

One Bromley Local Care Partnership Board

Date: Thursday 25 January 2024

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:35
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:40
4.	Minutes of the meeting held on the 23 November 2023 For approval	Enc. 2	Chairmen	9:45
5.	Matters arising – 'Right Care Right Person' Update	Verbal	Iain Dimond	9:50
6.	Actions for the Board For approval	Enc. 3	Chairmen	10:00
For Information and Noting				
7.	Partnership Report For information	Enc. 4	Dr Angela Bhan	10:10
8.	Winter Update For information	Enc. 5	Jodie Adkin	10:20

9.	Finance Month 8 Update For information	Enc. 6	David Harris	10:35
Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For noting	Enc. 7	Harvey Guntrip	10:45
11.	Contracts and Procurement Group Report For noting	Enc. 8	Sean Rafferty	10:55
12.	Performance, Quality and Safeguarding Group Report For noting	Enc. 9	Harvey Guntrip	11:05
Closing Business				
13.	Any Other Business	Verbal	All	11:15
Appendices				
14.	Appendix 1: Glossary of terms	Enc. 10	For information	
Next Meeting:				
15.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 28 March 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. The practice is also a member and shareholder in BGPA	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 23 November 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
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Angela Helleur	Site Chief Executive – Princess Royal University Hospital, King’s College Hospital NHS Foundation Trust	AH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
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
In Attendance:		
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
David Harris	Associate Director of Finance, NHS South East London	DH
Elliott Ward	One Bromley Resilience Programmes Lead, NHS South East London	EW
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa

Name	Title and organisation	[Initials]
Dr Zia Buckhoree	Clinical Director, Beckenham Primary Care Network	ZB
Claire Lewin-Farrell	Head of Safeguarding and Designated Nurse Safeguarding Adults (Bromley), NHS South East London	CL-F
Kelly Sylvester	Head of Service, Community Living Commissioning Programmes Team, London Borough of Bromley	KS
Members of the public	(1)	

		Actioned by
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.</p> <p>Angela Helleur updated the Board that she has been formally appointed as Site Chief Executive for Princess Royal University Hospital (PRUH) and South Sites, part of King's College Hospital NHS Foundation Trust.</p> <p>Councillor Colin Smith congratulated Angela on her new appointment and wished her well for the future.</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>No interests were declared.</p>	
3.	Public Questions	
3.1	<p>A question from a member of the public was received prior to the meeting.</p> <p>The member of the public attended the meeting and presented the question to the Board, which were in relation to the use of Physician Associates (PAs) in Bromley.</p> <p>Mark Cheung provided a verbal response to the question at the meeting, which is noted below.</p> <p>Question: The use of Physician Associates (PAs) in Bromley</p> <p>Response: The Physician Associate role, or PA, is well established already in hospitals as a role supporting senior clinicians to deliver patient care. Physician Associates are one of 15 types of professional healthcare roles recently introduced as part of a national scheme to increase the workforce delivering primary care services to patients. The PA role is not designed to be used in place of doctors, rather to work alongside doctors as part of an expanded general practice team. More</p>	

	<p>information about how this role is expected to work in general practice is available here: NHS England » Expanding our workforce</p> <p>Physician Associates are trained and can be employed as qualified healthcare professionals. Their training involves completion of a relevant first degree or health professional course and a further two years of full time postgraduate study. PAs also undertake clinical training in health care settings to gain their qualification. PAs are required to re-certify in the knowledge component of their curriculum every six years to ensure they keep up to date. In general practice, PAs are required to be supervised by a qualified and experienced GP, under a 'delegation clause', which includes responsibility for the ongoing development and appraisal of the PA.</p> <p>The role of the PA is to see and care for patients according to their level of knowledge, skills and experience. As with every role in healthcare, the person is expected to work within the limits of their competence only, and must refer a patient to another healthcare practitioner when this is required to suitably serve the patient's needs.</p> <p>The PA code of conduct requires PAs to be honest about their experience, qualifications and current role. PAs are expected to introduce themselves and sign off correspondence clearly reflecting their role as a PA, and should not be representing themselves as a GP or doctor to patients. 64cba44432808_FPA_code_of_conduct_July_2023.pdf (fparcp.co.uk)</p> <p>For those individuals employed as part of the 'Additional Roles Reimbursement Scheme' for Primary Care, there is guidance on the salary for the PA role. This is set at a Band 7 'Agenda for Change' salary scale. GP remuneration is typically higher than a Band 7 rate.</p> <p>As at September 2023 four Bromley GP practices state that they employ a PA. This equates to approximately 4.25 whole time equivalents (WTE).</p>	
3.2	<p>In considering the response, the following comments were received:</p> <ul style="list-style-type: none"> • Dr Parson thanked Mark Cheung for updating verbally on the written response to the questions, which will be published online as per our protocol. • Dr Parson thanked the member of the public for the questions, as this is an important topic. He confirmed that there are no reports of harm caused to any patients in Bromley. 	
3.3	The Committee NOTED the public question response.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 28 September 2023	
4.1	The minutes were taken as an accurate record of the previous meeting, subject to a correction on page 9 in relation to the wording on the homeless population.	ABa
5.	Matters Arising – "Right Care Right Person" (RCRP) Update	
5.1	<p>Iain Dimond updated the board on the RCRP developments, the following points were noted:</p> <ul style="list-style-type: none"> • RCRP implementation began on the 1st November with mitigations 	

	<p>agreed ahead of implementation as previously discussed, these were all implemented.</p> <ul style="list-style-type: none"> • At the point of going live, escalation processes were agreed between the Metropolitan Police and the rest of the NHS system which included two main areas: <ol style="list-style-type: none"> 1. Real-time escalation of issues 2. Retrospective thematic analysis of issues that will arise with twice-weekly calls with the Police, (this frequency has now reduced). • High level implementation went well and from a Police perspective, there has been a significant reduction of calls. • Any issues escalated have been addressed, and no reported harm has occurred. From an Oxleas perspective, there has been no cause to raise issues. • The work yet to be completed includes: <ol style="list-style-type: none"> 1. Development of a pan-London CAMHS AWOL Policy 2. Welfare Checks - for Mental Health (MH) Trusts, the same approach is being taken to AWOL with the aim of developing a pan-London policy for all MH Trusts. However, welfare checks are requested from a wide variety of sectors including GPs, social care, the community and voluntary sector (VCSE), community health providers and the public themselves. The approach to managing this function needs to be considered, as it is not possible to have one policy to cover all eventualities. Iain is seeking representation from different sectors to participate in the discussions on this. Jane Simmons from the London Adult DASS group is coordinating a series of meetings between representatives from these sectors, with the Police, to carry out scenario testing and work out how these are responded to. Timescales for this work to be completed have not been confirmed yet but we have a route into these conversations, which will encompass all age groups. Iain asked board members to let him know if they would like to join any of these meetings. 	
5.2	<p>In considering the update, board members had the following comments:</p> <ul style="list-style-type: none"> • Councillor Colin Smith thanked Iain for the extra efforts he has put into this work. • Councillor Colin Smith expressed that he is deeply disturbed by the RCRP measures and there are concerns of the outcomes for individuals, with agency staff caught up in this. He notified the Board that Bromley Council staff will not be attending any of these situations. There is a gap in the system and it is assumed that others share the same views. Councillor Smith has received correspondence on the subject from Steve Brine, MP. A letter detailing local concerns will be produced from Councillor Smith, as Leader of Bromley Council and Co-Chairman of the One Bromley Local Care Partnership Board. Board members were in agreement with this approach and were asked to share their concerns to formulate a collective response. • Iain Dimond agreed with Councillor Colin Smith's proposal to write a formal letter. He noted that there is more data to be collected about the volume of requests for RCRP and alongside that, to track and quantify if 	

	<p>there has been any shift in demand from the Police to other parts of the system. The door is still open to register workforce gaps or demand. Iain reassured colleagues that the Police are still attending to issues.</p> <ul style="list-style-type: none"> • Helen Simmons had no objections with the letter. She asked if St Christopher’s could be included in the welfare check meetings and would welcome further updates on this work in three to six months’ time. • Harvey Guntrip enquired whether there has been a rise in criminality as a result of the Police not attending to callouts. In response to this, Iain noted that Section 136 of the Mental Health Act gives the Police the power to judicially detain individuals in a public place, but what has become apparent is that this has not always been used appropriately. There is a low conversion rate and an opportunity to avoid using the criminal route; with the right treatment in place we should be able to avoid traumatic situations and ensure individuals are given the right care they need. • Iain noted there are two mental health hubs in London including the SLP one, enabling better clinical advice to be provided to the Police. These will help to reduce the need to enforce Section 136 detentions. Iain noted that there has been a 30% reduction in Section 136 detentions since the new measures have been in place, which is a good outcome. Iain will keep a close eye on this to see if there is a correlating increase in criminality in the system, but confirmed that at present, there is no direct link to this. • Richard Baldwin confirmed his offer of support to Councillor Smith’s proposal in writing a letter. He noted that it is important to keep this issue live and in the public’s sight, as we know there may be some longer-term impacts and it is key to ensure that the Police are aware that we are monitoring outcomes and the impact on services. • Dr Angela Bhan thanked the Leader for his offer to write on behalf of One Bromley’s Local Care Partnership Board. It is key that this is kept as a live issue and a longer-term evaluation of this initiative would be very valuable, before and after implementation. • Jacqui Scott noted an issue in relation to failed access visits which are instances where the Police are relied upon and she wished this to be raised in the letter. • Dr Andrew Parson noted that there is support from the Board on these proposals and he asked members to contact Councillor Colin Smith directly if they have any further issues to raise in the letter. • Further updates on this work will come back to a future meeting. 	
5.3	The Committee NOTED the update on the “Right Care Right Person” Model update.	
6.	Actions for the Board	
6.1	The action log was reviewed. One action remains open in relation to the Population Health Management item and data on unemployment figures in Bromley. Action: Mark Cheung to provide an update on this action	MC
6.2	The Committee NOTED the action log.	
7.	Partnership Report	

7.1	<p>Dr Angela Bhan introduced the Partnership Report and updated that we are coping with Winter and the EPIC rollout (a new patient electronic system to share data between Guys & St Thomas Hospital NHS Trust and King's College Hospital NHS Trust). Other key initiatives include the Acute Mental Health Hubs.</p> <p>The Partnership Report was taken as read. Dr Bhan invited comments from partners.</p> <p>No comments or questions were raised by members.</p>	
7.2	The Committee NOTED the Partnership Report.	
8.	Bromley Homeless Healthcare Clinics	
8.1	<p>Sarah Jackson introduced herself as Nurse Practitioner for Bromley's Homeless Healthcare Clinics and lead for this project, which she is very passionate about.</p> <p>Slides were presented on Bromley's Homeless Healthcare Clinics, the following points were noted:</p> <p>Challenges</p> <ul style="list-style-type: none"> • The homeless population has 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. • Needs assessment identified that the homeless are one of the most vulnerable cohorts of our population. • The outcomes and aims of this initiative are to provide the homeless with access to health and wellbeing services, and to 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. • One Bromley has provided funding for Bromley's Homeless Healthcare clinics all year round. <p>A partnership approach to reducing health inequalities in the homeless</p> <ul style="list-style-type: none"> • 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 where a range of treatments were offered to help manage common health issues with staff on site one evening a week including a GP, Nurse Practitioner, Podiatrist, Drug and Alcohol Support Worker and an Administrator. A Nurse Practitioner and Care Coordinator are now provided all year round through One Bromley funding. • Partnership working between Bromley Homeless Charity and Bromley GP Alliance creating the London Borough of Bromley's Homeless Project. • The homeless healthcare clinics started as a 3 year project and it is hoped that further funding will be provided as we can see the huge difference this is making to people's lives 	

- Information is collected continuously and includes:
 - Referrals
 - Numbers attending - their age and gender
 - Outcomes
 - Signposted to other services – a lot of referrals to mental health services for anxiety and depression.
 - Prescriptions issued.
 - GP registration.
 - Lifestyle – i.e. alcohol consumption and smoking.
 - Accommodation status – there are many rough sleepers including sofa surfers and people sleeping in their cars.
 - Vaccinations given – the homeless healthcare clinics have been able to secure a fridge so can now offer covid and flu vaccinations.
 - Feedback on the service.

Numbers

- In the five months up to September 2023:
 - 59 clients have been assisted, with some clients returning to the clinic multiple times.
 - 32% are female, 68% are men.
 - 197 appointments – lasting at least 30 minutes each.
 - 26 clients registered with a GP at 13 different practices. The team are also building champions in each of the PCNs.
 - 68 prescriptions were issued.

Case Study 'B'

- B was known to the charity and had previously declined help.
- He visited the clinic and was seen by Sarah, who diagnosed B with a chest infection.
- A review of the medical notes indicated that B had three coronary bypasses in the last year with no review or medication provided, which posed a serious risk in terms of a severe illness occurring.
- A GP appointment was booked to review health and to look at heart medication.
- A message was sent to the hospital to ask for an urgent appointment.
- The client is now housed and receiving benefits, and he is on the correct medication for his heart.
- If he has health concerns, he now comes to see the team at the charity or asks for help.

Case Study 'GK'

- This was a more complex case.
- The client was very anxious and agoraphobic, it took 30 minutes to calm GK down when he visited the clinic.
- Once GK was settled and reviewed, it was discovered that he had multiple issues including a sternal lump, heartburn, hiatus hernia, testicular lump, oozing wound, fatigue, pain, anxiety, and depression.
- One of the best interventions was a same-day blood test.
- He was registered with a GP.

	<ul style="list-style-type: none"> • Scans were requested and he was referred to hospital services. • A follow-up GP appointment was made. • He had poor mobility and was deemed as a high priority, and was thus housed very quickly. • The charity 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. <p>Next Steps</p> <ul style="list-style-type: none"> • Broaden the data being collected. • Build more pathways between services and this client group. • Clinical Leads and GPs to be involved in the next year. • Undertake health audits including: <ul style="list-style-type: none"> ○ whether women who attend have had cervical testing ○ prescribing ○ who is referring to the service. ○ who the service is referring to and how long it takes for initial contact with clients. 	
8.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Sarah Jackson for the fantastic presentation and congratulated her and the wider team on this valuable work, led by a Nurse Practitioner, with her own expertise and competence. • Sarah Jackson updated the board that the charity has also won the Affordable Homes Award which signifies that the service is being recognised. • Dr Hasib Ur-Rub expressed his thanks to Sarah for the presentation. He noted that the average age of death of a homeless person twenty-five years ago was 44, this is now 42. The work requires robust evaluation and data to support the development of the project. • Dr Claire Riley offered her support from a GP perspective and would be keen to link this work with the Care Coordinators, as she is aware of the good work being done including the High Intensity User Service at the PRUH. In response to this, Sarah noted that the Homeless Healthcare Clinic team works closely with the PRUH and the High Intensity User Service, including work on discharge planning. • Dr Angela Bhan gave her congratulations to Sarah on this excellent work. She noted the 60% increase in service users could also be due to 'word of mouth' and awareness of the service. Her second point was in relation to the impact on services, with regards to efficiency of the health services, as this initiative not only concerns health but looks at all of the needs of the individual as a collective approach, which is brilliant. • Dr Andrew Parson thanked Sarah and wished her well for the future and this important service. 	
8.3	The Committee NOTED the Homeless Healthcare Clinic update.	
9.	Bromley Neighbourhoods and PCN Working Showcase	
9.1	Elliott Ward presented the first part of this item on Bromley Neighbourhoods, the following points were noted:	

