

One Bromley Local Care Partnership Board

Date: Thursday 23 November 2023

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:34
4.	Minutes of the meeting held on the 28 September 2023 For approval	Enc. 2	Chairmen	9:35
5.	Matters arising – 'Right Care Right Person' Update	Verbal	Iain Dimond	9:40
6.	Actions for the Board For approval	Enc. 3	Chairmen	9:50
For Information and Noting				
7.	Partnership Report For information	Enc. 4	Dr Angela Bhan	10:00
8.	Bromley Homeless Healthcare Clinics For information	Enc. 5	Sarah Jackson	10:05

9.	Bromley Neighbourhoods and Primary Care Networks Working Showcase For information	Enc. 6a Enc. 6b	Elliott Ward Dr Claire Riley	10:15
10.	Finance Month 6 Update For information	Enc. 7	David Harris	10:45
11.	Bromley Healthcare Contract For information	Enc. 8	Sean Rafferty	10:55
For Approval				
12.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24 For approval	Enc. 9	Sean Rafferty/ Kelly Sylvester	11:05
Reports from Key Sub-Committees for Noting				
13.	Primary Care Group Report For noting	Enc. 10	Harvey Guntrip	11:15
14.	Contracts and Procurement Group Report For noting	Enc. 11	Sean Rafferty	11:20
15.	Performance, Quality and Safeguarding Group Report For noting	Verbal	Harvey Guntrip	11:25
Closing Business				
16.	Any Other Business and Close	Verbal	All	11:30
Appendices				
17.	Appendix 1: Glossary of terms	Enc. 12	For information	
Next Meeting:				
18.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 25 January 2024 and will start at 9:30am in Bromley Civic Centre, The Council Chamber.			

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England.	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley.	28/01/2015	
			Financial Interest	Self-employed General Practitioner.	01/01/2020	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health.	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health.	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place).	01/11/2011	

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	

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 is a member and shareholder of BGPA .	01/05/2023	
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Interim Site Chief Executive, Princess Royal University Hospital	Financial Interest	Currently seconded to role of Site Chief Executive, Princess Royal University Hospital and South Sites	01/09/2023	
				Works as an expert witness in midwifery claims - legacy cases only	01/03/2000	13/11/2023
Avril Baterip	South East London ICB	Corporate Governance Lead- Bromley	No interests declared			

Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Kim Carey	London Borough of Bromley	Director of Adult Services and Chair of the One Bromley Executive	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Non-Financial Professional Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	

Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			

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

**One Bromley Local Care Partnership Board
Minutes of the meeting on 28 September 2023
Held in The Council Chamber,
Bromley Civic Centre**

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Clinical Lead (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Angela Helleur	Interim 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
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Helen Simmons	Chief Executive, St Christophers Hospice	HS
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Richard Baldwin	Director of Children’s Services, London Borough of Bromley	RB
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Jacqui Scott	Chief Executive, Bromley Healthcare	JS
Members (Non- voting):		
Helen Norris	Chair, Healthwatch Bromley	HN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Maysa Noori	Co-Chair, London wide LMCs and London wide Enterprise Ltd	MN
Dr Ruth Tinson	Co-Chair, London wide LMCs and London wide Enterprise Ltd	RT
In Attendance:		
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
David Harris	Associate Director of Finance, NHS South East London	DH
James Postgate	Associate Director of Integrated Commissioning, NHS South East London	JP
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
Patrick Montgomery	Chief Technology Officer, Bromley Healthcare	PM

Name	Title and organisation	[Initials]
In Attendance:		
Dr Rebecca Long	General Practitioner, Clinical Lead for Population Health Management and Personalised care, NHS South East London	RL
Members of the public	(1)	

Apologies

Members (Voting):

Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
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1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	<p>Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board.</p> <p>Members and attendees of the Committee introduced themselves. Mark Cheung will be deputising on behalf of Dr Angela Bhan, who is currently on leave.</p> <p>Cllr Smith welcomed Angela Helleur, the interim Site Chief Executive for the Princess Royal University Hospital (PRUH). Angela joined the meeting online and apologised for being unable to attend in person due to pre-existing commitments; and looked forward to meeting in person at some point going forward.</p> <p>Angela presented slides on her role, the visions and expectations in the PRUH over the next six months, the following points were noted:</p> <ul style="list-style-type: none"> • AH has been working in the NHS for over 41 years and was trained as a nurse and midwife before moving into management roles, which has given her a broad experience of local, system and national perspectives. • AH has worked in South East London for 17 years, she worked in Lewisham and Greenwich NHS Trust as Chief Nurse and Chief Operating Officer before joining the ICB as Chief Nurse. • King’s values were noted which are “Kind, Respectful and Team”, these values run throughout the organization and are really important to AH, all values resonate and one stands out in relation to inclusivity and compassion, to both staff and the patients we serve. • The vision and strategy for King’s over the next five years (2021 – 2026) was presented. For the PRUH and South Sites, AH will embed the key priorities from King’s strategy but will also include the ICB’s and Bromley’s strategies to ensure everything aligns and we work together through the key issues for Bromley’s residents. • In terms of the key priorities, AH highlighted the following expectations: <ol style="list-style-type: none"> 1. System Partnership – from AH’s broad NHS experience, no person is an island and we can deliver the best care for Bromley’s residents by working together. AH has seen the good work done by system partners and has well established relationships with some organisations, and is looking forward to working more closely with the 	

	<p>voluntary, social sector and LA colleagues, some of whom she doesn't know that well yet.</p> <ol style="list-style-type: none"> 2. Care Pathways – these pathways are the fundamentals of care for people using services across the partnership. There is good work already in place, such as the work done by primary care colleagues on discharges and the strong links between BHC and Oxleas. The programme of work on care pathways will be taken further with clinicians. For discharges, AH is keen to work with system partners to keep people safe in their own homes and to prevent the long delays in hospitals. 3. Elective Care – in terms of backlogs, there is a good plan in place. The Acute Provider Collaborative looks at how the system can be more effective by pooling resources to achieve an overall reduction in waits for Bromley residents, and to deliver more choice for our clients. 4. Urgent & Emergency Care – this area has been challenged over the last few years due to increased demand and space constraints in the PRUH. There is a strong plan in place for this area which includes working on pathways jointly with partners for good patient flow. 5. Staff Wellbeing – Covid and industrial action has greatly impacted on our staff's wellbeing, particularly in outward-facing roles. AH is working with staff to ensure that the environment is conducive to staff feeling supported and doing their best in their roles. <p>Cllr Colin Smith thanked Angela for the presentation and wished her all the best in her role over the next six months.</p> <p>Dr Andrew Parson also expressed his thanks to Angela and was pleased to hear of the values and system partnership working for the good of the Bromley residents and the communities we serve.</p>	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	<p>Dr Andrew Parson invited members to declare any interests in respect to the items on the agenda.</p> <p>ID notified that his declaration of interest is to be updated following his appointment as Senior Responsible Officer (SRO) for the South London Partnership (SLP) Complex Care program.</p> <p>Cllr Colin Smith asked for the font size of the register to be increased for ease of viewing.</p>	ABa
3.	Public Questions	
3.1	No questions had been received in advance of the meeting. One member of the public attended the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 27 July 2023	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Matters Arising – "Right Care Right Person" (RCRP) Update	

<p>5.1</p>	<p>Iain Dimond updated the board on the RCRP developments, the following points were noted:</p> <ul style="list-style-type: none"> • The joint mental health and policing working group (JMHPG) met yesterday. Iain is committed to providing an overview of this work at the Health Scrutiny Sub-Committee and coming back to give an update to the Board. • The main highlights include the implementation date for the RCRP model, which has been pushed back to the 31st October 2023. This means that from the 1st November 2023, the Metropolitan Police will be instructing call handlers to field calls for police input in line with the principles of RCRP. In the meantime, the work continues jointly with healthcare professionals, the police and local authority colleagues to get in a better position to ensure safe implementation. There are a number of elements that are being worked on to ensure this however it needs to be acknowledged that further implementation work will continue after 31st October. • Highlights on the key areas for preparation include the establishment of four sub-groups: <ol style="list-style-type: none"> 1. Communications Group – this group will ensure that regular communications are disseminated to stakeholders, it was suggested that the messages are broad and basic; what is in/out of scope and then what work is being undertaken. 2. Legal and Policy Framework Group – this group is co-chaired by Iain and Matthew Trainer, Chief Executive of Barts Health NHS Trust. There are three areas that this group focuses on: <ol style="list-style-type: none"> 1. AWOL from mental health inpatient units. There will be one policy for mental health providers written and signed off by the 31st October 2023. Work has been progressing very well with a second version in draft form. The work is on track to be completed by the deadline and we are liaising with the police to ensure that the policy aligns with theirs. 2. The second area that this group is focusing on is walkouts from the Emergency Department (ED) – Matthew is taking the lead in this area and engaging with acute providers. The approach is not to have one policy for all Trusts but to work with acute providers to ensure they understand how they need to change their current practice in relation to dealing with vulnerable patients. 3. The third area is welfare checks. This is a complex area as it goes beyond mental health. Once the work by mental health providers on the AWOL (absent without leave) policy is completed, the group will look at having one welfare checks policy for mental health providers across London. NB this will not be completed before 31st October. They are also working with local authority colleagues on other sources of welfare check requests as there is concern that this area is complex and it is difficult to obtain data from the police. Iain had spoken with the DASS's yesterday who are members of the JMHPG – they are concerned that the default would be the local authority and this must be avoided. Welfare 	
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	<p>checks are also requested from a number of other agencies such as GPs, London Ambulance Services (LAS) and the public themselves. Iain noted that there will be more work to do beyond the 31st October.</p> <p>3. Workforce Group – this group links in with the work undertaken by the Legal and Policy Framework group. There is a need to brief and train staff around the changes and quantify resource allocations.</p> <p>Cllr Colin Smith was concerned by the pressures on the system and welcomed the tone of these conversations.</p> <p>4. Data Group – this group is tasked with reviewing the current and baseline data, and use this to evaluate the improvements of change in the future.</p>	
5.2	<p>In considering the update, board members had the following comments:</p> <ul style="list-style-type: none"> • Dr Parson thanked Iain for the update on the important work undertaken in this area. • Cllr Smith thanked Iain for the interesting presentation and noted that there is strong support in place combined with a collaborative approach and methodology, which felt somewhat reassuring. Cllr Smith requested that all colleagues are alerted that the local authority cannot be the default, as they do not have the capacity. Senior officers will need to be made aware of this as there are concerns about the detrimental impact this may have on clients. • David Walker was grateful for the update on the communication efforts and urged for carers to also be included in the offer of support. There is great concern that carers are seen as the final point of contact. • Helen Simmons raised a similar point – St Christopher’s have 1500 patients in their homes and complex family situations. HS would welcome clear communications to the voluntary and other sectors. • Jacqui Scott noted that there are vulnerable people living in homes and asked if community services are being picked up or whether this must be done through the Provider Collaborative Group. • Dr Parson noted that primary care colleagues would also need to be kept aware of the developments in this area. • Richard Baldwin thanked Iain for the update and for linking him in with the pan-London working group which includes Bromley and London-wide children’s services. Richard has a seat at the table and can represent local pressures. • Dr Hasib Ur-Rub noted that the RCRP changes affect everyone – the homeless population are also vulnerable and at high risk due to the nature of their circumstances. This is about everyone and concerns all parts of healthcare. <p>In response to the comments and questions raised, Iain acknowledged that this has been a helpful intervention, as the more information is received, the more the impact is felt to be wider across the population and services. The impact on community providers and hospitals will play into this but there is greater concern for community services. In terms of communications, this will be considered as things progress as it isn’t possible to have one policy that will capture every eventuality. The work will continue with communications to set</p>	

	<p>out the police’s position, the customer practicalities over the past few years is that the default was the police and we now have to consider how to support all providers through this change. In relation to the carers’ concerns, Iain was hopeful that the communications would settle things down and was happy for people to raise issues through him. Iain attended a meeting yesterday concerning the implementation plan and was happy to circulate the plan to members.</p> <p>Action: ID to share the RCRP Implementation Plan with board members.</p>	ID
	<p>Dr Parson thanked Iain for the briefing and would appreciate the circulation of the document. Further updates on this work will come back to a future meeting.</p>	ID
5.3	The Committee NOTED the update on the “Right Care Right Person” Model.	
6.	Actions for the Board	
6.1	<p>The action log was reviewed. One action remains open in relation to Finance programme spend. Mark Cheung updated that this action was discussed in the One Bromley Executive and other meetings beyond this including the Programme Board, where the strategy was signed off. David Harris is pulling together a report including benchmarking to enable the appropriate financials on programmes and specific conditions, to improve the treatment and care of patients. For example, how much is spent on diabetes, unplanned and urgent care; and for medicine prescribing such as continuous glucose monitoring along with respiratory and frailty. An action plan will be brought back to the November meeting and a working group will be set up to take this work forward.</p> <p>Action: Finance action plan to be brought to the next One Bromley Local Care Partnership Board</p> <p>Dr Parson thanked Mark for the update noting that it would be good to have clarity on the finances and strategy, and is looking forward to hearing more about this at a future meeting.</p>	DH
6.2	The Committee NOTED the action log.	
7.	Partnership Report	
7.1	<p>The Partnership Report was taken as read.</p> <p>No comments or questions were raised by members.</p>	
7.2	The Committee NOTED the report.	
8.	Population Health Management	
8.1	<p>Mark Cheung introduced the report that was jointly collated with input from Patrick Montgomery, Dr Rebecca Long and Chris Stagg.</p> <p>One Bromley Local Care Partnership Board approved Bromley’s five-year strategy in May 2023 and population health management (PHM) is an important part of the strategy, to address the wider determinants of health (including physical and mental health) and to reduce inequalities. There are three priorities which are prevention; personalised care in neighbourhoods and good access. The population health management approach utilises data to inform the</p>	

population and to tailor interventions to improve the health and wellbeing of specific populations. The approach is spread out across the local care partnership working jointly with partners in the best way possible to achieve good outcomes for Bromley's residents.

Dr Rebecca Long presented slides, the following points were noted:

- Bromley has a diverse population, there is a high proportion of 75-year-olds; a young population including young mothers and an established traveller community in the Crays.
- There is increased chronic diseases and social care needs amongst the population.
- There is a wide space of challenges, such as supporting the elderly and frail; social care and young people.
- Increased attention on the element of trust attributed to covid and the lack of trust in the healthcare system combined with the impact of access issues.
- There are eight PCNs that operate in Bromley with varying demographics.
- In terms of deprivation, in comparison to other boroughs, Bromley is not as deprived as others, however there are pockets within the borough that are more challenged than other areas including two which are in the top 20% (Core 20Plus5) of the most deprived populations nationally.
- In particular, areas of increased deprivation include Hayes Wick which has a large refugee population and there is also an established travelling community in the Crays.
- There is wide variation amongst the eight PCNs in Bromley and individual variation exists amongst GP practices.
- High levels of A&E attendees are linked to areas of increased deprivation such as the Crays where their health is described as poor in addition to increased unemployment and depression.
- In terms of the general population, over time health and care needs are increasing due to lifestyle choices and increases in preventable diseases which means people are living longer and with that comes multiple complex conditions, disabilities and an elderly and frail population.
- It is anticipated that the elderly and frail population will double in time in addition to increased mental health problems and health inequalities.
- The healthcare system is struggling to cope and if we project over time, the largest age band will be the 50-year-olds which would naturally shift upwards to 70-80 year olds meaning that in the future, there will be a large complex-needs population with less younger people to look after them.
- The aims of population health have four pillars:
 1. The social determinants of health (employment, education)
 2. Lifestyle choices (smoking, fitness, diet)
 3. Experience of health and care services (trust in the healthcare system and access)
 4. The places and communities you live in
- Health comes together when the four pillars interact and meet
- The population health management team understand what the current healthcare needs are to support our population and what is driving poor

	<p>outcomes; and use this to deliver a service model that is sustainable for future years.</p> <ul style="list-style-type: none"> • There is a nine-year life expectancy between the most and least socially deprived areas, mortality is fifteen years younger and there is a lower life expectancy in poor health. This comes at a huge cost to the NHS in the region of £5.5 billion per year spent on A&E admissions. • In Bromley, the aims are to have better health and wellbeing through prevention and population health management, how to personalise care and looking to support the elderly and frail population. For mental health, to identify needs early to prevent crisis and supporting young people to have the best start in their lives. <p>Patrick Montgomery introduced himself as the Digital Lead for One Bromley and the Chair of the One Bromley Population Health Management Working Group.</p> <p>Patrick presented the remaining slides to the Committee, the following points were noted:</p> <ul style="list-style-type: none"> • The One Bromley Population Health Management Working Group meets monthly • Membership includes representatives from stakeholders across One Bromley including Public Health, Bromley Healthcare, St Christopher's Hospice, Bromley GP Alliance, Bromley Well, Oxleas and clinical leads. • The group reviews issues and identifies solutions, shares best practice, case studies and data to identify population health management initiatives. • Population Health Management initiatives in Bromley include: <ul style="list-style-type: none"> ○ Diabetes ○ Anticipatory Care ○ SMI and LD Health checks ○ Inequalities • The group utilises data from a high-level perspective to a granular level to target specific patients, the working group provides the structure to enable this level of data interrogation • Population health management is also linked to the wider SEL ICB structures and NHS systems for good infrastructure to do PMH initiatives. 	
8.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Mark, Dr Long and Patrick for the presentation and noted that this work was also presented at the One Bromley Executive meeting. He acknowledged that we have been working with public health and the local authority for some time on this work and it was helpful for the Board to be updated on developments in this area. Dr Parson invited questions or comments from members. • Iain Dimond gave his praise for this brilliant presentation, which brought to life the PHM concepts and he was very grateful for the insight into this work. It highlighted the inequalities and the differences between equalities and equity, it would be helpful to see the data. ID agreed with the priority areas. From a mental health perspective, there has been a sharp increase in referrals to the newly created Mental Health Hub, for depression and anxiety, the wider determinants of mental health. It was 	

	<p>important to recognize the interventions outside of the health sphere to build up coping strategies, as mental health is not a “catch all”, it is helpful to conceptualize in different ways. ID asked if there was input from mental health colleagues in the working group. PM confirmed that Lorraine Regan has recently been included in the group.</p> <ul style="list-style-type: none"> • Helen Simmons raised a similar point – she recommended that people join the working group as this is an area that we all have in our strategy. With collective input, a real effort could be made to push this workstream forward. Speaking from the heart, this is a “give and receive” type group and the team should continue with their projects as the benefits for the population will only increase over time. • Dr Parson noted that there was strong endorsement from the board and thanked everyone for their comments. • Kim Carey noted that the paper was also presented at the One Bromley Executive. It was a lively presentation and demonstrated the real strength of the One Bromley collaborative, not just in terms of health and care, but also focusing on where people live, their education and engagement in the community. • Dr Hasib Ur-Rub gave his thanks for the presentation and noted that it resonates better the more often it is heard. He raised the point that population health management does not only concern the elderly and frail population, but there is also increased mental health issues and disabilities to consider. In particular, there is increased diversity of the ethnic population in this area which has not been touched on enough, Dr Ur-Rub would like to see more details around this. He noted that early intervention will prevent bigger problems from occurring, this has been topical for quite some time now. Early intervention such as engaging with the workforce around training and education is key. He also highlighted that in Bromley, in some areas, life expectancy is quite good, for example in care homes and in the homeless programme, the variances are even greater. Dr Ur-Rub noted that the leveling up of healthcare inequalities should not take away the focus of the current work which is done well. He also expressed concern about the finances. • Richard Baldwin expressed his appreciation for the interesting population health management presentation. He had two points to raise – he is currently working with Kim Carey for predictions of demand on learning disabilities that may come to fruition post 25 years and the PHM work has been really helpful to hear today. RB will make contact with the PHM team and link this work in as it fits with the principles and to ensure that we are working off the same assumptions. • David Walker agreed with all of Kim’s points and reiterated that this was an excellent piece of work and helps us all to think about our own practices. In terms of the practical implications, PCNs should have more integrated approaches such as tying up simple practical things and ensuring people are engaging, for example with benefits and the right energy tariff. All these elements can make a lot of impact on people’s lives. • Jacqui Scott gave her thanks for the excellent presentation. She raised a point that was critical in relation to the evaluation of the priorities in place and asked if there was enough support to join up later in the system. Her second point was in relation to data and business intelligence (BI) – have 	
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	<p>we benchmarked this work and is there capacity to support with the data.</p> <ul style="list-style-type: none"> • Cllr Colin Smith expressed his thanks for the presentation and had a question in relation to high unemployment referenced in the slides. Cllr Smith would like to know how this statement has been quantified and if there are numbers/data to support this as in some parts of Bromley, there is full employment. He requested to be updated outside of the meeting about where the numbers have been drawn from. <p>Action: MC to update Cllr Smith outside of the meeting on the unemployment figures in Bromley.</p> <ul style="list-style-type: none"> • Harvey Guntrip noted that in Bromley, in all boroughs and across the country, the reasons behind how we got to this point is because of the repeated issues around poverty, housing, lifestyle etc. – if we don't improve on these variables, then the outcomes will remain the same. Intervention needs to take place at primary and pre-school level, we need to educate people on lifestyle choices (food, drinking, smoking). He was keen to see a big focus at an early stage as this is the only way we can reduce the problem. Dr Parson agreed that early consideration and intervention on the wider determinants of health is key. • Angela Helleur gave her thanks for the work presented today. This resonates with all her thoughts for a long time – for certain groups inequalities became apparent during covid and the lessons learnt is to work with residents and provide access to care for them, to build and have trust in the healthcare system. Her second point was around children, disabilities and safeguarding; and noted the increase in diversity of the populations – she was very happy to offer support from a King's/PRUH perspective. • Dr Parson gave his congratulations to the presenters for this inspirational topic and noted the positive steer from the board for this work to continue in the right direction. • Mark thanked everyone for the fantastic feedback and for being so engaged with this work. It has certainly raised expectations for the team, they will take on board all the points that were raised today and will come back with updates on the data. He commented on Jacqui's points on the data infrastructure and noted that King's/PRUH has a significant BI resource, BHC are also really involved in the working group. MC will take all of these points forward. • Dr Long updated that she chairs the SMI (Serious Mental Illness) health checks and Learning Disability (LD) task and finish groups. For LD, there are two good LD clinical leads who proactively work on physical health checks but also on engagement and barriers to support primary care. The SMI group is more challenging, as the service model is not right and clients are asked repeatedly. RL noted JS's point and the real benefits of the working group, however the data is not right to understand the true meaning of this. It is important to engage better with the population utilising personalised care approaches and linking this in with social prescribing. Whilst there are high DNA rates in both groups, it is imperative to listen to the patient's voice to get that engagement and then look at quality, which requires both quantitative and qualitative data. • Patrick thanked members for all their support and noted that it is important to look at the bigger picture. Whilst the medical data is reviewed, it is often the signal of wider issues, but we must take into 	<p>MC</p>
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	<p>account the wider determinants of health.</p> <ul style="list-style-type: none"> • Dr Parson thanked all presenters and the board for the kind offers of support from members. He asked the team to respond to the comments and questions raised. This was a great discussion and will add good value to focus on for the benefit of our population, he wished the team all the best in this work going forward. 	
8.3	The Committee NOTED the Population Health Management report.	
9.	Finance Month 4 2023/2024 Update	
9.1	<p>David Harris presented the Month 4 Finance update, the report was taken as read. The following points were noted:</p> <p>SEL ICB Financial Position:</p> <ul style="list-style-type: none"> • The SEL ICB financial allocation for the year as at Month 4 is £4,738,176k. • As at Month 4, the ICB is reporting a year to date overspend against plan of £5,177k which is driven by an adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets. • The ICB is reporting break-even against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressure risks in the ICB's latest financial report to NHS England. <p>Bromley ICB/LCP Month 4 Financial Position:</p> <ul style="list-style-type: none"> • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 4 is £239,305k. • As at Month 4 the year-to-date position was £1,482k overspent. • The significant variances related to; prescribing £1,326k overspent, mental health services £191k overspent and continuing healthcare £83k overspent. • As a result of the overspend, meetings have been held with each borough as part of the financial recovery plan with representatives including the Place Executive Lead, SEL ICB Chief Finance Officer and the Director of Partnerships to understand the current position, the overspends and the activity to reduce this. Actions are being pulled together over the next few weeks. 	
9.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Harvey Guntrip asked if the overspends are due to under-spending on prescribing. In response to this, DH was unsure but he believes there may be some linkages between these factors. • Mark Cheung updated that he is meeting with Dr Angela Bhan and Sean Rafferty to review Bromley's current financial position to mitigate the overspends. He noted that Bromley has the lowest overspend across SEL, the medicine's optimisation team are working hard to reduce overspend and are going into GP practices to make those efficiencies. • Jacqui Scott requested a breakdown of savings to see if they impact quality. 	

