoidable.
3. Prescribing. At month 8 the forecast underspend continues to reduce and is £580k at month 8. Bromley are one of two Boroughs in SEL who are reporting an underspend. The month 9 position has recently been finalised and the forecast position is now £421k underspent. The monthly Bromley forecast variances are set out in the table below.

	M3	M4	M5	M6	M7	M8	M9
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
FOT Variance - underspend	1,362	695	601	630	603	580	421

4. Bromley ICB/LCP Savings Summary

Bromley Place savings summary by Directorate at Month 8 2024/25

	Annual Savings Plan				Year to Date			Year End
Bromley	Embedded efficiency	Embedded convergence	Directorate savings	Total	Plan	Actual	Variance	Forecast
Directorate	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Other Acute Services	75	75	205	355	237	237	-	355
Community Health Services	912	901	193	2,006	1,348	1,348	-	2,006
Continuing Care Services	291	296	538	1,125	750	750	-	1,125
Prescribing	546	540	1,678	2,764	1,563	1,563	-	2,764
Other Primary Care Services	32	44	100	176	117	117	-	176
Total	1,856	1,856	2,714	6,426	4,015	4,015	-	6,426
Directorate Savings	£'000	Description						
Other acute services	205	The UTC service is provided across 2 sites in Bromley. These savings reflect the expected change in activity.						
Community Services	32	FYE 2023/24 Phlebotomy repurchase						
Community Services	161	Budget review						
Continuing Care Services	538	2% savings from faster reviews resulting in an end to packages or a reduction in package values.						
Prescribing	1,678	Savings plans are being developed across the 6 boroughs. The current Bromley total has been reflected.						
Other Primary Care Services	100	Budget review						
Total	2,714							

1. Embedded efficiency relates to the national 1.1% NHS efficiency target.
2. Embedded convergence was applied to budgets as SEL ICB is ‘over-capitation’.
3. At Month 8 planned savings are £4,015k are being delivered in full.
4. At Month 8 Bromley Place are on track to deliver the annual 24/25 savings target of £6,426k.

SEL ICB Finance Report

Month 8 2024/25

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1. Key Financial Indicators

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k** against the revenue resource limit (RRL), which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£3,192k**) of its additional savings requirement. **All boroughs are reporting that they will deliver a minimum of financial balance at the year end. Two boroughs are reporting overspends YTD, compared to three last month, with recovery plans being implemented.**
- ICB is showing a YTD underspend of **£1,604k** against the running cost budget, which is largely due to vacancies within the ICB's staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 8 period.
- As at month 8, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, **whilst noting the surplus of £33,321k included in the ICB plan on behalf of ICS partners.**

Key Indicator Performance				
	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	3,182,241	3,182,986	4,735,905	4,735,905
Operating Under Resource Revenue Limit	3,183,242	3,180,795	4,774,863	4,774,863
Not to exceed Running Cost Allowance	21,451	19,848	32,177	32,177
Month End Cash Position (expected to be below target)	4,438	224		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	98.8%		
Mental Health Investment Standard (Annual)			469,778	470,729

2. Executive Summary

- This report sets out the month 8 financial position of the ICB. The financial reporting is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB which has now been adjusted due to the impact of the deficit support funding by £1,800k, to give a revised surplus of **£38,969k**.
- The ICB's financial allocation as at month 7 is **£4,774,863k**. In month, the ICB has received an additional **£31,739k** of allocations. These are as detailed on the following slide. This included as anticipated **ERF funding of £29,886k**.
- As at month 8, the ICB is reporting a year to date (YTD) surplus of **£2,447k**, which is **£745k** adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack – specifically, to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£3,192k**) of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received six months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend YTD of **£2,862k** at month 8. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget (**£2,570k YTD**), a small improvement from last month. Lewisham (**£2,990k**), Bromley (**£401k**) and Greenwich (**£270k**) boroughs are particularly impacted, with the other boroughs reporting small underspends.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of **circa £500k per month and £3,825k YTD**. The first redundancy payments are expected to be made in January 2025.
- Two places are reporting overall overspend positions YTD at month 8 – **Lewisham (£224k)**, improved by **£212k** from last month and **Bromley (£43k)**, an improvement of **£297k**. Financial focus meetings are being held with all places and the CFO/Deputy CEO in December.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
 - Underspending (**£1,604k YTD**) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 8, the ICB is reporting a forecast breakeven position against its plan for a **£38,969k** surplus. However, of this, **£33,321k**, is outside the ICB's control. We are expecting local providers to improve their financial positions by **£18,321k** as per the operating plan of 12 June, and **£15,000k** relates to the stretch savings target for KCH, for which the ICS does not currently have identified mitigations. The remaining surplus of **£5,648k** is being delivered by the ICB.

3. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	11,975
M2 Budget	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	7,959
M3 Budget	149,965	254,761	179,874	218,499	173,356	171,758	3,332,585	4,480,798
M4 Internal Adjustments	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	18,310
M4 Budget	150,104	254,971	180,000	218,627	173,551	171,886	3,349,969	4,499,108
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	2,705
M5 Budget	150,231	255,267	180,165	218,858	173,734	172,095	3,351,463	4,501,813
M6 Internal Adjustments	578	290	804	1,021	660	891	(4,244)	-
M6 Allocations	1,137	1,635	1,489	2,124	1,694	1,756	110,442	120,277
M6 Budget	151,946	257,191	182,459	222,003	176,088	174,741	3,457,662	4,622,090
M7 Internal Adjustments	277	425	372	442	325	414	(2,256)	-
M7 Allocations	1,346	3,400	1,913	1,883	1,557	1,588	109,347	121,034
M7 Budget	153,569	261,017	184,744	224,328	177,971	176,743	3,564,753	4,743,124
M8 Internal Adjustments								
Adult Continuing Healthcare team transfer from GSTT				365		299	(664)	-
Diabetes Outcomes Incentive Scheme	85	97	98	115	103	103	(600)	-
Cost uplift factor - Hospices	47	93	92		30		(262)	-
Other	112	(32)	50	51	16	23	(220)	-
M8 Allocations								
ERF allocation							29,886	29,886
Microsoft License Funding Transfer							(1,079)	(1,079)
DWP - EA in Talking Therapies	110	114					502	725
Ambulance capacity funding							668	668
Oliver McGowan Mandatory Training							429	429
DOAC - Prescribing rebates							419	419
Digital Histopathology Acceleration Funding							196	196
Kings FT - National Recovery Programme							147	147
PCT Asylum Health - Contingency Hotels							118	118
Other							230	230
M8 Budget	153,922	261,288	184,983	224,859	178,120	177,168	3,594,523	4,774,863