	<p>Our 5 year strategy</p> <ul style="list-style-type: none">• Neighbourhood care in Bromley is based on our five-year strategy for One Bromley, which was signed off at the Local Care Partnership Board in May 2023.• Since then, we have been working on refining what neighbourhood working means in greater detail and this is presented to the Board to get further steers from the Committee.• Why are we here:<ul style="list-style-type: none">○ The national drivers along with the Fuller Report which had a focus on working in neighbourhoods.○ NHS Planning Guidance○ Our local desire as partners to realise greater benefits for our population through working across organisational boundaries and with our residents <p>Neighbourhood working</p> <ul style="list-style-type: none">• Neighbourhoods is not a term that is new – the common definition is a group of people with a common set of norms.• We see neighbourhood working through two lenses:<ol style="list-style-type: none">1. Development of multi-disciplinary, multi-agency working around a geographical location2. Working with, and further empowering, communities to shape services and become more resilient.• The expectation from a health and care perspective, is for teams to increasingly coalesce around geographies to take leading roles in changing population outcomes.• There is more work to be done around the second definition/lens in relation to both empowering communities to shape and develop services to be more than the sum of their parts, and to facilitate and expand connection within communities. <p>Demographic and health variation</p> <ul style="list-style-type: none">• Bromley has a large population with varying areas of deprivation.• Variation exists for example in the Orpington and Five Elms areas, with issues such as loneliness, depression, long-term conditions and lower life expectancy.• Contrast with Penge which is characterised by a younger population with pockets of deprivation and different health outcomes. <p>Our principles for developing neighbourhood working</p> <ul style="list-style-type: none">• Working with partners across south east London• Connecting people, priorities and places.• Supporting people – culture change, working outside of silos• Look at multi-agency working, whilst more complex, the benefits are greater. <p>Current neighbourhood priorities draw on our experience</p> <ul style="list-style-type: none">• Strong history of multi-agency working, some examples include the Orpington Wellbeing Café and B-CHIP (Bromley Children’s Health Integrated Partnership).	
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	<ul style="list-style-type: none"> • There are three areas which map to our strategic priorities which can focus our neighbourhood development at the footprint of one or more PCNs. At this scale we anticipate health, care, voluntary and community providers coming together to focus on: <ol style="list-style-type: none"> 1. Prevention 2. Proactive Long Term Condition Management 3. Same day care <p>Key considerations</p> <ul style="list-style-type: none"> • Seek to establish a working group to guide work more formally. • Some practical questions to consider: <ul style="list-style-type: none"> ○ Understanding needs of the population neighbourhoods – on some measures different population needs between north and south of borough. How do we meet these? ○ Are we already aware of how connected our population is? <p>Dr Claire Riley is an Orpington PCN Clinical Director. She outlined the approach PCNs are taking to start to work in a more neighbourhood way and gave a case study.</p> <p>Bromley PCNs' approach to neighbourhood working so far</p> <ul style="list-style-type: none"> • Delivery of joint services between primary care and other providers, but also how to link up services and share resources within primary care. • The approach must be specific to the relevant population. <p><i>Case Study 1: Orpington PCN and Crays PCN Frailty Hub in partnership with Bromley Healthcare</i></p> <ul style="list-style-type: none"> • Initiated in July 2022, Orpington PCN had started a collaborative approach to open the Wellbeing Café, supported by Bromley Healthcare • There was recognition of loneliness amongst the local, elderly population and a significant proportion of residents who had health needs were not engaging with their GP. • Orpington Wellbeing Café: <ul style="list-style-type: none"> ○ Data was collected and reviewed, attendees were also coming from other PCNs not only Orpington. ○ Lessons learnt include a significant social element to have interactions with health and care professionals. ○ Supported residents with a range of tools including mindfulness, digital inclusion, E-Consult in app training, guidance and signposting on how to access services such as the ARRS scheme. ○ Collecting data every session on attendance and onward referrals as well as activity from the café • Orpington PCN is working with Bromley Healthcare and Crays PCN to design a new service to improve anticipatory care for people aged 65+ and to reduce health inequalities within the local population. • The service has been co-designed with Bromley Healthcare and is designed on the population itself. • Challenges: 	
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	<ul style="list-style-type: none"> ○ Contracts – there is no model joint contact. ○ IT systems are not aligned – Bromley Healthcare’s IT team has been a huge help. ○ Estates – in future the plan will be for clients to be seen at the Café to be linked in with GP surgeries, who will also be visiting the Café to see clients. <ul style="list-style-type: none"> ● Fuller Pilot data – there is a dashboard on data and PCN teams are starting to proactively case-find LTC patients. Ongoing review and monitoring of the dashboard. ● Next steps include doing housebound visits and checks, and upskilling of ARRS staff. Bromley Council will be providing the funding for Carers. <p>Dr Zia Buckhoree introduced himself as the PCN Clinical Director for Beckenham, he presented the remaining slides, and the following points were noted:</p> <p><i>Case Study 2: Beckenham PCN B-CHIP</i></p> <ul style="list-style-type: none"> ● B-CHIP (Bromley Children’s Health Integrated Partnership) is an example of a neighbourhood project that brings together Hospital Paediatrics, GP’s and Children’s Community Nursing to support children in their community. ● B-CHIP is a PCN-wide Paediatric service. <p>Child Health Team – Triage Meeting</p> <ul style="list-style-type: none"> ● Triage meetings take place on a weekly basis and include a GP, Paediatric Consultant, Special Paediatric Nurse and an Administrator. ● At the triage meeting, the child’s case is reviewed with an outcome, which could be to refer to the In-reach clinic. ● In-reach clinic – these clinics mainly take place face to face and if the paediatrician thinks it is necessary, they can book directly into this clinic. ● There is an MDT Learning meeting that convenes monthly. ● There are also specialist teams that the child can be referred to such as Specialist Nursing/Bladder and Bowel Clinics. <p>Outcomes</p> <ul style="list-style-type: none"> ● The referral process starts once the child is seen by the healthcare professional and some paediatric input is required. ● Outcomes include advice and guidance; to have a test done; to commence a treatment or to return to the clinic if there is no improvement. ● This could be a direct referral to community services, to B-CHIP services or directly to a specialist team. <p>Benefit of the model on patient care</p> <ul style="list-style-type: none"> ● Whilst this model is relatively new in Bromley, it is already used in Southwark where more than 50% of patients are triaged in this way. ● This model drastically reduces the number of referrals, 20% are seen in face to face clinics often quicker and closer to their home. 	
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	<ul style="list-style-type: none"> Once these clinics are up and running, it will significantly reduce the number of GP appointments required. <p>Clinician feedback</p> <ul style="list-style-type: none"> GP feedback has been very positive. The benefits from the model include clinicians being upskilled, building good relationships and breaking down barriers between primary and secondary care. Benefits to patients include faster access to services and advice. The clinicians really like the service. <p>Patient feedback</p> <ul style="list-style-type: none"> Feedback from patients was very positive, they enjoy being able to be seen so close to their home. They like the service and the atmosphere is relaxed, as it is within their GP surgery and in a familiar setting. <p>Why do this in Bromley?</p> <ul style="list-style-type: none"> There is a need to change the model of care as waiting times are too high for children to be seen, with the potential to support children better and more effectively through optimised capabilities in the local system. There has been a 50% increase in referrals to paediatrics and despite additional appointments, waiting times have not significantly improved. <p>Beckenham PCN – referrals to B-CHIP Triage Service</p> <ul style="list-style-type: none"> 82 referrals were received to date for the B-CHIP service. 45% of these appointments were managed by a GP. 20% were referred to the B-CHIP service. <p>B-CHIP face to face clinic outcomes</p> <ul style="list-style-type: none"> 70% of clients are effectively seen and discharged. A small proportion are referred to secondary care for further tests or scans such as an ECG or MRIs etc. 	
9.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> Dr Parson thanked all presenters and congratulated them on this excellent work including the real-life examples of neighbourhood working. He noted that the two initiatives were produced in collaboration with partners and taken forward by PCNs, it was good for the Board to see the two slightly different examples in the context of neighbourhood working. Dr Parson noted that everyone around the table were in support of these proposals. Harvey Guntrip found the B-CHIP presentation very interesting; he is involved with guidance in schools and can see the impact this could have for them. He asked if schools could be linked to this work. In response to this, Dr Zia Buckhoree noted that in some cases, this work is already taking place for example, if there are behavioural or parental concerns, there are links to health visitors, social care and the school system to check and address these concerns with pupils. A multi-agency approach has been utilised. 	

	<ul style="list-style-type: none"> • Jacqui Scott thanked everyone for the fantastic presentation, which encapsulated what neighbourhood working is. She noted that there are so many schemes and evaluation is key along with what framework we use. Data will impact on each organisation and she asked how do we join up so we have a consolidated framework to understand demand? • Iain Dimond commended the presenters for their great work and for bringing the presentation to life. He had two questions: <ol style="list-style-type: none"> 1. Leveraging different relationships with communities – how do you know what the community’s needs are? 2. Resources – how are they spread? Do we tailor what we provide to different communities? • In response to the questions raised, Elliott Ward explained that one of the key functions of the working group that needs to come together is a common understanding of the benefit of neighbourhood working. The benefit of having a SEL neighbourhood-based care board is that they are well-linked to the thinking elsewhere and nationally. The second point he made was in relation to the comment on equity, this is linked to evaluation and what is needed in the community to respond. At a basic level, this involves a set of conversations, as the data can only take us so far. • In response to Harvey Guntrip’s points, Elliott noted that we have a broad range of Community Leaders, Councillors, the Police and School Leads, there could be interesting findings or more immediate benefits in closer working on a patch-basis or micro-scale, such as reducing waits for appointments. Equally, community building could take many years. • Dr Claire Riley noted that B-CHIP involves integration across the whole borough and will change the way referrals are made. The benefit is the link in with the community, with more patient engagement and involvement with Patient Participation Groups (PPGs). • Richard Baldwin found the presentation very interesting. The focus on communities and neighbourhoods enables us to have more effective engagement with hard-to-reach families. He raised the following points: <ol style="list-style-type: none"> 1. Recognition of the complexity of this work 2. Care homes, Bromley Y 3. How to engage and build on this work Richard would be happy to be part of the conversations with children’s school services to link in to provide multidisciplinary work. Dr Parson thanked Richard for his offer of support to children’s services. • David Walker gave his thanks for the presentation and requested that we engage with the voluntary sector around this work. He noted that one of the issues is loneliness and the Orpington Wellbeing Café is a good initiative. The other point raised was in relation to communications, Bromley Warm Centres are operational and it would be good to link in with the strategic conversations and strengthen the work around this. • Dr Hasib Ur-Rub noted that not everything can be measured, for example loneliness – how are we reaching those who do not have a voice, carers are very important to reach. Dr Ur-Rub did a loneliness project a few years ago which identified that a lot of young people with mental health issues do not come forward for help, is it better to go directly to schools to manage inequalities? 	
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	<ul style="list-style-type: none"> • Dr Nada Lemic noted that there is information and published data available on children. A lot of data is collected on school visits and by health visitors so there should hopefully be good data available. • Dr Andrew Parson thanked everyone for their input, this work embodies what to drive as a borough for implementation in Bromley. • Dr Angela Bhan commended the team for their great work. She noted that all this work is on a journey to expand and develop further. There are challenges to address such as mental health and what this work demonstrates is the starting point for areas to be further developed. One of the key aspects that arose from the discussions is the need for engagement with the community, for co-production to express the population's needs and to use data to support the work. 	
9.3	The Committee NOTED the report.	
10.	Finance Month 6 Update Report	
10.1	<p>David Harris presented the Month 6 2023/24 Finance Report, the report was taken as read and the following points were noted:</p> <p><u>SEL ICB Month 6 Financial Position</u></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 6, the ICB is reporting a year to date overspend against plan of £2,218k. This compares to an equivalent overspend at month 5 of £2,790k. The improvement is partly a result of a reduction in the prescribing run-rate. • The month 6 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. <p><u>Bromley ICB/LCP Month 6 Financial Position</u></p> <ul style="list-style-type: none"> • 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%. • Prescribing costs is a key variance and boroughs are expected to manage this risk locally. <p><u>Actions from the previous meetings:</u></p> <p>1) Are the prescribing pressures based on NICE guidelines and whether it is</p>	

	<p>related to cancer drug spend? Response:</p> <ul style="list-style-type: none"> • Prescribing pressures are currently driven due to NCSO pressures and/or NICE implementation. In South East London two 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. <p>2) A breakdown of savings was requested and whether they impact upon quality. Response:</p> <ul style="list-style-type: none"> • A table of a breakdown of savings was provided in the Finance report with accompanying notes. • It was noted that any impact of these savings on the quality of services is monitored through contractual arrangements with providers. <p>Update on Financial Reporting</p> <ul style="list-style-type: none"> • There are three potential sources: <ol style="list-style-type: none"> 1. Model Health System (formerly Model Hospital) 2. SEL Analytics Resources 3. NHS National Programme Budgeting Exercise • It was important to note that none of these systems are perfect and will impact on our ability to benchmark. <p>Update on Financial Reporting – Health spend in Bromley</p> <ul style="list-style-type: none"> • The total budgeted spend for Bromley for 2023/24 is £701m: <ul style="list-style-type: none"> ○ Centrally managed: £462m (for example KCH/the PRUH) ○ Delegated to Borough: £239m <p>Update on Financial Reporting – Programmes</p> <ul style="list-style-type: none"> • The tables in the report 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. <p>Next Steps</p> <ul style="list-style-type: none"> • Need more work on sourcing as lots of information may need to be sourced locally. • There may be potential to set up a Finance Enabling work-stream for benchmarking and further analysis. 	
10.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked David Harris for the report and insight into the financials, in particular, the programme spend, which he found very 	

	<p>interesting. He noted that the two drugs mentioned in prescribing has many health benefits such as reducing heart palpitations and improving kidney function. Good drugs should have more money spent on them as they benefit the population’s health outcomes.</p> <ul style="list-style-type: none"> • Harvey Guntrip enquired whether the 40% decrease in GP visits due to the B-CHIP service, could be included in the financial reporting that comes to this Committee. In response to this question, Mark Cheung explained that we don’t yet have the neighbourhood information around these finances. There is an opportunity to link this in with the neighbourhood work and this will start to inform how we spend our money including transformational programmes. • Dr Parson noted that it is complex to link this to the GP visits, one of the important aspects is to make every contact count, as we improve and make changes, to utilise our resources effectively. • Dr Angela Bhan added that the 40% reduction in GP visits is part of the relatively small numbers compared with overall referrals, which includes long waits at the PRUH, and it is necessary to consider the complexities arising from implementation of the project. Whilst it is right to look at the financials, it may be too early to show significant differences. • Jacqui Scott agreed with Harvey’s points, it would be good to acknowledge where the flows are. In response to this, Dr Parson noted that it is difficult for primary care and referred to his earlier point on making every contact count – unnecessary flows and neighbourhood working, these aspects make our spend more efficient. • Dr Parson thanked David Harris for the Finance report, which is good to use for discussions on how we can work together as a partnership, to benefit the Bromley population. 	
10.3	The Committee NOTED the Month 6 2023/24 Finance Report.	
11.	Bromley Healthcare Contract	
11.1	<p>Sean Rafferty reported to the committee on Bromley Healthcare’s contract, the following points were noted:</p> <ul style="list-style-type: none"> • Following the outcome of the ICB meeting this month, the following has been agreed: <ul style="list-style-type: none"> ○ A further two-year contract award will be made to Bromley Healthcare with effect from November 2024. ○ Approval was gained for the tendering process to commence for Bromley Community services with a new contract to commence in December 2026. Reports on progress will come to this Board. <p>There were no questions or comments from members.</p>	
11.2	The Committee NOTED the update on Bromley Healthcare’s contract.	
12.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24	
12.1	<p>Sean Rafferty and Kelly Sylvester reported to the Committee, the following points were noted:</p> <ul style="list-style-type: none"> • Section 75 is an agreement between the ICB and Local Authority on joint funding, a large part is overseen through this Board. • This is the formal process for signing off the agreement, which Kelly Sylvester has organised. • The Section 75 agreement was for approval by the Board. 	

	There were no questions or comments from members.	
12.2	The Committee APPROVED the Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24.	
13.	Primary Care Group Report	
13.1	Harvey Guntrip reported to the committee. Following discussions in the Primary Care Group, it has been agreed that quality items will be brought to the Performance, Quality and Safeguarding Group, which is more relevant to this area. There were no questions or comments from members.	
13.2	The Committee NOTED the Primary Care Group update.	
14.	Contracts and Procurement Group Report	
14.1	Sean Rafferty reported to the committee. The new procurement regulations have been released, which will be brought to the board in the next year. There were no questions or comments from members.	
14.2	The Committee NOTED the Contracts and Procurement Group Report.	
15.	Performance, Quality and Safeguarding Group Report	
15.1	Harvey Guntrip reported to the committee, the report was taken as read. There were no questions or comments from members.	
15.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
16.	Any Other Business	
16.1	Iain Dimond notified that Oxleas has been named as 'Trust of the Year' in the Health Service Journal (HSJ) Awards last week, an achievement to be proud of which reflects their culture and the delivery of services. David Walker updated that today, 23 rd November 2023, is Carers Rights Day. He noted the progress made including social media awareness, and welcomed any comments from colleagues. 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 25 th January 2024 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
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	January 2024	Open	
28.	4.1: <i>Minutes of the One Bromley Local Care Partnership Board Meeting 28 September 2023</i> – ABa to update page 9 in relation to the wording on the homeless population.	23.11.2023	Avril Baterip	January 2024	Closed	Minutes have been corrected. Action complete.