	<p>Action: DH to provide a breakdown of savings to see the impact on quality</p> <ul style="list-style-type: none"> • Dr Nada Lemic asked if the prescribing pressures are based on NICE guidelines and whether this is related to cancer drug spend. In response to this, DH noted that the financials in this report relate to the primary care prescribing budget thus unlikely to include cancer spend but he would make further enquiries with Karen Hong on this query and come back to the board with an update. <p>Action: DH to check cancer drug spend with Karen Hong and update the board.</p> <ul style="list-style-type: none"> • Dr Parson thanked David Harris for the presentation and looked forward to seeing a more detailed finance report including the analysis of spend. 	DH DH/KH
9.3	The Committee NOTED the Finance Month 4 update.	
10.	One Bromley Local Care Partnership Board Terms of Reference	
10.1	<p>Avril Baterip reported to the Committee. The terms of reference have been reviewed and updated following sign off of the One Bromley five year strategy by the One Bromley Local Care Partnership Board in May 2023. The strategy outlined three priorities:</p> <ul style="list-style-type: none"> • Improving population health and wellbeing through prevention and personalised care • High quality care closer to home delivered through neighbourhoods • Good access to urgent and unscheduled care and support to meet people's needs. <p>Approval of the updated terms of reference was sought from the Board.</p>	
10.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> • Jacqui Scott asked that paragraph 8.1 be updated to clarify voting rights, specifically in relation to instances of there not being a consensus decision and with the Chair/Chairman having the deciding vote. It was also requested that the scheme of delegation be included, to ensure that it is clear as to what the board can sign off. <p>Action: ABa to update section 8.1 of the terms of reference and include the scheme of delegation.</p>	ABa
10.3	The Committee APPROVED the One Bromley Local Care Partnership Board Terms of Reference, subject to these amends being made.	
11.	One Bromley Executive Terms of Reference	
11.1	<p>Mark Cheung noted that similar amendments had been made to the One Bromley Executive terms of reference to include detail on the One Bromley Five Year Strategy. It was noted that following Jonathan Lofthouse's departure to a new role at another Trust, Kim Carey had taken over as Chair of this meeting.</p> <p>There were no questions or comments from members.</p>	
11.2	The Committee APPROVED the One Bromley Executive Terms of Reference.	
12.	Commissioning of Mental Health Complex Care Services	

12.1	<p>Sean Rafferty and James Postage reported to the Committee, the following points were noted:</p> <ul style="list-style-type: none"> • The South London Partnership (SLP) is an NHS provider vehicle comprising of the three large mental health NHS Trusts in south London including Oxleas. • This is a proposal on making efficiencies on the cost of Mental Health Placement Budgets. A business case has been put forward by the SLP to SEL ICB to shift budgets from the ICB to the SLP. • It was recommended that we do not participate in this proposal for the following reasons: <ol style="list-style-type: none"> 1. One Bromley LCP Board have an existing joint commissioning strategy for mental health budgets between the ICB and Bromley Council, through the residential care new model for single supported houses. 2. There is concern about the merits of the business case, whilst partners are keen to work with the SLP, the consensus reached is that we do not wish to participate in this proposal. Our neighbouring boroughs, Greenwich and Bexley are also not signing up to the proposal. • In relation to joint commissioning mental health housing support services in Bromley, this is going out to tender next week for those services to commence in October 2024. 	
12.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> • In response to a question, Sean noted that the recommendation is to locally pursue the strategy that was agreed two years ago between the ICB and Bromley Council, however if the SLP brings new opportunities, then we would wish to be part of this. • Helen Simmons gave her support with the proposal and noted that South West London are choosing a different route. It would be interesting to see the patient outcome measures to make a comparison. In response to this, Sean noted that South West London mental health budgets are not delegated, however benchmarking will be useful to see if there are any differences. • Harvey Guntrip noted the population health management directed at nuanced delivery services could result in one big risk • Iain Dimond noted his new appointment as SRO for Commissioning Mental Health Complex Care Services Program, he raised the following points: <ol style="list-style-type: none"> 1. The ongoing debate on SLP – the paper states that the SLP has three quarters collaborative provider delivery from specialised commissioning, this is a separate priority which raised the question of what is done best at scale and locally? 2. Whilst Iain did not have a problem with the recommendation, this is a positive test to relationships locally between Oxleas, SEL and the local authority. He also recognised the way the proposals were introduced did not land particularly well and that there is more to be done in the future to repair these relationships. 3. Pathway success – the health only budget now sits in the SLP and building on what Oxleas has done in terms of reduction, Iain has seen the positive outcomes and the benefits from an NHS provider vehicle, to reinvest savings into other programs. 	

	<p>4. In relation to Phase 2, it is health only however it comes from an integrated budget. Iain will make the Programme Board aware of the challenge from the ICB. There is a need to be creative with money and to have less restrictive options to help people deliver value for money and good quality care.</p> <ul style="list-style-type: none"> • Dr Parson thanked Iain for his comments and wished him well in his new role, noting the importance of partnership working. • Cllr Colin Smith found the paper very interesting and was impressed that all bodies work together constructively, even when there are differences. This shows the strength of the partnerships to work around issues to achieve success in serving the population of Bromley. Cllr Smith thanked Iain for all his support. • Dr Parson noted the board's approval of the proposal and thanked everyone for their input into the discussions which was very helpful. 	
12.3	The Committee APPROVED the proposal of Commissioning Mental Health Complex Care Services.	
13.	Primary Care Group Report	
13.1	<p>Harvey Guntrip reported to the committee, it was an interesting meeting and one of the outcomes is to review quality and secondary alerts in the Performance, Quality and Safeguarding Group, which is more relevant to this area, to reduce some of the workload from the primary care team.</p> <p>There were no questions or comments from members.</p>	
13.2	The Committee NOTED the Primary Care Group update.	
14.	Contracts and Procurement Group Report	
14.1	<p>Sean Rafferty reported to the committee, the All-Age Continuing Care contract is currently on hold pending the SEL ICB restructure. Final details are awaited as to which provider the contract will be awarded to.</p> <p>There were no questions or comments from members.</p>	
14.2	The Committee NOTED the Contracts and Procurement Group Report.	
15.	Performance, Quality and Safeguarding Group Report	
15.1	<p>Harvey Guntrip reported to the Committee, the last meeting in August was cancelled. There is good interface between this group and the primary care group and over the next year it is hoped that this would become more effective.</p> <p>There were no questions or comments from members.</p>	
15.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
16.	Any Other Business	
16.1	There was no further business raised.	
17.	Appendix 1: Glossary of Terms	
17.1	The glossary of terms was noted.	
18.	Date of Next Meeting: Thursday 23 rd November 2023 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
20.	8: <i>Finance Month 8 and 23/24 Budget Setting:</i> Further discussion to take place at One Bromley Executive regarding formatting/presentation of data in future Finance reports for the One Bromley Local Care Partnership Board.	26.01.2023	David Harris/ One Bromley Executive Members	November 2023	Closed	Update 28.9.23 - Mark Cheung updated that this action was discussed in the One Bromley Executive and other meetings beyond this including the Programme Board, where the strategy was signed off. David Harris is pulling together a report including benchmarking to enable the appropriate financials on programmes and specific conditions. Finance action plan and programme spend is covered in the Finance Report for the LCP Board meeting on the 23 rd November 23. Action complete.
21.	2: <i>Declarations of Interest:</i> Font size on the declarations of interest register to be increased to make this easier to view.	28.09.2023	Avril Baterip	November 2023	Closed	Font size of declaration of interest register has been increased for ease of viewing.
22.	5.1: <i>Any Other Business 'Right Care Right Person' model:</i> Further updates to come back to the One Bromley Local Care Partnership Board.	28.09.2023	Iain Dimond	November 2023	Closed	This item is on the agenda for the Local Care Partnership Board meeting on the 23 rd November 2023.
23.	5.2: <i>Any Other Business 'Right Care Right Person' model -</i> Iain to share the RCRP Implementation plan	28.09.2023	Iain Dimond	November 2023	Closed	'Right Care Right Person' Implementation Plan was shared with board members. Action complete.

24.	8.2 – <i>Population Health Management</i> – MC to update Cllr Smith on Bromley's unemployment figures outside of the meeting.	28.09.2023	Mark Cheung	November 2023	Open	
25.	9.2: <i>Finance Month 4 2023/2024 Update</i> - DH to provide a breakdown of savings to see the impact on quality	28.09.2023	David Harris	November 2023	Closed	This action is covered in the Finance Report for the LCP Board meeting on the 23 rd November 23. Action complete.
26.	9.2: <i>Finance Month 4 2023/2024 Update</i> - DH to check cancer drug spend with Karen Hong and update the board.	28.09.2023	David Harris/ Karen Hong	November 2023	Closed	This action is covered in the Finance Report for the LCP Board meeting on the 23 rd November 23. Action complete.
27.	10.1: <i>One Bromley Local Care Partnership Board Terms of Reference</i> – ABA to update section 8.1 of the terms of reference and include the scheme of delegation.	28.09.2023	Avril Baterip	November 2023	Closed	One Bromley Local Care Partnership Board Terms of Reference have been updated and the scheme of delegation has been included and circulated to board members. Action complete.

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Partnership Report	
This paper is for information .		
Executive Summary	The purpose of this report is to provide the Committee with an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative.	
Recommended action for the Committee	The Committee is asked to note the update.	
Potential Conflicts of Interest	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 – November 2023

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1. One Bromley Local Care Partnership Programmes

Management Cost Reduction programme

There is a national requirement for ICBs to reduce running costs by 30% by April 2025 , with a minimum of 20% secured by April 2024. Having engaged with staff and partners over the summer, the ICB has now developed proposed structures that will support the delivery of core requirements and statutory duties. An all staff consultation was launched on 16th October 2023 with a 45 day consultation period. After consultation closes, the ICB will consider all feedback and provide a comprehensive management response and finalise future structures. Human Resources processes will run over the first three months of 2024 to populate the new structures. The scale of the savings target means that the ICB expects to have make some members of staff redundant, but the organisation has sought to maximise the contribution that existing vacancies will make through a recruitment freeze. The ICB continues to engage with staff, and has put in place support for staff during this difficult period.

Immunisations Update

Autumn/Winter Seasonal vaccinations campaign

The Autumn/Winter vaccinations campaign was brought forward to commence on 11th September because of the circulation of the new Covid variant BA 2.86. The campaign started for Care Home and Housebound residents with the remaining eligible cohorts able to book through the national system from Tuesday 19th September.

In line with the national guidance, patients have been offered the opportunity for 'co-administration' where possible, i.e. receiving both the Covid and Flu vaccination at the same visit. Feedback from patients and providers suggests that this has been popular.

Covid Vaccination provision in Bromley includes:

- The One Bromley Health Hub service is now being run by Bromley GP Alliance (BGPA) following a successful model established by KCH last year. The service is located in The Glades Shopping Centre and open Monday-Saturday from 08:30-20:00
- Primary Care/PCN led vaccination sites, operating from Oaks Park Medical Centre in Penge, London Lane Clinic in North Bromley and Chelsfield Surgery in Orpington.
- A number of Bromley Community Pharmacies are offering both Covid and Flu vaccinations, increasing from eight to 20 pharmacies for this year's campaign.
- Bromley Healthcare (BHC) is delivering housebound Covid and Flu vaccinations on behalf of a number of GP practices. BGPA is supporting BHC with Covid vaccine stock and each practice is providing the flu vaccine required for their registered patients. As of October 26th, BHC have completed almost 60% of the housebound cohort.
- The Bromleag Care Practice is providing Covid and Flu vaccinations to Care Home residents across the borough and completed the majority ahead of the 22nd October deadline. The remaining homes will be scheduled at an appropriate time following their Covid outbreaks. This campaign also saw adult care homes for people with learning disabilities and people with mental health needs being offered onsite vaccinations for the first time. These were delivered by their registered GP practices and supported by BGPA where additional capacity was required.
- Outreach events - Pop-up clinics are being held at Orpington Health & Wellbeing Centre and Riverside School to ensure provision for people less able to travel to main sites. Additional events are planned at Mottingham and Marjorie McClure school.

The Bromley programme is commencing a deep dive analysis by ethnicity (mapped to postcodes) with a view to determining what more targeted activity is required. There is also work underway with LD leads to promote increased vaccination for the LD and SMI cohorts. Videos will be used to promote both Flu and Covid vaccinations in pregnancy as the uptake is lower for this cohort too.

The One Bromley Vaccinations Taskforce has recommenced for this campaign. Partners meet weekly to discuss operational matters, review demand, activity and flag any aspects requiring additional support.

Uptake as at Sunday 15th October

Cohort	Covid	Flu
Over 75s	51.7%	54.41%
70-74 (Covid)/ 64-74 (Flu)	45.2%	48.43%
Housebound	24.5%	26.25%
Care Homes	51.4%	30.86%

Source: EMIS

Winter Update

Although increased pressure was being felt across the system throughout the summer, the official winter planning was mobilised at the beginning of October. To launch the winter offer Directory of Services were shared through local professional networks on what services are available to support local residents throughout winter. A GP Academic half day was delivered to over 200 local GPs including teaching on managing seasonal illnesses and information on key services to support residents who become unwell. Target communications was also sent out on managing winter ailments and choosing the right services to specific groups including a leaflet for parents and carers via Bromley schools and patient groups with long term chronic conditions who are at increased risk throughout winter.

Winter investment to increase the number of GP appointments has started well with over 500 additional appointments delivered in the last 2 weeks of October. Additional provision to ensure timely hospital discharge is also keeping up with demand. Specific work with care homes is also being delivered to ensure we are doing all we can to prevent the need for care home residents to be conveyed to hospital unnecessarily and receive their treatment in their place of residence.

Planning for the Christmas and new year period has now begun. We will continue to closely monitor activity, outbreaks and pressure to ensure we are doing all we can to support residents and professionals working in the Bromley system throughout the toughest months of the year.

Diabetes Outcomes Scheme

NHS England funding has been made available to ICSs to recover diabetes care and outcome to pre-pandemic levels. The funding must support outcome improvements in the recovery of 8 Care Processes and 3 Treatment Targets for people with type 2 diabetes. The NHSE funding will span 2.5 financial years, starting in November 2022. It will end in March 2025. The Challenge – in 2023/24, return each PCN to pre-pandemic (2019/20) achievement levels of the diabetes 8 care processes. Also reduce variation between practices within a PCN to less than 20%. In 2024/25, stretch targets of 8 care processes achievement and achievement of the 3 treatment targets. This challenge is being with a PHM approach.

The One Bromley team have commissioned the Health Innovation Network, to support this programme over the 2.5 years of the project in 5 phases:

- Phase 1 (2022/23) - Where are we now? Practice self-assessment questionnaire to Identify 'Practice Diabetes Improvement Champion'.

- Phase 2 – (2023/24) Workshop 1 Introduction and taking stock. What do we already know? Identify challenges and opportunities. Establish PCN Diabetes Working Group (DWG).
- Phase 3 - (2023/24) Workshop 2 Action planning. Identify priorities, generate ideas and timelines. Neighbourhood collaboration.
- Phase 4 - (2023/24) Action plan development Monthly DWG meetings. Action planning. Develop and refine action plan as a PCN and neighbourhood collaboration.
- Phase 5 - (2024/25) Ongoing PCN DWG meetings. DWG undertakes improvement cycles to deliver action plan. Potential for further support into the 2nd year of targets.

Although the diabetes primary focus is to address the measurements listed below, there are also several other important outcomes for the scheme including improving diabetes prevention, promoting PCN collaboration and laying the foundation for further Long Term Conditions initiatives.

2. Princess Royal University Hospital and South Sites

Reducing high waiting lists and particularly patients with long waits for surgery and other planned interventions, remains a key priority for the Trust. Between 4 October and 2 November, referrals to our 18-week pathways, for the Trust as a whole, have increased by 1,904. Despite this pressure, the PRUH has zero patients waiting over 104 weeks. However, we have 14 patients waiting over 78 weeks; across a mix of surgical specialties. All these patients, except one, have a date booked for their surgery or outpatient clinic.

The doctors' and radiographer strikes that occurred at the beginning of October resulted in further elective capacity loss in addition to the marginal reductions over the initial implementation period of the Trust's new electronic patient record (EPR) system. This planned reduction phase, now over, supported staff in adapting to new clinical and operational ways of working.

On 5 October, the new system Epic went live across Guy's and St. Thomas' Trust, King's College Trust and Synnovis (the joint pathology partnership venture). This represents a massive accomplishment following years of planning. It is the largest single EPR go-live in the UK and the supplier's largest single go-live globally. Epic now provides one single EPR system for over 42,000 staff across multiple hospital and community sites across GSTT and KCH.

With staff across all KCH hospitals and locations working from one integrated patient record, patient information follows them, meaning more seamless care and less delay. Information is also securely shared via the London Care Record, thereby informing clinical decision-making, reducing duplication and improving safety. Patients too can now more easily access their own health information through the MyChart app, and as of 1 November, 104,951 patients have signed up (up from 77,000 on 18 October).

As with any large-scale change of this nature, we have experienced some teething problems (for example regarding system access, connectivity and navigation) and unexpected impacts during its immediate implementation (for example in publishing pathology test results ahead of final clinical review). Also, the Trust temporarily disabled its text message appointment

reminders for patients. This service has now been resumed and patients should now receive their usual appointment reminders.

Patient safety remained paramount throughout and through the hard work of many staff, the Trust is pleased to report a successful and safe go-live. The Trust continues to train and share knowledge with staff to help increase their confidence and resolve a number of ongoing issues regarding:

- booking and scheduling;
- reporting activity; and
- community access.

As a further part of the project, the Trust has established transition arrangements to maintain safety and resolve local issues, reporting through to the Trust Board.

Emergency care continued throughout our Epic implementation and remains challenging. During October, 6,172 patients attended, up 3.2% from the same period last year. Our emergency access performance fell to 59.07% for October, from 64.55% in September. Epic reported that our 12-hour Decision-To-Admit breaches during October is 568, the highest monthly number since April this year. Whilst we feel that the department was extremely busy, an exercise is underway to verify that this increase is not an Epic-related reporting issue. September experienced a breach total of 294.

Pressures continue elsewhere. October was the second month this year where we did not meet the national threshold for diagnostic compliance, achieving a validated position of 3.50% (against the 1% threshold). Breaches increased to 201, mostly in CT radiology.

The site continues to undergo a period of major capital upgrades and developments. For example, a new NICU environment is on track for completion at the end of Q4, Radiology is commissioning their second MRI scanner following delivery in the last weekend of October (the existing one will be replaced in 2024), the new mortuary facility is due for handover in January 2024 and its new substation (also supplying power for EV charging in the new carpark) will be connected during Q3.

Work reported previously to create provision for 16 new beds and expanded HDU provision remains on track for completion by 23 December 2023. This invaluable capacity is one of our winter measures and supports our elective care commitments. It will also allow us to resume our ward refresh programme during 2024, upgrading to more dementia friendly environments. Whilst internal patient flow within the hospital has improved, we remain fragile in the face of the likely demand and capacity challenges winter will bring.

In other developments, I am pleased to report that the Trust has adopted a new reinforcing positive behaviours policy and with its introduction provided more opportunity for staff training. Our commitment to reducing violence and aggression towards staff is resolute and this policy is an important measure towards protecting our staff and helping teams to deal with these unfortunate instances.

In building more extensive and strategic relationships, I also plan to establish a routine leadership team meeting with colleagues from Bromley Healthcare and Primary Care. Whilst I

can report many excellent working relationships on a day-to-day basis, I believe there is further merit from both organisations working more closely together.

3. Bromley Council Adult Social Care

As with the rest of the system we have continued to experience significant pressure with demand. This is showing both in the number of referrals to be dealt with and with the cost of care being provided post assessment. Performance in hospital discharge has continued to be good with discharges being delivered in a timely way, but this is showing as a significant pressure in the adult social care budgets. An action plan is in place to rectify this and to reduce the financial impact in order that performance can continue at this level.

Our initial work with the Social Care Institute for Excellence has reported, with an action plan in development to use the learning to enhance our use of digital options for those for whom this is possible. This work will seek to provide a more timely response to those funding their own care, enabling self-assessment of both need and finances and helping those in the early part of their care journey to explore more options.

For those eligible for council funded care, we are seeking to make the process more transparent and timely. There are a number of opportunities to apply for government money to continue this journey which we are seeking to bid for to continue this work.

Work continues with the Consortium to improve the delivery of the Community Equipment service following the retendering of this service.

4. St Christopher's Hospice

St Christopher's new Strategy was launched in Q1 of this financial year. The teams are continuing their hard work to deliver on the elements of the strategy which, for the Care Directorate focusses on reducing inequalities. Our vision remains consistent with previous years as 'a world in which all dying people and those close to them have access to care and support when and wherever they need it'. We have agreed five aims to help us achieve success in three years' time.

Five aims:

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

Success will look like:

- Competent resilient and compassionate workforce
- Strong leadership that dreams big and beyond boundaries and holds risk together
- Personalised care and support that focuses on what matters most to the person

- Partnerships where the values are maximized to improve PEO LC
- An integrated community motivated to give time money and skills
- Listening to others seeing things differently and courageous to speak out.

Care Directorate Developments in Q2 2023-2024

- **Aspiring Nurse Consultant Programme:** This exciting programme continues with the participating staff developing as a result. Their learning is being put into practice across the organisation. The Care Director has presented to a National Consultant Nurse Forum on the 6-month evaluation of the programme and received very positive feedback. There are in excess of 25 interested individuals nationally who would like to join the next cohort. This programme is due to commence in April 2024.
- **Complexity:** we often report that the clinical complexity of the people under our care is increasing. We have seen a significant increase in the number of people we are caring for with significant mental health needs. I am sad to report that we have supported two individuals who have died by suicide while under our care and a third who attempted to end his life. We are getting increasingly concerned about the support and advice from local mental health services which is often poor or completely lacking. As a result, we have asked Oxleas Foundation Trust to report and conduct a serious incident review into one of these deaths. We are actively participating in their investigation. In addition, the Medical Lead and Care Director have a meeting booked with the Director of Nursing and Medical Director of Oxleas to express concerns and work towards developing services and support provision to people receiving palliative and end of life care.
- **Mortality Meetings:** these have been embedded within Q2 whereby the multi-disciplinary team come together to reflect and learn about the end to end care provision for people we care for. This meeting is a great example of the complexity of cases cared for and the significant intervention provided across the Care Directorate.
- **Care for people living with a Learning Disability (LD):** This quarter has been busy. The Learning Disability Nurse and advocate has developed an easy read letter to be sent to people with a learning disability to aid communication and understanding. She has, in addition finalised an easy read 'Welcome to St Christopher's Booklet for those living with LD. This was co-produced, as she met with the Lambeth assembly group (adults with a learning disability) to get feedback on the books. As part of the St Christopher's Strategy the Care Directorate has a KPI for Learning Disability Multi-Disciplinary meetings across our five Boroughs. These have been set up within Bromley and Croydon. Across the other Boroughs we have agreed to set up a focused meeting with shared clients for Lewisham, Lambeth and Southwark rather than attending their MDM as this is a better use of time. We are continuing to deliver ECHO's to the LD and MH homes as well as delivering Associate Clinical Nurse Specialist teaching session on learning disabilities.
- **All Parliamentary Project Group contribution (APPG):** The organisation contributed to the APPG on the future funding of Hospices in Q2.

- Homelessness project:** The Bromley Homelessness Project commenced on 1st April 2023 and initial funding was for a 1-year pilot. The aim was to build on, and expand the work previously carried out in the Croydon Homeless Project 2019-2020. The two boroughs have very different populations, with very varied demographics, so we wished to know if the learning from one borough could be applied to the other, or whether a completely different strategy would be required. The goal was to develop, pilot and roll out a sustainable model for embedding multidisciplinary, person centred care and support for sick homeless people. The aim was for palliative care specialists to deliver training and support for hostel and outreach staff and community palliative care teams, with a focus on supporting residents with advanced or deteriorating health by integrating multidisciplinary working into routine practice. The hope is for this to be developed in a way that can be sustained, and embedded, into the normal practice of the hospice / palliative care community. The Bromley Community Palliative Care Team identified 2 members of staff to become the 'Homelessness Champions' for their service who would take on the work for this project; 1 clinical nurse specialist & 1 social worker. Leadership, further involvement and support is provided by a senior social worker, a nurse consultant & a medical consultant on an as needed basis. It was anticipated that they would need to commit to an initial day for a workshop, followed by a minimum of 2 half days per month, or 1 whole day, on a regular basis (incorporated into their job plan). Each hostel or day centre will identify two members of staff to be the main link workers (palliative care champions).
- Bromley Hospital at Home Service (Virtual Ward):** The project is going well and improving patient outcomes however, as to be expected, there have been some initial teething problems in cross organisational working that are currently being smoothed out.
- Redesigning a patient focussed pathway from referral to first contact with the community team:** On reviewing the total patient pathway through the organisation, it has become apparent that there are areas of practice where streamlining assessments may benefit patient care and also free up time across the services. To this end the Care Director, the Medical Lead and Nurse Consultants for the Single Point of Contact (SPoC) Team are reviewing processes in SPoC with a view to changing how referrals are managed and also to introduce an Urgent Response Team. A number of complaints have focussed on the organisation not responding in a timely way to referrals and it is anticipated that the changes will improve our responsiveness.

Recruitment

- To support the Bromley Hospital at Home service (Virtual ward) we have recruited a nurse clinician to join the Nurse Consultant, Palliative Care Doctor and a Clinical Paramedic Specialist to develop and deliver the joint project across St Christopher's, Bromley Healthcare and the Bromley GP Alliance.
- In September we were excited to welcome Dr Ulka Karandikar to St Christopher's as a Locum Consultant doctor. Ulka has settled in well and has taken responsibility for the medical support to both the patients registered with Lewisham Community Team and the patients on Rugby Ward

- At the beginning of October, we also welcomed three new Registrars to the organisation who, through their yearlong placement with us, will be mentored and supervised while developing their Specialist Palliative Care skills.
- While welcoming our second chaplain to St Christopher's in September (whose licensing was conducted by the Bishop of Southwark in the Pilgrim Room), we have amalgamated our Psychological and Spiritual care offer to enable one referral into the service from teams. This means that the referral will be triaged and passed to the most appropriate professional within the team. This should streamline our offer significantly and ensure people are getting the correct support by the most appropriate person.
- At the time of writing the Royal College of Physicians has approved the vacant Consultant Doctor Job Description and Kite marked it ready for advertising. It is anticipated that interviews will be conducted in the second week of December 2023.