- The table sets out the Revenue Resource Limit (RRL) at month 8.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 8, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to the transfer of the adult CHC teams from GSTT, diabetes outcomes incentive scheme and the Hospice uplifts, which were added to borough delegated budgets.
- In month, the ICB has received an additional **£31,739k** of allocations, giving the ICB a total allocation of **£4,774,863k** at month 8. The additional allocations received in month were in respect of the **ERF allocation (£29,886k)**, Microsoft licence funding transfer (£-1,079k), DWP Talking Therapies (£725k), ambulance capacity funding (£668k), Oliver McGowan mandatory training (£429k) plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview



South East London

	M08 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,336	5,273	4,813	801	882	57	1,669,191	1,684,353
Community Health Services	15,017	60,537	26,019	18,797	19,512	24,162	176,046	340,090
Mental Health Services	7,100	9,819	5,721	15,396	5,130	6,838	356,714	406,719
Continuing Care Services	17,426	18,086	19,480	23,077	15,371	13,174	-	106,613
Prescribing	25,208	34,363	25,102	28,722	28,668	23,635	356	166,055
Other Primary Care Services	2,252	1,507	1,523	2,657	1,577	858	12,366	22,741
Other Programme Services	799	-	667	-	2,219	531	30,544	34,760
Programme Wide Projects	-	-	-	-	17	167	4,083	4,267
Delegated Primary Care Services	26,714	38,429	34,022	52,694	39,289	42,213	(1,717)	231,644
Delegated Primary Care Services DPO	-	-	-	-	-	-	142,762	142,762
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	2,018	2,333	2,352	2,516	2,102	2,196	28,723	42,238
Total Year to Date Budget	99,870	170,346	119,700	144,661	114,766	113,831	2,419,068	3,182,241
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	3,285	5,209	4,821	792	533	57	1,668,590	1,683,288
Community Health Services	14,907	60,453	25,365	18,821	18,450	23,537	177,068	338,602
Mental Health Services	7,074	10,242	6,127	15,781	5,128	7,727	356,296	408,373
Continuing Care Services	17,292	18,486	19,750	22,872	18,360	12,423	-	109,183
Prescribing	25,644	34,064	25,865	28,689	29,989	24,268	397	168,917
Other Primary Care Services	2,252	1,507	1,335	2,599	1,133	858	12,451	22,134
Other Programme Services	799	-	-	-	-	-	29,259	30,059
Programme Wide Projects	-	-	(4)	-	17	167	4,560	4,739
Delegated Primary Care Services	26,714	38,429	34,211	52,694	39,353	42,417	(1,717)	232,101
Delegated Primary Care Services DPO	-	-	-	-	-	-	143,369	143,369
Corporate Budgets - staff at Risk	-	-	-	-	-	-	3,827	3,827
Corporate Budgets	1,832	1,998	2,182	2,228	2,026	2,032	26,095	38,393
Total Year to Date Actual	99,801	170,389	119,651	144,474	114,990	113,485	2,420,196	3,182,986
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	51	63	(8)	9	348	(0)	601	1,065
Community Health Services	109	83	655	(24)	1,062	625	(1,023)	1,488
Mental Health Services	26	(423)	(406)	(384)	3	(889)	419	(1,654)
Continuing Care Services	134	(401)	(270)	206	(2,990)	751	-	(2,570)
Prescribing	(436)	299	(763)	33	(1,322)	(632)	(41)	(2,862)
Other Primary Care Services	(0)	(0)	189	59	444	0	(85)	606
Other Programme Services	0	-	667	-	2,219	531	1,284	4,701
Programme Wide Projects	-	-	4	-	-	0	(477)	(472)
Delegated Primary Care Services	(0)	-	(189)	-	(64)	(204)	-	(457)
Delegated Primary Care Services DPO	-	-	-	-	-	-	(607)	(607)
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(3,827)	(3,827)
Corporate Budgets	186	335	170	288	75	164	2,627	3,845
Total Year to Date Variance	69	(43)	49	187	(224)	346	(1,129)	(745)

- As at month 8, the ICB is reporting a year to date (YTD) surplus of £2,447k, which is £745k adverse to plan. The overspend of £745k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. **Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£3,192k) of its additional savings requirement.**
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has received six months of prescribing data. Using an estimate for October and November based on prescribing days, the ICB is reporting an overall YTD overspend of **£2,862k**, although it should be noted that the position is differential across places. This is clearly a significant financial risk area as in previous years.
- The continuing care (CHC) financial position is **£2,570k** overspent which is a small improvement on last month. Lewisham continues to have the largest overspend (**£2,990k**) which is predominantly driven by the full year effect of activity pressures seen in the second half of last year. Further details are included later in the report.
- As described in earlier slides, the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB’s business case no longer requires DHSC approval and the ICB has started to issue notice to impacted staff. The additional cost YTD is **£3,825k**.
- The MH/LD cost per case (CPC) budgets across the ICB are highlighting a cost pressure, with MH budgets reporting an overall overspend of **£1,654k**, a small improvement on last month. The CPC issue is differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are also a pressure in all boroughs.
- Two places are overspending YTD at month 8 – **Lewisham (£224k) & Bromley (£43k), with improvements delivered at both in-month.** More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing – Overview as at Month 8

- The table below shows the month 8 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received six months of 2024/25 prescribing data. Based upon a prescribing days methodology to estimate spend for October and November, the ICB is reporting an overall overspend on **PPA prescribing of £3,129k**.