One Bromley Local Care Partnership Board

DATE: 25 January 2024

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

Partnership Report – January 2024

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1. One Bromley Local Care Partnership Programmes

GP Access

GP access represents both a local and a national priority, forming part of the One Bromley strategy. The Bromley Primary Care team, working with PCNs and practices, is modernising the way patients contact their GP surgery and introducing new technology to improve the patient experience of contact and better manage demand for primary care services.

The workstreams include:

- **Implementing digital telephony** – switching every GP practice onto a digital telephony system, offering call queuing, call backs and more sophisticated call management through integration with clinical systems.
- **Improving patient experience** – collection, analysis and service improvement through locally collected survey data in addition to expanding the coverage of Friends and Family Test surveys.
- **Remote consultations** – expanding use of this as a core digital access channel and utilising at-scale hub models to manage queries efficiently and in a timely manner.
- **Empowering patients through modern technology** – revamped practice websites compliant with national digital accessibility standards; increasing NHS App registrations

and maximising use of this functionality for repeat prescriptions, appointment booking, viewing patient records, and more; extending use of messaging systems for call/recall, reminders and health questionnaires; self referrals via online tools and establishing remote monitoring hubs for hypertensive patients.

- **Improved navigation** – triaging patients’ needs effectively at the first point of contact, so patients are better signposted where appropriate or booked an appointment in a timely manner with the right clinician or other professional based on their clinical need.
- **Pharmacy First** – enabling community pharmacy to complete episodes of care for common infections through self-care, safety-netting advice and supply of certain medicines, avoiding the need to visit the GP practice.
- **Primary/secondary care interface** - making the best use of clinical time and NHS resources in both settings through improved organisation of care and as a result better patient experience of care.

It should be noted that a major change to the remote consultations tool will be taking place during Spring 2023 as a result of a SEL-wide procurement of a new provider. This will coincide with the roll-out of digital telephony for a number of practices, and the expansion of triaging initial contacts in line with national expectations.

Immunisations Update

The Winter Vaccination programme commenced in September 2023 for both Flu and Covid, the latter being brought forward in response to a new variant (BA 2.86). This led to an acceleration of the Covid autumn booster campaign.

Update on the Covid autumn booster campaign

Covid vaccine delivery partners and estate for the Autumn 2023 campaign comprised of:

- 1 borough-wide service: One Bromley Health Hub at The Glades
- 3 GP-led services: Orpington (Chelsfield), Penge (Oaks Park) and London Lane
- 20 Community Pharmacies across the borough
- 4 pop-up clinic events
- 12 outreach clinics at Orpington Health and Wellbeing Centre

This provision involved some changes to previous campaigns. This included additional community pharmacy services, a new GP-led service at Chelsfield, and a transfer of clinical provider at the One Bromley Health Hub, which was run by a clinical team from the Bromley GP Alliance.

The main public Covid Autumn booster campaign ended on 15 December 2023, with an extended period for outreach activity for under-served groups until 31 January 2024.

Despite a challenging campaign, with the support of One Bromley partners over 55,000 eligible patients received their Covid booster by the 15 December public campaign deadline. The indicative figures (which continue to be subject to change) are below:

Covid 2023 Booster Uptake:

Patient cohort	Uptake
Over 75	75%
65-74	63%
Immunosuppressed/ At-risk	26%
Housebound	69%
Care Homes	84%

Source: Bromley Primary Care Data 18.12.2023

The One Bromley Vaccination Taskforce met regularly throughout the campaign to enable service providers, the ICB and Public Health to collaborate, assist each other with delivery issues and identify actions to improve uptake and address obstacles. Taskforce members are contributing to a lessons learned exercise so that the experiences and learnings can be shared at ICS level and beyond to help understand the issues and improve future campaigns.

Seasonal Flu 2023/24 campaign

To date, One Bromley partners have administered over 73,000 Flu vaccines, with the Bromley team supporting practices, community pharmacies and partners with a ‘final push’ before the campaign ends on 31 March 2024. This includes offering reminders to patients and promoting partner services at community pharmacies and catch-up clinics for school age children.

The current uptake figures (which are subject to change ahead of the final end of the campaign) are below:

Winter 2023/24 Flu uptake:

Patient cohort	Uptake
Over 65	75%
18-64 (at risk)	44%
2-3	48%
>18 months	48%

Source: Bromley Primary Care Data 01.01.2024

111 Integrated Urgent Care Service Update

Within our Joint Forward Plan, SEL has made a commitment to deliver an integrated safe and responsive urgent and emergency care model that meets population needs and enables people to access the care they need, in the least intensive setting.

Along with this, there are numerous national asks that systems need to align to, including:

- the Fuller Review,
- the Delivery Plan for Recovering Access to General Practice,
- the Delivery Plan for Recovering Urgent and Emergency Care,
- Single Enhanced Access Service, along with
- the NHS Long-Term Plan.

All of these elements need to be delivered in a time of immense pressure for the NHS, including workforce challenges, industrial strike actions and management staff reductions, and against a backdrop of a population that is living longer and has increasing complex health and care needs.

At the same time, the SEL 111 Integrated Urgent Care Service, commonly known as the 111 Service, is coming up for re-procurement which offers an enormous opportunity for SEL to develop a truly 'integrated' 111/same day care service that meets the needs of SEL residents by integrating into local neighbourhood-based teams versus being a separate stand-alone service as it currently is. The 'new' 111 same day care service is due to go live in September 2025, however due to the scale of the procurement, defining the new model of care is required by February 2024. Bromley have embarked on a range of engagement opportunities to understand the challenges in the current delivery model for both clinicians and residents, and been working alongside SEL boroughs to develop a more localised delivery model for same day care.

Bromley Health and Wellbeing Centre Revenue Business Case

The Bromley Health and Wellbeing Centre project is progressing well with significant achievements made over the last few months. The key highlights are:

- The RIBA Stage 4 design is now complete, and all documents are being prepared to go out to tender for the construction contractor shortly.
- Expressions of interest for contractors have been issued and 5 out of 7 suppliers were interested.
- Both the Revenue and Capital NHS Business cases have been drafted. The Revenue Business case went to the Primary Care Group on the 11th of January 2024 and was given approval. The Capital Business Case draft has been shared with NHS England for initial comment.

- The DV value for money report has been completed and received. It has recommended this project as representing value for money.
- Building Control approved the application of the 1st floor fit out to a Health and Wellbeing Centre on the 8th of January 2024.
- The Travel plan is being drafted.
- The NHS FM Services procurement for the Health Centre is underway.
- A public Webinar was held on the 14th of December 2023. We received positive feedback from attendees and have taken forward the various comments and suggestions. The slides and further information can be found here [The Bromley Health and Wellbeing Centre - South East London ICS \(selondonics.org\)](https://www.selondonics.org)
- Further engagement events are being arranged.

Finally, there has been some programme slippage, but it is not predicted to impact on the end date and the centre is still due to open at the end of 2024 as planned, subject to final approvals.

Bromley All-Age Continuing Care Partnership Service

Over the last two years, Bromley has been transforming its All-Age Continuing Care service to better meet the needs of Bromley's growing population. One element of this work has been the successful procurement of a new partner agency to support an improved service. The ICB team in Bromley is pleased to announce that NHS Midlands and Lancashire Commissioning Support Unit (CSU) has been awarded this contract and will start running our continuing healthcare (CHC) nursing function from 1st April 2024. The CSU already delivers these services in Liverpool, Derbyshire and other parts of England, as well as working with NHS England on national CHC guidance.

2. Princess Royal University Hospital and South Sites

The impact of planned strike action continues to affect our immediate plans and reduce our ability to address patients experiencing long waiting times. The British Medical Association (BMA) has confirmed that junior doctors will be taking strike action in December, and again at the start of January, one of busiest weeks of the year. As a result, we have cancelled all elective work for 20 December 2023, until 7am on 23 December 2023, and will again from 3 January 2024 until 7am on 9 January 2024.

In response, we will have an enhanced system of command and control with Incident and Control Centres at both main sites. We have also paused staff annual leave requests for these periods. We anticipate that this latest set of strikes will impact on our ability to achieve >65 week waits by 31 March 2024. Despite this challenge, patients with suspected cancers, long waits for surgery and other planned interventions, remain the key areas of priority for the Trust.

Between 5 November and 10 December 2023, referrals to our 18-week pathways, for the Trust as a whole, have increased by 6,952. The PRUH and South Sites now has 36,878 patients

referred to our 18-week pathways. Despite this pressure, the PRUH has zero patients waiting over 104 weeks (as at 19 December 2023).

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Patients continue to access their own health information through the MyChart app and as of 14 December, over 150,000 patients have signed up (up from 105,000 on 1 November). Work continues to address the previously reported issues regarding reporting and scheduling.

Whilst internal patient flow within the hospital has improved, emergency access to care at the front door remains challenging and we remain fragile in the face of the challenges winter will bring. During November, 10,998 patients attended ED and the Urgency Care Centre (broadly the same level as the same period last year and the highest month of the year so far). Despite this, our emergency access performance improved to 61.79% from 59.07% in October and our 12-hour Decision-To-Admit breaches during November also improved to 517, from 568 in October.

Pressures continue elsewhere. November was the third month this year where we did not meet the national threshold for diagnostic compliance, reporting a validated position of 23.90% across both sites (against the 1% threshold). Reported breaches increased to 5,546, over half in non-obstetric ultrasound.

Our capital programme for this year nears completion, albeit with some unexpected delays:

- The NICU environment will now complete after the end of Q4 due to a delay in the supply of pendants.
- The provision for 16 new beds and expanded HDU provision will complete by end of February 2024 (previously the end of December 2023) due to some fire compartmentation issues identified when the infrastructure was stripped back.

The major endoscopy build continues, and the new substation has been 'energised' prior to its connection (it will supply power for EV charging in the new carpark). Also, MP Garth Bacon formally re-opened our new mortuary facility on the 8 December and this will handover in January 2024.

In developing our relationships more deeply, our leadership teams from Bromley Healthcare and Primary Care will meet 23 January 2024 with further meetings planned with respective clinical directors beginning 21 February.

Thanks to everyone in One Bromley for their ongoing support and partnership work with the acute hospital, and not least congratulations to those involved in Bromley Healthcare Children and Young People's Hospital at Home initiative. This initiative was a Health Services Journal (HSJ) finalist in the category of Primary and Community Care Innovation of the Year. The Trust was also one of the finalists in the Trust of the Year Award category.

3. Bromley Council Adult Social Care

Bromley Council continues to receive high levels of referrals for support, particularly from the hospitals, which are putting extreme pressure on the Adult Social Care budget.

Services were maintained over the Christmas period with staff working every day, apart from Christmas Day, and discharges were dealt with in a timely way where people were fit to leave.

Bromley Council is continuing its work to maximise the use of digital technology to both assist with self-assessment for those who are able to use this, with an emphasis on providing early support to people who will fund their own care, to ensure they do not enter care earlier than needed and have knowledge of and access to alternative support. The assistive technology offer is also being expanded through the newly situated Independent Living Centre, staffed by OT's which is running from the Astley Centre.

Bromley Council is aware that the acute hospital is under extreme pressure but has not experienced any additional pressures caused by the initial Junior Doctors strike prior to Christmas, although at the time of writing the longer 6 day strike has just commenced.

4. St Christopher's Hospice

St Christopher's has continued to be busy in Q3. Data for service provision is not yet available.

People cared for

Our caseloads in the community, continue to increase and now stand at over 1500 people, across the five London Boroughs that we serve. All people receiving care and support from our teams have a named nurse who provides improved continuity of care for them. We are hoping that this tailored approach to care will continue to reduce reactive work. The people we are caring for in our Inpatient Unit continue to be admitted to our 32 beds with increasing complexity.

Referral processes

In mid-December our plans for changing the way the organisation accepts referrals came to fruition and we disbanded our previously named Single Point of Contact and created a Referrals and Admissions Team. We are already seeing positive results. People who need our care and support receive a telephone call from a senior member of staff on the day we receive their referral to book an appointment for them to visit us at the hospice or to be visited at home. We are awaiting the initial data set however people are expressing their surprise and satisfaction that we call them so early and are able to see them usually within 1-4 days of their referral by their named nurse. This approach supports a proactive approach to offering care and support and as the new year starts, we will be progressing plans to have an urgent same day response ensuring we are more reactive to person centred immediate care.

Impact of Junior Doctors Strikes

The Junior Doctors' strike, in the run up to Christmas, had a negative impact on St Christopher's. In order to support the wider health economy, staff at St Christopher's were asked to proactively contact palliative care teams in acute hospitals to support identification and transfer of patients out of hospital to release patient beds. We did this and offered to take two patients into our inpatient unit on Christmas day. Unfortunately, the patients were unable to be transferred to us for care.

We found that services were affected by lack of decision making around plans of care and were fragmented. Patients and their relatives had poor experiences including one event where we are raising a Quality Alert.

5. Bromley Healthcare

Service performance

During December 2023, the District Nursing teams carried out just under 18,000 patient contacts and received circa 2,000 referrals into their services. The Urgent Community Response and Rehabilitation teams received circa 1,500 referrals and carried out circa 11,000 contacts (an increase of 2,000 contacts on December 2022) whilst continuing to achieve the two hour and two-day national community standards. The flu vaccination programme has been underway and around 47% of eligible staff have been vaccinated.

Industrial Action Update

Although Bromley Healthcare is not directly impacted by colleagues taking industrial action, the organisation has played a key role in supporting system partners throughout this period. Key messages to our communities on the importance of utilising the right services have been disseminated through our community care touchpoints and various communication platforms.

Developing our Clinical and Quality Strategy

Following the development of our overarching 'Community First' strategy, the under-pinning strategies are being finalised. One of these is the 'Clinical and Quality' strategy. The pre-development engagement phase for our new Clinical and Quality Strategy has now been completed, which will define our clinical and quality objectives for the next 3-5 years. Between October and December 2023, we engaged with colleagues and service users to shape our priorities and deliverables. This included undertaking a patient/carer survey, for which we received almost 600 responses, and a number of engagement sessions with colleagues and our local communities. We have written a draft of our strategy, with the intent to review this with colleagues, patients and our local partners.

Bromley Healthcare Annual Colleague Awards 2023

Bromley Healthcare recently celebrated its annual awards at the Bromley Healthcare Ball, held on 24 November. These awards recognise the outstanding efforts and contributions of staff in

various categories, commending colleagues for their excellence in community care and service delivery. These are some of our award winners:



Community Nursing Team wins LaingBuisson Award

The Children’s Hospital at Home community nursing team was awarded the LaingBuisson Award for Excellence in Nursing Practice in November, recognising their innovative approach to community-centred care.

The team, led by Cait Lewis and Gemma Robinson, with Senior Staff Nurses Jess Sellar, Zoe Beyerman, Kelly Frogbrook, and Racheal Goodwin, has made a significant impact on the community. Since its start in 2021, the service has successfully avoided 956 unnecessary hospital admissions, saving nearly £1 million, which benefits other patient services. It has also reduced hospital stays by 2,100 days, demonstrating substantial benefits to the health system and families.

The service will be expanding, including the introduction of home treatments for jaundice in neonatal babies and integration with primary care for direct GP referrals. This expansion represents Bromley Healthcare's ongoing commitment to innovative and integrated community care.

Find out more: [Bromley Healthcare Children’s Nursing Team Receives Prestigious Award](#)



6. Oxleas NHS Foundation Trust

Health Service Journal Trust of the Year

Oxleas was named Trust of the year at the annual Health Service Journal awards in November 2023. The panel of judges said: "This is a very ambitious trust who are infectiously enthusiastic about their achievements to date and future plans. The outcomes are extremely impressive and show that this is a trust that truly demonstrates best practice throughout. Their commitment to engaging staff at all levels, and their palpable connection to the communities the trust serves is inspiring.

Junior Doctor industrial action

Within each directorate, contingency plans have been put in place to ensure patient continuity of care. Non-emergency clinical work e.g. junior doctor clinics have been cancelled. In case of emergencies, patients have been provided with emergency contact numbers.

High court ruling that prohibits the supply of agency workers to cover duties of those taking industrial action continues to have a significant impact on the trust's ability to cover all out hours shifts during this strike.

Burnout for clinical staff left behind to cover and increased backlog are major concerns.

Developments in Child and Adolescent Mental Health Services

Work continues in Bromley CAMHS to review and improve the clinical pathways and further develop the support offered to children, young people and their families while waiting for assessment or treatment. 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 has also reached the stage of mobilisation with this new service scheduled to launch in February 2024.