Service Activity Data Q2

- In summary, this draft data set appears to imply that we have seen less people in Quarter 2(Q2) who have been under our care for a shorter period of time and that we have seen them more often and they are dying quicker.
- In Q2 2023 there are increasing numbers of gaps in data recording cancer vs a non-cancer diagnosis. Despite this, non-cancer diagnoses as a percentage of the caseload has increased from 44% to 48% when compared to last year.
- This quarter has seen a 19% decrease in the number of accepted referrals to St Christopher's however there has been a 30% increase in numbers of appointments completed. The Out of Hours service offer has also been busier with a rise of 31% of contacts
- 37% of all patients registered and seen are registered within the Borough of Bromley (similar to last year)
- Recognising that the total number of accepted referrals in this Quarter are reduced there is a decrease from 261 not accepted referrals last year to 185 Q2 this year
- The In-Patient Unit (IPU) has been extremely busy this quarter. There has been a 17% increase in referrals to the IPU when compared to Q2 last year. Bed occupancy this quarter has been at 87% the highest in the last 5 years with 234 more bed days being provided when compared to last year. There has been a 24% increase in deaths on the unit. Length of stay (mean) has dropped by 1 day from this time last year and the median Length of Stay increasing by a day on last quarter.

Community Action

In this quarter we saw less activity, partly because we are representing summer months in which our delivery changes significantly. We spend more time in community settings and offer

less scheduled activity in CARE. We also had lower numbers of carer and bereavement referrals this quarter. Again, this may be seasonally affected, as our numbers appear to rise over winter months.

- Number of conversations with patients/carers/public: 510
- Total sessions held: 234
- Total delivery hours: 384
- Total attendees: 1972
- New attendees: 164
- Total volunteer hours: 1892
- Total matches made: 39

Community Support Hub

The Community Support Hub is delivered by Community Action in order to innovatively and informally support people with their experiences of death dying and loss. It combines three major support initiatives offering 1-1 support with peer groups focused on helping people cope with and learn about specific experiences.

These continue to progress well, particularly our Bereavement Buddies initiative. However, internal referrals remain low, and comms strategy work has not progressed to specific offers which we are hoping will support the development of growth and further visibility.

Support initiatives - 1-1 support

Community Action continues to work with volunteers to provide support to people in the community, patients and carers through Compassionate Neighbours, Bereavement Buddies and Coach4Care. These initiatives are 'matching projects', in which a volunteer is trained to provide 1-1 support called a 'match' for an ongoing period of time. These projects offer support to carers associated with St Christopher's, recently bereaved people and people who are living with a life limiting condition and socially isolated. The total number of current matches sustained across these projects this quarter are 156. Matches created in this quarter between people are 39 in total for Coach4Care (Carer Champions and Carer Coaches), Compassionate Neighbours and Bereavement Buddies.

Peer Groups and Community Support Groups

Total attendees 406

The peer groups and activity groups we provide offer informal and facilitated opportunities for people to reflect on their experiences of being unwell or facing the end of life, loss and bereavement and being a carer. We also started a new dementia group last quarter to trial need however for various reasons attendance was very low and we have ended it this quarter. The very few people who signed up for the offer were happy to attend more general offers.

Community Learning and outreach

In Q2 we paused some of our public-facing learning courses to work with volunteers supporting them on a co-produced review of content and approach. The Summer is usually a slower time for uptake of these courses so a good opportunity to do so. We also ran our Young

Changemakers Leadership Programme which begins with a five-day Summer School. We welcomed 40 young people from seven secondary schools in our catchment area, focusing on reaching students who might not otherwise have access to this type of offer. The summer school was highly evaluated with 9 out of 10 students saying they now understood more about hospice care, the things they had learnt would help them in their future, and that they felt more confident to talk about death, dying and loss. The students worked on projects and many chose to design campaigns about how we can better talk about and explore each other with this area. We also enjoyed the support for the summer school from key clinical teams who met with the students and told them about their roles, and from visits to community organisations.

Exploring and enquiry

In Q2 we have completed nearly 40 interviews as part of a project on understanding viewpoints on Assisted Dying and are piloting a new inequalities research project with PPI work locally.

Bereavement Services

In this quarter, Bereavement Services have begun to focus more intently on the workforce both employed and volunteer that is required to deliver our services in support of grieving individuals whatever their age. Initially we have been examining our workforce data to ensure that it is correct and accurately captured in the budget re-forecasts. In the next quarter we will be reviewing the activities of our workforce in order to feed into the conversations which will begin about our Standard Operating Procedure and associated administrative processes and core documentation. Our overall aim is to ensure that our service users only wait a reasonable amount of time to be assessed and, for those who need it, to begin a counselling intervention.

5. Bromley Healthcare

Annual Diversity and Inclusion Conference

We held our third Diversity and Inclusion conference at the beginning of October, as part of our commitment to fostering a culture of belonging, inclusivity, and understanding at Bromley Healthcare, and to celebrate the beginning of Black History Month.

Guest speakers ran interactive online 'lunch and learn' sessions, and there was an in-person afternoon event, which colleagues and SEL ICS partners were invited to join. Sessions included celebrating disability led by Esi Hardy, racial inclusivity and psychological safety by Nzinga Orgill, autism awareness with the Ambitious about Autism team, and a deep dive into LGBTQ+ identities by Dr Jamie Willo and Metro charity.



Celebrating Black History Month

We have celebrated Black History Month's 'Saluting our Sisters' theme this year by shining a spotlight on some of our exceptional Black and Mixed Heritage female and non-binary colleagues across the organisation. [Click here to find out more.](#)



Developing our Clinical and Quality Strategy

Ali Bokhari, Chief Medical Officer, and Fiona Christie, Chief Nurse, are leading the development of Bromley Healthcare's new Clinical and Quality Strategy, which will define clinical objectives

for the next 3-5 years. All colleagues are invited to participate in shaping this strategy, with key discussions centred around clinical priorities, resource allocation, innovative methods, and strategic implementations. We will also be undertaking community, patients and service user engagement through community engagement events and a survey out to service users.

Freedom to Speak Up Month

Bromley Healthcare has been observing "Freedom to Speak Up" month, with the theme "Breaking Barriers." Bromley Healthcare now has three Freedom to Speak Up Guardians, and 12 Freedom to Speak Up Ambassadors to act as a link for individuals to discuss and raise concerns and signpost to the Guardians when appropriate.

We held a session with the Leadership Team to discuss the importance of speaking out, and developed new posters demonstrating the multiple avenues for our staff to communicate concerns.

We also initiated "Wear Green Wednesday," encouraging staff to wear green to demonstrate their visible support. Looking forward, we are aiming to make "Wear Green Wednesday" a fundraising event, directing fundraising efforts to anti-bullying and violence prevention charities.



Falls Team Research and Engagement

Senior Falls Physiotherapist Laura Dingle and Carole Beare held an Action Falls Event in September as part of the FinCH Implementation research study. This is a joint effort with the University of Nottingham, focusing on enhancing the implementation of the "Guide to Action Care Home" falls prevention program in elder care homes in Bromley.

The event allowed for the discussion of study findings and expressed gratitude to the care homes for their involvement. Additionally, during the National Falls Awareness Week, the Falls team ran two engagement stalls. One was set up at Queen Mary's Hospital in Sidcup, home to

the Foxbury Rehabilitation unit, and the other in collaboration with Kings College Hospital at the Princess Royal University Hospital.



Housebound Flu and COVID-19 Vaccination Campaign

We are working with GPs across Bromley to deliver Housebound Covid and Flu Vaccinations in the borough. At the time of writing, we have administered approximately 1,400 vaccinations, including combinations of Covid and Flu.

Involvement in Bromley SEND Local Offer Market Place

Bromley Healthcare’s Children’s SEND Lead attended the recent Bromley SEND local offer marketplace along with colleagues from the Hollybank respite service and the children’s Bladder and Bowel team, to speak with parents, carers and other partner organisations to share the work within Bromley Healthcare and support the community.

Rebecca Osbourne, Bromley Healthcare’s children’s SEND lead, received the following feedback:

“You’re one of the people I’ve encountered on this journey who I was unreservedly say made me feel truly listened to and made a difference. Thank you so much.”

Rebecca was a finalist for SEND Champion in the Workplace in the Celebrating Bromley SEND Stars Awards.

6. Oxleas NHS Foundation Trust

Recruitment for new Chair of Oxleas begins

Chair Andrew Trotter OBE, QPM will come to the end of his role with Oxleas NHS Foundation Trust in 2024 as he reaches the end of his final term of office. Therefore, recruitment for a new Chair of the organisation has begun.

Andy joined Oxleas in 2015 and has seen the trust grow and develop under his tenure. Andy said: "Oxleas has been hugely successful taking forward the trust strategy over the past few years. It is now time for a new person to lead the organisation as we shape the next phase of the strategy.

"I am immensely proud of Oxleas and all that colleagues working at the trust have achieved. The response to the Covid pandemic was incredible and the organisation has gone from strength to strength putting the needs of patients and their families first.

"There has been a really clear focus on making Oxleas a great place to work. Being named as a Sunday Times Top 10 Best Employer in the country this year was testament to all the hard work that has gone into making this happen.

"I would like to thank the senior team, our Council of Governors and colleagues across Oxleas for all their support. It has been a pleasure to work with such a dedicated, compassionate and friendly group of people. I have also enjoyed working with partners in the south east London system and it has been good to work together to improve the health and wellbeing of local communities."

The recruitment process for a new Chair is underway and the appointment will be made by the trust's Council of Governors in the new year.

Developing our new strategy 2024 - 27

Discussions with patients, families, staff members and partners took place at our annual members' meetings held in October to shape our strategy 2024 - 2027.

Oxleas held three meetings during the day in Bromley, Bexley and Greenwich.

Health Service Journal Awards

The trust has been shortlisted in both the Staff Wellbeing Award and Trust of the Year Award categories in the Health Service Journal Annual Awards. The award winners will be announced on 16 November 2023.

Developments in Child and Adolescent Mental Health Services

We continue to redesign clinical pathways across our service, as well as developing the support offered to children, young people and their families while waiting for assessment or treatment from CAMHS. Work with our partners at Bromley Y to implement an integrated single point of access (iSPA) as the front door through which children, young people and their families access mental health and wellbeing services in Bromley also remains in progress.

We have made positive progress with clinical recruitment within CAMHS in recent months with a reduction in the number of vacancies. We also continue to utilise various training and development schemes to offer additional opportunities to both new and existing staff – this includes preceptorships, apprenticeships and recruit to train initiatives. These roles, combined with other new clinical posts created through 23/24 investment means we are beginning to realise the impact of additional capacity across the service and increase the pace by which we are able to improve waiting times.

Bromley CAMHS Waiting Times

The waiting time for initial assessment by Bromley CAMHS continues to reduce with only a small number of waits longer than 52 weeks, we are forecasting that these will all have been addressed by end of December 2023. Focus now moves to the April 2024 target which is that no child or young person will wait longer than 44 weeks for initial assessment – we are currently on track to achieve this.

Oxleas are publishing average assessment waiting times for Bromley CAMHS on our website: Oxleas NHS Foundation Trust - Bromley CAMHS. In October 2023, our average waiting times per care pathway were:

- Adolescent: 3 weeks
- Generic: 27 weeks
- Looked After and Adopted Children: 27 weeks
- Neurodevelopmental and Learning Disability: 40 weeks

Adult Mental Health Services

Community Mental Health

On 2 October Oxleas perinatal service launched a new project, 'Blue Minds' in partnership with the Metropolitan Police, the first of its kind in the UK. A peer support network was set up due to limited support and understanding in the police force of the challenges new mothers face and now five police officers who have a special interest/lived experience of perinatal mental health problems are able to directly refer members of the police force (working and living in the Bromley, Bexley and Greenwich area) struggling with perinatal mental health problems directly to Oxleas services rather than signposting them through usual routes. The five officers have received training on mental ill-health symptoms, triggers, red flags and the referral process from Oxleas perinatal consultant and clinical lead and team manager. This is a great example of how peer support and collaboration between organisations can really make a difference.

One in five women and one in 10 men experience perinatal mental health problems in the UK, and it is the leading cause of death for women in the first year post-birth, so Jennifer said the peer support group “was absolutely needed”.

An extract from the launch:

Blue Minds will be able to refer women directly to Oxleas NHS rather than having to signpost them through the usual route of the GP, which can cause delays to them accessing the service.

Oxleas NHS will then provide specialist assessment, treatment, support and advice to ensure officers stay as well as possible through the perinatal period.

Sgt Jennifer Sharpling found that there wasn't enough support and understanding from the force when she was a new mother. Jennifer said: "Blue Minds came about because of my own experiences and my desperate desire for no one in policing to ever feel as isolated as I did while going through it.

"I have been blessed to work with my team – DI Emma Featherstone, PS Sarah Naughton, DC Kate Collins and PC Stacey Hussey – who have their own personal experiences of navigating their way through motherhood and the challenges that can bring, along with suffering from perinatal mental health conditions. They are incredible women, who work off a desire to help those suffering in the workplace and support this work on top of demanding work roles as police officers and family commitments.

"The NHS and policing are so intertwined that it makes sense for us to join together where we can. This pilot is a dream come true and both sides are very excited about working together and then extending this Met-wide and, if successful, nationally."

Other perinatal mental health peer support networks are now being set up in forces nationwide, from Kent to Northumbria, Jennifer said. She said: "We have a chat group where we regularly come together to share our experiences and our ideas – it is really collaborative and warm working together as a team."

Jennifer and her team have received training on mental ill-health symptoms, triggers, red flags and the referral process from Oxleas perinatal consultant and clinical lead Dr Sushma Sundaresh, and team manager Leanne Kalemaj.

Dr Sundaresh said: "I am excited to be involved and piloting this novel project with the Met Police. The aim is to increase awareness of perinatal mental illness; for women and families to get the right help at the right time; and ensure the care is accessible to those who need it. Blue Minds have an amazing team and the power of peer support is inspiring for professionals and services."

Right Care Right Person

An update on this will be brought under a separate item.

7. Bromley Third Sector Enterprise (BTSE)

BTSE (Bromley Well) Partnership Report

This is the second year for the Bromley Well service under the 2012-27 PSIS contract commissioned by London Borough of Bromley (LBB) and SEL ICS. The Bromley Well Service has continued to deliver high quality and consistent services.

Cost of Living Issues

Cost of Living continues to be a significant concern across all services - notably for those with disabilities, as well as a further increase in demand for foodbank vouchers and advice on

housing and particularly energy bills for both the Bromley Well SPA and Information and Advice (I&A) services.

This has significantly increased the number of SPA and I&A queries on cost of living, added pressure to Forms Completion Service and impacted on all services. We have fully revised our cost of living guide <https://www.bromleywell.org.uk/our-services/cost-of-living/>

Citizens Advice Bromley have been awarded grant funding to employ an energy advice worker to which they will refer Bromley Well energy cases as appropriate, adding value and capacity to then service. Age UK Bromley and Greenwich are also funding a Cost of Living support post. Both have seen significant demand.

We are progressing on a SPA presence at the new Health hub in The Glades, funded by One Bromley, to provide further accessible outreach to local residents. Significant work in recent months has moved this closer to being realised but the moving forward of Vaccinations means the Hub will prioritise these services until later in the year.

For the second year running we will be hosting our interactive Warm Centres Map which will be published on our website later this month.

Service Delivery

Our annual Impact Report for 2022-23 has been published.

<https://www.bromleywell.org.uk/news/btse-presents-impact-report-fo/>

This demonstrates significant impact on the lives of Bromley Residents from the almost 12000 residents helped, 2000 elderly and frail residents helped, 1000 carers receiving support, 900 handy person referrals and over £3 million in benefits claimed and grants obtained - putting money into the pockets of vulnerable, elderly and disabled Bromley residents at a time of the worst cost of living crisis in over 50 years.

Bromley Well SPA responded to 1679 calls and 2,664 emails this quarter. SPA feedback shows 100% clients were provided with the support/information they needed and 100% said they would recommend us.

ILAG recorded financial outcomes of £1,115,670 this quarter against £615,269 last quarter. Benefits, debt, employment and particularly housing were the largest categories of advice. This means that total client income generated this quarter has put over £1.5 m into the pockets of vulnerable, elderly and disabled Bromley residents at a time of the worst cost of living crisis in over 50 years.

Our Hospital Aftercare Services continue to have high demand. We supported 778 clients from July- September. The newly configured sitting service supported 45 unique clients this quarter, many several times, with very positive feedback.

Learning Disability and Physical Disability (PD) have seen high volumes of housing difficulties and cost of living enquiries. PD seeing more complex cases and significant issues relating to Blue Badge applications.

Bromley Well volunteers delivered a total of 10,764 hours of support this quarter.

Carers

One Bromley Executive has agreed to support an all-age Carers Charter, which BTSE is leading with consultation in progress. The draft Carers Charter was scheduled to go to the One Bromley Executive on 9 November, with recommendations on how all partners could meet their commitments. The charter focusses on four key areas: Identification, Information, Support, and Voice.

Communications- Raising Awareness and Campaigns

The new online referral form for partner organisations has proved to be successful with professional referrals and simplified admin and data collection. The Bromley Well Website has been refreshed to make it easier to navigate, particularly on mobile phones, and to make direct referrals to the service. The online referral button is prominent on the homepage and we have seen increased self-referrals. This has helped manage SPA demand, reducing pressure on phone and email service.

We are running Bromley Well Self-Care Week from 13-18 November. A wide range of activities delivered by a range of partners is taking place across the borough. For full details, visit our website:

<https://www.bromleywell.org.uk/events/item/50364667>

We will also be running a campaign for Carers Rights day on 23 November.

We were also pleased to work with LBB colleagues on providing referrals to the Household Support Fund. This has generated well over £100,000 in grants for Bromley Well clients.

8. Primary Care Networks (PCN)

Leading improvements to the Primary Care Secondary Care interface

Bromley PCNs continue to lead engagement with secondary care partners to improve the interface between GP practices and local secondary care Trusts. Work is underway to structure a Bromley Primary Care and Secondary Care interface committee that will take joint responsibility for designing a set of principles for closer collaboration and monitoring agreed actions against local interface issues. Key priorities are to build better relationships, reduce operational stresses and unnecessary burdens in the exchange of work between these partners, and, importantly, improve patient experience and care.

Moving to Modern General Practice

As part of the requirements within the NHSE Delivery of Recovering Access to Primary Care remit, PCNs are working closely with their member practices to look at moving away from the traditional practice model towards Modern General Practice which aims to better meet patients' needs and make best use of primary care services and the multi-professional team. It broadly implements three components:

1. Better digital telephony

A total of 18 Bromley practices have installed cloud based telephony, a further 6 are expected to transition from analogue systems in the next few months, with the remaining practices to follow in due course.

2. Simpler online requests

Practices are working to increase capacity and improve patient experience by removing the 8am rush on the telephone and providing a fast response to patients by introducing more online consultations.

3. Faster navigation, assessment and response

By using high quality digital tools together with a triage team, Modern General Practice uses the principles of using digital systems to clinically prioritise appointments, utilise clinical and personalised care Additional Roles Reimbursement Scheme (ARRS) staff as well as GPs, and navigate patients directly to the right point of care. Following national Modern General Practice guidelines, the triage model is already successfully embedded in some practices, and some PCNs are trialling new automated digital triage systems to rapidly deal with patient queries which are processed by a team of clinicians into Routine, Urgent and Self-Care, with same day, response.

Updated ARRS workforce plans for 2023/4

PCNs have finalised and submitted ARRS workforce plans which if successfully recruited will utilise all available funding with a total of over 200 ARRS whole time equivalent staff across Bromley by the end of March 2024, representing a significant increase of 85% since March 2023. One Bromley Partners will be working collaboratively to help successfully incorporate and retain the expanding workforce by developing a robust staff development framework to help embed, train and supervise the ARRS staff.

BPCNs ARRS Planned Workforce 31st March 2024	
	Planned March 2024 (WTE)
Clinical Pharmacists (incl Advanced)	47.30
Care Co-ordinators	27.26
GP Assistants	20.94
Pharmacy Technicians	17.77
First Contact Physiotherapists (incl Advanced)	14.02
Social Prescribing Link Workers	11.72
Mental Health Practitioners (Bands 6, 7 & 8)	11.50

Advanced Practitioner Clinical Practitioner Nurses	8.50
Paramedic	7.81
Digital and Transformation Lead	7.60
Physician Associates	6.64
Podiatrists	5.60
Dietician	5.30
Trainee Nursing Associates	3.00
Nursing Associates	3.00
Health and Wellbeing Coaches	2.42
Total	200.38

Remote Monitoring with BP at Home

Following a successful pilot at Bromley Connect PCN, the Remote Monitoring with BP at Home project has been rolled out to all Bromley PCNs, utilising ARRS roles such as pharmacists and with an emphasis on sustainability and developing a new approach to remotely managing patients with long term conditions. Outcomes of the pilot included better patient self-management of their long term condition at home and a reduction in the number of GP and nurse appointments needed, allowing GPs to focus on the more clinically vulnerable. Phase 2 of the project will focus on embedding the remote monitoring approach, developing a data reporting system, optimising the use of digital platforms and looking at other long term conditions that can be managed remotely.

PCNs Workshop

An event was recently held for Bromley PCNs to work through how primary care will continue to develop at scale within the vision set out by the Fuller Stocktake Report and in line with the One Bromley 5 year strategy and priorities. As PCNs continue to trial and develop their neighbourhood healthcare hubs, the Workshop provided an opportunity for PCNs to learn from each other and discuss how projects can spread and scale. For example, a successful blood pressure remote monitoring service recently piloted at Bromley Connect PCN has now been rolled out across all Bromley PCNs.

PCNs Academic Half Day

Individual PCNs are taking the opportunity of an Academic Half Day for PCNs to organise an afternoon to bring PCN staff together with a focus on relationship-building, engagement and staff wellbeing.

PCNs Newsletter

The Bromley PCNs Newsletter continues to be circulated on a quarterly basis to all Bromley practices, showcasing successful PCN services and ARRS roles, with a focus on highlighting how collaboration at scale is working to the benefit of practices and patients.

9. Bromley Public Health

Contract Award – Community Substance Misuse Service

CGL (Change Grow Live) has been awarded the contract to continue to provide Bromley's Community Substance Misuse Service. The new contract will commence 1st April 2024 for five years with an option to extend for up to a further three years. CGL is the incumbent provider of the service that has historically been referred to as 'Bromley Drug and Alcohol Service' and the Young People's service is known as 'Bromley Changes'.

The Community Substance Misuse Service delivers treatment service for young people and adults. It includes prevention, identification and engagement and the full range of treatment, both therapeutic and medical interventions plus aftercare to improve outcomes for service users. There will be an interface with the Criminal Justice System and strong links with key stakeholders.

The young people's element of the service will have a focus on treatment, prevention and early intervention as well as work with schools and support for children in substance using families.

The service manages the Pharmacy Needle Exchange Service and the Supervised Consumption of people receiving Opioid Medication Assisted Treatment.

CGL will continue to work in Partnership with Public Health to deliver the 10-year drug strategy 'From Harm to Hope' (2021). The Government has committed to transforming the drug and alcohol treatment and recovery landscape and Bromley is pro-active in tackling the issue at a local level with an approach that is underpinned by an evidence base, a comprehensive knowledge of local need and strong collaboration across the local system. To this end, Bromley has established a Combatting Drugs and Alcohol Partnership (CDAP), led by Dr Nada Lemic, to oversee local implementation of the strategy.

In-reach and co-location arrangements will be expanded to include Probation, schools and PCNs (Primary Care Networks) across the borough.

Mobilisation of the new contract has commenced, and a launch will take place closer to the new contract start date, 1 April 2024.

Further information will be available through the Local Authority and CGL websites: bromley.gov.uk/substance-misuse/drug-alcohol-services and changeGrowLive.org/bromley-drug-alcohol-service

Anyone in Bromley who is looking to change their relationship with alcohol or drugs can get help from CGL. Phone: 020 8313 9673 or Email: referrals.bromley@cgl.org.uk

Know Your Numbers! Week 2023 – Bromley’s Blood Pressure Awareness Campaign 2023

The **Know Your Numbers - Blood Pressure Awareness Campaign** is an annual event organised by Blood Pressure UK, this year was from 4-10 September 2023 with the Theme: Make the time, Ease Your Pressure. Blood pressure can often go undetected and cause major health problems such as stroke and heart attack. One Bromley Partners were keen to support this campaign to support the detection and management of people with high blood pressure.

We have promoted the Know Your Numbers (KYN) campaign for several years with the expansion and inclusion of partners each year to broaden the reach. This year’s event was coordinated as a One Bromley collaborative project, with LBB Public Health team leading. We were joined by colleagues from Bromley Well and Bromley Placed Based ICS, along with other partners included Mytime Active, GP Practices in Bromley, and with guidance from Clinical Effectiveness South East London (CESEL) GPs.

We delivered blood pressure and manual pulse rate and rhythm checks across 19 locations in Bromley. These included Global House where staff had their blood pressures checked, Orpington and Penge High Streets, Bromley Market, six Children and Family Centres, the five Mytime Active Leisure Centres, Orpington Wellbeing Café, Homeless Health hub, Pineapple Club and the Living Well Food Bank. Our locations were strategic to include areas of high deprivation in the Borough.

Key Summary:

- 748 blood pressure checks were done this year which is significantly more than our last year’s 506 checks.
- Though more women than men participated in the campaign, blood pressure readings were found to be higher in male attendees (23%) compared to the female attendees (16%). We were however encouraged by the number of men who participated as they are recorded to be least likely to participate in health screening.
- The campaign was successful in attracting people from ethnic minority backgrounds, this is important as they are recorded to have higher rates of hypertension. 42% of attendees from ethnic minority backgrounds had higher blood pressure readings compared with 17% of white attendees.
- Majority of the high blood pressure readings were in the older age bands however high readings were found in young adults who were unaware. This finding has hopefully reduced these people's risk of adverse health outcomes because of high blood pressure.
- People found to have high blood pressure, irregular pulse or other medical concerns, were referred for follow up, according to an agreed decision-making pathway developed and agreed with GPs from the Clinical Effectiveness Team (CESEL).