M08 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY Flu (Benefit)/Cost Pressure	Cat M Clawback	Total 24/25 PPA Spend	M08 YTD Budget	YTD Variance - (over)/under	Annual Budget
BEXLEY	24,858,495	93,955	829,249	(264,235)	3,336		25,520,800	25,046,515	(474,285)	37,205,018
BROMLEY	33,138,283	161,401	1,103,309	(414,316)	(31,432)		33,957,245	34,201,777	244,533	50,804,582
GREENWICH	24,947,480	149,085	832,830	(215,015)	(1,687)		25,712,692	24,908,497	(804,195)	37,000,001
LAMBETH	27,801,583	226,564	927,687	(243,246)	(23,696)		28,688,892	28,670,475	(18,417)	42,588,181
LEWISHAM	28,498,610	314,952	957,882	(175,843)	(6,642)		29,588,960	28,216,131	(1,372,829)	41,913,282
SOUTHWARK	23,304,612	213,084	781,912	(196,878)	(45,179)		24,057,551	23,395,188	(662,363)	34,752,075
SOUTH EAST LONDON						41,464	121,464	80,000.00	(41,464)	120,000
Grand Total	162,549,064	1,159,040	5,432,869	(1,509,534)	(105,300)	41,464	167,647,603	164,518,584	(3,129,019)	244,383,139

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items are showing a higher % increase than is being seen nationally. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure (**£1,372k YTD**). Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring an annual review of patient needs, recurrent savings will be achieved against the annual budget of circa £626k.
- Non PPA budgets are underspent by **£267k** giving an overall YTD overspend on PPA and non-PPA prescribing of **£2,862k**, an **overspend of £168k** in-month.

5. Prescribing – Comparison of 2425 v 2324

- The table below compares April to September prescribing data for 2023 and 2024. The headlines are that expenditure in the ICB is increasing faster **(2.0%)** than nationally **(1.3%)** and slower than the London average **(2.4%)**. This is driven by a combination of the cost per item falling more slowly **(2.1%)**, together a rise in activity **(4.2%)** albeit at a slower rate than across London **(6.0%)**.

Prescribing Comparison of April to September 2024 v 2023				
	2023 April to September	2024 April to September	Change £	Change %
South East London ICB:				
Expenditure (£'000)	119,602	122,021	2,419	2.0%
Number of Items ('000)	12,646	13,181	535	4.2%
£/Item	9.46	9.26	-0.20	-2.1%
London ICBs:				
Expenditure (£'000)	608,255	622,858	14,603	2.4%
Number of Items ('000)	70,960	75,190	4,230	6.0%
£/Item	8.57	8.28	-0.29	-3.4%
All England ICBs:				
Expenditure (£'000)	5,020,657	5,086,611	65,954	1.3%
Number of Items ('000)	589,245	614,530	25,284	4.3%
£/Item	8.52	8.28	-0.24	-2.9%

- It is difficult to base judgements solely on six months of information, but the key factors explaining the SEL position include:
 - Increase in drugs activity and expenditure to support patients with long term conditions;
 - Increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items continue to show a higher % increase than is being seen nationally;
 - Impact of NCSO remains a factor.

6. Dental, Optometry and Community Pharmacy

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 8 YTD and forecast basis.

Month 8 - Delegated DOPs						
Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	68,830	66,976	1,854	103,245	100,464	2,780
Delegated Community Dental	5,131	5,131	(0)	7,696	7,696	0
Delegated Secondary Dental	37,160	37,159	0	55,207	55,207	(0)
Total Dental	111,120	109,266	1,854	166,148	163,368	2,780
Dental Ring Fence	108,674	108,674	0	163,011	163,011	0
Dental Non Ring Fence	2,446	592	1,854	3,137	357	2,780
Total Dental	111,120	109,266	1,854	166,148	163,368	2,780
Delegated Ophthalmic	10,336	11,713	(1,377)	15,504	17,570	(2,066)
Delegated Pharmacy	20,824	21,909	(1,084)	30,218	31,845	(1,626)
Delegated Property Costs	481	481	0	722	722	0
Total Delegated DOPs	142,762	143,369	(607)	212,592	213,504	(911)

a) Delegated Dental

- Overall, Dental is showing a YTD underspend against budget of **£1,854k**, and a forecast of **£2,780k** for the full year. **The underspend is forecast to partially mitigate the overspends within Ophthalmic and Community Pharmacy. The dental ringfence of £163,011k is expected to be fully spent, with annual expenditure forecast to be circa £163,368k. Any year-end underspend against the dental ringfence is likely to be clawed back by NHSE. Due to the volatility of dental activity the 2425 budget was set greater than the ringfenced value.** The month 8 accrual is based November's dental report downloaded from the national e-Den system. The year-to-date level of dental activity is 59.0% and the forecast is 94.3%, with activity levels expected to pick up as the year progresses. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites and rent is charged.

b) Delegated Ophthalmic

- The YTD position is an **overspend of £1,377k**. The spend largely relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- The YTD position is an **overspend of £1,084k**, noting that information is received 2 months in arrears with an accrual then based upon the 6 months average using the number of Prescribing days. A further review of data provided will be undertaken to understand the drivers of this overspend. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

7. NHS Continuing Healthcare

- As of month 8, the overall CHC financial position reflects an **overspend of £2,570k, a small improvement of £26k from last month**, with variable underlying cost pressures across boroughs. Three of the six boroughs (Bromley, Greenwich, and Lewisham) are reporting overspends, while the remaining three boroughs are underspending, collectively by circa £1,000k.
- **Lewisham** accounts for the majority of the **overspend (£2,990k)**, primarily due to the full-year effect of activity pressures from the latter half of last year (approximately £1,445k), significantly impacted by Learning Disability (LD) clients. The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress is monitored through weekly meetings with the ledger reflecting any changes made to the database. **This work has led to a monthly improvement in the run rate of £263k as of month 8.** The overspend in **Bromley** relates to increased activity which have been ongoing since the summer due to increased bed capacity in the borough, and increased staff costs due to the change in contracting arrangements. Given the pressure on the Bromley budget caused by settlements over the provision value for retrospective cases, a review of these cases is being undertaken to better understand why Bromley appears to be an outlier compared to other boroughs. In **Greenwich**, the CHC position has worsened slightly in-month (**£67k**), and further work is being undertaken to mitigate this increase in spend.
- At the start of the year, the ICB established a panel to review provider price increase requests above 1.8%, ensuring consistency across SE London and mitigating significant cost increases. This panel met weekly to discuss and approve, where appropriate, cost increase requests from CHC care providers, with boroughs then updating their client databases accordingly. In start budgets, boroughs provided for a 4% inflationary uplift. As reported last month, during month 7 we were able to release reserves being held in each borough where agreements had been reached at less than budgeted for. This exercise will be repeated in quarter 4.
- All boroughs are reporting progress on their CHC savings initiatives, with 3 boroughs predicting exceeding their savings target for CHC. Nonetheless, increased activity and a rising number of higher-cost patients continue to contribute to the CHC budget overspend.