Bromley CAMHS are completing additional analysis of data relating to A&E presentations by children and young people, hoping to identify common issues and themes to help inform future service delivery. The service is also working with colleagues from the Maudsley Centre for Child and Adolescent Eating Disorders to increase access to specialist advice and interventions through fortnightly consultation clinics.

The waiting time for initial assessment by Bromley CAMHS continues to reduce with additional capacity available through the recruitment of additional clinical staff. Work is focused on reducing the maximum wait for initial assessment to within 44 weeks by April 2024. Oxleas are publishing average assessment waiting times for Bromley CAMHS on our website: [Oxleas NHS Foundation Trust - Bromley CAMHS](https://www.selondonics.org/OneBromley).

In December 2023, our average waiting times per care pathway are:

- Adolescent: 3 weeks
- Generic: 20 weeks (a reduction of 7 weeks since October)
- Looked After and Adopted Children: 3 weeks (a reduction of 24 weeks since October)
- Neurodevelopmental and Learning Disability: 36 weeks (a reduction of 4 weeks since October)

Adult Mental Health Services

Community Mental Health

Our Bromley East ADAPT (Anxiety, Depression, Affective Disorders, Personality disorders & Trauma) Team introduced structured clinical management (SCM) last year as a core intervention predominantly for patients with a diagnosis of emotionally unstable personality disorder (EUPD).

The programme focuses on managing emotions, moods, triggers of distress and helps people manage feelings and thoughts quickly and interpersonal situations that make people feel vulnerable or sensitive, such as feeling rejected being alone.

The programme includes group and individual treatment and provides a bounded team approach with clear interventions and a structured beginning, middle and ending phase.

It has been a helpful alternative to care coordination and reduced pressure on generic team caseloads. SCM has enabled us to engage and stabilise challenging cases and, in doing so, has contributed to a reduction in their use of acute care and emergency services.

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

This has increased significantly 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/>

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 is on our website.

<https://www.bromleywell.org.uk/bromley-warm-centres-map/>

Service Delivery

SPA received an increase in calls responded to 2120 (1699 unique) emails coming in 3,133 (Q2 - 2,848) this quarter and sent 2,855 (Q2 - 2,644). 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 £719,495 this quarter bringing the total to £2,450, 434 since April. Benefits, debt, employment and particularly housing were the largest categories of advice with a significant increase in Foodbank referrals. Forms Completion Service helped clients to claim weekly benefits totalling £7,035. This equates to annual income of £365,820 for our clients. In addition, they have been granted back dated lump sums of £76,054. This means total client income generated this quarter has put over £1.1m into the pockets of Bromley residents.

Our Elderly Frail and Hospital Aftercare Services continue to have high demand. We supported 879 clients October-December. The newly configured sitting service supported 45 unique clients this quarter, many several times, with very positive feedback. New Settling Service staff received 57 referrals with very positive feedback. Industrial Action has had some impact on discharge services as fewer patients are discharged, leading to a short-term reduction in demand.

Learning Disability (LD) and Physical Disabilities (PD) demand remains high. Significant emphasis on workshops for LD and increase in drop in demand by PD. Cost of living and housing issues significant with increased concern and anxiety from service users. Over 50% of enquiries at LD drop-in service are housing related – of 223 clients who received support 122 for Housing. PD seeing more complex cases and significant issues relating to Blue Badge applications.

Carers

One Bromley Executive has agreed to support an all-age draft Carers Charter. The charter focusses on four key areas: Identification, Information, Support, and Voice. Work now in progress on the Action Plan.

With support from SEL NHS ICB we produced 2500 double sided fliers with headline messaging for unpaid carers, including vaccinations in early December. We got an additional 2000 after the initial distribution. All associated costs (printing, postage etc) covered by London Borough of Bromley (LBB) and the Integrated Care Board (ICB). Distributed to 42 GP practices, all 14 libraries, Foodbanks, Bromley Well, 7 health and wellbeing cafes (PCNs).

Communications- Raising Awareness and Campaigns

The new online referral form for has proved to be successful with 790 professional and 641 self-referrals since June, which has simplified admin and data collection. With significant work between BTSE and SPA colleagues we now have a SPA NHS email address. This will greatly simplify referrals from NHS/Health partners.

Women's Wellfest in October attracted over 100 participants in person and Self-Care week in November saw 17 Organisations deliver 37 events between them.

8. Primary Care Networks (PCN)

Primary Care Secondary Care Interface Round Table event

Initiated by Bromley PCNs, a One Bromley Round Table event took place in December between Primary Care and the PRUH. Attended by PCN Clinical Directors and PRUH Operational and Clinical Directors, the purpose of this meeting was to develop a programme of work to improve patient care and experience through improving the interface between GP practices and the hospital. Areas of discussion included enabling consultants to onward refer rather than directing back to general practice, improving discharge letters to include more concise information for the patient's management plan, providing clear points of contact for secondary care for patients and GPs and establishing diagnostic hubs within primary care to avoid patients having to travel unnecessarily to hospital.

There was immense enthusiasm all present to gain a deeper understanding of current barriers to more efficient healthcare pathways, with wide support for the development of cross-sector working groups to develop system changes together with the production of a Consensus document aimed at establishing the shared culture and values of collaboration between primary and secondary care. Regular social events for the wider leadership teams are also planned to help build relationships. The first primary and secondary care working group is planned to take place in January 2024.

Enhanced Access winter provision

PCNs ensured plans were in place as part of their Enhanced Access winter peak provision to support their member practices during this busy time of year. Clinics falling on public holidays were moved to other days to prevent loss of appointments.

Bromley Learning Disabilities Annual Health Check Co-ordinator

As a collaborative endeavour, a borough-wide co-ordinator has been recruited on behalf of Bromley PCNs. This pilot role is designed to help towards reducing health inequalities for patients with a registered learning disability. People with learning disabilities die on average 15-20 years sooner than the general population (often from a preventable, treatable condition) and experience poorer health so the health check is vitally important. The postholder is focused on engaging with patients on the Learning Disability register who have not had an annual health check. BGPA is supporting PCNs as the host employer for the role. This is the first patient-facing role that has been established to work on behalf of all Bromley PCNs and is one of the ways that PCNs are aiming to reduce morbidity and preventable deaths, improve health and wellbeing, reduce avoidable admissions to inpatient settings, reduce preventable admission and improve the quality of care.

Digital telephony progress

With the expectation from NHSE for all GP practices to have implemented, or signed up to a fully digital cloud telephony contract by 15th December, Bromley PCNs can report that all practices that have either an analogue or hybrid system have now signed their new contract with a cloud telephony supplier and are in the process of implementing their new system. PCNs are continuing to work with practices to improve their call flow management so that patients are better informed of queue position and how to access healthcare by other means (for example, online consultations, NHS App and self-referrals), with the aim of reducing call queues for those patients that really need to get through on the phone. Cloud telephony systems also enables practices to automatically offer patients a call-back when they have reached a specified queue position, avoiding the need for patients to remain on a telephone queue for a lengthy time.

Investment and Impact Fund targets

The Investment and Impact Fund (IIF) is an incentive scheme aimed at supporting PCNs to deliver a set of objectives which in 2023/24 was re-designed to focus on a smaller number of national clinical priorities, namely flu vaccinations, learning disabilities health checks, early gastrointestinal cancer diagnosis and GP appointments within 2 weeks. PCNs are continuing to work towards completing their targets before the end of March 2024, using data-driven services and PCN funds to successfully reach the healthcare targets across all the IIF indicators.

Junior Doctor Strikes: Impact on GP practices

As a direct result of the junior doctor strikes, PCNs can report that GP practices were negatively impacted in the following ways:

- Practices experienced a higher demand for appointments.
- Patients have had their hospital appointments repeatedly cancelled (sometimes with no notice of cancellation) leading to further pressure on primary care to support and manage patients.
- Fewer hospital appointments available for GPs to book patients into, thus less choice for patients. (For example, cancer two week wait appointment offered at a distant hospital not in patient locality).
- PCN paediatric diagnostic hub is adversely affected.
- GP receptionists received complaints of 8 hour waits at Urgent Care from patients who then come back to the GP practice which is already stretched with winter pressures.
- Reports like x-rays were not sent to patients expecting them, leading to more queries to GP receptionists.
- Increased pressure at A&E led to more patients being inappropriately managed at home.
- GP registrars striking has reduced primary care appointments already under pressure during the winter period, which also affects patient follow ups, so practices have to provide other doctors.

- There has been a financial burden on practices who have chosen to employ locums to cover the cost of lost appointments with GP registrars.

9. Bromley Public Health

Stop Smoking Support

The publication of the govt policy paper 'Stopping the start: our new plan to create a smokefree generation', [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/stopping-the-start-our-new-plan-to-create-a-smokefree-generation) outlines key aims. The paper lays out a route to prevent addiction to smoking before it starts, to support smokers to quit and to stop vapes being marketed to children.

This paper includes the availability of a new ring-fenced budget for Specialist Stop Smoking Services which has been provisionally allocated to each local authority public health team based on estimated smoking prevalence which is 6% for Bromley.

A pilot specialist stop smoking service is being commissioned and will go live early 2024 to offer sessions in the One Bromley Health Hub and remotely. The information from the pilot will be used to inform new procurement of a longer term Specialist Stop Smoking Service when the govt funding is available next financial year.

Public Health will be working with all key stakeholders to design an appropriate service for the residents of Bromley, with the resources available. If you would like to have an input into the service design please get in contact with Gillian Fiumicelli, Gillian.fiumicelli@bromley.gov.uk

Junior Doctors Strike

At present, we do not believe that the Junior Doctor's strike has directly impacted on Public Health services, however it is difficult to assess any medium to longer-term impact.

10. Bromley GP Alliance (BGPA)

COVID Autumn Booster Campaign 2023 - End of Campaign Summary

Care Homes

- BGPA visited 34 care homes, vaccinating 1,260 patients registered with Bromleag Care Practice before deadline of 22.10.23
- Mop-Up visits were completed to accommodate for 5 homes who had COVID outbreaks during September/October
- BGPA supported GP Practices by visiting 6 Learning Disability/Mental Health homes to vaccinate
- Patients were co-administered with flu vaccine where possible

Vaccinations at One Bromley Health Hub (OBHH) & Orpington Health & Wellbeing Centre (OHWC)

- Total Vaccinations: 14,510 – includes satellite, care home and housebound
- Equating to 23.58% of vaccinations in SEL.
- BGPA's workforce and volunteers continue to support the programme.
- Working in collaboration with Bromley Healthcare supporting housebound vaccinations
- OBHH delivered more vaccinations than any other SEL site.
- BGPA co-administered 2,895 flu vaccinations at OBHH, supporting practices in achieving QOF and IIF targets.
- BGPA supported practices with utilising unused stock.

Winter Illness Hubs

BGPA is providing Winter Illness Hubs across Bromley 7 days a week at 4 sites. The hubs aim to offer 80 additional face to face appointments each day to GP Practices and sites are based at:

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

Capacity and utilisation is monitored with additional appointments offered throughout the Christmas and New Year period at PRUH Outpatients C to support with UTC demand. Utilisation of appointments over Christmas and the New Year from Monday to Saturday was 90+% (bookable by GP practices) and Sundays 70% (bookable by 111 and UTC only)

Hospital at Home (supporting patients in their own home)

- GP capacity has been increased from pre-Christmas week to end of February 2024
- Increased GP cover weekdays and weekends to 2 x GP from 9am-5pm Monday to Friday plus 8 hours of GP cover at weekends

GP In-Reach

- Providing a GP Monday to Friday at PRUH ED to support with discharging patients into community / back to their own home and working with the Hospital at Home team
- BGPA continues to recruit sessional GPs to support the service

Bromley Homeless Service (established March 2023) is a multi-agency, nurse practitioner led service which continues to grow and offers a range of support:

- 83 clients supported to date

- 104 self-referrals
- 276 appointments offered
- 100% client satisfaction
- Oxleas Mental Health Nurse to join team one day per week at Widmore Road location
- Drug & Alcohol Advisor to join the team bi-weekly
- Winner of the 2023 Homeless Project of the Year (Affordable Housing Awards, Manchester)
- Provides a central point of contact to support those who find themselves homeless and a growing network to coordinate that support across the local organisations.

Learning Disability Health Checks: BGPA has received funding from the ICB to appoint a Learning Disability Care Coordinator to improve uptake of annual health checks among people with learning disabilities. The care co-ordinator will contact all registered patients to request and carry out a pre-check questionnaire, and book an appointment for them with their GP practice for a physical health check assessment. The aim is that all patients are offered and receive an annual health assessment.

Junior Doctor Strike (the impact of recent strikes on services): All BGPA services are currently operating as usual and are monitored closely to assess any potential pressure points. BGPA will work in partnership with One Bromley colleagues to support the local health system wherever possible.

One Bromley Local Care Partnership Board

DATE: 25 January 2024

Title	LCP Winter Update: January 2024
This paper is for information	
Executive Summary	<ul style="list-style-type: none"> • Against the backdrop of population growth, staff sickness and doctors strikes, so far this winter, attendances to PRUH A&E have averaged around 350 per day, compared to around 375 last year. Type 1 attends are very similar (c. 200/day) with more of this group arriving by ambulance up to 70/day from 60/day last year, the reduction has been in type 3 attends. • Significant focused work to increase and support primary care through GP led winter illness hubs, 2 hour urgent community response services and Hospital @Home, alongside hospital ‘front door’ transformation improving flow through UTC and developing Same Day Care (SDEC) Pathways avoiding the need to go to A&E, is having a positive effect on A&E type 3 Activity. • Deaths so far this winter have also been lower than in previous years • However, the Flu peak appears to just be starting in January with colder weather also predicted after a mild December which will stress test the current system to see if activity levels are sustainable. • Although overall activity is down, patients requiring admission are waiting longer in A&E then in previous years for a post-acute bed with an increase in patients staying for 21days+ throughout November. Throughout December however there has been less stranded patients then in previous years and a strong hospital discharge system has been sustained with minimal residents delayed in hospital awaiting a Bromley service throughout the whole period. • A more targeted comms and engagement campaign with a focus on building confidence and keeping well, especially in children and people with chronic health conditions has been positively received.
Recommended action for the Committee	The report is for information only
Potential Conflicts of Interest	None received

Impacts of this proposal	Key risks & mitigations	
	Equality impact	
	Financial impact	
Wider support for this proposal	Public Engagement	Targeted communication with the public has been undertaken as part of the managing seasonal demand with a focus on children and young people, chronic health condition management and vulnerable groups including vaccination campaigns.
	Other Committee Discussion/ Internal Engagement	Winter delivery is managed through the Bromley A&E Delivery Board which is stood up to fortnightly and moves into a tactical management approach. ONE Bromley Executive have also received fortnightly updates in the systems management of winter.
Author:	Jodie Adkin, AD – Urgent Care, Hospital discharge and Transfer of Care Bureau	
Clinical lead:	Dr Puja Patel & Dr Lucia Anthony Pillai	
Executive sponsor:	Dr Angela Bhan, Bromley Place Based Director	

LCP Winter Update: January 2024

Jodie Adkin, AD- Urgent Care, Hospital Discharge and Transfers of Care

Content

- 1 Winter virus
- 2 Managing hospital 'front door' pressures
- 3 Hospital @Home and Care Homes
- 4 Hospital discharge
- 5 Staff sickness
- 6 Comms and Engagement
- 7 Deaths
- 8 To conclude

Winter virus

Influenza:

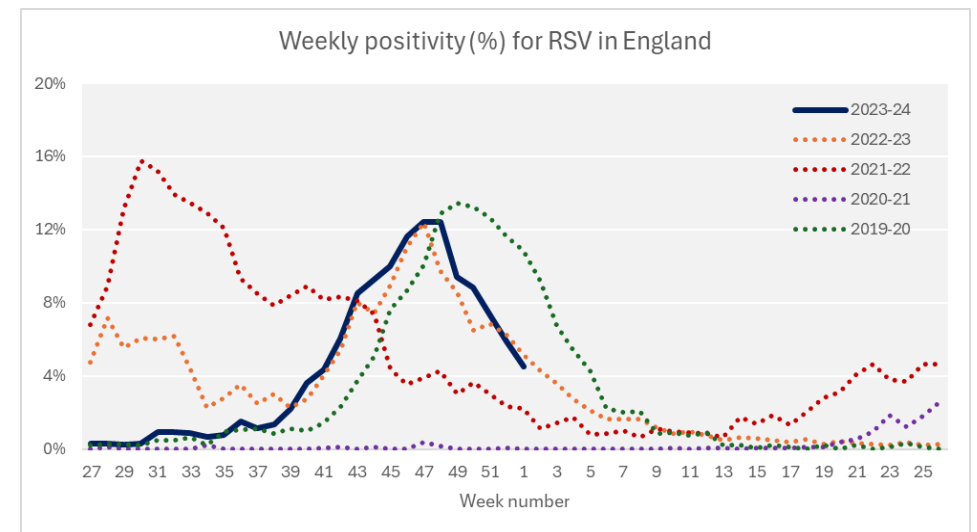
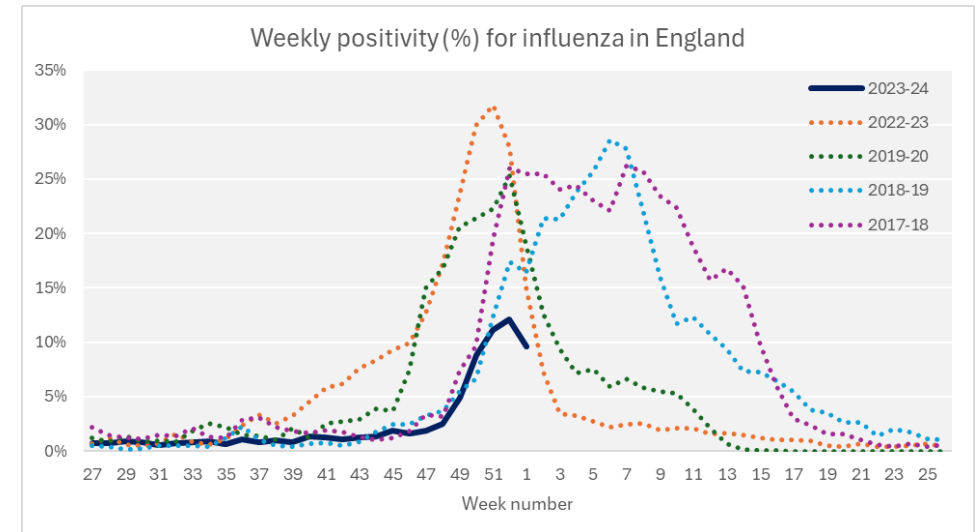
Nationally, flu levels have been lower this year than previous years. They started to rise in December but have fallen again during the first week of January. Looking at previous years it is possible that there is still a peak of cases to come.