The collaboration with partner organisations was instrumental in the success of this year’s campaign. Appreciation is extended to everyone who contributed to making KYN 2023 a success. For further information please email Public Health Bromley: publichealth.team@bromley.gov.uk

10. Bromley GP Alliance (BGPA)

Autumn/Winter COVID & Flu Vaccination Programme

BGPA is providing the Autumn/Winter COVID and flu vaccinations at our new vaccination site at the “One Bromley Health Hub” at the Glades in Bromley as well as Orpington Health & Wellbeing centre and is supporting Bromley Healthcare with housebound vaccinations.

Both sites accept walk-in patients as well as those who have pre-booked using the National Booking System (NBS).

- Total COVID & Flu vaccinations given to date at One Bromley Health Hub (as at 30.10.23) is 12,184
- Total COVID & Flu vaccinations including housebound, care homes and BGPA's vaccination sites is 13,187

Winter Illness Hubs

BGPA is providing Winter Illness Hubs across Bromley 7 days a week to support practices during the winter months. The hubs are based at the following sites and aim to offer 80 additional face to face GP appointments each day.

- Beckenham Clinic
- Crown Medical Centre
- Poverest Medical Centre
- Links Medical Centre / The Chislehurst Medical Practice

Appointment times are weekdays from 4pm-8pm and weekends from 1pm-5pm. The service will operate every day (excluding Christmas Day) from Monday 16th October until Sunday 18th February. Additional appointments will be available during the Christmas period from 18th December to 7th January.

Community Headache Service

BGPA is delighted to appoint a new GP with an extended role in headaches who joins the Community Headache Service. This increases our pool of doctors to 4 working across the service. This increases capacity into services with weekly clinics at both BGPA sites, Beckenham Clinic and Orpington Health and Wellbeing Centre. The addition of extra clinics in Beckenham will have a positive impact on the wait times for this service.

Community Phlebotomy Service

BGPA's Community Phlebotomy Service continues to operate a high quality service to our community across 12 sites in Bromley.

Utilisation: **98%** - September

BGPA continues to publicise online booking by using regular social media messaging to encourage patients to use this method where possible and avoid entering into phone queues and to book their appointment online instead. Currently, 60% of patients book online.

Patient feedback remains positive, with a **97%** satisfaction rate between August and September from our Friends and Family results.

The Indexor transport system is being trialled by BGPA and King's Pathology as a way to reduce plastic usage within the healthcare setting. Indexor has provided the opportunity to implement a plastic bag free containment transport system. The Indexor system also enables us to maintain the quality of the sample taken in the community at source throughout its journey to the laboratory, by recording temperature, transport time frames and any excessive G force vibration. The system also enables time sensitive priority samples to be identified on receipt in the laboratory to aid timely processing of samples.

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Bromley Homeless Healthcare Clinics	
This paper is for information .		
Executive Summary	<p>A presentation from Sarah Jackson, Nurse Practitioner at Bromley GP Alliance on the Bromley Homeless Healthcare Clinics.</p> <p>Homeless people have some of the poorest health outcomes in the country. Whilst Bromley has lower numbers of homeless than many other London boroughs, figures show an increase of over 60% over the last year.</p> <p>The presentation explains how Bromley partners are working together to improve the health and wellbeing of the homeless and address the health inequalities and barriers they face in accessing health services.</p> <p>The Bromley Homeless Healthcare Clinics, funded by One Bromley, provide care for the homeless and rough sleeping population in Bromley. They started as a winter healthcare clinic initiative by Bromley GP Alliance and are now provided all year round. The clinics offer a range of treatments to help manage common health issues.</p>	
Recommended action for the Committee	To note the presentation and ask any questions	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	
	Equality impact	<p>Homeless people have some of the poorest health outcomes in the country. This group face health inequalities and have high and complex needs.</p> <p>Bromley local authority led needs assessment identified the most vulnerable and the gaps in the care they need. Outcomes are informing the One Bromley Homeless Population Programme which aims to improve the health and wellbeing of the homeless and address the health inequalities and barriers they face in accessing health services.</p>

		Collaborative working by all Bromley partners to meet the needs of this group. Includes the One Bromley funding of homeless healthcare clinics all year round.
	Financial impact	Homeless healthcare clinics funded through One Bromley inequalities funding.
Wider support for this proposal	Public Engagement	Feedback from those using the service is used for ongoing service improvement.
	Other Committee Discussion/Internal Engagement	One Bromley Health Inequalities Workstream
Author:	Sarah Jackson, Nurse Practitioner	
Clinical lead:	Dr Hasib Ur-Rub	
Executive sponsor:	Dr Hasib Ur-Rub	

Bromley Homeless Healthcare Clinics

Sarah Jackson, Nurse Practitioner

Bromley GP Alliance, in partnership with Bromley Homeless

One Bromley Local Care Partnership Board

23 November 2023

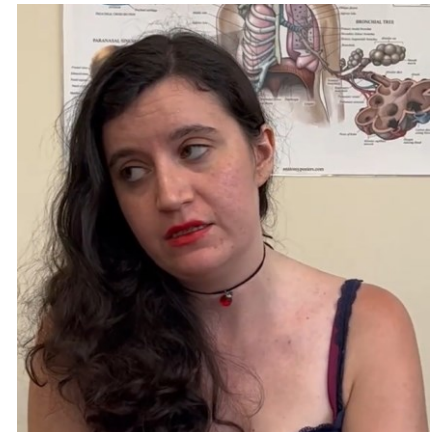
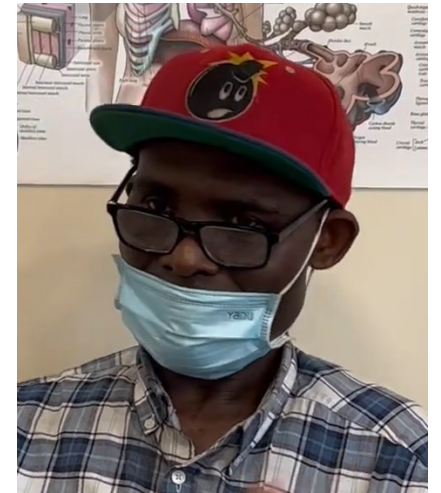
Challenges

- Homeless people have some of the poorest health outcomes in the country.
- Whilst Bromley has lower numbers of homeless than many other London boroughs, there has been an increase of 60% over the last year*.
- This group face health inequalities and have high and complex needs.
- Bromley local authority led needs assessment identified the most vulnerable and the gaps in the care they need.
- Outcomes informing the One Bromley Homeless Population Programme which aims to improve the health and wellbeing of the homeless and address the health inequalities and barriers they face in accessing health services.
- Collaborative working by all Bromley partners to meet the needs of this group. Includes the One Bromley funding of homeless healthcare clinics all year round.

* Data from Bromley Homeless Charities

A partnership approach to reducing health inequalities in the homeless population

- The homeless healthcare clinics provide care for the homeless and rough sleeping population in Bromley.
- Started as a winter healthcare clinic initiative by Bromley GP Alliance. Now provided all year round through One Bromley funding.
- Working with the Bromley Homeless Shelter and the London Borough of Bromley's Homeless Project.
- Range of treatments offered to help manage common health issues.



What is on offer?



Information we collect

- How referrals come in
- Numbers attending - their age and gender
- Outcomes
- Signposted to other services
- Prescriptions issued
- GP registration
- Lifestyle – ie alcohol consumption and smoking
- Accommodation status
- Vaccinations given
- Feedback on the service

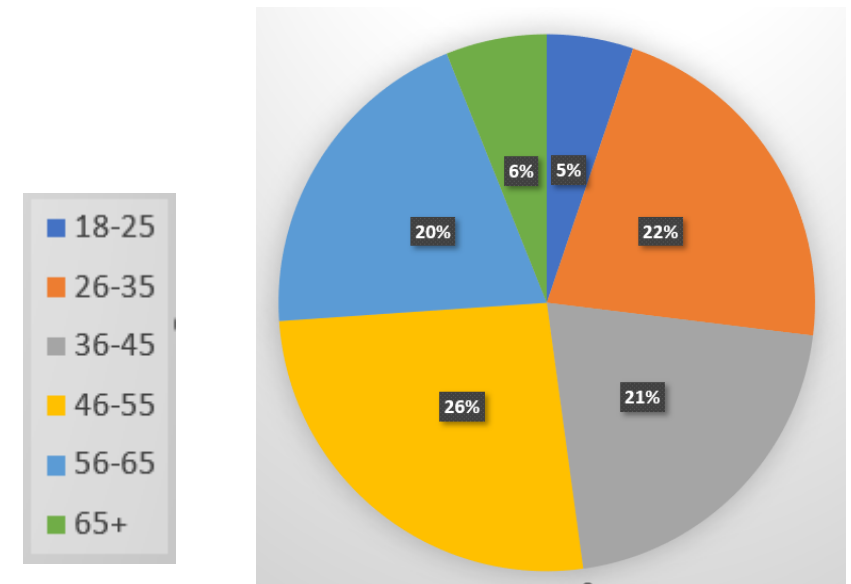


Numbers

In the five months up to September 2023:

- 59 clients helped.
- 32% are female, 68% are men.
- 197 appointments – lasting at least 30 minutes each.
- 26 clients registered with a GP at 13 different practices.
- 68 prescriptions

- Ages vary



Case study 'B'

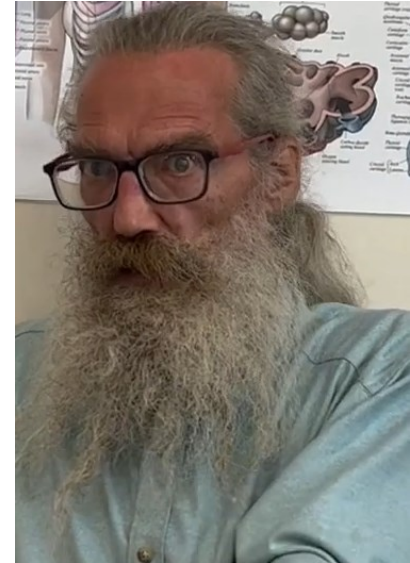
- B was known to the charity and had previously declined help
- He is 65 years old and has been living in a cricket club changing room for 10 years.
- Came in with a persistent cough and was diagnosed with a chest infection.
- A review of his notes indicated cardiology treatment which had not been followed up. Took time to explain how rough sleeping would not help his condition.
- GP appointment booked to review health and look at heart medication.
- Sent a message to the hospital to ask for an urgent appointment.
- Client now housed and on benefits. He is on the correct medication for his heart.
- If he has health concerns, he comes to see us at the charity now or asks for our help.

Case study 'GK'

- GK was sofa surfing and came to the charity for help.
- He was seen by the team to help register with a GP and discuss his anxiety and low mood.
- He was very anxious and tearful.
- Found to have multiple health issues including a sternal lump, heartburn hiatus hernia, testicular lump, oozing wound, fatigue, pain, anxiety, and depression.
- Same-day blood tests were done.
- He was registered with a GP.
- Scans were requested and he was referred to hospital services.
- A follow-up GP appointment was made.
- Once he found housing, we referred him to the integrated care network team to look holistically at his needs to help him remain safely where he was living.
- Support his advisors to help his application for personal independence payment.
- GK still attends the service. He is much happier and is attending all his many hospital appointments.

Next steps

- Broaden the data being collected.
- Build more pathways between services and this client group
- Undertake health audits including:
 - whether women who attend have had a smear
 - prescribing
 - who is referring to the service
 - who the service is referring to and how long it takes for initial contact with clients.



One Bromley Local Care Partnership Board

DATE: 23 November 2023

<p>Title</p>	<p>Bromley Neighbourhoods and Primary Care Networks Working Showcase</p>
<p>This paper is for information and discussion</p>	
<p>Executive Summary</p>	<p>In Bromley, we believe health and care is unsustainable in its current form; we can only improve health and care outcomes, reduce health inequalities and demand by changing our focus to help us better connect people, priorities and places.</p> <p>Our 5 year strategy therefore prioritised neighbourhood development, as recommended in the Fuller Report, and representing a further expansion of our multi-disciplinary working across One Bromley organisations.</p> <p>Integrated neighbourhood teams, on geographic footprints across the borough, offer us the opportunity to reduce duplication between our own services, better facilitate residents when their care and support requires input from multiple organisations and ultimately drive efficiency.</p> <p>Evidence from around the world also points to more connected neighbourhood populations being more resilient, having better health and life outcomes and greater independence. We therefore plan that our emerging integrated health and care neighbourhood teams are well aligned with, coach and support the local population they serve and are a part of.</p> <p>Enc. 6a: Provides a high level summary around our aspirations of neighbourhood based care and its role in our 5 year strategy. The ambitions set out are to connect people, priorities and neighbourhoods to deliver improvements to preventative and personalised care, deliver care close to home and improve access to urgent care, with an emphasis on continuity of care for those who need it.</p> <p>Enc 6b: Provides an overview of how and why Bromley Primary Care Networks are taking a neighbourhood approach to tackling health inequalities, showcasing two examples of successful projects. These represent great work in themselves and services from which integrated neighbourhood teams can be further built.</p>
<p>Recommended action for the Committee</p>	<p>To provide your feedback and continued direction to the development of neighbourhood working in Bromley, particularly thinking about interaction with local communities.</p>

Potential Conflicts of Interest	n/a	
Impacts of this proposal	Key risks & mitigations	<p>Risk: There is a risk that expansion of prevention and community based care is insufficient to dampen acute demand in the short term, leading to financial pressures.</p> <p>Mitigation: This will be monitored at ICS level and locally, which a key aspect of the plans is to move acute care into the community where clinical expertise can have greater impact in many chronic specialties.</p> <p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise business as usual avenues where possible to facilitate delivery. Operating plan includes a mix of business as usual and change initiatives. Change initiatives monitored in year through One Bromley Executive for decision making on continued delivery or plan amendment.</p>
	Equality impact	Reducing health inequalities is threaded through the plans, with particular focus on health inequalities through neighbourhood working and anticipatory care.
	Financial impact	Individual plans are costed and generally delivered through specific identified funding. A broader financial view, in line with the medium term financial plan, may be required as the work expands.
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> Public engagement in Bromley across the preceding two – three years has been taken into account in the drafting of the One Bromley Strategy. A public engagement event took place in Bromley 22 May 2023 – focussing on sharing the plans and discussing how best to work with local communities in achieving our ambitions.

		<ul style="list-style-type: none"> • SEL colleagues arranged two SEL-wide online events to promote the SEL JFP.
	Other Committee Discussion/ Internal Engagement	<p>5 Year Strategy Discussed and Developed at:</p> <ul style="list-style-type: none"> • 2022-23 King's Fund Workshops with One Bromley Executive • 05/07/22 Local Care Partnership Board • 25/07/22 and 06/10/22 One Bromley Executive • 28/02/23 One Bromley Executive strategy workshop • 23/03/23 One Bromley CPAG • 18/04/23 One Bromley LCP Seminar Session • 11/05/23 Bromley Primary Care Group • 11/05/2023 One Bromley Executive • 16/05/2023 Bromley Local Care Partnership Board • 30/06/2023 Bromley Health and Wellbeing Board • 26/10/2023 One Bromley Executive
Author:	Dr Claire Riley, Orpington PCN Clinical Director Elliott Ward, Resilience Programmes Lead, One Bromley	
Clinical lead:	Dr Andrew Parson, GP Clinical Lead - Bromley, South East London Integrated Care Board	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead, South East London Integrated Care Board	

Neighbourhood working in Bromley

30 November 2023

Our 5 year strategy

1 Improve population physical and mental 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

Priority Programmes

1) Evidence driven prevention and population health

2) Neighbourhood teams on geographic footprints

3) Implement care closer to home programmes

4) Primary care sustainability

5) Integrated urgent care

We see neighbourhood working through two lenses

1. Development of multi-disciplinary, multi-agency working around a geographical location
2. Working with, and further empowering, communities to shape services, develop and become more resilient

We have a history of delivery on the first and ambition around the second. Through this we expect, from the health and care perspective, teams to increasingly coalesce around geographies to take leading roles in changing population outcomes in:

Prevention

**Proactive Long
Term Condition
Management**

Same day care

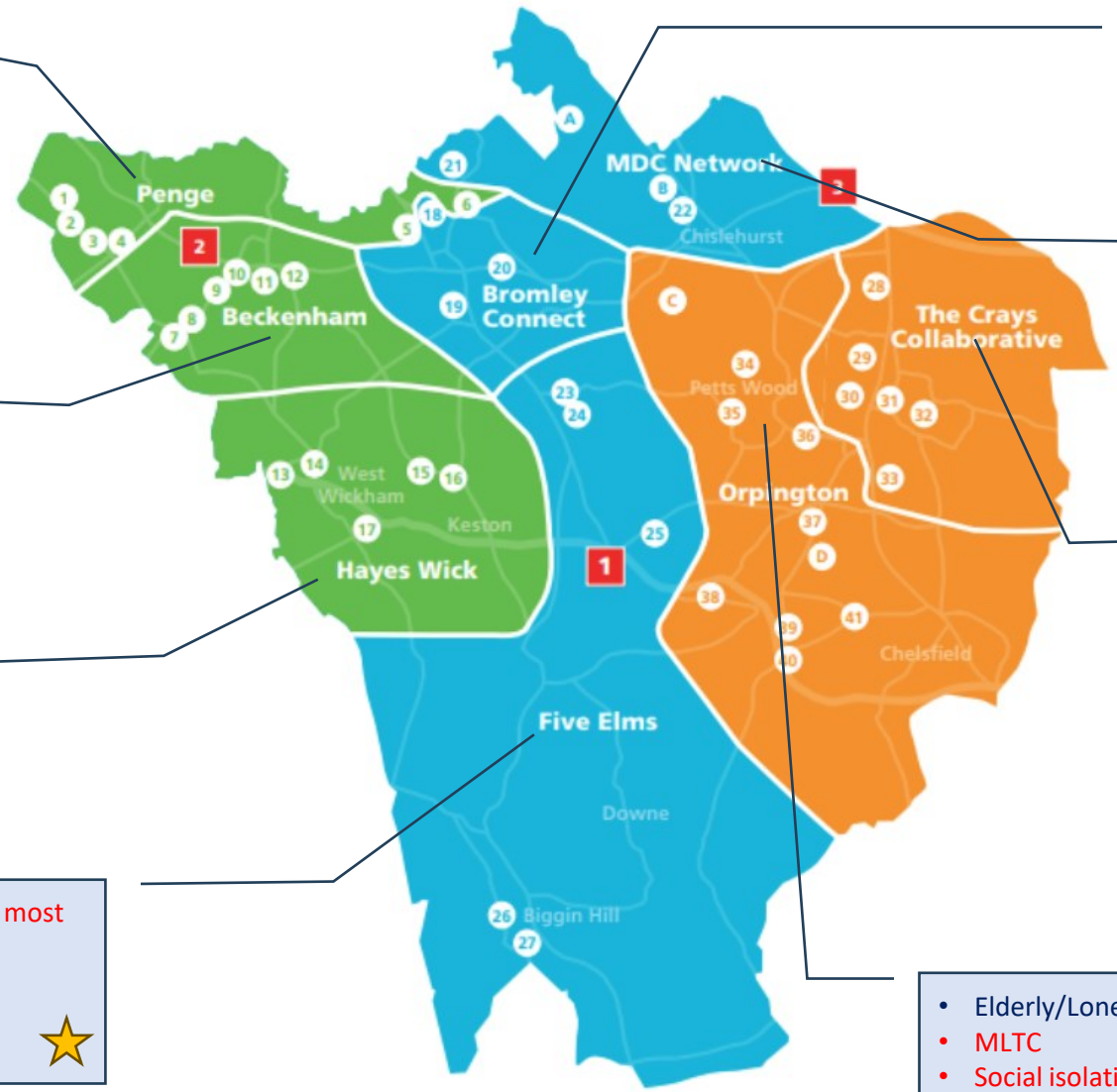
Demographic and health variation

- **High deprivation** ★
- Younger population
- Higher unemployment and more overcrowding in housing
- **Ethnic minorities ++**
- **LD+**
- **High risk of developing Ca/CVD** related to ethnicity / deprivation / RF

- Lower deprivation BUT
- 1x GP practice **higher deprivation** – above average unemployment, social housing
- **High SMI and Depression**
- **High rate ED admission / attendance**

- 1x GP practice has **high refugee population** ★
- **High LTC and Depression**

- **2x GP practices have 10-15% living in most deprived quintile in England** ★
- **>65 years and >75 years ++**
- **High prevalence (M)LTC, Dementia, Depression**



- Low-moderate deprivation
- Ethnic minority ++
- High Eastern European population

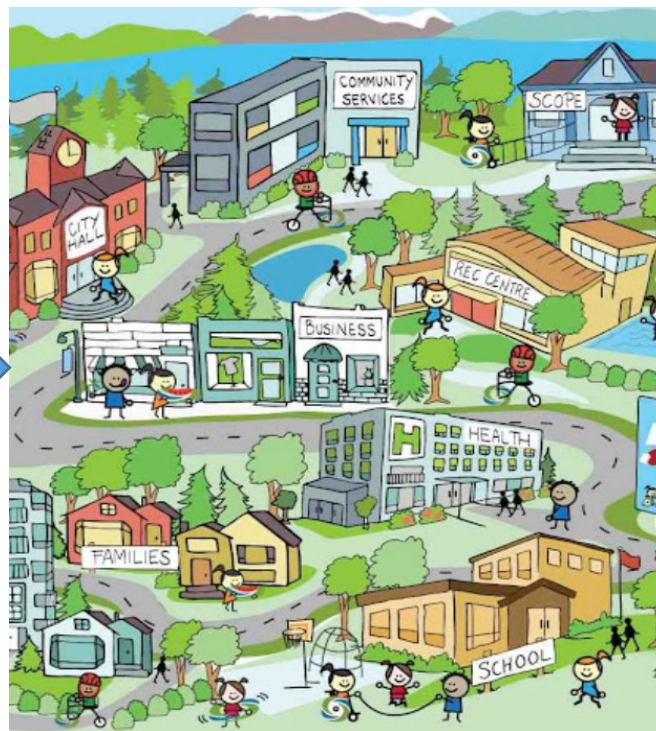
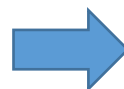
- **High deprivation** ★
- Lower levels of educational attainment, higher levels of social housing, higher unemployment
- SMI/Depression
- Low screening and immunisation
- Younger

- **High deprivation** ★
- **Higher unemployment, lower levels of educational attainment** ★
- **1/3 patients in post deprived quintile in England** ★
- **Travelling community** – low engagement
- “Health rating bad / very bad” ++
- LTC/SMI/Depression ++
- Low screening + immunisation
- High RF e.g. smoking, obesity
- High ED attendance/admission

- Elderly/Lone pensioner/carers ++
- **MLTC**
- **Social isolation**

Developing neighbourhood working

Use neighbourhood development as a way of 'connecting' people, priorities and places to better enable community ownership and joined up public services



Support people (staff, volunteers, patients, residents) to work together to solve problems for themselves

Shift our (One Bromley Executive) role from 'director' to 'connector' (facilitator and coach)

Connect and better balance top-down (directive, what we think we ought to be doing) and bottom-up (learning by doing) prioritisation and decision-making

This mirrors the approach being used in Greenwich

Current neighbourhood projects

- These projects operate at either PCN level or multi-PCN level
- Recently through organic development mainly around health inequalities – see cafés and hubs focussed on local needs: over 65s, young mums, mental health

Prevention	Proactive Long Term Condition Management	Same day care
<p>Integrated well-being service: proactive identification and interventions with over-65s in Core20PLUS5. Orpington and Crays</p>	<p>Bromley Children’s Integrated Partnership. Beckenham and Crays, to expand to all PCNs by April 2024</p>	<p>Primary Care Networks with ARRS roles developing primary care offer on PCN footprints</p>
<p>Young Mums Hub to improve health outcomes and offer advice. MDC</p>	<p>Pharmacy Hub focussed on DMARs for rheumatology patients – Five Elms</p>	<p>Extended GP access weekend and evenings on PCN footprints</p>
<p>Beckenham Wellbeing Café – over 65s health checks and service talks</p>	<p>Renal-cardiometabolic multi-morbidity approach for CKD patients with diabetes and/or CVD, screening / community optimisation / case management with consultant. MDC & Penge</p>	<p>Winter illness hubs – 4 across Bromley spanning whole population and each covering multiple PCNs</p>
<p>Orpington Wellbeing Café – over 65s health checks and service talks</p>	<p>Integrated diabetes service providing holistic model of care to improve outcomes. Penge</p>	<p>Same day community discharge from hospital – increasingly linking with community locality teams</p>
<p>Five Elms Wellbeing Café – over 65s health checks and service talks, exercise sessions</p>	<p>Integrated Care Network – Proactive Care for people with long term conditions / at risk of hospital admission. 3 Networks cover Bromley.</p>	<p>Virtual wards at Place level with ambitions to localise with integrated neighbourhood teams</p>
	<p>Increasing co-working between on geographic footprints for end of life care patients. Linked at GP practice and other operational levels via Gold Standard Framework</p>	

Key considerations in our work

- Understanding population needs of the population neighbourhoods – on some measures different population needs between north and south of borough. How do we meet these?
 - Different structures
 - Flex how we deliver services from existing structures
- Understanding degree of existing neighbourhood networks
 - Integrated Neighbourhood Teams as a part of Bromley's neighbourhoods
 - Working with existing connections and strengthening ties: supporting resilient communities
- Understand MDTs where economies of scale permit
 - Core Integrated Neighbourhood Team MDT
 - Supporting functions on multi PCN footprints – ICN footprints, Place
- Building on great existing work
 - Health inequalities funding being used in many PCNs – helping MDT working
 - Communities of health professionals and of residents as driving forces



Fuller Pilot Development

Bromley Primary Care Networks taking a neighbourhood approach to tackle health inequalities

Bromley PCNs' approach to neighbourhood working

Delivering joint services that make sense geographically

Addressing specific healthcare needs across multiple PCNs

Bringing services closer to the home of patients

Connecting and sharing learning across PCNs

Maximising shared workforce and resources

Case Study 1: Orpington PCN and Crays PCN Frailty Hub in partnership with Bromley Healthcare



Dr Claire Riley, Clinical Director, Orpington PCN

Before officially working as a neighbourhood team with Bromley Healthcare and Crays PCN, Orpington PCN had started a collaborative approach to open the Wellbeing Café.