8. Provider Position

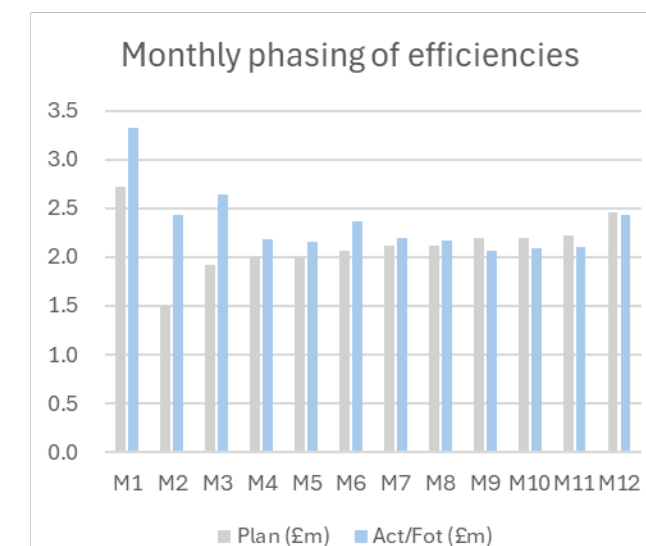
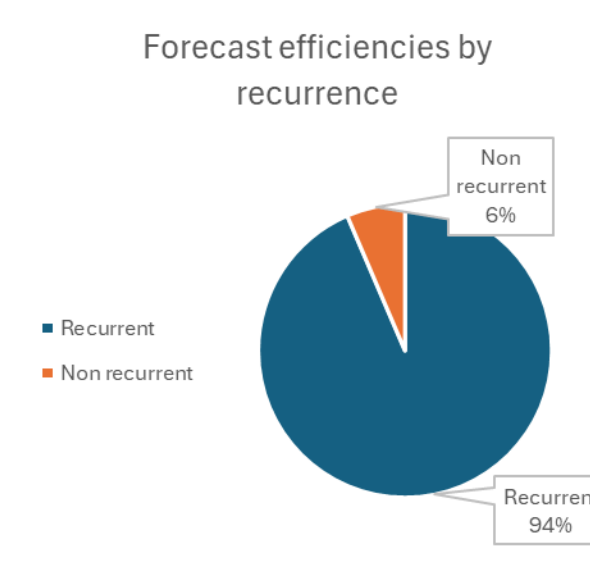
Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,235,127k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£763,138k**
 - Kings College Hospital **£894,603k**
 - Lewisham and Greenwich **£680,446k**
 - South London and the Maudsley **£327,831k**
 - Oxleas **£254,834k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

9. ICB Efficiency Schemes at as Month 8

- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency scheme as at month 8.
- As at month 8, overall, the ICB is reporting actual delivery ahead of plan (£3.1m).** At this stage in the financial year, the annual forecast is to exceed the efficiency plan (**by £2.7m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£0.5m** of the forecast outturn of **£28.2m** has been assessed by the places as **high risk**.
- Most of the savings (**94%**) are forecast to be delivered on a recurrent basis.

	M8 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
Places	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	2.6	2.8	0.2	3.5	3.7	0.3	3.5	3.7	0.3	3.1	0.1	0.5
Bromley	3.8	4.0	0.2	6.3	6.4	0.1	6.3	6.4	0.1	4.2	2.2	0.0
Greenwich	2.2	2.8	0.5	3.5	4.6	1.1	3.5	4.6	1.1	2.6	2.0	0.0
Lambeth	3.4	4.8	1.4	5.2	6.0	0.7	5.2	6.0	0.7	2.0	4.0	0.0
Lewisham	2.1	2.4	0.3	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	2.3	2.7	0.4	3.8	3.8	0.1	3.8	3.8	0.1	3.8	0.0	0.1
SEL ICB Total	16.4	19.5	3.1	25.5	28.2	2.7	25.5	28.2	2.7	18.7	9.0	0.5



10. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date		
		Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,629,810	1,746,542	1,561,015	185,527
Bromley	3,314,269	2,221,847	1,806,227	415,620
Greenwich	3,221,499	2,163,665	2,026,101	137,564
Lambeth	3,737,440	2,359,782	2,065,517	294,265
Lewisham	2,930,436	1,957,624	1,882,198	75,426
Southwark	3,320,399	2,117,855	1,953,615	164,240
Subtotal	19,153,853	12,567,315	11,294,673	1,272,642
Central				
CESEL	461,544	307,696	189,984	117,712
Chief of Staff	3,133,875	2,089,250	1,893,611	195,639
Comms & Engagement	1,677,650	1,118,433	886,632	231,801
Digital	1,688,342	1,125,561	736,380	389,181
Digital - IM&T	3,163,430	2,108,952	1,999,315	109,638
Estates	649,177	432,784	495,596	(62,812)
Executive Team/GB	2,387,601	1,591,735	1,523,604	68,130
Finance	3,099,563	2,066,375	1,868,921	197,454
Staff at Risk Costs	-	-	3,825,388	(3,825,388)
London ICS Network	(1)	0	0	(0)
Medical Director - CCPL	1,604,413	1,066,609	813,286	253,323
Medical Director - ICS	271,387	180,924	146,259	34,665
Medicines Optimisation	4,353,888	2,902,591	2,352,584	550,007
Planning & Commissioning	8,402,233	5,601,487	4,963,141	638,345
Quality & Nursing	1,937,472	1,291,645	1,164,751	126,894
SEL Other	-	-	(14)	14
South East London	-	-	144,596	(144,596)
Subtotal	32,830,574	21,884,041	23,004,033	(1,119,993)
Grand Total	51,984,427	34,451,356	34,298,706	152,649

- The table shows the YTD month 8 position on programme and running cost corporate budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The ICB's redundancy business case no longer requires approval from DHSC, NHS England approval is sufficient. Therefore, the process of issuing notices to at risk staff has now begun with the first redundancy payments due in January 2025. The delay has generated additional costs for the ICB both in respect of the ongoing cost (**circa £500k per month and £3,825k YTD**) together with the impact upon the final redundancy payments, given longer employment periods etc.
- Overall, the ICB is reporting a YTD underspend position on its corporate costs of £153k**, which includes the impact of the additional pay points for bands 8 and above backdated to April 2024. Vacancies within directorates are currently more than offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- As highlighted in earlier slides, the ICB is underspending (**£1,604k YTD**) against its management (running) costs allocation.