To date, all age groups have been affected, but positivity has been highest for ages 15-44.

Hospital admissions for flu have been highest for those aged 85+, but also high for the 75-84 and 0-4 brackets.

RSV:

Nationally, RSV levels have followed a similar pattern to last year, with a peak in late November and now falling. Positivity was highest in the 0-4 age group.



Front Door pressures

Same-day GP Appointments: in November 46% of GP appointments were same-day, compared to 40% last year.

Winter illness hubs: the hubs are offering around 500 appointments a week. Mondays are generally the busiest days, utilisation on a Sunday is lowest. Around 30-40% of appointments are for children, and around 75% of appointments are completed/closed without onward referral.

Urgent Community Response Services: The service, comprising of Advanced Nurse Practitioners (ANPs) continues to offer a 2-hour response service for c. 15 residents per day who need to be seen urgently, supporting both primary care and London Ambulance and including an offer around falls pick up, closely linking with Hospital @Home to support as many people to avoid admission as possible.

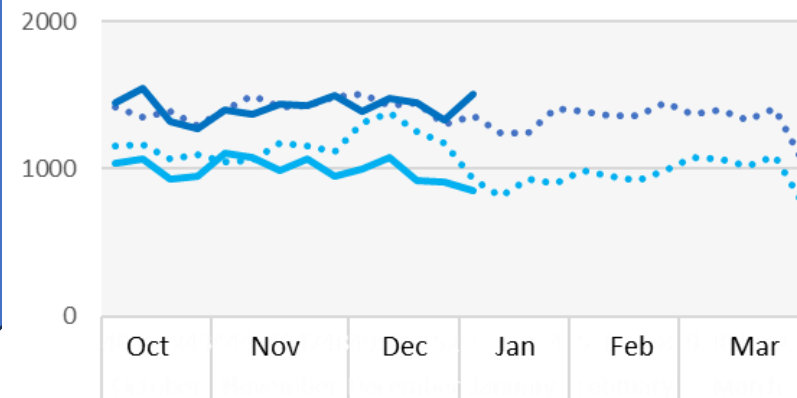
Social Admission avoidance: LBB had projected they would be able to reduce the number of non-medical admissions by 50-60 per month, however due to staffing issues this has not been realised.

Consultant connect and Same Day Emergency Care (SDEC) Pathways: this winter GPs have been able to access direct advice and guidance from acute physicians and book in patients that need to be seen urgently for further diagnostics and treatment, avoiding A&E through the 'consultant Connect' system. As well as Medical Ambulatory, Frailty and Surgical Ambulatory, a line was also added for Paediatrics this winter.

A&E Attendances

In November and December A&E attendances averaged around 350 per day, compared to around 375 last year. Type 1 attends are very similar (c. 200/day), the reduction has been in type 3 attends.

Type 1 and type 3 A&E attendances



A&E and patient Flow

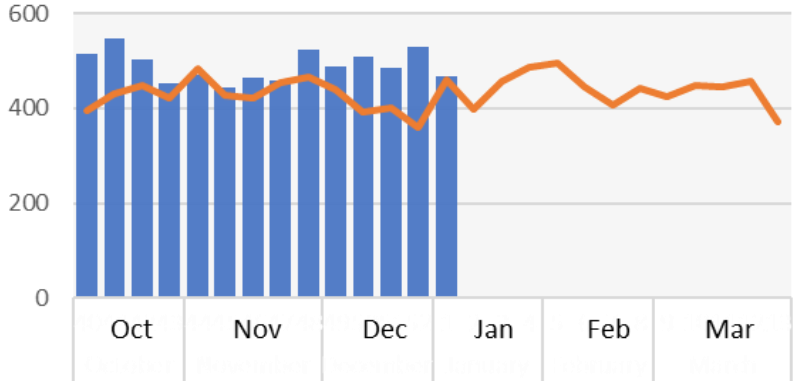
Ambulance:

Ambulance arrivals in November and December averaged around 70 per day, compared to around 60 per day last year.

9th October, just after the junior doctor strike, saw the highest daily arrivals at 95.



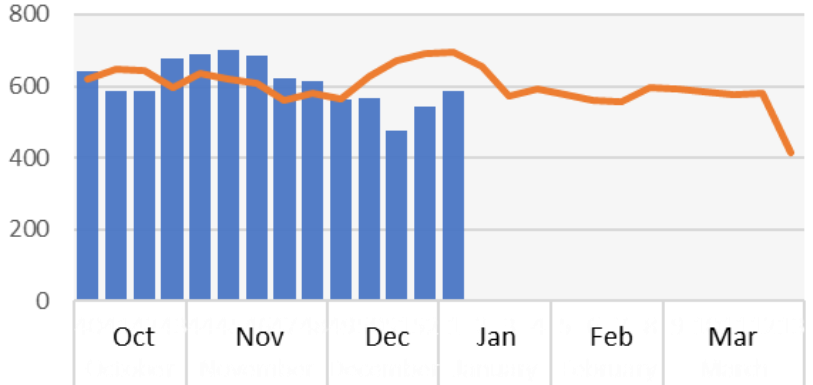
Total number of ambulance arrivals



Patient flow:

Long stay patients (over 21 days) rose to over 100 per day in early November but were reduced in the lead up to Christmas, down to 63 on 23rd December.

Number of patients with a length of stay of over 21 days



Adult Hospital at Home

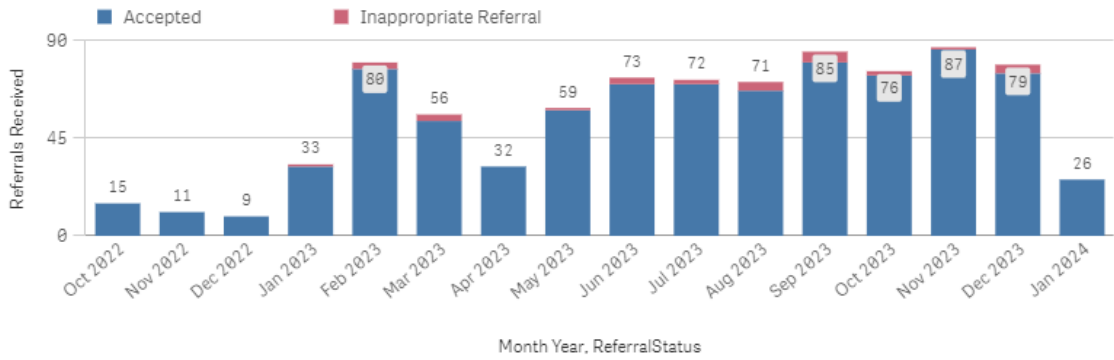
Referrals Received [↗](#)
864

Accepted Referrals [↗](#)
835 96.6% of Total

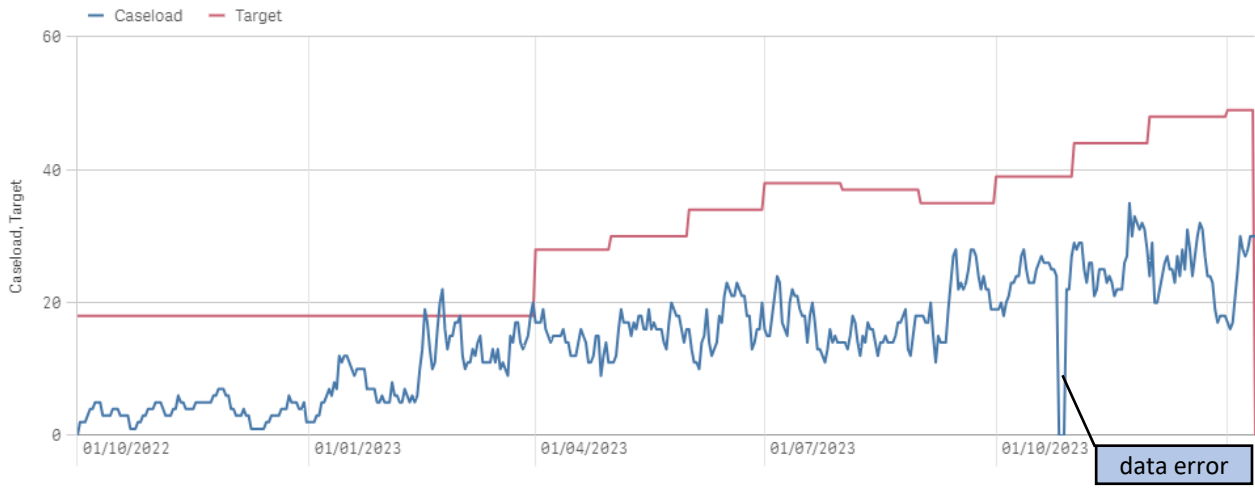
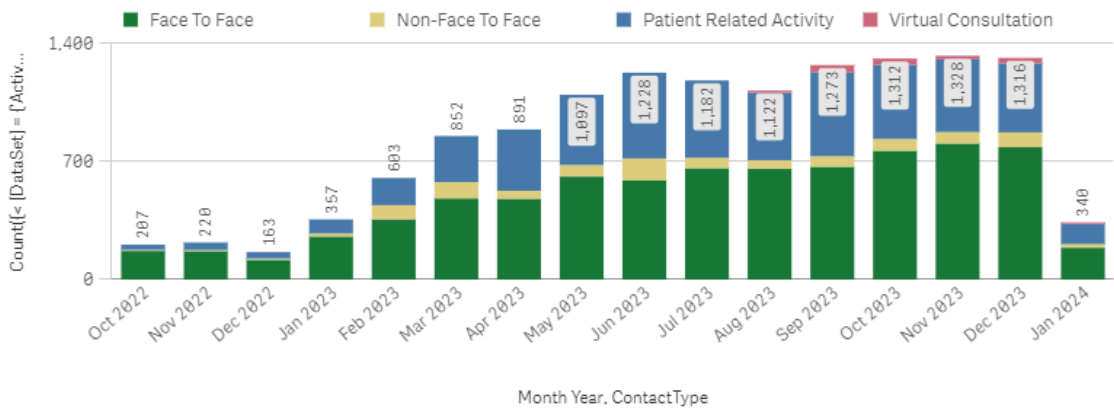
Discharges [↗](#)
809

Total Contacts [↗](#)
13,491

Referrals Received Per Month



Activity



Referrals from hospital, UCR and GPs - Bromleag the largest GP referrer. GP referrals usually sicker than hospital referrals.

Service releases up to a ward of patients from hospital each month.

15% of patients were discharged to hospital in December, suggesting appropriate risk-taking in referring to the service.

Remote monitoring remains under-utilized as a reason to refer to the service: further promotion in hospital and with GPs undertaken.

Awarded SEL funds to expand point of care testing into ultrasound.

Children and Young People Hospital at Home

Referrals Received ↗

995

Accepted Referrals ↗

984 ^{98.9%}
of Total

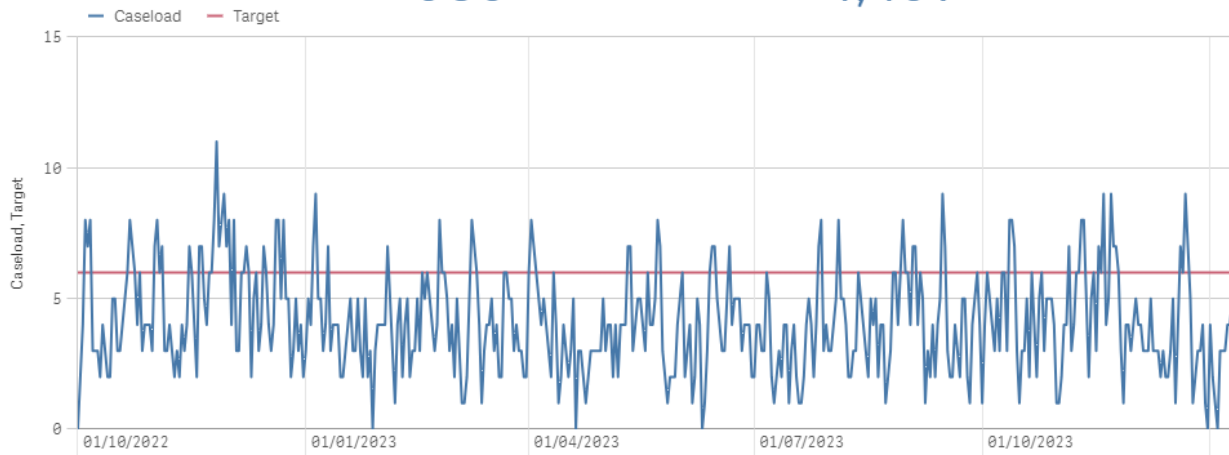
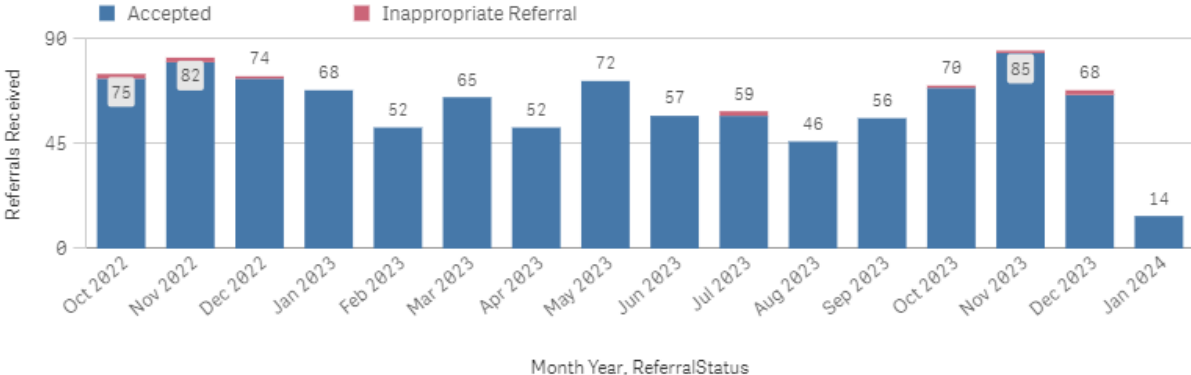
Discharges ↗

985

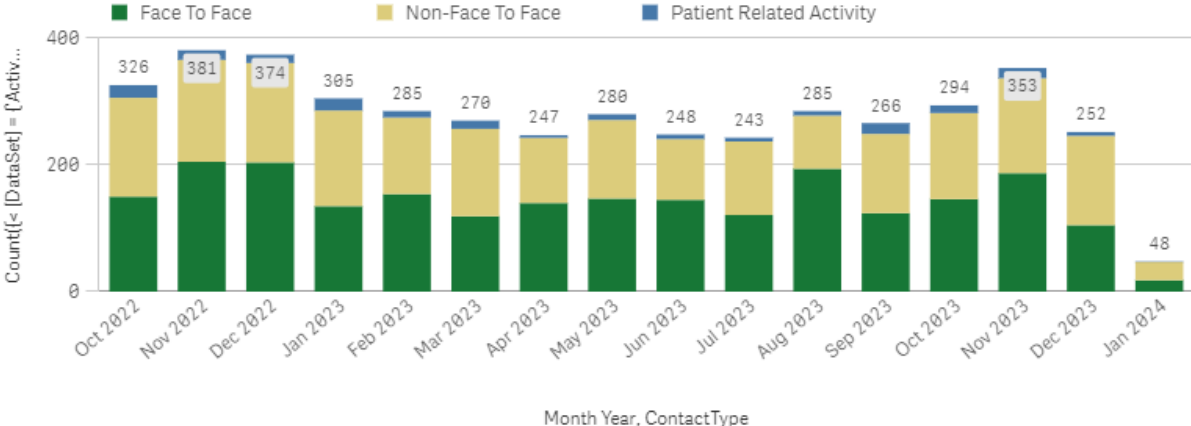
Total Contacts ↗

4,457

Referrals Received Per Month



Activity



Referrals from hospitals – service is opening to GP referrals.