How did it come about?

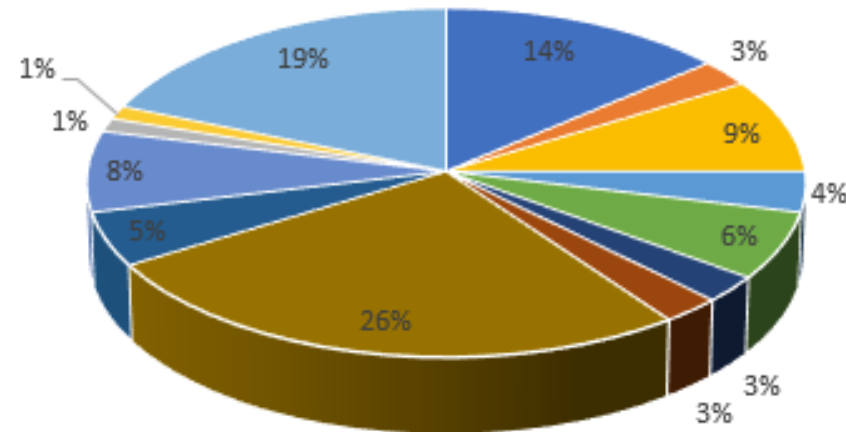
Initiated in July 2022 by Orpington PCN, supported by Bromley Healthcare based on a review of local people who hadn't contacted their GPs in over 2 years.



Café Attendance Data

From 3rd August 2023

- Collecting data every session on attendance and onward referrals as well as activity from the café
- Using a Snomed code to keep an EMIS register of attendees
- The patients attending were noted to be not only from Orpington PCN practices but other PCNs too



- Ballater
- Bank
- Broomwood
- Chelsfield
- Derry Downs
- Family
- Gilmans
- GSGreen
- Highlands
- Knoll/OHW
- Poverest
- St Mary Cray
- Summercroft
- The Crescent
- Tudor Way
- Whitehouse
- Other Practices/unknown

What we've learnt

- Social element with over 75 attendees at each cafe
- It has become a happy, comfortable, safe space to engage with healthcare professionals
- Sessions are based on feedback and requests
 - Talk Together Bromley
 - fit-to-move sessions,
 - mindfulness,
 - art classes
- Social prescribers attend and this helps residents understand their role
- Digital inclusion support will be next with training for residents on how to use NHS digital tools such as eConsult
- Guidance and signposting is also given to residents by care co-ordinators as to how to access healthcare, ie the role of the ARRS staff

“I came to the OWC and they were doing a talk on blood pressure which come with a chance to have ours taken. I am so happy I had my blood pressure taken. My blood pressure was really high and it was decided to see my GP. I am now on medication which I am still trialling but I am hoping it will help improve my tiredness and ultimately my blood pressure. I am so grateful for the OWC for identifying this for me. It truly is a great space and initiative”
Pearl



Case study 1: Orpington PCN and Crays PCN Frailty Hub

What is it?

Orpington PCN is working with Bromley Healthcare and Crays PCN to design a new service to improve anticipatory care for people aged 65+ and reduce health inequalities within the local population.



Who is it for?

Local people in Orpington and Crays PCNs aged 65+ with complex needs and long-term health conditions, including those from marginalized, seldom-heard and underserved communities.



How we are developing the service?

- Understand local needs and what matters to communities of interest
- Tackle potential complexities that certain communities may face
- Aid inclusivity by allowing service design leads to hear the voices and perspectives of those who may traditionally be excluded



Case study 1: Orpington PCN and Crays PCN Frailty Hub

Who is the service for and how will it reduce population health inequality?

The focus for this service will be patients aged >65 with rising frailty, multi-morbidity and other inequalities.
Case Management approach care

All over 65s in the Orpington/Crays population will be invited to the Hub to access support with:

- Undiagnosed or poorly controlled long-term conditions with a particular focus on hypertension and COPD
- Mental Wellbeing Issues
- Keeping warm, reducing isolation and tackling social issues, including the cost of living issues facing our population

There will be targeted invitations (via care coordinator outreach) for:

- Health Checks – SMI and Learning Disability
- Core20PLUS5 cohort and investigate how differently we could provide service

What can local people influence in co design?

What's in scope

- How people get access to professionals such as nurses and care coordinators
- Patient need – wellbeing, checks and screening
- Patient experience – identifying gaps in skills and upskilling our workforce

What could change as a result of this?

- Care Co-Ordinator performing blood pressure and pulse checks which used to need nursing staff.
- Training of residents in the use of eConsults and also knowledge of services to which residents can self-refer.
- Long term health condition checks.
- Learning disability health checks
- Timing of clinics
- Locations – ease of access

Case study 1: Orpington PCN and Crays PCN Frailty Hub

Recruitment – Resources to put co-design into action

Recruitment Update:

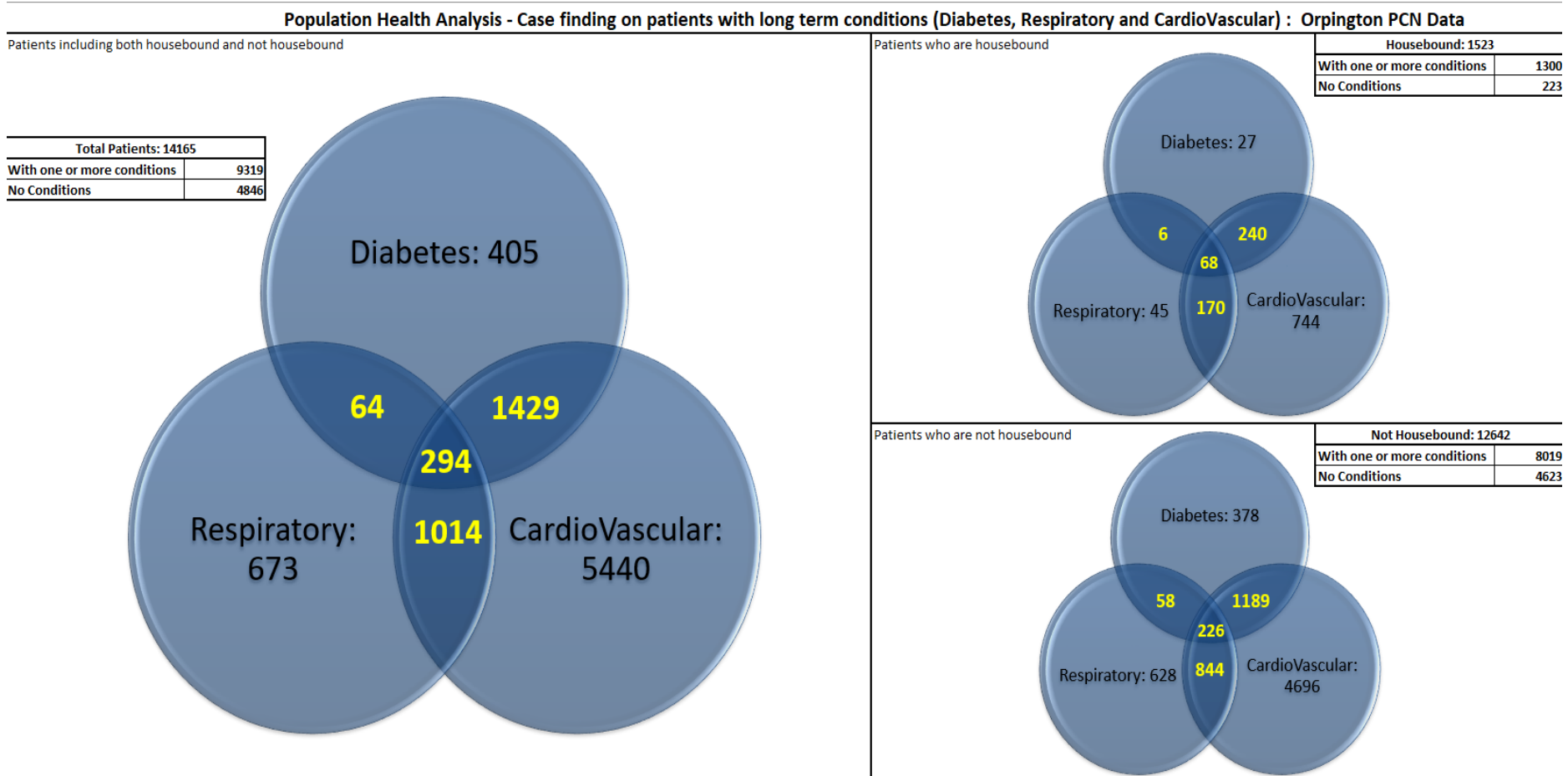
- Band 7 Clinical lead appointed and clinics have been set up
- Band 3 HCA appointed and started housebound visits based on our proactive case finding.
- A Nursing Associate has been recruited, planning induction now

Challenges:

- No model joint contract
- Line management
- Record keeping
- Estates survey

Case study 1: Orpington PCN and Crays PCN Frailty Hub

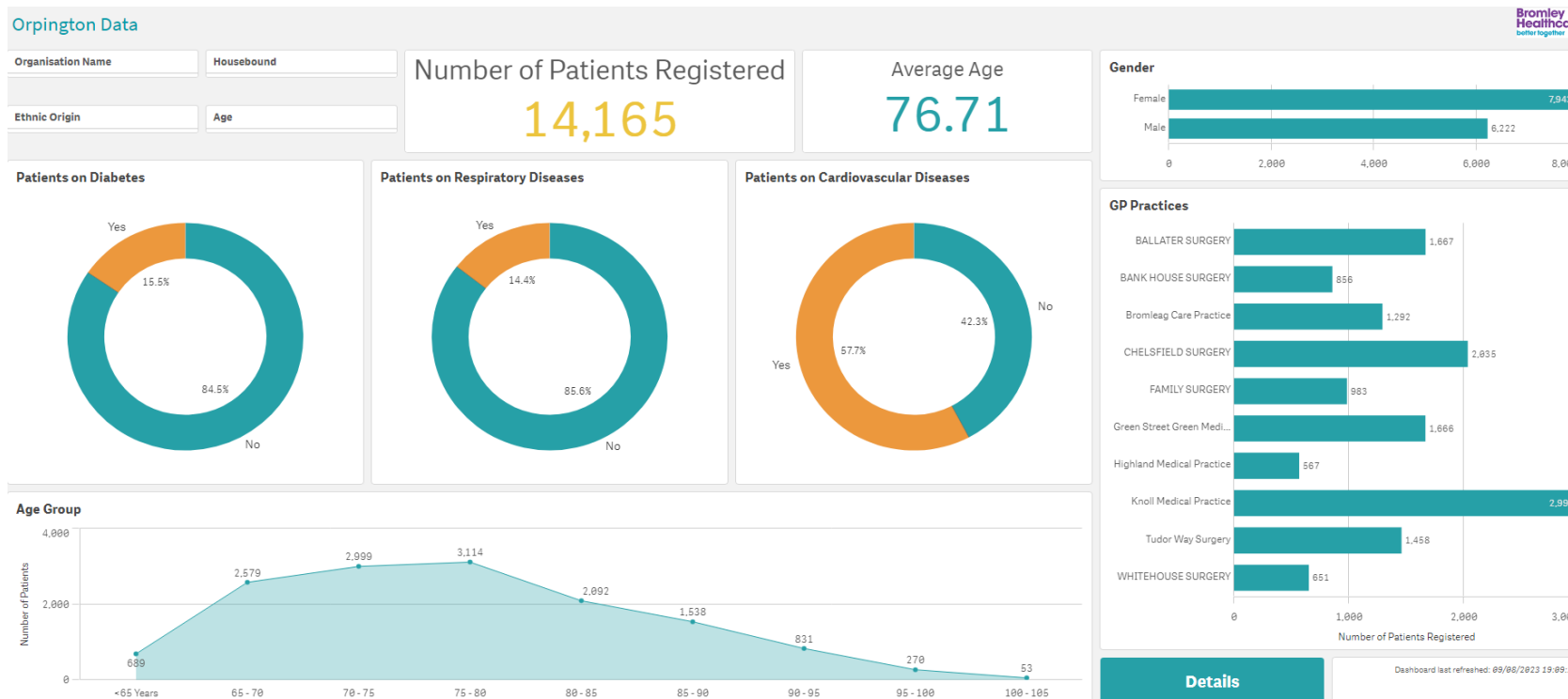
Fuller Pilot Data – Starting to proactively case find LTC patients



Case study 1: Orpington PCN and Crays PCN Frailty Hub

Fuller Pilot Data – Dashboard

The Business Intelligence Team was able to show this data in an interactive dashboard.



Next Steps

Opened a clinic and began appointments in October 2023

Develop proactive case finding and a dashboard to show pilot outcomes

Complete co-design with the Band 7 clinical lead involvement

Upskill ARRS staff

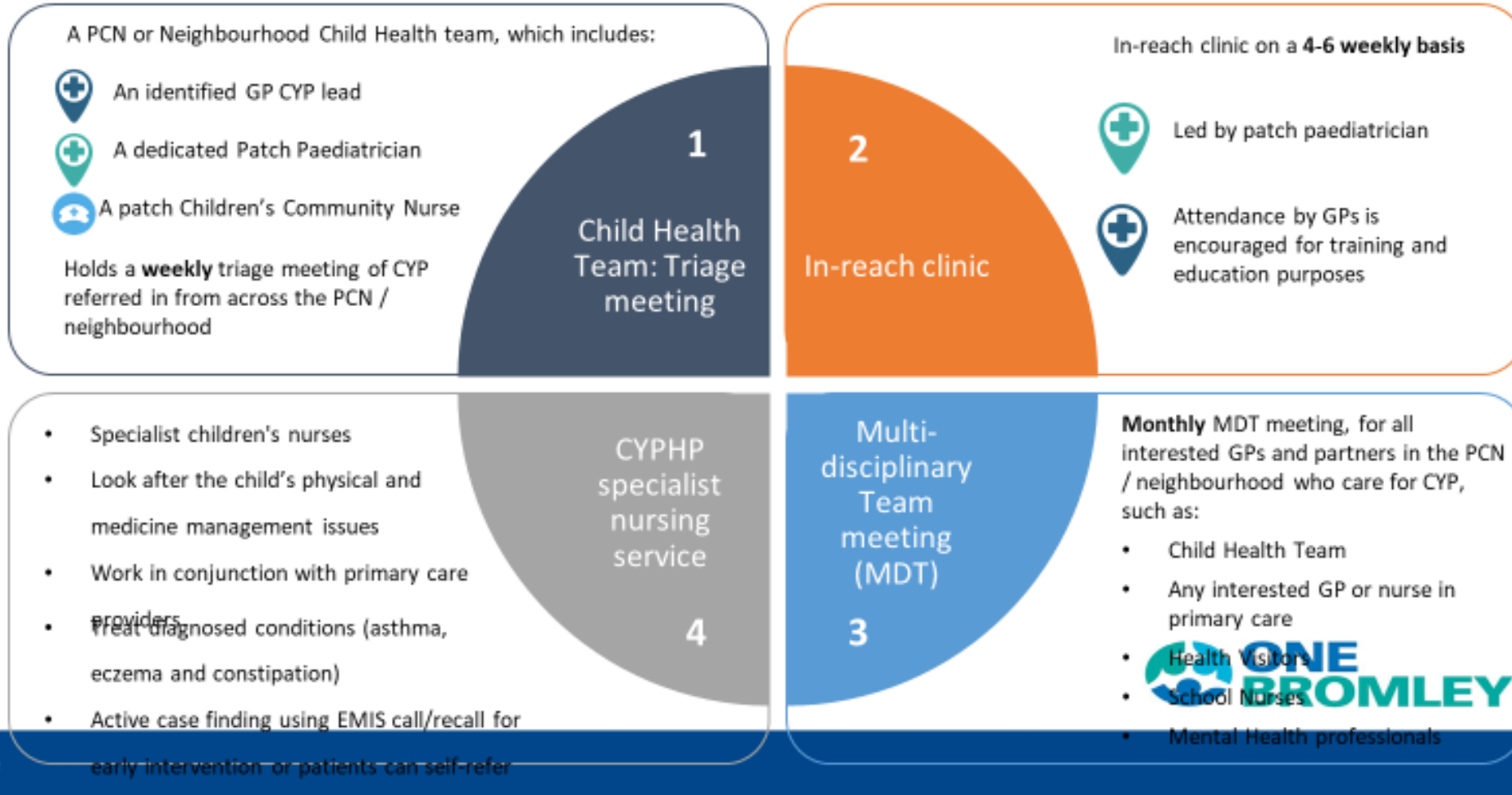
Case Study 2: Beckenham PCN B-CHIP



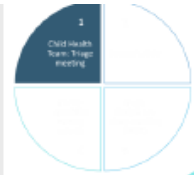
Dr Zia Buckhoree, Clinical Director, Beckenham PCN

Case study 2: Beckenham B-CHIP

Each local Primary Care Network or Neighbourhood has:



Case study 2: Beckenham B-CHIP



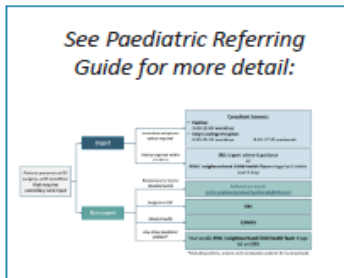
1. Child Health Team: Triage meeting



ATTENDANCE

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

See Paediatric Referring Guide for more detail:



REFERRAL

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

CHILD HEALTH TEAM TRIAGE MEETING

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

RECOMMENDED TREATMENT

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



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



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



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

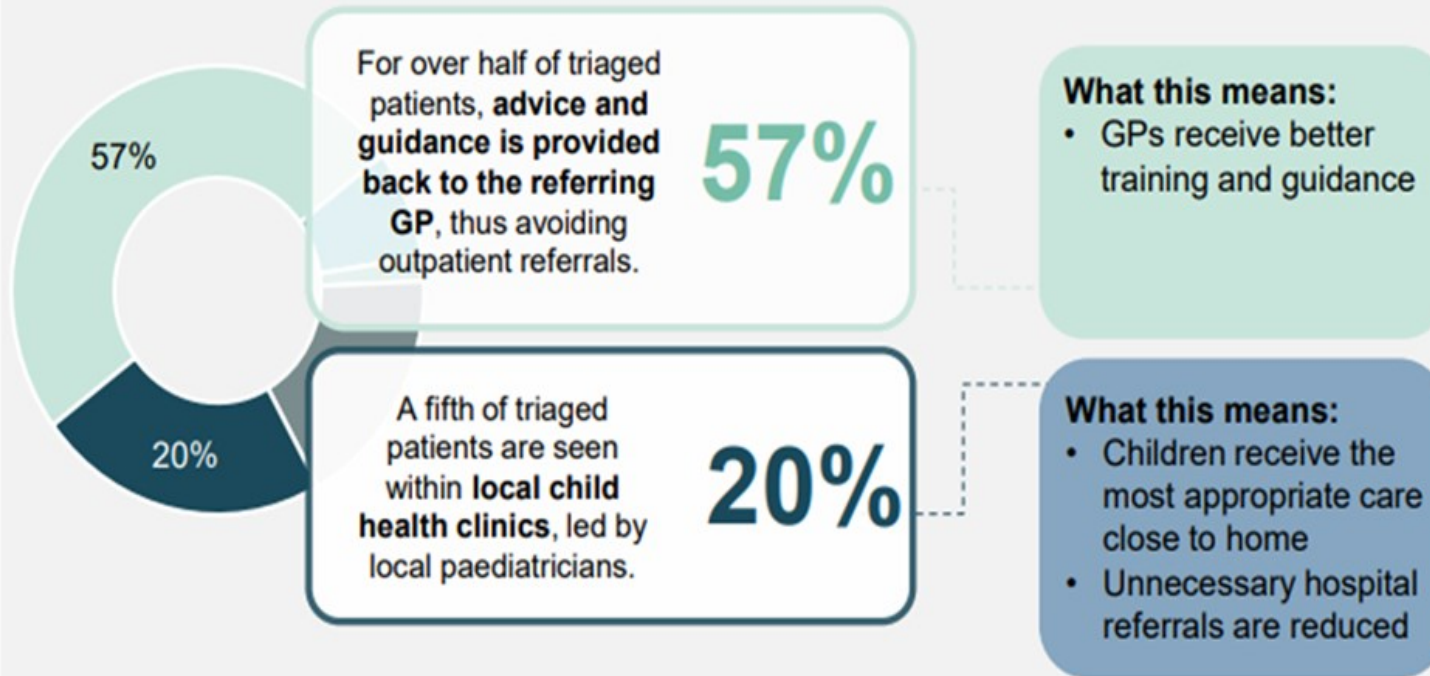


A specialist team: where specialist input is deemed appropriate, the GP is asked to refer on to a specialist team. If possible, the paediatrician will refer on behalf of the GP.



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

BENEFIT OF THE MODEL ON PATIENT CARE



REDUCTION IN PRIMARY CARE APPOINTMENTS

Primary care appointments before and after local child health clinic

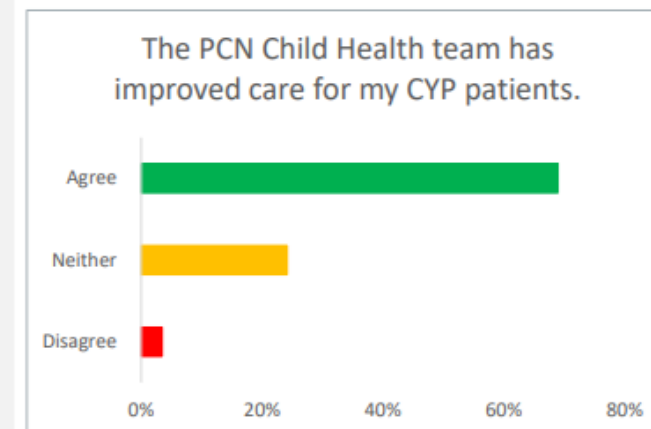
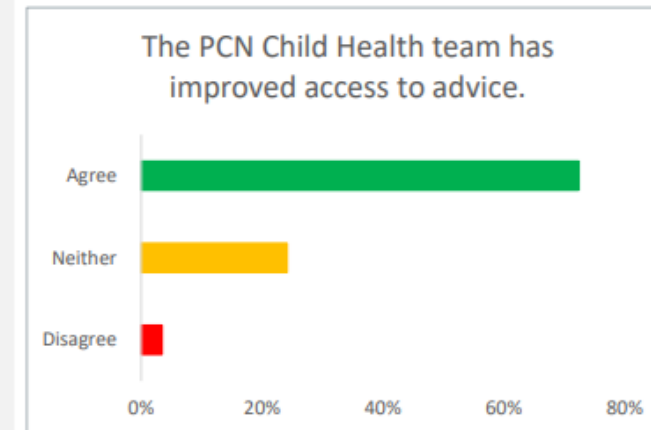


40% reduction in the number of primary care appointments for patients in the 6 months following the local child health clinic.

Clinician Feedback

GP FEEDBACK IS VERY POSITIVE...

- Having a named consultant for queries and questions. Teaching sessions tailored around our learning needs
- Quick reply to my advice request – really like the weekly review.
- Weekly access, easier to have dialogue and learning opportunity.
- Educational presentations useful and relevant
- Booking appointments easy and helpful. Comments received back via task easy to use
- On-site local child health [in-reach] clinics work really well, especially the clinical team de-brief post-clinic.
- I like that the notes get into EMIS quickly when they are seen in a local clinic.
- The ability to triage quickly, get good feedback and the monthly meetings are excellent as we get to know the consultants and the educational aspect relevant and clear



Patient feedback

...AND PATIENT FEEDBACK IS TOO

A long enough appointment to explain a complicated history. Seeing a specialist at the local GP rather than at the hospital meant a much nicer environment too.

The paediatrician was caring, thorough and really listened.

It's at our GP surgery so my child did not seem concerned as it was a familiar place.

The speed with which we were offered an appointment (3 weeks). Location of appointment very convenient as the surgery is a short walk from my child's school so minimised her time out of class

Why do this in Bromley?