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 8 was **£4,733,906k**. The MCD available as at month 8, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£1,615,686k**.
- As at month 8 the ICB had drawn-down 65.9% of the available cash compared to the budget cash figure of 66.7%. No supplementary cash drawdown was needed in month 8. In month 9, the ICB has requested a supplementary cash drawdown of £25.0m so that the ICB can pay providers their EFR funding. It is expected that all ICBs in the country will have been required to take this same action.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 8 was **£224k**, well within the target set by NHSE (**£4,438k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2024/25	2024/25	2024/25								
Annual Cash Drawdown Requirement for	AP8 - NOV 24	AP7 - OCT 24	Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
	£000s	£000s	£000s								
ICB ACDR	4,733,906	4,702,167	31,739	Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
Capital allocation	0	0	0	May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Less:				Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Cash drawn down	(2,868,000)	(2,513,000)	(355,000)	Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Prescription Pricing	(186,988)	(161,781)	(25,207)	Aug-24	320,000	0	1,700,000	41.57%	4,000	661	0.21%
HOT	(1,508)	(1,316)	(193)	Sep-24	360,000	0	2,060,000	49.00%	4,500	3,744	1.04%
POD	(61,766)	(55,387)	(6,380)	Oct-24	347,000	106,000	2,513,000	58.10%	4,338	3,419	0.99%
Pay Award charges			0	Nov-24	355,000	0	2,868,000	65.90%	4,438	224	0.06%
PCSE POD charges	43	9	35	Dec-24	365,000	25,000	3,258,000		4,563		
Pension Uplift			0	Jan-25	380,000		3,638,000		4,750		
				Feb-25			3,638,000				
				Mar-25							
Remaining Cash limit	1,615,686	1,970,692	(355,006)		3,507,000	131,000					

12. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to October 2024 as the November report will not be received until the end of December which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has moved to 1st in the country following three consecutive months at 2nd.** The metric scores below show a further improvement this month which is very positive, the main improvement being on accounts receivable. The ICB has also had confirmation that the GL and VAT score should have been a 5.0 which would have further improved our score. This will be corrected in the November report.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas and this month further improvements can be seen in Accounts Payable NHS and general accounts which includes areas such as cash and journals.

Organisation Name	NHS South East London ICB			
Organisation Code	QKK		Period	Oct-24
Region	London		Peer Rank	1 / 42 ICB
	Aug-24	Sep-24	Oct-24	3 month average
Overall Score (max 25)	18.59	19.04	19.12	18.92
	Aug-24	Sep-24	Oct-24	3 month average
Accounts Payable - NHS	3.21	3.63	3.68	3.51
Accounts Payable - Non NHS	2.56	2.67	2.67	2.63
Accounts Receivable	4.82	4.59	4.94	4.78
General Accounts	3	3.15	3.23	3.13
GL and VAT	5	5	4.6	4.87

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

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 2023/24 outturn by a **minimum of the growth uplift of 6.85%, a target of £469,778k**. As previously reported, the target has increased by 2.63% to reflect the medical and Agenda for Change pay uplifts. This spend is subject to annual independent review. The 2023/24 review is due to take place in early February 2025.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the 2024/25 SEL ICB MHIS Plan. As at Month 8 we are forecasting MHIS delivery of **£470,729k**, exceeding the target by **£951k** (0.20%). This is largely made up of over-delivery against the plan on prescribing of approximately £2m, noting the potential volatility of prescribing spend based on the supply and cost of drugs. We are also seeing an increase in spend in some mental health placements, offset in part by underspends on community mental health services. Slide 3 sets out the position by ICB budget area.

Risks

- We continue to see growth in mental health cost per case spend both in terms of activity and complexity, for example on S117 placements. Actions to mitigate this include ensuring that timely client reviews are undertaken, reviewing and strengthening joint funding panel arrangements and developing new services and pathways.
- Learning disability placements costs continue to increase in some boroughs. Mitigating actions include reviewing LD cost per case activity across health and care to understand care package costs, planning for future patient discharges to agree funding approaches and developing new services to prevent admissions
- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend on both ADHD and ASD, with a forecast in excess of £3.0m and an increasing number of independent sector providers for Right to Choose referrals. We are increasing local provider capacity to reduce waiting times and are working to create sustainable services and will be undertaking an accreditation process to ensure the quality and VFM of independent sector providers. We are working with local providers across both adult and CYP ADHD services to review and transform care pathways.

13. Summary MHIS Position – Month 8 (November) 2024/25

Mental Health Spend By Category											
		Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 30/11/2024 YTD £'000	Mental Health - Non-NHS Actual 30/11/2024 YTD £'000	Total Mental Health Actual 30/11/2024 YTD £'000	Mental Health - NHS Forecast 31/03/2025 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2025 Year Ending £'000	Total Mental Health Forecast 31/03/2025 Year Ending £'000	Total Mental Health Variance 31/03/2025 Year Ending £'000		
Category											
Children & Young People's Mental Health (excluding LD)	1	45,046	27,015	3,129	30,144	40,523	4,755	45,278	(232)		
Children & Young People's Eating Disorders	2	2,841	1,894	0	1,894	2,841	0	2,841	0		
Perinatal Mental Health (Community)	3	9,749	6,499	0	6,499	9,749	0	9,749	0		
NHS Talking Therapies, for anxiety and depression	4	35,799	19,658	4,320	23,978	29,487	6,480	35,967	(168)		
A and E and Ward Liaison mental health services (adult and older adult)	5	19,376	12,917	0	12,917	19,376	0	19,376	0		
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	13,205	8,803	0	8,803	13,205	0	13,205	0		
Adult community-based mental health crisis care (adult and older adult)	7	35,639	23,657	224	23,881	35,485	336	35,821	(182)		
Ambulance response services	8	1,173	782	0	782	1,173	0	1,173	0		
Community A – community services that are not bed-based / not placements	9a	122,258	74,034	6,972	81,006	111,051	10,599	121,650	608		
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,758	9,919	6,538	16,457	14,879	9,837	24,716	1,042		
Mental Health Placements in Hospitals	20	4,454	2,216	741	2,957	3,323	1,025	4,348	106		
Mental Health Act	10	6,189	0	4,173	4,173	0	6,225	6,225	(36)		
SMI Physical health checks	11	865	464	113	577	696	169	865	0		
Suicide Prevention	12	0	0	0	0	0	0	0	0		
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	128,232	85,717	0	85,717	128,575	0	128,575	(343)		
Adult and older adult acute mental health out of area placements	14	9,762	6,251	36	6,287	9,376	53	9,429	333		
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		460,346	279,826	26,246	306,072	419,739	39,479	459,218	1,128		
Mental health prescribing	16	9,190	0	7,481	7,481	0	11,222	11,222	(2,032)		
Mental health in continuing care (CHC)	17	242	0	193	193	0	289	289	(47)		
Sub-total - MHIS (inc CHC, Prescribing)		469,778	279,826	33,920	313,746	419,739	50,990	470,729	(951)		
Learning Disability	18a	16,917	10,301	1,442	11,743	15,451	2,126	17,577	(660)		
Autism	18b	3,837	1,945	289	2,234	2,917	426	3,343	494		
Learning Disability & Autism - not separately identified	18c	48,399	3,220	31,147	34,367	4,830	46,264	51,094	(2,695)		
Sub-total - LD&A (not included in MHIS)		69,153	15,466	32,878	48,344	23,198	48,816	72,014	(2,861)		
Dementia	19	14,936	8,820	1,146	9,966	13,230	1,719	14,949	(13)		
Sub-total - Dementia (not included in MHIS)		14,936	8,820	1,146	9,966	13,230	1,719	14,949	(13)		
Total - Mental Health Services		553,867	304,112	67,944	372,056	456,167	101,525	557,692	(3,825)		