Service releases 2-3 pediatrics hospital beds each month.

14% of patients were discharged to hospital in December, suggesting appropriate risk-taking in referring to the service.

Service is further developing by examining remote monitoring with SEL partners and has been allocated SEL funding to expand provision for neonates.

Care homes

Full vaccination programme delivered before winter



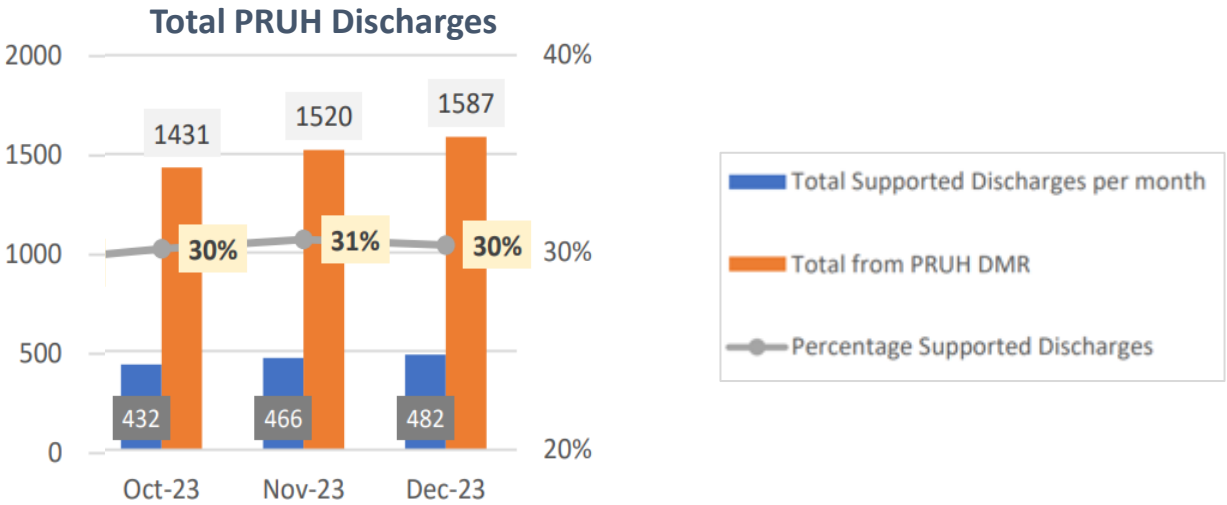
Guidance on keeping residents Well, Restore2 and Falls prevention training

Advance Care Planning (ACP) for the top 20% of high risk patients through a specialist multidisciplinary Team (MDT)

24 hour care access to GP through dedicated Bromleyag GP practice in hours and local GP Out of Hours service, out of hours

Support from Urgent Community Response and Hospital @Home for residents where hospital conveyance is not in their best interest and Acute Frailty Assessment unit for those needing acute level review

Hospital Discharge



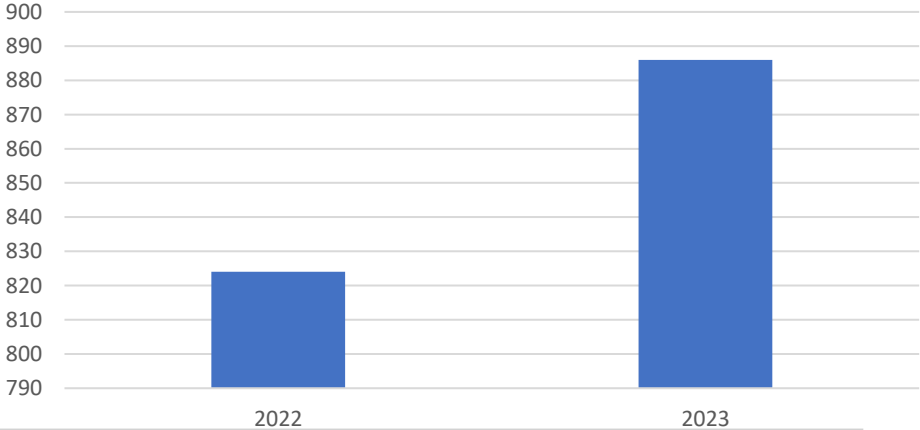
PRUH Discharges (all boroughs):

Total discharged have increased throughout the winter period from the PRUH (*note this is for all patients not just Bromley residents*).

Discharge of Bromley Residents requiring care and support

Total discharged have increased throughout the winter for Bromley residents being discharged with care and support, managed through a 54% increase in Reablement provision. There has also been an increase in the number of Bromley residents requiring a placement on discharge. Community capacity for people returning home continues to meet levels of demands with no delays to discharge in this area.

Total Discharges (Bromley residents requiring care and support)



Sickness

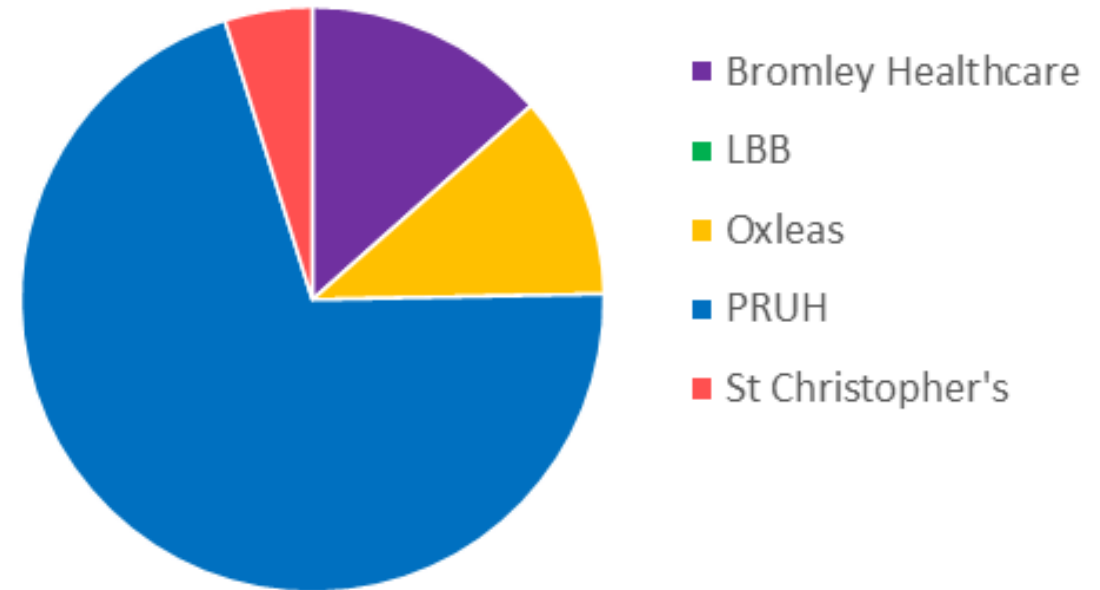
We are starting to gather sickness absence data from local organisations.

Provisional analysis of data for November from 4 of the 5 organisations showed sickness absence slightly increasing from October to between 4% and 6%.

Long term sickness levels look to be around 2%.

Overall for the 4 organisations there were a total of 9,522 FTE days lost.

Nov-23: Total number of days lost = 9,522
Reporting organisations = 4/5



Communication and Engagement



What to do when you are unwell

If you're not feeling well, **choosing the right place to go for help can save you a lot of time and effort.** There are plenty of Bromley health services that offer advice, support, and treatment if and when you need it. They're very simple to use and often available without an appointment.

Use our quick guide to help you decide what to do when you don't feel well.




www.selondonics.org/OneBromley



KEEP YOUR CHILD WELL THIS WINTER 2023/2024

Winter is the season of runny noses, fevers, coughs, and germs everywhere. It is a time when more babies and children get sick.

This guide will help you decide how and when to treat your child at home and when you need to get medical advice.


Please keep this in a safe place so you can refer to it when you need it.







www.selondonics.org/OneBromley





Easy read

What to do when you are unwell


If you are not feeling well, it is important to find the right place to go for help.

There are plenty of places in Bromley that can help. They are simple to use and often don't need an appointment.

Use this quick guide to help you decide what to do when you don't feel well.

pg. 1



www.selondonics.org/OneBromley



GET VACCINATED. GET WINTER STRONG.

Flu and COVID-19 vaccines reduce the risk of serious illness in colder months




KEEP YOUR CHILD WELL THIS WINTER

Parents often dread winter as it's the season for runny noses, fevers, and germs everywhere. It is a time when babies and children get sick more often.

Although cold weather doesn't cause colds, flu and wheezing, these viruses are more common in winter as we are in closer contact with each other due to staying indoors.

But help is at hand! A new Bromley guide for parents has been published. 'Keep your child well this winter' has lots of useful tips and advice on caring for your child. It explains when you can manage symptoms at home and when you should seek medical advice. You can find it online at www.selondonics.org/OneBromleyCYP or pick up a copy from your health visitor or GP practice.

Simple tips to help keep your children well:

- make sure they are up to date with their routine immunisations and have their flu jab
- teach them the importance of good hygiene – especially handwashing
- cough or sneeze into a tissue, put it in the bin and always wash hands
- wrap up warm
- eat healthily and drink plenty of water.

Dr Bhumika Mittal, Bromley GP advises, "You know your child best so trust your instincts. If they are unwell and don't have any worrying symptoms, please treat them at home. If you are worried, speak to your local pharmacist or go online to www.nhs.uk. If they are not keeping well, speak to your GP practice."

During the winter months we see many more families and children with winter conditions that can be managed at home. Please help your NHS, and use the right service when you need to.







www.selondonics.org/OneBromley

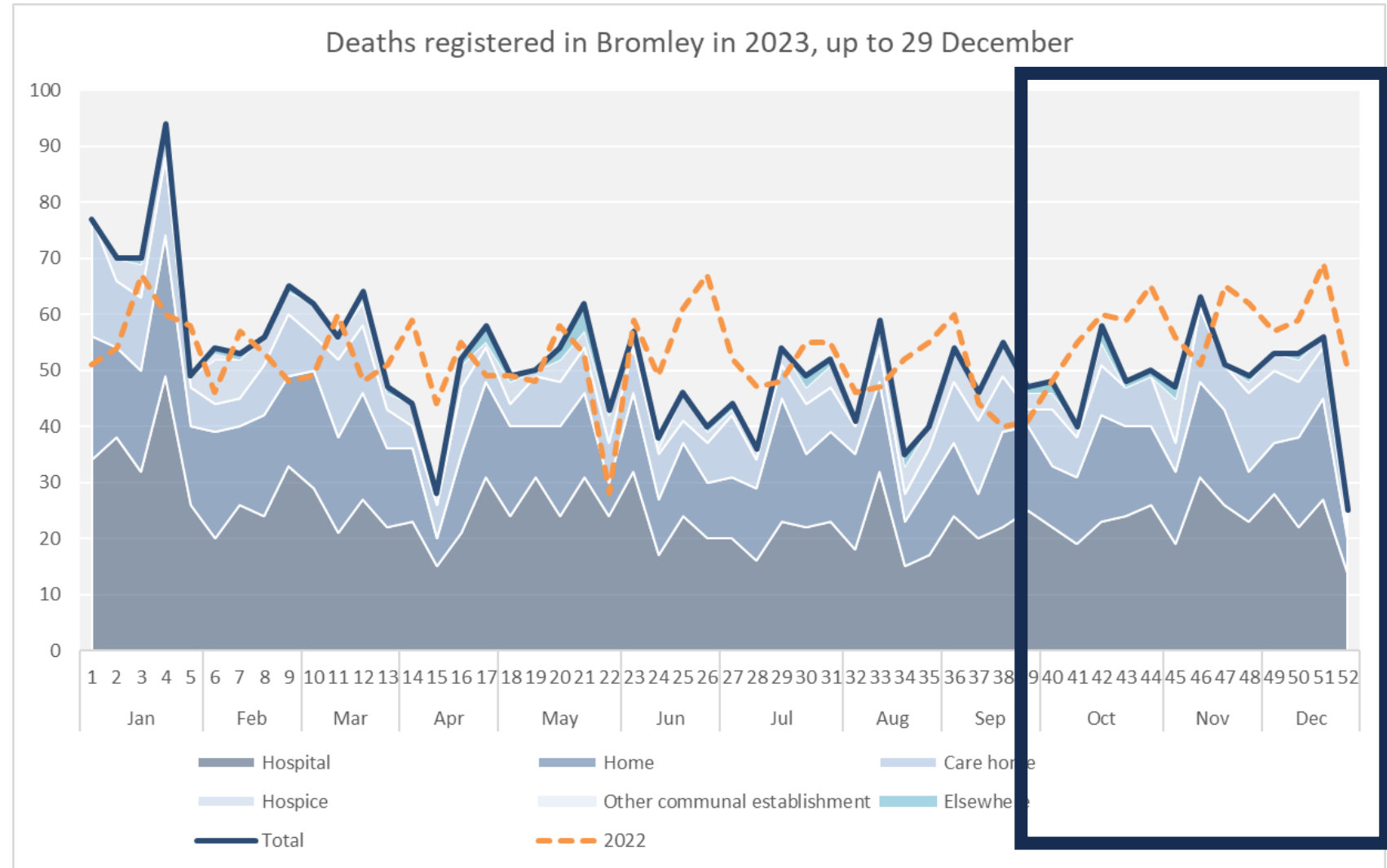
Deaths

There were a **total** of 2,691 deaths registered in Bromley up to 29th December, slightly fewer than the 2,779 registered in **2022**.

Almost half of these occurred in **hospital**, and just over a quarter occurred at **home**.

The highest number of registrations in a week was w/c 23rd January 2023, with 94 registrations.

(the low numbers in April and December correspond with bank holidays)



To Conclude

- Against the backdrop of population growth, staff sickness and doctors strikes, so far this winter, attendances to PRUH A&E have averaged around 350 per day, compared to around 375 last year. Type 1 attends are very similar (c. 200/day) with more of this group arriving by ambulance up to 70/day from 60/day last year, the reduction has been in type 3 attends.
- Significant focused work to increase and support primary care through GP led winter illness hubs, 2 hour urgent community response services and Hospital @Home, alongside hospital 'front door' transformation improving flow through UTC and developing Same Day Care (SDEC) Pathways avoiding the need to go to A&E, is having a positive effect on A&E type 3 Activity.
- Deaths so far this winter have also been lower than in previous years
- However, the Flu peak appears to just be starting in January with colder weather also predicted after a mild December which will stress test the current system to see if activity levels are sustainable.
- Although overall activity is down, patients requiring admission are waiting longer in A&E then in previous years for a post-acute bed with an increase in patients staying for 21days+ throughout November. Throughout December however there has been less stranded patients then in previous years and a strong hospital discharge system has been sustained with minimal residents delayed in hospital awaiting a Bromley service throughout the whole period.
- A more targeted comms and engagement campaign with a focus on building confidence and keeping well, especially in children and people with chronic health conditions has been positively received.