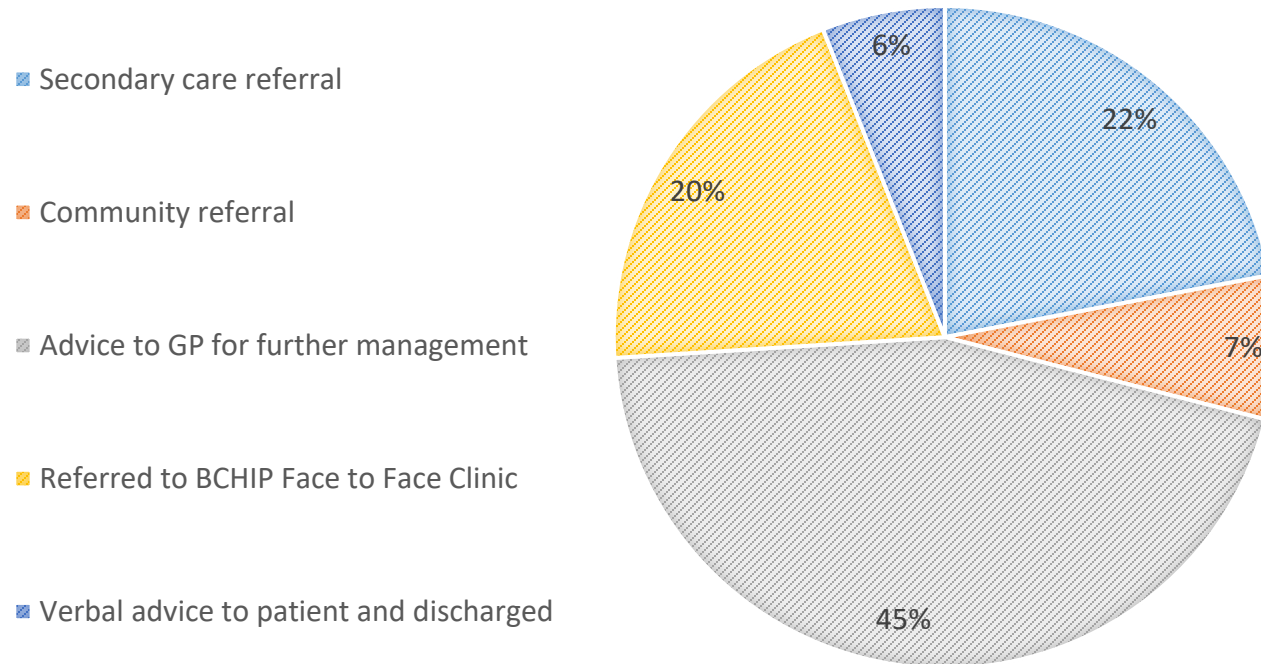
The need for change and to implement the model is evidenced by large waiting times for children to be seen, with potential to support children better & more effectively through optimised capabilities in the local system

There has been a 50% to 60% increase in the number of General Paediatric referrals to hospital since the COVID-19 pandemic.

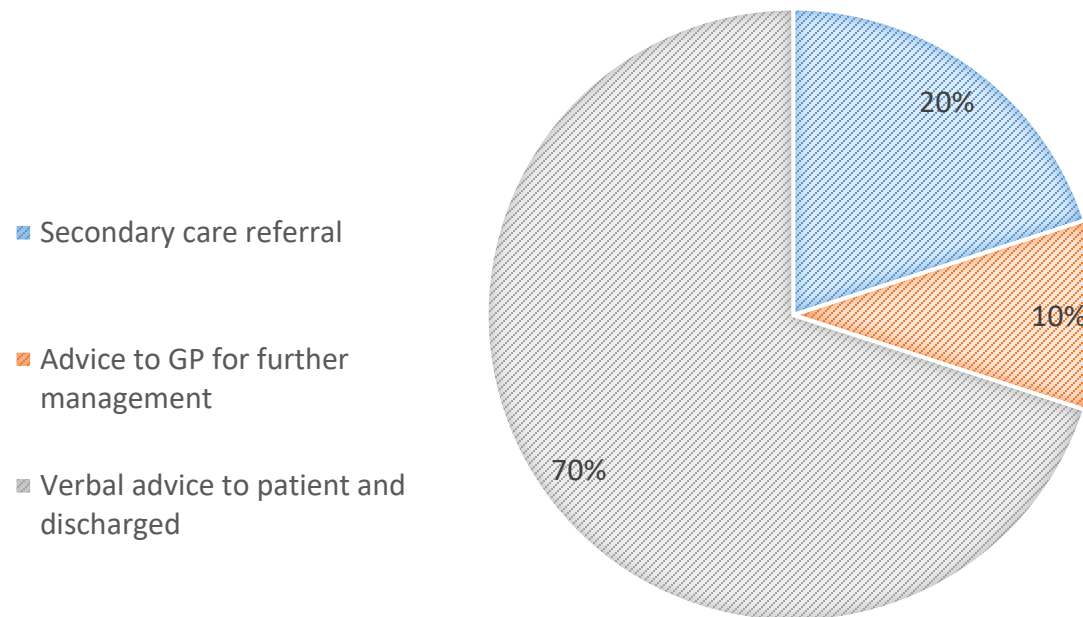
2017/18: 2,813 referrals
2018/19: 2,597 referrals
2019/20: 2,615 referrals
2020/21: 3,294 referral
2021/22: first 15 weeks – 1,125 referrals
(extrapolated – 4,000/yr)

Despite an increase in supply of appointments (300 additional appointments this year, from a baseline of 1400 new patient consultations per year), there is currently a >23 week wait for a Paediatric outpatient appointment at the PRUH

Beckenham PCN - number of referrals into the BCHIP triage service received to date: **82**



B-CHIP face to face clinic outcomes



Thank you



One Bromley Local Care Partnership Board

DATE: 23 November 2023

<p>Title</p>	<p>Month 6 2023/24 SEL ICB Finance Report</p>
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<ul style="list-style-type: none"> • The SEL ICB financial allocation for the year as at Month 6 is £4,772,807k. • As at month 06, the ICB is reporting a year to date overspend against plan of £2,218k. This compares to an equivalent overspend at month 05 of £2,790k. The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k). The ICB is reporting a forecast outturn of break-even against the revised plan as it is anticipated that the financial position will be recovered in year. Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements. • In reporting this month 06 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> • Underspending (£2,216k) against its management costs allocation; • Delivering all targets under the Better Practice Payments code; • Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and • Delivered the month-end cash position, well within the target cash balance. • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 6 is £241,722k. • Bromley ICB/LCP Month 6 financial Position. As at Month 6 the year-to-date position was £2,400k overspent. The significant

	<p>variances related to; prescribing £2,213k overspent, continuing healthcare £404k overspent and mental health services £348k overspent.</p> <ul style="list-style-type: none"> The key risk for Bromley ICB/LCP place budgets in 2023/24 relates to prescribing as the pressures experienced during 2022/23 have not been fully mitigated and activity continues to increase. Boroughs are expected to manage this risk locally and make savings to manage the overall delegated borough position. An update on how local financial reporting can be provided at a programme level is included in the report. 	
Recommended action for the Committee	The Board is asked to NOTE the financial position.	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/Internal Engagement	N/A
Author:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

23 November 2023

Month 6 2023/24, SEL ICB Finance Report

- 1. Key highlights**
- 2. Bromley ICB/LCP - Month 6 Financial Position**
- 3. Bromley ICB/LCP – Actions from previous meetings**
- 4. Bromley ICB/LCP – Update on Financial Reporting – Introduction**
- 5. Bromley ICB/LCP – Update on Financial Reporting – Health spend in Bromley**
- 6. Bromley ICB/LCP – Update on Financial Reporting – Programmes – SEL Extract**
- 7. Bromley ICB/LCP – Update on Financial Reporting – Next Steps**

Appendix 1 – M6 SEL ICB Finance Report

- The SEL ICB financial allocation for the year as at Month 6 is **£4,772,807k**.
- As at month 06, the ICB is reporting a **year to date overspend** against plan of **£2,218k**. This compares to an equivalent overspend at month 05 of **£2,790k**. The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by **overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k)**. The ICB is reporting a forecast outturn of **break-even** against the revised plan as it is anticipated that the financial position will be recovered in year. Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements.
- In reporting this month 06 position, the ICB has delivered the following financial duties:
 - Underspending (**£2,216k**) against its management costs allocation;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 6 is **£241,722k**.
- Bromley ICB/LCP Month 6 financial Position. As at Month 6 the year-to-date position was **£2,400k overspent**. The significant variances related to; prescribing £2,213k overspent, continuing healthcare £404k overspent and mental health services £348k overspent.
- The key risk for Bromley ICB/LCP place budgets in 2023/24 relates to prescribing as the pressures experienced during 2022/23 have not been fully mitigated and activity continues to increase. Boroughs are expected to manage this risk locally and make savings to manage the overall delegated borough position.

2. Month 6 Bromley ICB/LCP Financial Position

M6 position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,430	3,393	38	6,861	6,786	75
Community Health Services	41,675	41,484	192	83,351	82,905	446
Mental Health Services	7,158	7,505	(348)	14,315	14,854	(539)
Continuing Care Services	12,521	12,925	(404)	25,042	25,533	(491)
Prescribing	23,172	25,385	(2,213)	46,343	50,793	(4,450)
Other Primary Care Services	1,638	1,638	0	3,275	3,275	0
Other Programme Services	44	26	18	87	(1,584)	1,671
Delegated Primary Care Services	29,023	28,918	105	58,048	57,838	210
Corporate Budgets	2,200	1,988	212	4,400	3,997	403
Total	120,860	123,260	(2,400)	241,722	244,397	(2,675)

- The borough is reporting an overspend of £2,400k at Month 6 and is forecasting a £2,675k overspend at year end.
- The Prescribing budget is £2,213k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend reported at Month 6 is £1,128k. The budget is being closely monitored and additional savings schemes continue to be developed to mitigate the position. As at month 6 the year to date overspend in prescribing is 9.5% compared to a SEL borough average of 10.8%.
- The Mental Health budget is £348k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is impacting upon the 23/24 position. The average number of CPC clients in Quarter 1 of 22/23 was 46 and this has increased to an average of 78 in Quarter 2 of 23/24. The growth in S117 activity is due to more activity coming to joint funding panels and more clients being identified as partially health funded. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.
- The Continuing Healthcare budget is £404k overspent. Since the beginning of the year activity has increased by 12% and average CHC prices have increased by 13% which reflects both cost inflation and the increase in complexity of packages. Bromley have a significant number of new Care Home beds that have recently opened in the borough. This means that Bromley are importing more patients into the borough who might not initially need CHC but as their health deteriorates and they are now registered with a Bromley GP, they become the responsibility of Bromley. This impacts on both FNC and CHC activity as the clients in the home deteriorate and become eligible for CHC, after they have been placed.
- The 2023/24 borough savings requirement is £7,429k. The variance against plan at Month 6 is a shortfall of £108k due to a small under-delivery of prescribing savings, though these are expected to increase as more schemes are implemented.
- The forecast overspend is £2,675k and reflects the position agreed as part of the financial focus meetings that were held during September. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

3. Actions from previous meetings

Prescribing

Question. Are the prescribing pressures based on NICE guidelines and whether this is related to cancer drug spend.

Prescribing pressures are currently driven due to NCSO pressures and/or NICE implementation. In South East London 2 drugs for which primary care prescribing has increased significantly in year are Dapagliflozin (diabetes) and Sacubitril/valsartan (cardiac), these increases are due to NICE guidance. Approximately 1.6% of the Bromley GP prescribing budget is spent on cancer related drugs. However, drug expenditure costs relating to chemotherapy are retained within the hospital setting and are paid for within acute hospital contracts.

Savings

Question. A breakdown of savings was requested and whether they impact upon quality.

Month 6	Year-to-date plan £000s	Year-to-date actual £000s	Year-to-date variance £000s	Full year plan £000s	Full year actual £000s	Full year variance £000s
Tariff Efficiency & Convergence	1,341	1,341	0	2,682	2,682	0
Acute Services	37	37	0	197	197	0
Community Health Services	458	458	0	1,548	1,548	0
Mental Health Services	20	20	0	142	142	0
Continuing Care Services	225	356	131	450	524	74
Prescribing	661	422	(239)	1,982	1,586	(396)
Other Primary Care Services	26	26	0	118	118	0
Delegated Primary Care Services	30	30	0	210	210	0
Corporate Budgets	36	36	0	100	100	0
Total	2,835	2,727	(108)	7,429	7,108	(321)

Notes:

1. A 4.5% savings target was applied to ICB place budgets in 23/24.
2. Tariff efficiency was 1.1% in 23/24. The convergence adjustment reflects a reduction in the ICB allocation and was 0.42%. Tariff efficiency relates to all providers across the country.
3. The savings total reflects a combination of recurrent and non-recurrent schemes. Recurrent schemes total £6,036k and non-recurrent schemes total £1,393k. The majority of these schemes reflect reduced investment and delivering efficiencies rather than cuts to services.
4. Any impact of these savings on the quality of services is monitored through contractual arrangements with providers.

4. Update on Financial Reporting - Introduction

- The One Bromley Team has been exploring how financial reporting can be provided at a programme level across providers and settings to support service transformation and redesign.
- The following areas have been reviewed as potential sources of finance and activity information
 - **Model Health System** (formerly Model Hospital) is a digital information service designed to help NHS providers improve their productivity and efficiency. This is also available to NHS commissioners however the information is at specialty level but costing information is high level and would need to be more granular to assist with local programme reporting.
 - **SEL Analytics Resources** which can provide information for acute, community, mental health and primary care services. Activity information is generally good but costing information is less developed. The information is available at an organisation and site level. This is helpful as for acute services Bromley's main focus would be on the Princess Royal University Hospital and Orpington Hospital sites, as opposed to Kings Denmark Hill.
 - **NHS National Programme Budgeting Exercise.** This was a national data collection of costs across the NHS apportioned to 23 specialties and care groups with benchmarking across organisations and geographies and mapped against outcomes. This information is no longer collated or reported on.
- Other areas to be explored include the NHS Benchmarking Network and the Right Care programme. In addition to external sources of information, we will examine where internal organisational sources of information can be collated to provide a picture of spend and resources across programme area
- Some challenges will be
 - Robustness and timeliness of data
 - Consistency of financial reporting e.g. overhead treatment, apportionment of costs
 - Matching with outcomes data
 - Availability of benchmarking data and appropriate comparators
 - Ability to drill down to a more localised level, such as neighbourhoods

5. Update on financial reporting – Health spend in Bromley

- As a starting point the tables provide an overview of the ICB budgets in relation to Bromley
- The total budgeted spend for Bromley for 2023/24 is £701m
 - Centrally managed: £462m
 - Delegated to Borough: £239m
- The largest acute budget is with Kings College Hospital at £277m, with circa £250m for the PRUH – Bromley patients make up the largest Borough component for Kings in SEL
- Bromley has the largest locally delegated budget in SEL, with community services included as part of its delegated budget
- In SEL Business Intelligence team can provide further analysis of costs and activity of the contracts. The costing will have limitations and may not reflect actual contractual arrangements, such as block arrangements, or internal funding arrangements
- An example of activity shown across acute settings from the SEL information is shown in the next slide. Further analysis of information is available and indicative costs / prices can also be applied (from a commissioner perspective)

Bromley Budget - 2023/24	
Centrally Managed	
	£'000
<u>Acute Budgets</u>	
GSTT	39,424
KCH	276,536
LGT	21,100
Sub Total - Local Contracts	337,060
DGT	4,048
Non Local Contract	23,836
Sub Total - Non Local Contracts	27,884
Ambulance Services	21,460
ISPs and NCAs	13,692
Other earmarked budgets	5,564
Total Acute	405,660
<u>Community</u>	
Total Community	4,265
<u>Mental Health</u>	
SLAM	2,537
Oxleas	49,695
Other	150
Total Mental Health	52,382
Totally centrally managed	462,307

Bromley Budget - 2023/24	
Locally Managed (Place)	
	£'000
<u>Directorate</u>	
Acute Services	6,715
Community Health Services	81,994
Mental Health Services	14,112
Continuing Care Services	24,795
Prescribing	46,004
Other Primary Care Services	2,922
Other Programme Services	87
Delegated Primary Care Services	58,048
Corporate Budgets	4,424
Totally locally managed	239,101
Total - central & place	701,408
<i>Notes: Based on Annual Budget as at Q1</i>	

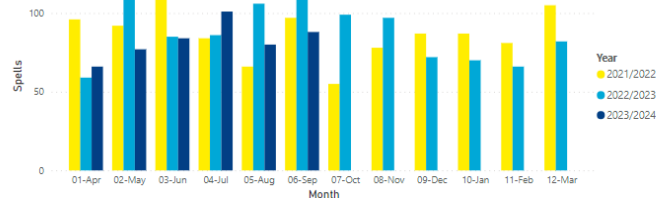
6. Update on financial reporting – programmes – SEL Extract

PLANNED CARE - PRUH SITE ONLY

3) Elective Inpatients Including Daycases



Spells by Month and Financial Year



Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2022/2023	59	109	85	86	106	110	99	97	72	70	66	82	1,041
04 - Diabetes & Endocrinology	59	109	85	86	106	110	99	97	72	70	66	82	1,041
2021/2022	96	92	112	84	66	97	55	78	87	87	81	105	1,040
04 - Diabetes & Endocrinology	96	92	112	84	66	97	55	78	87	87	81	105	1,040
2023/2024	66	77	84	101	80	88							496
04 - Diabetes & Endocrinology	66	77	84	101	80	88							496
Total	221	278	281	271	252	295	154	175	159	157	147	187	2,577

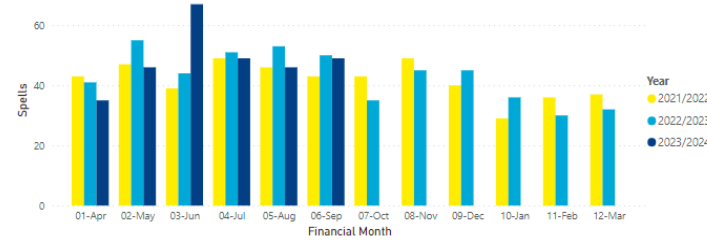
SEL/Non-SEL: SEL
 Borough: Bromley
 PCN > Practice: All
 Provider > Site: King's College Hospital NHS Foundation Trust (Trust...
 Admission Type: All
 Age Band: All
 LOS Band: All
 Programme Budget Category: 04 - Diabetes & Endocrinology
 HRG Details: All
 Treatment Function Details: All

NON-ELECTIVE CARE - PRUH SITE ONLY

1) Non-Elective Inpatients



Spells by Month and Financial Year



Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2021/2022	43	47	39	49	46	43	43	49	40	29	36	37	501
04 - Diabetes & Endocrinology	43	47	39	49	46	43	43	49	40	29	36	37	501
2022/2023	41	55	44	51	53	50	35	45	45	36	30	32	517
04 - Diabetes & Endocrinology	41	55	44	51	53	50	35	45	45	36	30	32	517
2023/2024	35	46	67	49	46	49							292
04 - Diabetes & Endocrinology	35	46	67	49	46	49							292
Total	119	148	150	149	145	142	78	94	85	65	66	69	1,310

SEL/Non-SEL: SEL
 Borough: Bromley
 PCN > Practice: Select all
 Provider > Site: King's College Hospital NHS Fo...
 Age Band: All
 Admission Type: All
 Programme Budget Category: 04 - Diabetes & Endocrinology
 HRG Details: All
 Treatment Function Details: All

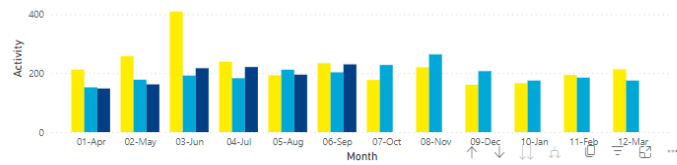
PLANNED CARE - PRUH SITE ONLY

2) Outpatients



Activity by Month and Financial Year

Financial Year: 2021/2022, 2022/2023, 2023/2024



Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2021/2022	212	258	409	239	193	234	177	220	161	166	194	213	2,676
302 Endocrinology and Diabetes	102	129	281	115	103	131	81	126	66	81	101	99	1,415
307 Diabetes Service	110	129	128	124	90	103	96	94	95	85	93	114	1,261
2022/2023	152	178	192	183	212	203	228	264	207	175	185	175	2,354
302 Endocrinology and Diabetes	62	68	76	81	100	96	90	142	85	48	62	48	958
307 Diabetes Service	90	110	116	102	112	107	138	122	122	127	123	127	1,396
2023/2024	148	162	217	221	195	230							1,173
302 Endocrinology and Diabetes	28	28	52	63	60	80							311
307 Diabetes Service	120	134	165	158	135	150							862
Total	512	598	818	643	600	667	495	484	368	341	379	388	6,203

SEL/Non-SEL: SEL
 Borough: Bromley
 PCN > Practice: All
 Provider > Site: KCH (Provider) + King's College Hospital NHS Fou...
 Attendance Type: All
 Last Attendance: All
 Referral Group: All
 F2F Status: All
 Priority Group: All
 Age Band: All
 Treatment Function Details: Multiple selections
 HRG Details: All

- These tables illustrate some information available from the SEL Business Intelligence system – in this case, diabetes activity across settings at the PRUH. Further analysis is available as well as costed information
- This information could be used, combined with other sources to provide a picture of diabetes related spend across Bromley, including community and prescribing spend. This could potentially be matched against other information at a more localised level such the National Diabetes Audit.
- Other areas could be identified for further analysis to support other pathway development across One Bromley and linked to the Population Health Management workstream. e.g. Frailty

7. Update on Financial Reporting – Next Steps

- Further work in identifying additional sources of information and benchmarking
- Include application of outcomes and other information in assessment of comparative information
- Prioritisation of proposed areas of work for development to support the transformation programme
- To set up One Bromley Finance enabler workstream to take work forward work programme
- Work with the South-East London Business Intelligence team in producing reports to include costed information

SEL ICB Finance Report

Month 6 2023/24

Contents

1. Executive Summary
2. Revenue Resource Limit
3. Key Financial Indicators
4. Budget Overview
5. Prescribing
6. NHS Continuing Healthcare
7. Provider Position
8. ICB Efficiency Schemes
9. Corporate Costs
10. Cash Position
11. Mental Health Investment Standard (MHIS)

- This report sets out the month 06 financial position of the ICB. As agreed with NHSE colleagues and local providers, the ICB plan for 23/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers in the south east London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS.
- The ICB's financial allocation as at month 06 is **£4,772,807k**. In month, the ICB received additional allocations of **£1,353k**, which included Smart System Control (£775k), Local Ockenden and East Kent Response - Maternity (£227k), Diabetes data standard pilot (£191k) plus some smaller allocations set out on the next slide.
- As at month 06, the ICB is reporting a **year to date overspend** against plan of **£2,218k**. This compares to an equivalent overspend at month 05 of **£2,790k**. The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by **overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k)**. The ICB is reporting a forecast outturn of **break-even** against the revised plan as it is anticipated that the financial position will be recovered in year. Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements.
- At present there are four months **prescribing data** available for 23/24 as it is produced 2 months in arrears. This month the run-rate has improved due to the impact of the ICB's savings schemes. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The current overspend is also driven by activity growth which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and additional work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 06.
- **Focus meetings with all boroughs have taken place in September/October to review and agree recovery actions, with the aim of agreeing forecast year-end positions. This process has been helpful, with discussions continuing with one borough. It is planned that this is concluded in time for month 07 reporting. The agreement of outturn positions with boroughs will support the delivery of the forecast year-end balanced position.**
- In reporting this month 06 position, the ICB has delivered the following financial duties:
 - Underspending (**£2,216k**) against its management costs allocation;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 06, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 23/24 financial year.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	65,867
M2 Budget	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	467,001
M3 Budget	138,285	239,101	169,807	206,221	161,248	160,198	3,587,329	4,662,189
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	75,987
M4 Budget	138,488	239,305	170,020	206,564	161,599	160,495	3,661,706	4,738,176
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	33,278
M5 Budget	139,118	239,910	170,611	207,124	162,062	160,900	3,691,729	4,771,454
M6 Internal Adjustments								
Pay awards	251	1,506	446	107	118	88	(2,516)	-
Primary Care transformation	142	228	199	276	220	216	(1,281)	-
Other		78	250			8	(336)	-
M6 Allocations								
Smart System Control - System Coordination Centres							775	775
Local Ockenden and East Kent Response							227	227
Diabetes Data Standard Pilot and Implementation							191	191
Primary Care Transformation (GP Fellowship)							160	160
London SQuiRe Catalyst funding							124	124
Data Security and Protection Toolkit							96	96
DOPs hub							(377)	(377)
Other							157	157
M6 Budget	139,511	241,722	171,506	207,507	162,400	161,212	3,688,949	4,772,807

- The table sets out the Revenue Resource Limit at month 06.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 06, 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 pay awards and primary care transformation, both of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£1,353k** of allocations, giving the ICB a total allocation of **£4,772,807k** at month 06. The additional allocations included Smart System Control (**£775k**), Local Ockenden and East Kent Response - Maternity (**£227k**), Diabetes data standard pilot (**£191k**), GP fellowships (PC Transformation), London SQuiRe catalyst funding, data security and protection toolkit, DOPs hub IAT adjustment plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position (**£2,218k**) as at Month 6 mainly due to the prescribing and CHC pressures which are continuing into this financial year.
- All other financial duties have been delivered for the year to Month 6 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
	Expenditure not to exceed income	2,311,190	2,313,408	4,792,807
Operating Under Resource Revenue Limit	2,302,754	2,304,972	4,775,934	4,775,934
Not to exceed Running Cost Allowance	18,587	16,371	37,174	34,081
Month End Cash Position (expected to be below target)	4,950	2,052		
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%	97.8%		
Mental Health Investment Standard (Annual)			439,075	439,689