13. Summary MHIS Position M8 (November) 2024/25 - by budget area

Mental Health Investment Standard (MHIS) position by budget area M08 2024/25		Year to Date position for the seven months ended 30 November 2024						Forecast Outturn position for the financial year ended 31 March 2025					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
	Category	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health Investment Standard Categories:													
Children & Young People's Mental Health (excluding LD)	1	30,030	27,015	3,129		30,144	(114)	45,046	40,523	4,755	0	45,278	(232)
Children & Young People's Eating Disorders	2	1,894	1,894	0		1,894	0	2,841	2,841	0	0	2,841	0
Perinatal Mental Health (Community)	3	6,499	6,499	0		6,499	0	9,749	9,749	0	0	9,749	0
Improved access to psychological therapies (adult and older adult)	4	23,866	19,658	4,320		23,978	(112)	35,799	29,487	6,480	0	35,967	(168)
A and E and Ward Liaison mental health services (adult and older adult)	5	12,917	12,917	0		12,917	0	19,376	19,376	0	0	19,376	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	8,803	8,803	0		8,803	0	13,205	13,205	0	0	13,205	0
Adult community-based mental health crisis care (adult and older adult)	7	23,759	23,657	224		23,881	(122)	35,639	35,485	336	0	35,821	(182)
Ambulance response services	8	782	782	0		782	0	1,173	1,173	0	0	1,173	0
Community A – community services that are not bed-based / not placements	9a	81,505	74,034	6,972		81,006	499	122,258	111,051	10,599	0	121,650	608
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	17,172	9,919	6,538		16,457	715	25,758	14,879	9,837	0	24,716	1,042
Mental Health Placements in Hospitals	20	2,969	2,216	741		2,957	12	4,454	3,323	1,025	0	4,348	106
Mental Health Act	10	4,126	0	4,173		4,173	(47)	6,189	0	6,225	0	6,225	(36)
SMI Physical health checks	11	577	464	113		577	0	865	696	169	0	865	0
Suicide Prevention	12	0	0	0		0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	85,488	85,717	0		85,717	(229)	128,232	128,575	0	0	128,575	(343)
Adult and older adult acute mental health out of area placements	14	6,508	6,251	36		6,287	221	9,762	9,376	53	0	9,429	333
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		306,897	279,826	26,246	0	306,072	825	460,346	419,739	39,479	0	459,218	1,128
Other Mental Health Services:													
Mental health prescribing	16	6,127	0	0	7,481	7,481	(1,354)	9,190	0	0	11,222	11,222	(2,032)
Mental health continuing health care (CHC)	17	161	0	0	193	193	(32)	242	0	0	289	289	(47)
Sub-total - MHIS (inc. CHC and prescribing)		313,185	279,826	26,246	7,674	313,746	(561)	469,778	419,739	39,479	11,511	470,729	(951)
Learning Disability	18a	11,277	10,301	1,442	0	11,743	(466)	16,917	15,451	2,126	0	17,577	(660)
Autism	18b	2,558	1,945	289	0	2,234	324	3,837	2,917	426	0	3,343	494
Learning Disability & Autism - not separately identified	18c	32,267	3,220	8,583	22,564	34,367	(2,100)	48,399	4,830	12,668	33,596	51,094	(2,695)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		46,102	15,466	10,314	22,564	48,344	(2,242)	69,153	23,198	15,220	33,596	72,014	(2,861)
Dementia	19	9,957	8,820	830	316	9,966	(9)	14,936	13,230	1,245	474	14,949	(13)
Sub-total - LD&A & Dementia (not included in MHIS)		56,059	24,286	11,144	22,880	58,310	(2,251)	84,089	36,428	16,465	34,070	86,963	(2,874)
Total Mental Health Spend - excludes ADHD		369,243	304,112	37,390	30,554	372,056	(2,813)	553,867	456,167	55,944	45,581	557,692	(3,825)

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

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Bromley Primary Care Group: January 2025 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 items were considered at the January 2025 meeting of this group:</p> <p>a) Final 2025/26 Local Schemes for Primary Care</p> <p>PCG received an overview of the feedback from stakeholder engagement on the proposed 2025/26 schemes (GP Premium and Locally Enhanced Schemes) and the considerations as a result. The changes to the 2025/26 schemes are moderate and designed to ensure continuity for general practice improvement and services. PCG approved the 2025/26 specifications.</p> <p>b) Second tranche of PCN plans for 24/25 SDF investment</p> <p>PCG was advised that a total of seven out of eight PCNs now had plans underway or in planning for at scale services. Of the three newly presented plans, all were endorsed by PCG. A further final plan is due from one PCN; upon receipt PCG will be updated. PCG will receive an update on utilisation and impact of the additional investment committed to PCNs for development of at scale services (total investment of £129,000 for 2024/25 funding year).</p> <p>c) Update on ARRS expansion to newly qualified GP roles</p> <p>PCG was updated on status of the newly introduced GP ARRS (Additional Roles Reimbursement Scheme) recruitment across Bromley. Five PCNs have successfully recruited GP ARRS roles and PCG was provided with assurance on the assessment of eligibility for these appointments. ICB support for the appointments was endorsed accordingly. PCG also noted the announcement that the national scheme will continue into 2025/26, however detailed guidance was required in</p>