One Bromley Local Care Partnership Board

DATE: 25 January 2024

Title	Month 8 2023/24 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none"> The SEL ICB financial allocation for the year as at Month 8 is £4,865,138k. As at month 8, the SEL ICB is reporting a YTD underspend against plan of £5,550k. This position reflects an ICB forecast benefit of £6,400k being held on behalf of the system as part of the re-forecasting of the financial position. The ICB continues to be adversely impacted by overspends in prescribing (£14,110k) and continuing healthcare (CHC) (£4,987k), which are being partially offset by underspends in other budgets. As at month 8 the SEL ICB is forecasting a break-even position against plan for the 23/24 financial year. The 2023/24 Bromley ICB/LCP place budget for the year as at Month 8 is £245,312k. Bromley ICB/LCP Month 8 financial Position. As at Month 8 the year-to-date position was £479k overspent. The significant variances related to; prescribing £2,504k overspent, continuing healthcare £788k overspent and mental health services £361k overspent. 	
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
	Public Engagement	N/A
Wider support for this proposal	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

25 January 2024

Month 8 2023/24, SEL ICB Finance Report

- 1. Key highlights – SEL ICB & Bromley ICB/LCP**
- 2. Bromley ICB/LCP - Month 8 Financial Position**
- 3. Bromley ICB/LCP – Forward look**

Appendix 1 – M8 SEL ICB Finance Report

- The SEL ICB financial allocation for the year as at Month 8 is **£4,865,138k**.
- As at month 8, the SEL ICB is reporting a YTD **underspend** against plan of **£5,550k**. This position reflects an ICB **forecast benefit of £6,400k being held on behalf of the system** as part of the re-forecasting of the financial position. This will be reviewed again at month 9, when all organisations are required to reflect updated allocations in their YTD and forecast positions. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£4.402m) and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£14,110k) and continuing healthcare (CHC) (£4,987k), which are being partially offset by underspends in other budgets**.
- In reporting the month 8 position, the SEL ICB has delivered the following financial duties:
 - Underspending (**£2,777k**) 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 8 the SEL ICB is **forecasting a break-even position against plan for the 23/24 financial year**
- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 8 is **£245,312k**.
- Bromley ICB/LCP Month 8 financial Position. As at Month 8 the year-to-date position was **£479k overspent**. The significant variances related to; prescribing £2,504k overspent, continuing healthcare £788k overspent and mental health services £361k overspent.

2. Month 8 Bromley ICB/LCP Financial Position

M8 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	4,574	4,509	65	6,861	6,763	98
Community Health Services	55,650	55,175	476	83,476	82,762	714
Mental Health Services	9,579	9,939	(361)	14,360	14,755	(395)
Continuing Care Services	16,695	17,482	(788)	25,042	26,066	(1,024)
Prescribing	30,896	33,884	(2,989)	46,343	50,654	(4,311)
Prescribing - Reserves	485	-	485	728		728
Other Primary Care Services	2,240	2,240	0	3,361	3,361	(0)
Other Programme Services	1,303	(954)	2,257	1,954	(1,430)	3,384
Programme wide projects	-	-	-	-	(143)	143
Delegated Primary Care Services	39,243	39,103	140	58,866	58,656	210
Corporate Budgets	2,880	2,645	235	4,321	3,947	374
Total	163,545	164,024	(479)	245,312	245,391	(79)

- The borough is reporting an overspend of £479k at Month 8 and is forecasting a £79k overspend at year end.
- The borough has received 2 significant budget transfers in Month 8. £728k has been received for prescribing and this funding was transferred to place from the prescribing reserve which had been reported centrally in previous months. £1,867k for inflation funding has also been received and this has been reported within other programme services. These transfers total £2,595k and are reflected in the forecast position which was £2,673k overspent at Month 7 and is £79k overspent at Month 8.
- The Prescribing budget is £2,989k overspent and represents a continuation of the activity and price pressures that have been occurring all year. These are primarily due to NCSO price pressures and NICE implementation.
- The Continuing Healthcare budget is £788k overspent. Since the beginning of the year the average monthly cost of a CHC client has increased by over 15%. Bromley have a significant number of new Care Home beds that have recently opened in the borough which has resulted in a steady increase in FNC (funded nursing care) clients. The annual cost of each FNC client is over £11k per annum. As this cohort's health deteriorates, they will often become eligible for CHC.
- The Mental Health budget is £361k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is continuing to impact upon the 23/24 position as activity continues to increase. The growth in S117 activity is due to more cases 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 2023/24 borough savings requirement is £7,429k. The variance against plan at Month 8 is a shortfall of £20k due to a small under-delivery of prescribing savings, this position is expected to improve during the year as more schemes are implemented.
- The forecast overspend is £79k and reflects the position agreed as part of the financial focus meetings that were held in September and December. This position is very challenging due to overspends in the Prescribing, CHC and Mental Health Directorates. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

3. Bromley ICB/LCP Financial Position – Forward look

- The 2023/24 savings target totals £7,429k and consists of £6,036k of recurrent schemes and £1,393k of non-recurrent schemes. New schemes will have to be identified in 2024/25 to address the non-recurrent figure. In addition to this SEL ICB are planning for a minimum 4% efficiency savings target in 2024/25.
- Detailed 2024/25 planning guidance was due in December 2023 but has been delayed and is now expected in January 2024. Two-year allocations were published for years 2023/24 and 2024/25 in December 2022 and ICBs have been advised to initially use this information for financial planning purposes. The ICB uplift net core uplift in these years is 4.58% (2023/24) compared to 1.84% (2024/25) which represents a year-on-year reduction in funding of 2.74%, as set out in the table below.

	2023/24			2024/25		
	2022/23 BASELINE	2023/24 ALLOCATION	ANNUAL CHANGE	2023/24 BASELINE	2024/25 ALLOCATION	ANNUAL CHANGE
	£'000	£'000	£'000	£'000	£'000	£'000
ICB CORE ALLOCATION	£3,380,082	£3,462,421	£82,339	£3,437,838	£3,549,210	£111,372
FURTHER RECURRENT ADJUSTMENTS IN 23/24 BASELINE	-£92,672		£92,672	£14,578	£14,578	£0
SUB TOTAL ICB CORE ALLOCATION - GROSS	£3,287,410	£3,462,421	£175,011	£3,452,415	£3,563,787	£111,372
CORE CONVERGENCE		-£24,583	-£24,583		-£47,755	-£47,755
TOTAL ICB CORE ALLOCATION - NET	£3,287,410	£3,437,838	£150,428	£3,452,415	£3,516,033	£63,617
			4.58%			1.84%

The table above excludes the following allocations: Primary care delegated; Running costs; Discharge funding.

- The 2024/25 financial position will be very challenging due to the 2 items set out above.
- A further update on Bromley ICB/LCP financial reporting will be included in future finance reports.

SEL ICB Finance Report

Month 8 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 08 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 within the South East London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process, but this will not be fully reflected until month 9 accounts.
- The ICB's financial allocation as at month 08 is **£4,865,138k**. In month, the ICB received additional allocations of **£80,070k**, which included Industrial Action (£44,984k), ERF adjustments (£21,301k), IFRS16 revenue (£7,019k), Delegated POD DDRB uplifts (£3,468k) plus some smaller allocations.
- As at month 08, the ICB is reporting a YTD **underspend** against plan of **£5,550k**. This position reflects an ICB **forecast benefit of £6,400k being held on behalf of the system** as part of the re-forecasting of the financial position. This will be reviewed again at month 9, when all organisations are required to reflect updated allocations in their YTD and forecast positions. Also included within the ICB financial position are the favourable impacts of independent sector ERF (£4.402m) and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£14,110k) and continuing healthcare (CHC) (£4,987k), which are being partially offset by underspends in other budgets**.
- At present there are six months **prescribing data** available for 23/24 as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As described in this report, efficiency schemes are underway to 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.
- This month, the central prescribing reserve (**£3,500k**) and the inflation reserve (**£11,200k**) have been allocated to Place budgets and revised FOT positions agreed with boroughs. As a result, **5 out of 6 boroughs** are expecting to report an **underspend** position at year end with **3 of the 6 boroughs** showing a surplus position at month 08.
- **Second Focus meetings with all boroughs have taken place in December to review recovery actions, de-risk financial positions and agree outturn positions – all of which will support the delivery of the ICB's forecast year-end balanced position.**
- In reporting this month 08 position, the ICB has delivered the following financial duties:
 - Underspending (**£2,777k**) 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 08, and noting the risks outlined in this report, the ICB is **forecasting a break-even position against plan 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	393	1,812	895	383	338	312	(4,133)	-
M6 Allocations	-	-	-	-	-	-	1,353	1,353
M6 Budget	139,511	241,722	171,506	207,507	162,400	161,212	3,688,949	4,772,807
M7 Internal Adjustments	1,256	97	516	(357)	105	149	(1,765)	-
M7 Allocations	580	819	753	1,213	874	889	7,133	12,261
M7 Budget	141,346	242,638	172,775	208,363	163,379	162,250	3,694,317	4,785,068
M8 Internal Adjustments								
Inflation Funding	1,873	1,867	2,046	2,384	1,566	1,468	(11,204)	-
Prescribing	531	728	522	607	609	503	(3,500)	-
Other	200	46	6	54	357	6	(669)	-
M8 Allocations								
Delegated POD - DDRB pay dental contract uplifts							3,468	3,468
Industrial Action							44,984	44,984
ERF adjustments							21,301	21,301
IFRS 16 revenue adjustment							7,019	7,019
Health Tech Adoption and Accelerator Fund							700	700
LDA - Support capacity building and OM training							653	653
DWP Talking Therapies	107	29					383	519
MMR/Polio phase 2 catch up							404	404
Other		5	170	63	292	46	446	1,022
M8 Budget	144,057	245,312	175,519	211,471	166,203	164,273	3,758,302	4,865,138

- The table sets out the Revenue Resource Limit at month 08.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 08, 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 inflation funding and prescribing reserve, with many of the budgets being moved to Place.
- In month, the ICB has received an additional **£80,070k** of allocations, giving the ICB a total allocation of **£4,865,138k** at month 08. The additional allocations included Industrial Action (**£44,984k**), ERF adjustments (**£21,301k**), IFRS16 revenue (**£7,019k**), Delegated POD DDRB uplifts (**£3,468k**) 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 in the Executive Summary, the ICB reporting an underspend position (**£5,550k**) against plan as at month 8. This position reflects an ICB forecast benefit of £6,400k being held on behalf of the system as part of the national re-forecasting of financial positions. This will be reviewed again at month 9, when all organisations are required to reflect the updated allocations in their YTD and forecast positions.
- All other financial duties have been delivered for the year to month 8 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	3,193,284	3,187,734	4,898,884	4,898,884	
Operating Under Resource Revenue Limit	3,182,035	3,176,485	4,882,011	4,882,011	
Not to exceed Running Cost Allowance	24,783	22,005	37,174	33,085	
Month End Cash Position (expected to be below target)	4,875	470			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	98.3%			
Mental Health Investment Standard (Annual)			439,075	439,818	

4. Budget Overview

	M08 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,234	4,574	4,624	800	702	369	1,740,327	1,754,629
Community Health Services	13,322	55,650	23,523	17,103	16,242	21,715	161,629	309,185
Mental Health Services	6,963	9,579	6,213	14,351	4,787	5,030	330,601	377,525
Continuing Care Services	16,744	16,695	18,288	21,308	14,001	13,125	-	100,160
Prescribing	22,910	31,381	22,504	26,181	26,267	21,689	998	151,929
Other Primary Care Services	2,041	2,240	1,745	2,266	1,224	636	13,630	23,782
Other Programme Services	1,287	1,303	2,055	1,766	4,756	1,090	4,000	16,257
PROGRAMME WIDE PROJECTS	-	-	-	-	17	200	35,005	35,222
Delegated Primary Care Services	27,181	39,243	34,649	53,358	40,022	42,741	(1,440)	235,754
Delegated Primary Care Services DPO	-	-	-	-	-	-	136,922	136,922
Corporate Budgets	2,360	2,880	3,485	3,874	2,792	2,941	22,339	40,671
Total Year to Date Budget	96,043	163,545	117,086	141,006	110,808	109,536	2,444,012	3,182,036
Year to Date Actual								
Acute Services	3,149	4,509	4,521	310	692	71	1,735,911	1,749,162
Community Health Services	12,615	55,175	23,349	15,523	15,362	20,886	161,604	304,513
Mental Health Services	6,660	9,939	5,984	14,309	4,492	5,832	329,827	377,043
Continuing Care Services	17,505	17,482	18,999	22,375	16,170	12,615	-	105,148
Prescribing	25,573	33,884	25,246	28,362	28,686	23,875	414	166,040
Other Primary Care Services	2,041	2,240	1,552	2,133	1,168	584	13,685	23,403
Other Programme Services	33	(954)	142	171	104	136	5,808	5,440
PROGRAMME WIDE PROJECTS	-	-	-	-	17	221	36,251	36,489
Delegated Primary Care Services	27,181	39,103	34,516	53,358	40,022	42,741	(1,440)	235,481
Delegated Primary Care Services DPO	-	-	-	-	-	-	136,337	136,337
Corporate Budgets	1,948	2,645	3,048	3,279	2,598	2,524	21,388	37,429
Total Year to Date Actual	96,705	164,023	117,357	139,820	109,310	109,486	2,439,783	3,176,485
Year to Date Variance								
Acute Services	85	65	103	490	10	298	4,415	5,467
Community Health Services	708	476	174	1,579	879	830	25	4,671
Mental Health Services	304	(361)	229	42	295	(802)	774	482
Continuing Care Services	(761)	(788)	(711)	(1,068)	(2,169)	509	-	(4,987)
Prescribing	(2,663)	(2,503)	(2,742)	(2,181)	(2,419)	(2,187)	584	(14,110)
Other Primary Care Services	(0)	0	192	133	56	53	(54)	379
Other Programme Services	1,254	2,257	1,913	1,595	4,652	954	(1,807)	10,817
PROGRAMME WIDE PROJECTS	-	-	-	-	-	(21)	(1,246)	(1,267)
Delegated Primary Care Services	-	140	133	-	-	-	-	273
Delegated Primary Care Services DPO	-	-	-	-	-	-	585	585
Corporate Budgets	412	235	437	595	193	417	951	3,241
Total Year to Date Variance	(662)	(479)	(271)	1,186	1,498	50	4,228	5,550

- At month 08, the ICB is reporting an YTD underspend of **£5,500k**. This position reflects an **ICB forecast benefit of £6,400k being held on behalf of the system** as part of the H2 re-forecasting of financial positions. This will be reviewed at month 9, when all organisations are required to reflect the updated allocations in their YTD and forecast positions. This position includes prescribing and continuing care overspends, with offsetting underspends in other budgets and reserves.
- The ICB is reporting a **£14,110k overspend** against its **prescribing year to date position**. This is based on six month's PPA data which shows the trend from last year is continuing. The 1% risk reserve and the £3,500k prescribing reserve are both now reflected in Place financial positions.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure but overall Mental Health budgets are slightly underspent this month. The CPC issue 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 **£4,987k 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 now fully reflected in the financial position. Lewisham and Lambeth boroughs are continuing to see the largest financial pressures. 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 (**£4,402k**), in line with relevant reporting guidance from NHS England.
- The underspend of **£3,241k** 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 8 prescribing position is based upon M06 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 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 **£14,246k overspend** year to date (YTD). This is after 8 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £135k giving an **overall overspend of £14,110k YTD**.
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£19,337k**.

M08 Prescribing	Total PMD			PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve		FOT Variance - (over)/under		
	(Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs						Flu Income	Total PPA YTD Spend		FOT Actual (S/L)	
BEXLEY	23,957,926	958,564	822,244	(199,745)	(34,988)	50,475	25,554,476	22,879,424	(2,675,052)	34,319,141	38,025,208	(3,706,068)	
BROMLEY	31,841,125	1,215,447	1,090,867	(273,026)	(23,718)	67,092	33,917,787	31,414,589	(2,503,197)	47,121,897	50,704,539	(3,582,642)	
GREENWICH	23,414,467	1,038,671	806,954	(87,319)	(79,790)	49,705	25,142,688	22,400,420	(2,742,267)	33,600,653	37,753,926	(4,153,273)	
LAMBETH	26,677,759	987,352	912,949	(101,561)	(116,496)	56,382	28,416,385	26,235,564	(2,180,821)	39,353,371	42,682,826	(3,329,455)	
LEWISHAM	26,518,633	1,015,054	908,612	(86,104)	(42,378)	56,046	28,369,863	25,951,229	(2,418,634)	38,926,856	42,575,983	(3,649,128)	
SOUTHWARK	22,221,655	897,804	762,942	(90,320)	(122,341)	47,078	23,716,818	21,406,262	(2,310,556)	32,109,399	35,636,398	(3,526,999)	
SOUTH EAST LONDON	0					(584,413)	(584,413)	-	584,413		(2,610,000)	2,610,000	
Grand Total	154,631,566	6,112,890	5,304,567	(838,075)	(419,711)	(584,413)	326,779	164,533,604	150,287,489	(14,246,114)	225,431,316	244,768,881	(19,337,565)

- The table above shows that of the YTD overspend, approximately **£6,112k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£8,133k** relates to a local growth in prescribing.
- The growth has been identified as partly 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.
- Of the overall annual forecast unmitigated pressure of circa £19,337k, around **£9,169k** relates to **national Cat M and NCSO factors**.
- The position is differential per borough and is determined by local demographics and 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 for in-year implementation.