4. Budget Overview



South East London

	M06 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	2,425	3,430	3,537	600	526	277	1,232,975	1,243,771	1,243,771
Community Health Services	9,400	41,675	17,792	13,011	11,995	16,287	121,304	231,464	231,464
Mental Health Services	5,157	7,158	4,533	10,674	3,485	3,730	246,546	281,282	281,282
Continuing Care Services	12,558	12,521	13,716	15,981	10,501	9,843	-	75,120	75,120
Prescribing	16,917	23,172	16,617	19,332	19,396	16,015	2,279	113,727	113,727
Other Primary Care Services	1,502	1,638	1,307	1,642	867	403	10,384	17,743	17,743
Other Programme Services	29	44	107	132	2,784	83	26,516	29,694	29,694
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	-	4,580	4,580
Delegated Primary Care Services	20,096	29,023	25,611	39,474	29,579	31,611	(1,080)	174,314	174,314
Delegated Primary Care Services DPO	-	-	-	-	-	-	100,734	100,734	100,734
Corporate Budgets	1,670	2,200	2,614	2,905	2,054	2,206	16,678	30,327	30,327
Total Year to Date Budget	69,755	120,860	85,833	103,752	81,199	80,605	1,760,752	2,302,755	2,302,754
Year to Date Actual									
Acute Services	2,349	3,393	3,441	284	475	135	1,230,181	1,240,258	1,240,258
Community Health Services	8,959	41,484	17,533	11,858	12,053	15,764	121,407	229,056	229,056
Mental Health Services	5,107	7,505	4,530	10,605	3,220	4,469	245,970	281,406	281,406
Continuing Care Services	12,850	12,923	14,939	17,005	11,519	9,706	-	78,942	78,942
Prescribing	18,813	25,385	18,807	21,236	21,475	17,629	42	123,386	123,386
Other Primary Care Services	1,476	1,638	1,232	1,575	819	378	10,511	17,628	17,628
Other Programme Services	23	26	107	127	92	102	26,163	26,640	26,640
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,160	4,322	4,322
Delegated Primary Care Services	20,096	28,918	25,511	39,474	29,579	31,611	(1,080)	174,109	174,109
Delegated Primary Care Services DPO	-	-	-	-	-	-	101,405	101,405	101,405
Corporate Budgets	1,444	1,988	2,326	2,449	1,918	1,923	15,774	27,822	27,822
Total Year to Date Actual	71,117	123,258	88,423	104,613	81,163	81,866	1,754,532	2,304,973	2,304,973
Year to Date Variance									
Acute Services	77	38	96	316	51	142	2,794	3,513	3,513
Community Health Services	442	192	259	1,154	(58)	523	(103)	2,408	2,408
Mental Health Services	50	(348)	3	69	264	(739)	576	(124)	(124)
Continuing Care Services	(292)	(402)	(1,222)	(1,024)	(1,018)	137	-	(3,822)	(3,822)
Prescribing	(1,896)	(2,213)	(2,190)	(1,904)	(2,079)	(1,614)	2,237	(9,659)	(9,659)
Other Primary Care Services	26	0	75	68	48	25	(127)	114	114
Other Programme Services	5	18	(0)	5	2,692	(18)	353	3,055	3,055
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	257	257	257
Delegated Primary Care Services	-	105	100	-	-	-	-	205	205
Delegated Primary Care Services DPO	-	-	-	-	-	-	(671)	(671)	(671)
Corporate Budgets	226	212	288	456	136	283	903	2,505	2,505
Total Year to Date Variance	(1,362)	(2,398)	(2,591)	(861)	36	(1,262)	6,220	(2,218)	(2,218)

- At month 06, the ICB is reporting an YTD overspend of **£2,218k**. The main financial drivers of this position relate to prescribing and continuing care, and these have been flagged in our financial return to NHS England. The ICB is continuing to report a break-even FOT subject to managing these risks.
- The ICB is reporting a **£9,659k overspend** against its **prescribing year to date position**. This is based on four month's PPA data which shows the trend from last year is continuing. The borough 1% risk reserve for prescribing plus the £3,500k central reserve for prescribing have both been factored into the month 6 position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £124k YTD but this is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£3,822k overspent** and the underlying pressures are variable across the boroughs with only Southwark showing an underspend. The full impact of 23/24 bed prices are not yet fully reflected but negotiations are now substantially complete. Greenwich, Lewisham and Lambeth boroughs are continuing to see the largest pressures in this area. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The YTD acute services position includes an underspend in relation to Elective Recovery Fund (ERF) for Independent Sector Providers (**£2,668k**), in line with relevant reporting guidance from NHS England.
- The underspend of **£2,505k** against corporate budgets, reflects vacancies in ICB staff establishments across all areas.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing - Overview

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 6 prescribing position is based upon M04 23/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this is as detailed on following slide. This will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£9,763k overspend** year to date (YTD). This is after 6 months of the borough 1% risk reserve and the central (£3,500k) risk reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £104k giving an **overall overspend of £9,659k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£18,310k.**

Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost		Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve)		FOT Actual (S/L)	FOT Variance - (over)/under
					Pressure	QIPP Savings					Annual 1% Risk Reserve	FOT Actual		
BEXLEY	17,503,328	849,389	605,640	(149,809)	(34,988)		28,000	18,801,559	16,894,068	(1,907,491)	33,788,141	37,638,107	(3,849,966)	
BROMLEY	23,654,428	1,128,386	817,833	(204,770)	(23,718)		37,649	25,409,808	23,196,943	(2,212,865)	46,393,897	50,843,335	(4,449,438)	
GREENWICH	17,372,196	872,355	602,070	(65,489)	(79,790)		27,907	18,729,250	16,539,316	(2,189,933)	33,078,653	37,538,289	(4,459,636)	
LAMBETH	19,900,529	852,716	684,857	(76,171)	(116,496)		31,923	21,277,357	19,373,174	(1,904,183)	38,746,371	42,671,211	(3,924,840)	
LEWISHAM	19,765,992	866,649	680,877	(64,578)	(42,378)		31,639	21,238,202	19,158,922	(2,079,280)	38,317,856	42,518,781	(4,200,925)	
SOUTHWARK	16,339,238	769,810	564,599	(67,740)	(122,341)		26,416	17,509,981	15,803,197	(1,706,785)	31,606,399	35,142,304	(3,535,905)	
SOUTH EAST LONDON	0					(487,011)		(487,011)	1,750,000	2,237,011	3,500,000	(2,610,000)	6,110,000	
Grand Total	114,535,711	5,339,305	3,955,876	(628,557)	(419,711)	(487,011)	183,534	122,479,147	112,715,621	(9,763,526)	225,431,316	243,742,026	(18,310,711)	

- The table above shows that of the YTD overspend, approximately **£5,339k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,424k** relates to a local growth in prescribing.
- The growth has been identified as largely relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. An element of this growth, is amenable to change. Community provider engagement would be crucial for progress to be made.
- Of the overall annual forecast unmitigated pressure of circa £18,310k, around **£10,856k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics including care homes and local prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

5. Prescribing Mitigating Actions – Savings Schemes

- Boroughs have been given an overall 4.5% savings target to deliver. To date, savings of **£8,766k** (circa 4% of the prescribing budget) have been identified. Delivery against the 2023/24 savings plan is included within slide 9 of this report.
- The table below shows the components of the Prescribing savings plan for 2023/24:

QIPP area	SEL spend Jan-Dec 22	Identified opportunity
High Impact Core QIPP		
Self-care/OTC	£13,947,492	£744,146
Vitamin B co tablets	£45,068	£4,980
Cyanocobalamin	£573,182	£84,802
Low priority prescribing	£2,105,951	£390,760
Unlicensed specials	£1,140,741	£172,730
Adult ONS*	£4,544,697	£493,622
Paediatric CMA*	£1,463,538	£99,471
SMBG	£3,207,963	£276,083
NHSE recommendation (ketones, lancets)	£643,673	£30,777
Semaglutide	£673,611	£65,510
Total		£2,362,881
Generic medicines		
Generic sitagliptin	£4,626,641	£1,558,288
Generic apixaban	£5,605,468	£706,644
Total		£2,264,932
Non-core QIPP		
1) Branded Generics		
Metformin MR 500mg and 1g		£17,514
Oxycodone MR (Longtec/Generic)		£151,197
Buprenorphine Patches (Butec/Generic)		£39,592
Quetiapine MR/Seroquel		£17,514
2) Local opportunities		
GREY drugs		£34,398
RAG list		£46,475
Triple therapy COPD		£120,000
Total		£433,723
Cost avoidance		
OptimiseRX**		£2,040,797
SMR***		£129,176
Total contribution to underlying position		£1,133,940
Budget review		£400,743
Total		£3,704,656
		£8,766,193

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed for prioritisation and implementation, noting that active work on all of them is already underway in SEL.
- The improvement in run rate due to the impact of savings being seen this month is summarised below:**

Therapeutic areas	Drug names	YTD Cost Growth M6
Oral anticoagulants	Apixaban	-£26,467
Diabetic diagnostic and monitoring agents	Glucose blood testing reagents	-£127,293
Vitamin D	Colecalciferol	-£144,057
Antidiabetic drugs	Sitagliptin	-£165,482
		£463,299

5. Prescribing - Month 06 Savings Position

M06 Prescribing	Annual		Core QIPP YTD				Non-Core QIPP YTD				YTD savings				
	Total QIPP (Jul 23) – using £1,133,940 estimated rebate	Total QIPP (Sept 23) – with £750k rebate released to boroughs	Core QIPP target	Generic prescribing	Non-Core QIPP target	OTC	Others	Branded generic	Generic (July onwards)	OptimiseRx®	SMR savings	Rebate	Budget review	RAG drugs	
BEXLEY	1,100,589	1,002,206	341,143	292,693	368,371	0	36,635	NA	28,558	103,848	0	30,667	NA	NA	199,708
BROMLEY	1,852,881	1,675,386	355,567	497,262	822,558	7,438	79,682	43,058	53,163	207,013	0	43,000	NA	NA	433,354
GREENWICH	1,131,139	1,108,485	287,434	349,057	471,994	0	45,698	3,360	37,175	126,645	0	39,667	NA	NA	252,545
LAMBETH	1,494,636	1,436,894	441,214	444,925	550,755	0	57,868	NA	43,503	130,528	0	38,667	NA	21,114	291,680
LEWISHAM	1,886,804	1,916,572	556,523	314,306	1,045,743	0	76,989	NA	34,205	137,439	0	65,667	133,581	3,502	451,383
SOUTHWARK	1,300,143	1,241,709	381,000	366,689	494,019	0	35,673	NA	40,683	154,577	0	32,000	NA	NA	262,933
SEL	8,766,193	8,381,253	2,362,881	2,264,932	4,627,813	7,438	332,545	46,418	237,286	860,050	0	249,667	133,581		1,891,601

SEL Med Op teams have robust governance mechanisms in place for use of medicines in south east London, through our Integrated Medicines Optimisation committee and Integrated Pharmacy Stakeholder group to ensure a collaborative partnership approach to decision making and delivery.

1. QIPP and other primary care prescribing savings have been identified to a value of £8,766,193. YTD savings are £1,891,601.
2. SEL has phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. OTC savings remain a challenge due to Cat M/NCSO cost pressure on antihistamines. Med Op teams continue to support implementation of Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. Three boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
3. Generic medicines (sitagliptin and apixaban) savings started to be realised in July, with more savings expected in the last 3 quarters of the year.
4. Med Op teams have completed all practice visits and continued to use prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
5. Cost pressure of nutritional products has been identified as up to £138,640, which has partially negated the impact of planned savings.

5. Risks and Issues for Prescribing: actions underway

- Use of clinically and cost-effective medicines is key in delivering improved outcomes for people with **long term conditions**, where much of the cost of medicines lies. Medicines optimisation approaches must be embedded within wider pathways and services to improve uptake of these medicines, using a shared decision making and personalised care approach, working alongside quality improvement and clinical effectiveness programmes. The medicines QIPP group will be reviewing respiratory prescribing during Q3, to assess opportunities across the boroughs.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for the NHS in 2023/24 to deliver on integrated care boards (ICBs) four key objectives [NHS England » National medicines optimisation opportunities 2023/24](#).
These are being reviewed through our medicines governance for prioritisation and implementation and the national data dashboard for the opportunities is expected in autumn. Active work on all of them is already underway in SEL.
- A SEL position on **branded generics switches** will be discussed and agreed at SEL primary care medicines value group. Some branded generic switches are included in 2 borough QIPP plans, and DHSC advice is that whilst it may appear that the ICB at an individual level is achieving cost efficiency savings through branded generic prescribing, this has a detrimental effect on the overall costs to the NHS.
- By the end of October 2023, stocktake progress on our high value **oral direct acting anticoagulant prescribing** work with benchmarking of uptake of edoxaban use and switching programmes.
- Reducing **medicines waste** is crucial to ensuring value from our medicines spend. We have a work programme to tackle **overprescribing**, to promote shared decision making and personalised care in prescribing so that people understand the risks and benefits of their medicines, and how to get the most from them. We also plan some work on improving **repeat prescribing systems** for 24/25 particularly in view of remote consultations and wider use of the NHS app since the C-19 pandemic.
- The **Prescribing Support Dietetics (PSD) Service** for Lambeth and Southwark, based at GSTT will be mainstreamed for Bromley, Bexley and Lewisham for 24/25. Greenwich has an existing comprehensive community dietetic service for both adults and children delivered by Oxleas, which will be scaled up to provide a PSD service (practice-level review and RAC) to reduce variation and provide the same model of care across SEL.
- Work on cost effective prescribing of **dressings and wound care** with the community provider collaborative is ongoing and now unlikely to impact in 23/24, having focussed initially on progressing a lower limb core offer including the education and training element.

6. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).
- The overall CHC financial position at Month 06 is an **overspend of £3,822k**. Except Southwark all other boroughs are reporting overspends. Like last month, there are notable overspends in Greenwich, Lambeth and Lewisham. The overspend in Greenwich is driven by fully funded Learning Disability clients (<65), in Lambeth it is due to fully funded Physical Disability (<65) clients and Fully Funded Learning Disability clients(<65), and rehabilitation and palliative clients in Lewisham. The borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 costs, transition arrangements and communications with clients and their relatives with regards to managing expectations. However, all boroughs except Southwark are forecasting overspend positions at the year end.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work has been shared with Place Executive Leads and each borough will be taking this work forward, specifically where their borough is an outlier.
- As reported last month, boroughs continue to experience an increase in activity. Greenwich and Lambeth continue to have the highest numbers of high-cost packages and highest average package costs. The ICB has a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. The price negotiations with most providers has reached agreement, with only a few smaller organisations yet to agree an uplift. A placeholder risk value of £1,000k is included in our reporting to NHS England to account for the inflation uplifts which have still to be confirmed/negotiated with providers.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slides.

6. NHS Continuing Healthcare – Benchmarking

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	295	6,018	339	4,818	255	7,857	333	7,060	220	7,100	237	6,263
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	5,208	277	8,593	375	6,714	265	6,059	251	5,814
Month 5	438	4,308	332	4,665	281	8,568	403	6,230	289	5,838	268	5,359
Month 6	467	4,024	368	4,224	284	8,417	417	5,955	309	5,554	283	5,115
Month 7												
Month 8												
Month 9												
Month 10												
Month 11												
Month 12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month 2	71	62	87	126	68	70
Month 3	75	71	87	123	73	69
Month 4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 6 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The first table shows that all boroughs are showing a reduction in average prices this month. However, the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this.
- All but 2 boroughs are showing an increase in the number of high-cost packages compared to the start of the financial year.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

Further to the CHC Summit which was held in July, finance, quality and CHC Teams agreed to take forward the following areas to look for opportunities to mitigate spend without compromising patient care or quality. Some tasks would be impacted in the short term, but long-term impacts are also being explored.

Short Term

- Completion of a checklist by 1st September to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of AQP beds, specific approval of packages over AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist have been shared at the last CHC Summit.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance. This report has now been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variation to see how this can be addressed.

Longer Term

- 5 Task and Finish Groups have met and reported back to the last CHC Summit. It was decided that the 2 main areas for review are (1) high-cost LD clients, transition between childrens and adults CHC and (2) communications. Two Task and Finish groups have been set up and have met and are working on actions from these meetings to feed back to another CHC summit in November.
- Market management work – this is being explored by a Pan London Group which SE London attends.

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,421,710k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£896,394k**
 - Kings College Hospital **£881,705k**
 - Lewisham and Greenwich **£635,095k**
 - South London and the Maudsley **£306,709k**
 - Oxleas **£230,178k**
- 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.
- However, an underspend (£2,668k) is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

8. ICB Efficiency Schemes

**South East London ICB
Place - Efficiency Savings**

	Full Year 2023/24				Month 6			Month 5
	Annual	Identified	Unidentified	Unidentified	Plan YTD	Actual YTD	Variance	Variance
	Requirement	Month 6	Month 6	Month 5				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(41)	3,048	2,827	(221)	(310)
Bromley	7,429	7,107	(322)	(1,027)	2,835	2,727	(108)	(89)
Greenwich	4,857	4,857	0	0	2,931	2,813	(118)	(156)
Lambeth	4,690	5,770	1,080	1,080	2,660	2,992	332	190
Lewisham	4,208	4,208	0	0	1,856	1,752	(104)	(40)
Southwark	3,967	4,095	128	128	1,406	1,420	14	24
Total	29,050	29,895	845	140	14,736	14,531	(205)	(381)

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 6 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 6, saving schemes above the overall target have been identified.
- At month 6, actual delivery (£14.53m) is £0.20m behind plan. However, Places are identifying and implementing actions to improve savings run-rate. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

9. Corporate Costs – Programme and Running Costs

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£2,504k**, which consists of an **£288k** underspend on programme costs and an underspend of **£2,216k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. Vacant posts are key driver for the underspend. The RCA is **£37,174k** for the year, a decrease of **£377k** in month, due to a pass-through transfer of funding to NEL ICB who host this service. The current run-rate is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL								
Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s		£000s	£000s	£000s
	PROGRAMME							
929002	ACUTE SERVICES B	0	22	(22)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	223	799	(576)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	1,819	1,406	412		3,637	2,859	778
929173	MEDICINES MANAGEMENT - CLINICAL	2,261	1,935	326		4,522	3,934	588
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	2,278	2,364	(86)		4,555	4,845	(290)
929219	PRIMARY CARE TRANSFORMATION	0	101	(101)		0	0	0
929245	SAFEGUARDING	1,529	1,391	137		3,058	2,795	262
929248	NURSING AND QUALITY PROGRAMME	1,223	1,072	151		2,445	2,046	399
929249	CLINICAL LEADS	2,546	1,888	659		5,093	3,813	1,280
929272	PROGRAMME WIDE PROJECTS	(576)	220	(796)		(1,152)	440	(1,591)
929273	PROGRAMME ADMINISTRATIVE COSTS	437	253	184		875	552	323
	PROGRAMME TOTAL	11,740	11,452	288		23,479	22,839	640
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	427	414	13		854	827	27
929562	ASSURANCE	262	254	9		525	507	17
929563	BUSINESS DEVELOPMENT	236	198	37		471	397	74
929564	BUSINESS INFORMATICS	1,856	1,547	309		3,712	3,151	561
929566	CHAIR AND NON EXECs	134	125	9		269	266	3
929570	PRIMARY CARE SUPPORT	491	555	(64)		982	1,070	(88)
929571	COMMISSIONING	3,310	2,961	349		6,620	6,030	590
929572	COMMUNICATIONS & PR	931	911	21		1,863	1,792	71
929574	CONTRACT MANAGEMENT	508	390	117		1,015	777	238
929575	CORPORATE COSTS & SERVICES	985	798	188		1,971	1,602	369
929576	CORPORATE GOVERNANCE	2,599	2,300	299		5,198	4,621	577
929578	EMERGENCY PLANNING	273	230	43		546	431	114
929580	ESTATES AND FACILITIES	1,460	1,400	60		2,921	2,802	119
929581	FINANCE	(217)	(563)	345		(435)	(1,184)	749
929585	IM&T	632	244	388		1,265	495	770
929586	IM&T PROJECTS	511	511	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	259	248	11		517	496	21
929593	PERFORMANCE	413	354	59		825	693	132
929599	STRATEGY & DEVELOPMENT	3,386	2,710	676		6,772	5,382	1,390
929600	ADMIN PROJECTS	(851)	(187)	(664)		(1,702)	951	(2,654)
929601	SERVICE PLANNING & REFORM	63	64	(0)		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	920	909	11		1,840	1,825	15
	ADMIN TOTAL	18,587	16,371	2,216		37,174	34,081	3,093
	CORPORATE TOTAL	30,327	27,823	2,504		60,653	56,920	3,733

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 6 was **£4,692,773k**. The MCD available as at month 06, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£2,427,207k**.
- As at month 06 the ICB had drawn down 48.3% of the available cash compared to the budget cash figure of 50.0%. In September, there was again no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 01 due to high volumes of year end creditors to be paid and has been used in October due to the re-phasing of the surplus to providers and the uncertainty around the timing of income from local councils.
- 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 06 was **£2,052k**, well within the target set by NHSE (**£4,950k**).
- 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	2023/24 AP6 - SEP 23	2023/24 AP5 - AUG 23	2023/24 Month on month movement
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s
ICB ACDR	4,692,773	4,691,420	1,353
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,093,000)	(1,697,000)	(396,000)
Prescription Pricing Authority	(132,244)	(108,517)	(23,727)
HOT	(1,313)	(1,052)	(261)
POD	(36,925)	(30,089)	(6,836)
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(352)	(20)	(332)
Remaining Cash limit	2,427,207	2,853,010	(425,802)

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
Apr-22	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-22	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-22	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-22	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-22	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-22	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-22	367,000	15,000	2,475,000		4,588		
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	2,445,000	30,000					

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%**. This has increased since the M05 report to take account of the medical pay uplift. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M06. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,689** (£614k over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below.
- Slide 3 sets out the position by ICB budgetary area.
- **Mental Health Data Review** - ICBs were given an opportunity to review and amend previous and current year spend where we have improved data and the M06 report has been updated to take account of these changes. This involved mainly refreshing LD and Autism spend and now includes LDA continuing health care placements at a total of £30.9m to provide a more comprehensive view of spend. This does not impact upon the ICB's ability to deliver the MHIS target.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans include improving joint funding panel arrangements and developing new service and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there continues to be significant and increasing independent sector spend with a forecast spend of approximately £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is working with providers to maximise resource and capacity in pathways, improving data quality and consider contracting options. We are also working with the London Region and other ICBs to benchmark services and develop shared principles for ADHD assessment and treatment.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to June 2023) is £11.2m, an increase of 4.6% over 22/23.

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Bromley Community Health Services	
This paper is for information .		
Executive Summary	<p>Bromley’s Community Health Services were tendered in 2017 as 3 separate Lots - Children & Young People (CYP), Adults and Unscheduled Care. All 3 contracts were awarded to Bromley Healthcare CIC (BHC) for a period of 5 years with the option to extend for a further 2 years. The contracts were extended for 2 years in 2022 under schedule 1C and are now set to expire on 30th November 2024.</p> <p>At its meeting on 15 November the SELICS Board was recommended to:</p> <ol style="list-style-type: none"> 1. Approve a Single Tender Waiver in relation to Bromley Community Services for a period of 2 years – 1st December 2024 – 30th November 2026 to the incumbent provider Bromley Healthcare CIC (BHC) 2. Seek approval to undertake a competitive tender procurement process for Community Health Services to be in place by 1st December 2026. <p>The report to the Board is attached as an information item for the Local Care Partnership to note.</p> <p>Because the reports despatch to the Local Care Partnership Board meeting will take place prior to the meeting of the SELICS Board, the Local Care Partnership will be advised of the decision of the Board following its meeting and in advance of the Local Care Partnership Board meeting.</p>	
Recommended action for the Committee	The Local Care Partnership is asked to note the decision made by the SELICS Board	
Potential Conflicts of Interest	No conflicts of interest have been identified	
Impacts of this proposal	Key risks & mitigations	n/a
	Equality impact	n/a

	Financial impact	See SELICS Board report
	Public Engagement	n/a
Wider support for this proposal	Other Committee Discussion/Internal Engagement	SELICS Board SEL ICB Planning and Finance Committee SEL ICB (Bromley) Procurement & Contracts Group
Author:	Sean Rafferty, Director for Integrated Commissioning SELICB and Asst Director for Integrated Commissioning LB Bromley	
Clinical lead:	Dr Andrew Parson, GP Clinical Lead	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead, Bromley	

Board Cover Sheet

Item Enclosure

Title:	Bromley Community Health Services contracts
Meeting Date:	November 2023
Author:	Sean Rafferty – Director of Planning and Commissioning, SEL ICB (Bromley)
Executive Lead:	Angela Bhan – Place Executive Lead, SEL ICB (Bromley)

Purpose of paper:	<p>1. Seek approval for enacting a Single Tender Waiver (STW) in relation to Bromley Community Services for a period of 2 years – 1st December 2024 – 30th November 2026 to the incumbent provider Bromley Healthcare CIC (BHC)</p> <p>2. Seek approval to undertake a competitive tender procurement process for Community services to be in place by 1st December 2026.</p>	Update / Information	
		Discussion	
		Decision	X

Summary of main points:	<p>Bromley’s Community Health Services were tendered in 2017 as 3 separate Lots - Children & Young People (CYP), Adults and Unscheduled Care. All 3 contracts were awarded to Bromley Healthcare CIC (BHC) for a period of 5 years with the option to extend for a further 2 years. The contracts were extended for 2 years in 2022 under schedule 1C and are now set to expire on 30th November 2024.</p> <p>Following discussions with NHS London Commercial (Procurement) Hub and legal advice from Capsticks the procurement and contract options have been assessed and reviewed.</p> <p>The Planning and Finance Committee considered a report on the commissioning strategy at its meeting on 7 September 2023.</p> <p>As the values of the contracts with BHC are over the relevant threshold to trigger compliance with the Public Contracts Regulations 2015 (“PCR”), the ICB will need to comply with both the PCR and NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (“NHS Procurement Regulations”) when considering contract extensions and awarding new contracts.</p> <p>A direct award under a single tender waiver (STW) will comply with the current regulations. This award for a 2-year term will be in the form of a single NHS</p>
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Standard Contract and as such include general and service conditions. Included in this will be a notice period of 12 months.