<p>order to ensure postholders were compliant with the eligibility requirements.</p> <p>d) Review of practice arrangements for Academic Half Day participation</p> <p>PCG received a report outlining the results of a rapid evaluation of the Academic Half Day (AHD) arrangements introduced in 2024/25.</p> <p>AHDs offer protected learning time for GPs, practice nurses and other primary care professionals to ensure continuous learning and development is supported across general practice. There are six AHDs in Bromley per year. During AHDs, practices remain open for non-clinical matters. In some boroughs, however, practices close fully to enable all staff members, including non-clinical staff, to undertake learning and development, or to progress improvement projects within the practice. During the 2024/25 year, a trial of full practice closures during four out of the six AHDs was conducted in order to assess the benefits and impact of a full closure model.</p> <p>The data reviewed demonstrated considerable positive feedback from GP practices for the full closure model, however a very small number of practices took the decision to remain partially open. 111 and UTC activity data indicated a potential correlation between full closures and increased volumes of patients using 111 and the UTC services during and immediately after, however this data was not conclusive.</p> <p>PCG agreed that a hybrid model of full and partial closures should operate for 2025/26, in order that the peak demand period of winter maintains primary care access. PCG supported the proposal to establish a dedicated PCN development session in addition to the AHDs to support their continued growth and maturation.</p> <p>e) Bromley Education & Training Hub delivery and plans for 2025/26</p> <p>PCG received a comprehensive overview of Bromley Education & Training Hub's work in 2024/25 and plans for 2025/26 to target improvement in the GP and practice nurse recruitment and retention, and practice development work, in line with the primary care priorities identified in the One Bromley strategy.</p> <p>During 2024/25, Bromley Education & Training Hub (BETH) has achieved positive impact in relation to nursing recruitment and retention, through hands-on support to recruiting nurses for practices in immediate need, supporting the training and qualification of seven nurses into general practice, and establishing a pipeline for new nurse recruitment. BETH has also hosted high quality training on clinical topics for GPs and nurses,</p>

	<p>and made available resources for reference after the events. Experienced GPs and PMs from BETH have conducted diagnostic assessments with 19 GP practices in Bromley, to help these practices determine their development priorities to improve their quality of care, service and access, with a follow up process to ensure that these improvements are implemented with support where necessary.</p> <p>For 2025/26, the successful diagnostic assessments will continue to be offered to the remaining practices in Bromley. There will also be opportunity for PCNs to conduct a similar exercise. The practice support offer, Practice Nurse recruitment and retention measures and GP CPD programmes will also continue. A further programme of GP recruitment and retention initiatives will commence to help increase the number of GP trainees working in Bromley with a view to staying in Bromley after qualifying, alongside expanding opportunities to retain experienced GPs who might otherwise leave the profession.</p> <p>PCG welcomed the report and commended the work led by BETH to improve the primary care workforce situation in Bromley.</p> <p>f) Practice and PCN website platform service</p> <p>PCG was advised that Bromley has secured a highly cost effective website hosting service from a provider specialising in GP practice websites for 2025/26. This service will ensure that practice and PCN websites are compliant with NHS accessibility standards and provide a professional, patient-friendly and up-to-date online presence for Bromley.</p> <p>g) Asylum Seekers and Refugees Health Group update</p> <p>PCG was updated on the complex health presentations amongst asylum seekers and refugees hosted in initial accommodation services in the borough. The ICB has secured additional clinical input to conduct the recommended health checks, referrals and support needed for these patients and to moderate the associated workload for the GP practices involved.</p> <p>PCG noted the important work being undertaken to support this vulnerable cohort within the borough.</p> <p>PCG was further advised that no new CQC inspections had been conducted in Bromley since the last meeting.</p>
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group • The decisions and approvals outlined in the report

Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services and would benefit from the decisions made at this meeting of PCG. Conflicts of interest were recorded and the decisions were deemed to have handled any potential conflicts of interest by the Chair.	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & Senior Clinical Director	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	Bromley Procurement & Contracts Group – November / December 2024 Update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts Group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirement. The following items were discussed and agreed at the group's meetings on 20th November and 16th December 2024. The next Bromley Procurement & Contracts group is scheduled for 23rd January 2025.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> • Community Gynaecology Direct Access Ultrasound Service - Transvaginal Scanning (TVS) - No representation of challenge was raised in relation to the Provider Selection Regime (PSR) Direct Award C Transparency notice; therefore a contract has been awarded for provision of the service to the incumbent provider Citrine Diagnostics Limited (formally Physiological Measurements Ltd) for a period of 3 years with the option to extend for a further 2 years, commencing 1st January 2025. • MSK and Orthotics - No representation of challenge was raised in relation to the PSR Direct Award C Transparency notice; therefore a contract has been awarded for provision of the service to the incumbent provider Vita Health Group for a period of 3 years with the option to extend for a further 2 years, commencing 1st April 2025. • GP Website – Following evaluation of 3 quotes received under Public Contracts Regulations 2015 (PCR) a contract has been awarded to the incumbent provider Iatro for 1 year commencing 1st April 2025. • Winter additional transport for Transfer of Care Bureau - Following evaluation of 3 quotes received under PCR a contract has been awarded to HATS for the period 18th November 2024 – 31st March 2025. • Management of Prescribing Improvement Scheme 24/25 – Following receipt of a single quote under PCR, a contract has been awarded to SEL CP Alliance. <p><u>Contract Extensions</u></p> <p>Primary care enhanced services. Services: (ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children) – The group agreed to enact the 1 year contract extension under schedule 1C resulting in the revised contract end date for service provision of 31st March 2026.</p> <p>Cardiac Diagnostics & Exercise on Referral Programme – Following an initial review of the service which has identified additional complexities and interdependencies of any change to service provision, the group agreed to extend provision of service for a further 6 months until 30th September 2025. This will</p>

	<p>enable the service review to be undertaken along with a full understanding of the impact of any service changes / procurement options.</p> <p><u>Contract Variations</u></p> <p>No contract variations were proposed to be enacted at either meeting.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> • Advocacy Services @ PRUH – Following a review of the completed PSR Direct Award C toolkit, the group agreed to award a new contract to the incumbent provider Advocacy First for a period of 1 year with the option to extend for a further 1 year, commencing 1st April 2025. The relevant transparency notice is to be published. • Mental Health Hubs – Evaluation of bids has been completed in relation to the competitive tender process, it is anticipated that the contract award report will be brought to the January group. <p><u>Other key areas of discussion to note</u></p> <ul style="list-style-type: none"> • Contracts Pipeline - Contracts due to expire between December 24 – May 26 - The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services. 	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts Group.	
Potential Conflicts of Interest	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB,) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this Board to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives.
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets.
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A

Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Assistant Director for Integrated Commissioning, LBB
Clinical Lead:	Dr Andrew Parson, Senior Clinical Director, One Bromley and Co-Chair One Bromley Local Care Partnership Board
Executive Sponsor:	Dr Angela Bhan, Place Executive Lead

Appendix A	Service	Current End Date	Type	Status
	Community Phlebotomy		Implied	Commissioners reviewing options
	Community Denosumab		Implied	Commissioners reviewing options
	Cardiology Diagnostics		Implied	Commissioners reviewing options
	IRIS Project Clinical Lead		Implied	Quote received under PCR – commissioner currently evaluating
	Community Vasectomy No-scalpel technique		Implied	SEL wide work has not progressed. PSR Direct Award C toolkit being populated.
	Talking Therapies	31/03/2025	Active	Commissioners reviewing options –scoping PSR Direct Award C route
	Hospice Consortia contract (Bromley, Lewisham, Lambeth, Southwark, Croydon) Palliative and end of life care services	31/03/2025	Active	SEL ICB agreed principle of PSR Direct Award A - requires SEL ICB Governance agreement.
	Bromley Community Palliative services	31/03/2025	Active	Services to be included in Hospice Consortia Contract - separate spec and finance schedule
	Headache Community Service	31/03/2025	Active	PSR Direct Award C toolkit being populated.
	Advocacy services	31/03/2025	Active	Committee approved to proceed with PSR Direct Award C – transparency notice issued
	Temporary service to establish additional, borough wide, same-day primary care capacity for winter illness	22/04/2025	Active	Non-recurrent contract
	Cardiac Diagnostics & Exercise on Referral Programme	30/09/2025	Active	Service provision extended for a further 6 months whilst options reviewed
	Bromley Identification and Referral to Improve Safety (IRIS)	01/04/2026	Active	Options to be reviewed in 2025
	Primary care enhanced services. Services: ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children.	01/04/2026	Active	Options to be reviewed in 2025
	GP Website	31/03/2026	Active	Options to be reviewed in 2025
	Bromley Community Anticoagulation Service	31/05/2026	Active	Options to be reviewed in 2025

One Bromley Local Care Partnership Board

DATE: Thursday 30th January 2025

Title	One Bromley Performance, Quality and Safeguarding Group: January 2025 Report
This paper is for information	
Executive Summary	<p>The One Bromley Performance, Quality and Safeguarding Group met on 5th December 2024. The deep dive focus of the meeting was on Cyber Security, particularly with the recent Cyber incidences happening in South-East London.</p> <p><u>Cyber-Security</u></p> <p>The Group received a presentation from Michael Knight, the Chief Information Security Officer for the South-East London Integrated Care System (ICS).</p> <p>The presentation provided context around the current position, with increasing potential threats from organised crime and nation states. There has been increased targeting of supply chains using the following methods:</p> <ul style="list-style-type: none">• Looking for easy targets with easily exploitable vulnerabilities• Using data from other breaches• Mass phishing activity <p>South-East London ICS has developed a Cyber Security Strategy, which includes the following man elements:</p> <ul style="list-style-type: none">• Focus on the greatest risks and harms• Defend as one• People and culture• Build secure for the future• Exemplary response and recovery <p>The ICS has already undertaken the following work:</p> <ul style="list-style-type: none">• Established a community of practice as an ICS• Definition of strategy endorsed by the community of practice• Endorsement of ICS cyber reporting proposal• Synnovis lessons learned commenced• Developed guidance for VCSE partners

A group discussion then took place considering the following issues:

- How cyber security resilience is included in procurement processes
- Baseline and risk assessment of high-risk providers
- Information governance requirements
- Strengthening contractual requirements in respect to Cyber-security
- Staff training and testing in relation to phishing attacks
- Safeguarding considerations
- Business continuity arrangements

It was agreed to bring this item back to the group, with a more system-wide focus with other providers and organisations.

Safeguarding Reports

The following reports were presented to the Group

- SEL ICB Safeguarding Annual Report 2023-24 – Bromley Submission
- SEL ICB (Bromley) Children Looked After and Care Leavers Annual Report 2023-24

The safeguarding annual report provided assurance that SEL ICB had fulfilled its statutory duties and responsibilities in safeguarding and outlined the broad scope of current safeguarding practice and highlighted some of the work in the 2023-24 financial year and safeguarding priorities for 2024-25.

The Children Looked After and Care Leavers Annual Report set out the good work of the team over the year recognising the strong partnership working and a positive inspection result, highlighting good leadership, health assessments and support for children in care.

Other Business

Update on Synnovis Quality Harms Review and Impact – As a result of the Synnovis Cyber-attack, the ICB set up two harms review panels to look at incidents as they were coming through. One was for acute and mental health, and the other for primary care and community care. The findings were discussed and reports were continuing to come in. It was raised that the process had not engaged all stakeholders, and the team were asked feed this back. A further update and any lessons learned would be provided at a future meeting.

Primary Care PSIRF implementation – A brief update on the pilot was shared with a more detailed discussion for the next meeting.

	<p>Performance Update – The latest performance reports were circulated and noted.</p> <p>Risk register – The updated risk register was presented to the committee. The risk in relation to GP collective action had been updated so that it was aligned across South-East London. An update was provided in relation to risk around the CYP ASD backlog and the actions taking place to reduce this.</p> <p>The next meeting will be held on 27th February 2025.</p>	
Recommended action for the Committee	The One Bromley LCP are asked to note this update.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register.
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required.
	Financial impact	Not applicable
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & Senior Clinical Director	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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