The contract will also include a Service Development Improvement Plan (SDIP) which will cover a programme of transformation. If agreed milestones are not met, the ICB would be able to impose contract management clauses under General Condition 9. Which would also be the case for any significant performance issues.

Key themes within the SDIP will be:-

- Integrated Primary Care provision that will lead to the Neighbourhood Teams model for Bromley
- Work towards agreeing a partnership with an NHS Trust to enable a hosted provider arrangement
- Maintaining long term financial stability
- Urgent and Emergency Care streamlining across BHC and with system partners
- Develop and pilot integrated primary care roles
- Develop One Bromley population health management data and insight capability

The contract management of BHC will continue for the current contract and the 2-year direct award. This will include a review of the current specifications, requirements and data quality; working with BHC and partner organisations in terms of transition to an integrated community service approach with revised specifications, and; developing reporting requirements.

In conjunction with a direct award for 2-years, the ICB will undertake a competitive procurement for the Bromley Community Services with service commencement on 1st December 2026. This procurement opportunity will be for a multi-year contract award and will be managed in accordance with the NHS Provider Selection Regime Guidance that comes in effect in January 2024.

The Bromley Local Care Partnership is developing its vision for Community Health Services in support of the SELICS' vision to help people in South East London to live the healthiest possible lives. The Bromley Local Care Partnership's 5-Year Plan priorities are to:

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

These priorities will form the background to developing the new service specification and contract with a view to implementing a new community health service offer that places the new provision as part of a neighbourhood based joined up and integrated service alongside other primary care providers.

The future procurement will be run as a separate procurement process to the direct award and follow the applicable procurement regulations, requirements and Conflict of Interest (COI) management to ensure that there is no undue influence on the market.

The table below sets out the indicative timetable for the procurement process.

<i>Procurement preparation</i>	Jan 24 – Nov 25
<ul style="list-style-type: none"> • Draft service requirements • Engagement with stakeholders • Agree Service standards • Finalise evaluation methodology • Finalise ITT questionnaire • Confirm budget • Agree evaluation panel members 	
Selection questionnaire (SQ) and Invitation to Tender (ITT) published	Nov 25
Bid submissions	Jan 26
Evaluation process	Feb 26
Bidder presentation / interviews	Feb 26
Contract award / Governance	April 26
Mobilisation	May 26
New contract commences	Dec 26

Potential Conflicts of Interest

Advice is being sourced from the NHS London Commercial Hub on how Conflicts of Interests (COIs) will be managed for both the direct award and forthcoming procurement, and it is expected that there will be a process where COIs will be declared by members of the Board, however the ICB will also take a view on any potential COIs.

Relevant to the following Boroughs

Bexley		Bromley	X
Greenwich		Lambeth	
Lewisham		Southwark	


Equality Impact	All impact assessments in relation to contract award and procurement will be undertaken in line with SELICS processes.
Financial Impact	There is a recurrent budget for the service. Any additional project costs for procurement will be identified from within delegated budgets

Other Engagement

Public Engagement	N/A at this stage.
Other Committee Discussion/ Engagement	SEL ICB (Bromley) Procurement & Contracts Group SEL ICB Planning and Finance Committee SEL ICB Bromley Local Care Partnership (part 2)

Recommendation:

1. Approve enacting a Single Tender Waiver (STW) in relation to Bromley Community Services for a period of 2 years – 1st December 2024 – 30th November 2026 to the incumbent provider Bromley Healthcare CIC (BHC)

- 
2. Approve a competitive tender procurement process for Community services to be in place by 1st December 2026, subject to impact of any changes in procurement regulations.

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24
This paper is for noting	
Executive Summary	<ul style="list-style-type: none"> • The formal partnership agreements made between the London Borough of Bromley and Bromley ICB to facilitate the joint commissioning and delivery of services have all been legally underpinned by a Section 75 (s75) Agreement in accordance with the National Health Service Act 2006. • Since 2014 a single s75 agreement has been in operation to support allied working across social care and health. The s75 will run continuously until it is formally stopped. This report details the current range of services included in the s75 agreement (Appendix A). These services were presented in an earlier Local Care Partnership Board report (23 January 2023) • Following the approval of the s75 in 2014, the core agreement remains unchanged, however officers are required to annually update the list of funding commitments. • From a local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement. The Bromley ICB Borough Director holds this responsibility on the behalf of Bromley ICB. In order to align the approvals mechanism and ensure an optimised integrated approach, the s75 updates are presented to the One Bromley Local Care Partnership Board. • Additionally, individual agreements will be subject to the LBB standard financial and contract regulations based on the level of funding involved e.g. if the Variation to funding was over £100k or if a new agreement involves funding contributions of over £1m, permission to vary/commence will be taken first through Executive for a decision.
Recommended action for the Committee	The Partnership Board is recommended to note:

	<ul style="list-style-type: none"> the current 2023/24 arrangements including the new schemes that weren't previously presented due to the late allocation of the funds by central government. that all of the 2023/24 projects will be incorporated in the 2024/25 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB to do so. that where new projects are to be included in the 2024/25 s75 the approvals process will be adhered to (e.g. seeking approval from the Leader, Portfolio Holder and ICB Borough Director), following presentation/agreement at the Bromley ICB (group). 	
Potential Conflicts of Interest	No conflicts of interest have been identified in the writing of this report.	
Impacts of this proposal	Key risks & mitigations	The oversight and risk management of the s75 agreement is managed by the officer led Integrated Commissioning Board. Additionally, Better Care Fund performance is reported to the Health and Wellbeing Board.
	Equality impact	The s75 agreement funds a wide range of health and care services with a focus on vulnerable Bromley residents including adults and children with disabilities and older frail residents. Equality Impact Assessments are undertaken at the individual project/service level.
	Financial impact	The 2023/24 budget has already been agreed. Where new projects have been initiated approval to spend has been sought in as detailed in 3.2 below.
Wider support for this proposal	Public Engagement	No public engagement has taken place with respect to this report. Public engagements and work with patients, service users and carers takes place when developing individual schemes and programmes covered by the agreement.
	Other Committee Discussion/Internal Engagement	Better Care Fund performance is reported to the Health and Wellbeing Board
Author:	Kelly Sylvester – Head of Community Commissioning (LBB)	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Cllr Diane Smith	

1. REASON FOR REPORT

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

2. RECOMMENDATIONS

2.1 The Partnership Board is recommended to **note**:

- the current 2023/24 arrangements (Appendix A) which includes the new schemes that weren't previously presented due to the late allocation of the funds by central government.
- that all of the 2023/24 projects will be incorporated in the 2024/25 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB approval leads to do so.
- that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB (group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.

3. COMMENTARY

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

- 3.2 LBB Executive agreed that any new individual agreements proposed by the Joint Integrated Commissioning Executive (renamed the Integrated Commissioning Board) would be covered under a deed of variation, which is subject to the standard financial and contract regulations based on the level of funding involved. For example if a new agreement involves funding contributions of over £1m it will be taken through Executive for a decision first.
- 3.3 From the local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s). This process is facilitated by the One Bromley Local Care Partnership Board.
- 3.4 From the Bromley ICB perspective, the Borough Director has the authority to approve any new agreements/amendments to the s75.
- 3.5 The services that are currently included in the s75 for 2023/24 are included in Appendix A. Unless funding is not available, the services detailed in Appendix A will be incorporated in the 2024/25 s75.

4. FINANCIAL CONSIDERATIONS

- 4.1 A summary of the services included in the s75 agreement and split of funding between the Council and ICB is shown in Appendix A. There are no financial implications for the Council arising from this, as the various amounts are included in the 2023/24 budget.

5. LEGAL CONSIDERATIONS

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

- 5.1 The Partnership Board is asked to note:
- the current 2023/24 arrangements (Appendix A) which includes the new schemes that weren't previously presented due to the end of year allocation of the funds by central government.
 - that all of the 2023/24 projects will be incorporated in the 2024/25 s75 agreement; unless funding has expired or if there isn't mutual agreement from LBB and ICB to do so.
 - that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB (group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.
- 5.2 The One Bromley Local Care Partnership committee is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in its Terms of Reference. This Partnership

committee has responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the Integrated Care Board. These services include Primary care services; Community services ;Client Group services; Medicines Optimisation related to community based care and Continuing Healthcare

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

Appendix A

Services/ arrangement	Delegations Functions	Designated Lead Commissioner/ contact	Supplier	South East London ICB Bromley Funding £'000	Authority Funding (22/23) £'000	Total Funding (22/23) £'000	South East London ICB Bromley Funding £'000	Authority Funding (23/24) £'000	Total Funding (23/24) £'000
Intermediate Care Contract	Delivery of intermediate care services in the borough [Authority Function]	South East London ICB Bromley hold contract - Associate Director of Contracting - Michael Johnston	Bromley Health Care	2,517	921	3,438	2,517	921	3,438
Short Breaks Service for Children - Hollybank	Delivery of short breaks service to children with special needs	South East London ICB Bromley hold contract - Associate Director of Contracting - Michael Johnston	Bromley Health Care	833	468	1,301	833	468	1,301
PSIS (excluding BCF Contribution)	To establish effective self management programmes and improve joint IAG arrangements	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	239	713	952	239	713	952
Community Equipment	Provision of all Community Equipment	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	NRS	600	624	1,224	600	624	1,224

Speech and Language Therapy for Children and Young People	Commissioning speech and language therapy and occupational therapy for pupils in special schools and for pupils in schools with unit provision and for the Inclusion Support Service (ISS)	South East London ICB Bromley hold contract	Bromley Health Care	1,415	0	1,415	1,415	0	1,415
Mental Health (Edward Road)	Accommodation support for people with MH needs	Authority - Kim Carey - Director Care Services	Ambient Support	118	0	118	118	0	118
Mental Health community contract	Early intervention and prevention services for people with mental ill health (Employment Services)	South East London ICB Bromley hold contract - James Postgate - Associate Director of Integrated Commissioning	Bromley & Lewisham Mind	414	100	514	414	100	514
Contribution to Commissioning Posts	Agreement to jointly fund commissioning posts	Authority hold employment contracts	Associate Director Children and Young People Commissioning	86	0	86	86	0	86
			Children's Commissioner	33	33	66	36	36	72
			MH accommodation and support project manager	117	0	117	117	0	117
Integrated care and health programme	Joint LBB / South East London ICB Bromley into shared Integrated Care fund to support joint work on integration in health and social care with invest to save and transformation schemes	Health & Wellbeing Board - Directors through Intergrated Commissioning Board. Funding released through report to Local Authority Executive	n/a	0	11,126	11,126	0	11,126	11,126

Community Contracts	Health Visiting	Authority - Nada Lemic Director of Public Health	Bromley Healthcare	0	3,274	3,274	0	3,274	3,274
	Health Support to Schools		Bromley Healthcare	0	670	670	0	670	670
	National Childhood Measurement Programme (NCMP)		Bromley Healthcare	0	105	105	0	105	105
	Sexual Health Service		Bromley Healthcare	0	927	927	0	927	927
Public Health Support to Bromley South East London ICB Bromley	Contraception devices	Nada Lemic Director of Public Health	n/a	10	0	10	10	0	10
BCF - Transformation Reserve	One off BCF underspent from 2015/21 to pump prime transformation projects and support savings	Health & Wellbeing Board - Directors through IHSCB. Funding released through report to Authority Executive when appropriate	n/a	0	5,710	5,710	0	5,171	5,171
BCF - Protecting Social care/ Care Act	Funds moved by the South East London ICB Bromley from acute into Community - specifically to protect social care services. DoH Grant £4,494k	Authority - Kim Carey - Director Care Services	multiple resi, nursing and dom care providers	0	13,293	13,293	0	14,251	14,251
BCF – South East London ICB Bromley Previous Existing Grants – subsumed into BCF	Reablement grant Carers grant	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	multiple including Authority	1,616	344	1,960	1,681	358	2,039

Winter pressures - clinical support	Clinical support into discharge activity	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas/ BHC	706	0	706	734	0	734
Winter pressures - Social Care Support	Social Care support into discharge activity	Authority - Kim Carey - Director Care Services	Authority/ Dom Care Agencies	0	1,123	1,123	0	1,168	1,168
BCF - At risk funds against acute spend/community investment	Held at risk - invested in community to manage acute risk	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	n/a	1,472	0	1,472	1,532	0	1,532
BCF - Dementia Clinical diagnosis	To increase diagnosis rates and build capacity at the Memory Clinic	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas	678	0	678	705	0	705
BCF - Dementia - Non clinical post diagnosis	New universal post diagnosis service	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	0	569	569	0	592	592
BCF - Self-Management and information, advice and guidance - PSIS Contract	To establish effective self management programmes and improve joint IAG arrangements	Joint - to align with ICNs	3rd Sector/ PH self management projects	0	1,837	1,837	0	1,910	1,910
BCF - Reablement (additional capacity)	To increase capacity up to 900 reablement packages per year	Authority - Kim Carey - Director Care Services	Authority	0	932	932	0	969	969

BCF - Discharge Team	Go live of new integrated discharge team at the PRU	South East London ICB Bromley - Angela Bhan - Chief Officer	Multi- agency	617	0	617	642	0	642
BCF - Discharge Team	Go live of new integrated discharge team at the PRU - staffing contribution	Authority - Kim Carey - Director Care Services	Authority	0	56	56	0	56	56
BCF- Community Equipment (additional capacity)	Additional funding on top of historic sum to balance total budget of £1.5m	Authority - Kim Carey - Director Care Services	NRS	585	461	1,046	609	480	1,089
BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	EMIS/ Kings/ OLM	413	0	413	429	0	429
BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care. Staffing contribution to LBB	Authority - Kim Carey - Director Care Services	LBB	0	58	58	0	61	61
BCF - Intermediate care costs	Some shared intermediate care costs moved into BCF	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	BHC	684	0	684	712	0	712

BCF - Health support into care homes and extra care housing	To increase the clinical support into local care homes	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	GPs/ BHC/ Oxleas	343	457	800	357	475	832
BCF - Intermediate care costs	Contract reduction funded through BCF	Authority - Kim Carey - Director Care Services	Bromley Healthcare	0	163	163	0	170	170
BCF - BCF Post - Programmes Team	Contribution to Programmes Team	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	44	44	0	43	43
BCF - LD Strategic Board Support		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB	0	27	27	0	27	27
BCF - Development of joint initiatives	Enablers for Integration – Discharge Therapies Support	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB/South East London ICB Bromley	1,046	0	1,046	1,088	0	1,088
BCF - D2A		Authority - Kim Carey - Director Care Services	LBB	0	458	458	0	702	702
BCF - ICB staffing contribution		South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	ICB	0	0	0	200	0	200
Winter Pressures - D2A staffing	Other interventions to minimise delayed discharges, implement good practise on discharge and discharge planning	Authority - Kim Carey - Director of Adult Social Care	LBB	0	95	95	0	95	95
Winter Pressures - Equipment	Improved equipment services to speed up turnaround times	Authority - Kim Carey - Director of Adult Social Care	LBB	0	214	214	0	214	214

Winter Pressures - DomCare	Additional domiciliary care packages	Authority - Kim Carey - Director of Adult Social Care	LBB	0	72	72	0	72	72
Winter Pressures - Placements	Specialist placements .e.g. dementia, mental health and learning disabilities	Authority - Kim Carey - Director of Adult Social Care	LBB	0	405	405	0	405	405
Winter Pressures - D2A Placements	Specialist placements to support Discharge to Assess	Authority - Kim Carey - Director of Adult Social Care	LBB	0	83	83	0	83	83
Winter Pressures - D2A DomCare	Dedicated discharge teams embedded in domiciliary care providers	Authority - Kim Carey - Director of Adult Social Care	LBB	0	321	321	0	321	321
IBCF - Offsetting growth	Managing demand across the services	Authority - Kim Carey - Director of Adult Social Care	LBB	0	4,636	4,636	0	4,636	4,636
IBCF - Whole system reserve	To avoid any crisis in the joint health and social care systems e.g. utilising resources to aid hospital discharge when the clients still have complex needs. This effectively	Authority - Kim Carey - Director of Adult Social Care	LBB	0	1,904	1,904	0	1,904	1,904
Joint Assistant Director of Integrated Commissioning post		Authority - Kim Carey - Director of Adult Social Care	LBB/South East London ICB Bromley	72	72	144	77	77	154



Family Support	Family support	Authority - Jared Nehra - Director of Education	Mencap	21	21	42	21	21	42
Winter Pressures Funding	Winter pressures funding to enable timely enhanced winter capacity to be put in place	Authority - Kim Carey - Director of Adult Social Care	LBB	612	0	612	400	0	400
Hospital Discharge Funding	Financial support to secure the continued provision of social care services in line with presenting need and discharge standards	Authority - Kim Carey - Director of Adult Social Care	Various care providers	3,308	0	3,308	0	0	0
LD/Autism Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		247	0	247	208	0	208
Discharge Transformation Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		361	0	361	256	0	256
Autism Community Grant	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	0	0	200		200
Community Discharge Grant	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	0	0	119		119

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Bromley Primary Care Group: November 2023 report
This paper is for information	
Executive Summary	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following substantive items were considered at the November 2023 meeting of this group:</p> <p>a) Achievement of PMS Premium schemes 22/23 and 23/24</p> <p>The PCG received a paper summarising the PMS Premium achievement for 2022/23 and the position at Quarter 1 for 2023/24.</p> <p>During 2022/23, in line with national primary care schemes, income protection applied to the PMS Premium. This was in reflection of the impact from the Covid-19 pandemic on routine care and the prioritisation of the Covid booster campaigns. It was noted that the most challenged scheme related to the end of life care and that this should be an area of focus for 2023/24.</p> <p>For 2023/24, practices have been expected to resume delivery of schemes in full again. Quarter 1 data has indicated that there is good performance of breast and bowel screening targets. The achievement of end-of-life and childhood immunisation schemes is below target. This has been investigated with practices and it appears there may be some clinical coding issues contributing towards this. The Bromley Primary Care team has provided education and guidance to address this gap.</p> <p>For those practices where achievement appears to be at risk, the Bromley Primary Care team will engage directly with those practices in order to highlight the potential gap, and offer support with input from clinical leads and others as required to enable achievement. If gaps remain, the ICB will take forward steps in line with contractual action options.</p> <p>The end of year outturn will be provided to the PCG for assurance purposes in due course.</p>

b) Progress against the Primary Care Recovery Plan

The PCG was provided with an update on the national and local initiatives to improve patient experience, with an outline of the financial and indirect support to enable practices and Primary Care Networks (PCNs) to realise improvements in this area.

PCNs are progressing delivery of their Capacity & Access Improvement plans and approaching a mid-point review with the ICB to ensure progress is on track and issues can be escalated and addressed in a timely way. The final assessment of achievement of outcome and to determine release of some or all of the Local Capacity & Access Improvement Payment will take place by the ICB before August 2024 at the latest. This assessment will be in line with national guidance.

The ICB Board will be receiving a report to its November meeting on progress across the SEL system. The Bromley component was distributed to the PCG for information. A further report is due to the ICB Board in Spring 2024. The PCG will also receive further reports on progress for assurance purposes at Place level.

c) Primary Care Quality update

The PCG received an update from the Quality team relating to quality issues with a direct impact on primary care in Bromley.

PCG members were advised that the technical issues continue to affect access to the Primary Care Quality Dashboard. The PCG welcomed the information about quality alert themes and requested a specific report on quality issues raised by Bromley GPs and quality alerts about Bromley GPs for the next meeting.

PCG further asked that the quality alerts which were as a result of or related to the rollout of EPIC was captured by the Quality team so the impact on quality could be more accurately reflected. PCG members relayed a range of problems linked to EPIC and these will be escalated directly in order that the nature and severity of the issues are better understood by those involved in resolution.

d) Neighbourhood estates strategy development

The PCG was advised about progress towards a neighbourhood estates strategy. Workshops will be held with One Bromley partner organisations aligned to geographical groupings across Bromley in support of creative use of estate and cross-organisational working.

	<p>e) Summary of Officers' Decisions: Temporary Suspension of New Registrations</p> <p>The Group was formally notified of the intention to permit a temporary list suspension in a Bromley practice in order to respond to the potential risk of maintaining safe patient care. This permission is in accordance with the Primary Medical Care Policy & Guidance Manual (v4, 2022) section 5, <i>Temporary suspension to patient registration</i>.</p> <p>This arrangement will be for a maximum of three months and key stakeholders will be notified by the practice and the ICB ahead of its enactment.</p>	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the work and undertaken by the Primary Care Group • The decision to approve a recommendation to proceed to contractual action for non-delivery of essential services • The officers' decision to permit a temporary suspension of new registrations for one GP practice. 	
Potential Conflicts of Interest	<p>Some members of the LCP and its sub-groups are providers of primary care services. On this occasion no members declared a potential conflict of interest relating to the discussions at the November 2023 Primary Care Group.</p>	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: 23 November 2023

Title	Bromley Procurement & Contracts Group – September / October 2023 update
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<p>Following the establishment of the Bromley Procurement & Contracts group to support of the management and oversight of delegated budgets in terms of compliance with procurement and contract management, the following items were discussed and agreed at the groups on 29th September and 24th October groups. The next group will take place on 29th November 2023.</p> <p><u>Contract Award</u></p> <p>No contracts were awarded at either meeting.</p> <p><u>Contract Extensions</u></p> <p>SEL ICB have enacted the contract extension with St Christopher’s Hospice under schedule 1C of the NHS Standard Contract, resulting in a contract end date of 31st March 2025.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> • Identification and Referral to Improve Safety (IRIS) – tender exercise for this service has closed and bids have been evaluated, an initial draft of the Contract Award Recommendation Report (CARR) was discussed at the October meeting which resulted in further clarification from bidders being sought on Information Governance, this has been received and is currently being evaluated, the final CARR will be taken to the November meeting. • Denosumab – The request for a quotation process has been delayed so that any impact of the new Procurement regulations (PSR) can be understood. PSR is anticipated to be in place from 1st January 2024. <p><u>Other key areas of discussion to note</u></p> <ul style="list-style-type: none"> • Provider Selection Regime (PSR) - PSR is expected to be in force from 1st January 2023. SEL ICB Bromley and LBB are jointly reviewing contracts and services which are potentially in scope for PSR and the implications of this, where although there is greater flexibility in awarding contracts, there is also greater transparency and scrutiny on any procurement decision. • Community Health Services – discussions took place over the recommendation to SEL ICB on the extension of the current community health provision and recommissioning of those services. A paper is being taken to SEL ICB Board on 15th November and Bromley LCP on 23rd November.

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 committee to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chairman One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Appendix 1: Glossary of Terms

Glossary			
Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ACSC	Ambulatory Care Sensitive Conditions	H1	Half 1 (first 6 months of the financial year, April - September)
ACP	Advance Care Plan	H2	Half 2 (last 6 months of the financial year, October - March)
AHP	Allied Health Professional	H@H	Hospital at Home
AHSN	Academic Health Science Network	HIN	Health Improvement Network
AT	Assisted Technology	HWBC	Health & Wellbeing Centre
BCF	Better Care Fund	IAPT	Improving Access to Psychological Therapies (Programme)
BGPA	Bromley General Practice Alliance	ICB	Integrated Care Board
BLG	Bromley, Lewisham and Greenwich (Mind)	ICP	Integrated Care Partnership
BTSE	Bromley Third Sector Enterprise	ICS	Integrated Care System
CAB	Citizens Advice Bromley	ILAG	Information, Advice and Guidance
CAMHS	Child & Adolescent Mental Health Service	IPU	Inpatient Unit
CAS	Clinical Assessment Service	ITT	Invitation to Tender
CC	Continuing Care	KCH	Kings College Hospital
CCG	Clinical Commissioning Group	KPI	Key Performance Indicator
CHC	Continuing Healthcare	LAS	London Ambulance Service
COPD	Chronic Obstructive Pulmonary Disease	LBB	London Borough of Bromley
CPAG	Clinical & Professional Advisory Group	LCP	Local Care Partnership
CRM	Customer Relationship Management (system)	LGT	Lewisham & Greenwich (NHS) Trust
DASS	Director of Adult Social Services	LMC	Local Medical Committees
DAWBA	Development and Well-Being Assessment	LPC	Local Pharmaceutical Committee
DTA/D2A	Discharge To Assess	MDI	Metered Dose Inhalers
ECH	Extra Care Housing	MDT	Multi Disciplinary Team
ED	Emergency Department	MHP	Mental Health Practitioners
EHC	Education, Health and Care (plans)	NCSO	No Cheaper Stock Obtainable
ENT	Ear, Nose and Throat	NWCSP	National Wound Care Strategy Programme
FY	Financial Year	PCG	Primary Care Group (Bromley)
GP	General Practice	PCN	Primary Care Network

Appendix 1: Glossary of Terms

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
GSTT	Guys and St Thomas' Hospital	PIP	Personal Independent Payment
PPA	Prescription Pricing Authority		
PR	Pulmonary Rehab		
PRUH	Princess Royal University Hospital		
PSIS	Primary and Secondary Intervention Service		
RCN	Royal College of Nursing		
ROP	Referrals Optimisation Programme		
SEL	South East London		
SDEC	Same Day Emergency Care		
SLAM	South London and Maudsley		
SPA	Single Point of Access		
UCP	Universal Care Plan		
UTC	Urgent Treatment Centre		
VCS	Voluntary Community Sector		
VCSE	Voluntary, Community & Social Enterprise		
WCP	Winter Clinical Pathway		