5. 2023-24 Monthly Actual Prescribing Savings Delivered by Boroughs

Monthly Actual QIPP / Medicines Optimisation Cash Releasing Savings by Boroughs								
M08 Prescribing	Total QIPP (Sept 23) – with £750k rebate released to boroughs £	Apr-23 £	May-23 £	Jun-23 £	Jul-23 £	Aug-23 £	Sep-23 £	Total £
BEXLEY	1,002,206	51,595	45,912	44,664	73,576	73,505	70,925	360,177
BROMLEY	1,675,386	121,667	102,661	96,247	164,432	177,590	199,700	862,495
GREENWICH	1,108,485	59,813	52,833	51,765	90,385	87,804	100,262	445,354
LAMBETH	1,436,894	80,490	65,667	61,215	121,427	114,587	128,901	572,285
LEWISHAM	1,916,572	148,584	106,457	108,027	146,033	148,132	163,100	820,332
SOUTHWARK	1,241,709	63,820	53,963	61,915	103,051	92,262	99,278	474,288
SEL	8,381,253	525,969	427,493	423,833	698,904	693,880	753,362	3,526,127

The ICB Medicines Optimisation teams have robust governance mechanisms in place for use of medicines, through the Integrated Medicines Optimisation Committee and Integrated Pharmacy Stakeholder group to ensure a collaborative partnership approach to decision making and delivery.

- Total prescribing savings have been identified to a value of **£8,381k** (3.8% of 23/24 budget).
- We have phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. The ICB Medicines Optimisation teams continue to support the implementation of the Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. 3 boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
- The generic medicines (sitagliptin and apixaban) savings started to be realised in July, with additional savings expected in the second half of the year.
- The Medicines Optimisation teams have completed all practice visits and continue to use the prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
- Total prescribing savings delivered for the April to September period is **£3,526k**.

6. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 08 is **an overspend of £4,987k. Except for Southwark, all other boroughs are reporting YTD overspends.** This month there are significant overspends in Lambeth, and Lewisham, with Greenwich having improved its position considerably. The overspend in Lambeth is due to fully funded Physical Disability (<65) clients, FNC and palliative clients, and in Lewisham it is fully funded Learning Disability clients (<65), PHB and palliative clients. 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 care, transition arrangements and communications with clients and their relatives with regards to managing care expectations. All boroughs, except for Southwark, are forecasting overspend positions at the year end which are estimated to total £7,057k.
- 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. Most providers have now reached agreement with the ICB regarding uplifts, leaving just a few smaller organisations to agree on an uplift. The vast majority therefore of current year price uplifts are reflected within YTD actual and forecast positions.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slide.

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	509	£3,710	399	£3,943	296	£8,239	440	£5,583	340	£5,231	304	£4,680
Month8	542	£3,483	443	£3,587	305	£7,873	464	£5,285	364	£5,021	323	£4,320
Month9												
Month10												
Month11												
Month12												

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
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7	83	65	98	113	84	69
Month 8	85	66	100	110	90	69
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 8 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. **The first table shows that, for all boroughs, the average prices show a downward trend this year.** Even though Lambeth average price has reduced, the Lambeth and particularly the Greenwich average prices are higher than for the other boroughs. The number of client costs > £1,500 a week emphasises this.
- All but two boroughs (Lambeth and Southwark) are showing an increase in the number of high-cost packages compared to the end of the last financial year.** Lewisham shows a steady monthly increase in high-cost package numbers starting from month 2, which is a factor in its worsening position month by month. The increase in high-cost packages is being reviewed by borough finance and CHC leads and is a result of activity growth in both adult and children’s CHC packages. The **Greenwich** costs are primarily driven by adult Learning Disability CHC packages, for which a review is being undertaken to identify potential opportunities for efficiencies.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process. Currently all boroughs are reporting delivery against their savings plans.

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 to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of Any Qualified Provider (AQP) beds, specific approval of packages above 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 collated and shared at the last CHC Summit, and an update to assure closure of actions will be provided at the next CHC Summit in February.
- 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 been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variations to see how these 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 February following the November Summit meeting where actions were agreed for quarter 4 of this financial year.
- Market management work – following a meeting with London ICB CFOs at the end of September, it was agreed to pause the market management work identified by the working group, as there was a need to refocus on financial recovery. It was agreed to repurpose the working group, with the initial focus being on the AQP price review and alignment with the local authority uplift process.

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 **£3,495,679k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£926,314k**
 - Kings College Hospital **£907,363k**
 - Lewisham and Greenwich **£651,191k**
 - South London and the Maudsley **£310,249k**
 - Oxleas **£230,188k**
- 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.
- An underspend (£4,402k) 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 8			Month 7
	Annual	Identified	Unidentified	Unidentified	Plan YTD	Actual YTD	Variance	Variance
	Requirement	Month 8	Month 8	Month 7				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,899	0	0	3,264	3,139	(125)	(202)
Bromley	7,429	7,429	0	0	4,257	4,236	(21)	(99)
Greenwich	4,857	4,857	0	0	3,238	3,167	(71)	(62)
Lambeth	4,690	5,770	1,080	1,080	3,503	3,882	379	488
Lewisham	4,208	4,208	0	0	2,653	2,582	(71)	(68)
Southwark	3,967	4,095	128	128	2,269	2,149	(120)	(50)
Total	29,050	30,258	1,208	1,208	19,184	19,155	(29)	7

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 8 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. The most significant areas for Place efficiency schemes are prescribing and CHC. The target is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 8, saving schemes above the overall target have been identified.
- At month 7, actual delivery (£19.155m) is on plan. Places are continuing to identify and implement actions to improve savings run-rates, especially for prescribing and CHC expenditure. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit with a degree of risk.
- Planning for the 24/25 ICB efficiency plan will continue during Q4.

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 **£3,241k**, which consists of an **£464k** underspend on programme costs and an underspend of **£2,777k** 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, with no change in-month. 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	41	(41)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	297	1,072	(774)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	2,425	1,878	547		3,637	2,889	748
929173	MEDICINES MANAGEMENT - CLINICAL	3,015	2,575	439		4,522	3,881	641
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	3,082	3,192	(110)		4,623	4,761	(138)
929219	PRIMARY CARE TRANSFORMATION	0	182	(182)		0	273	(273)
929245	SAFEGUARDING	2,038	1,859	179		3,058	2,797	261
929248	NURSING AND QUALITY PROGRAMME	1,687	1,436	250		2,530	2,122	408
929249	CLINICAL LEADS	3,395	2,532	863		5,093	3,984	1,109
929272	PROGRAMME WIDE PROJECTS	(634)	348	(982)		(952)	440	(1,391)
929273	PROGRAMME ADMINISTRATIVE COSTS	583	308	275		875	490	385
	PROGRAMME TOTAL	15,888	15,424	464		23,832	23,191	640
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	569	549	20		854	829	25
929562	ASSURANCE	350	338	11		525	507	17
929563	BUSINESS DEVELOPMENT	314	265	50		471	397	74
929564	BUSINESS INFORMATICS	2,475	2,098	376		3,712	3,207	505
929565	CEO/ BOARD OFFICE	0	25	(25)		0	0	0
929566	CHAIR AND NON EXECs	179	170	9		269	260	9
929570	PRIMARY CARE SUPPORT	654	721	(66)		982	1,052	(71)
929571	COMMISSIONING	4,414	3,963	450		6,620	5,966	654
929572	COMMUNICATIONS & PR	1,242	1,199	42		1,863	1,789	74
929574	CONTRACT MANAGEMENT	677	518	159		1,015	765	250
929575	CORPORATE COSTS & SERVICES	1,219	1,006	213		1,828	1,489	339
929576	CORPORATE GOVERNANCE	3,561	3,155	406		5,341	4,751	590
929578	EMERGENCY PLANNING	364	302	61		546	459	86
929580	ESTATES AND FACILITIES	1,947	1,868	79		2,921	2,798	122
929581	FINANCE	(290)	(768)	478		(435)	(1,163)	728
929585	IM&T	843	307	537		1,265	509	756
929586	IM&T PROJECTS	681	681	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	345	331	14		517	496	21
929593	PERFORMANCE	550	479	71		825	723	102
929599	STRATEGY & DEVELOPMENT	4,648	3,580	1,068		6,972	5,258	1,714
929600	ADMIN PROJECTS	(1,268)	(62)	(1,206)		(1,902)	48	(1,950)
929601	SERVICE PLANNING & REFORM	84	85	(0)		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	1,226	1,197	30		1,840	1,795	44
	ADMIN TOTAL	24,783	22,005	2,777		37,174	33,085	4,089
	CORPORATE TOTAL	40,671	37,429	3,241		61,006	56,276	4,730

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 8 was **£4,832,331k**. The maximum cash drawdown (MCD) available as at month 08, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£1,730,692k**. During month 8, the cash limit adjustment made by NHSE in respect of the Pathfinder specialised commissioning allocation was corrected.
- As at month 8 the ICB had drawn down 64.2% of the available cash compared to the budget cash figure of 66.7%. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 1 due to high volumes of year end creditors to be paid and again in October due to the re-phasing of the surplus to providers together the uncertainty around the timing of income from local councils. No supplementary drawdown was required in November but in December supplementary funding was required to pay providers for the impact of Industrial Action as part of the national H2 planning process.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 8 was **£470k**, well within the target set by NHSE (**£4,875k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2023/24 AP8 - NOV 23	2023/24 AP7 - OCT 23	2023/24 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
	£000s	£000s	£000s								
ICB ACDR	4,832,331	4,300,503	531,828	Apr-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
Capital allocation				May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Less:				Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Cash drawn down	(2,865,000)	(2,475,000)	(390,000)	Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Prescription Pricing Authority	(177,237)	(156,086)	(21,151)	Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
HOT	(1,701)	(1,510)	(191)	Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
POD	(55,264)	(44,208)		Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
22/23 Pay Award charges	(1,733)	(1,733)	0	Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
PCSE POD charges adjustments	(706)	(1,703)	997	Dec-23	370,000	15,000	3,250,000		4,625		
				Jan-24	455,000		3,705,000		5,688		
				Feb-24							
				Mar-24							
Remaining Cash limit	1,730,692	1,620,263	121,484		3,660,000	45,000					

11. Mental Health Investment Standard (MHIS) – 2023/24

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 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 M08. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,818** (£743k, 0.17% over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting however that we are seeing a reduction in spend as the year progresses.
- Slide 3 sets out the position by ICB budgetary area.

Risks to delivery

- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans to mitigate this include improving joint funding panel arrangements and developing new services 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 undertaking a review of provider pathways to maximise resources and capacity, working to improve data quality and considering contracting options. We are working with the London Region and other ICBs to benchmark ADHD services and to develop best practice 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 because of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to July 2023) is £10.9m, an increase of 1.4% over 22/23 outturn.

One Bromley Local Care Partnership Board

DATE: 25 January 2024

Title	Bromley Primary Care Group: January 2024 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 January 2024 meeting of this group:</p> <p>a) Progress update on delivery of Capacity & Access Improvement</p> <p>The PCG received an interim report on delivery progress towards Capacity & Access Improvement (part of the Recovering Access to Primary Care plan), following a mid-point review between Primary Care Networks (PCNs) with the ICB. Bromley PCNs are allocated to receive ringfenced investment of a potential £1.3 million towards this priority area. Maximum funding will be dependent on each PCN's individual achievement of improvement.</p> <p>The interim report highlighted there may be some areas requiring additional focus to ensure improved patient experience of contact, easier access and greater accuracy in recording appointment activity.</p> <p>At the time of the interim assessment, full delivery had not been achieved. PCNs are now in the final quarter of delivery and are advised that some areas should be prioritised in order to maximise year end achievement.</p> <p>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. PCG will receive the year-end report as part of the assurance process.</p>

b) Update on utilisation of the 2023/24 System Development Fund

The PCG received a detailed update on Bromley schemes funded through the System Development Fund, a funding stream defined by NHS England. The schemes represented around £200,000 investment in practice resilience, practice transformation support and at scale services by PCNs. PCN plans to expand hub-level working have been confirmed and approved for seven out of eight PCNs. Progress and additional patient care provided as a result of these hubs will be reported to the PCG.

c) Approval of the 2024/25 local incentive schemes for primary care

The PCG was asked to approve the 2024/25 schemes for the PMS Premium and Locally Enhanced Services. The schemes will be broadly in line with the 2023/24 financial year, aside from the planned end of a time-limited annual payment for SMI health checks.

The PCG approved the 2024/25 PMS Premium and Locally Enhanced Services schemes.

The PCG supported the setting up of a working group to discuss and develop the 2025/26 schemes, which may benefit from more substantial changes to align with local and national developments in primary care. A timeline for this programme of work will be provided to the next PCG.

d) Approval of potential revenue budget for Bromley Health and Wellbeing Centre

The proposal for new modern healthcare facilities in Bromley Town Centre were outlined to PCG from the strategic, economic, commercial, financial and management perspectives. The proposed centre would house Dysart Surgery and provide bookable space for other health and care services in central Bromley, in line with the integrated model of care ambition for One Bromley.

The PCG was asked to approve the revenue consequences of the scheme, should the scheme be unsuccessful in its capital funding bid to NHS England. This decision was required because the process for obtaining capital funding is complex and extensive, and as such waiting on the outcome of the capital funding bid represented a risk to delivering the scheme in as early a timeframe as possible.

The PCG was able to review the draft business case for the Capital Funding bid of £7.34m from the Sustainability and Transformation Partnership (Wave 4) Fund.

The PCG approved the use, if capital funding was not made available, of Bromley delegated revenue budgets for GP estates for the new premises and non-recurrent funding from the delegated estates project budget for associated transition costs. It was noted these costs will be offset through bookable space income.

e) Discussion of Bromley Healthwatch report for Quarter 2, 23/24

Healthwatch presented the Quarter 2 2023/24 report. It was noted that 67% of responses were positive and represented an improvement to the previous quarter. However, the experience of getting through on the telephone and availability of appointments remained a particular issue of concern.

The PCG invited Healthwatch to provide anonymised information to the ICB where patients reported very poor experiences in order that the ICB and PCNs could work with those practices as appropriate.

f) Update by Quality Team

PCG members were advised that the technical issues continued to affect access to the Primary Care Quality Dashboard.

The PCG welcomed the information about quality alert themes and requested that a report on quality issues raised by Bromley GPs and quality alerts about Bromley GPs continued to be provided to this meeting.

Bromley Primary Care Group has requested that the Bromley Performance, Quality and Safeguarding Committee receives a report regarding the nature and impact of the QAs relating to EPIC/ICE. PCG has asked that this be added to the forward plan for that Committee.

g) Notification of outcome following SEL procurement for remote consultations system for primary care

The Group was notified of the award of contract following a SEL-wide procurement process for a new remote consultations system provider. The contract will be with AccurX Ltd for a two-year period with an option to extend. The new AccurX tool is expected to replace the current online consultation tool used across Bromley, eConsult.

PCG was advised that practices that do not switch to the new provider may not be eligible for reimbursement for another online consultations tool as the funding mechanisms have changed nationally.

	PCG was notified that practices will be actively supported by the Bromley Primary Care Team with the mobilisation of the new software and transition process. It was noted that communications and engagement with patients and the wider public will be critical to the success of this process.	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group • The 24/25 schemes for PMS Premium and Locally Enhanced Services are approved • The decision to approve use of the revenue GP estates budget for the Bromley Health and Wellbeing Centre if the capital funding bid is unsuccessful was supported • The SEL procurement of remote consultations tool for primary care has resulted in award of contract to AccurX Ltd and practices will be switching to this new supplier over the coming months. 	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services. GP contract holding members declared a potential conflict of interest relating to item C in the above section. However there were no objections to the recommendation to approve this item.	
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: 25 January 2024

Title	Bromley Procurement & Contracts Group – November / December 2023 update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management. The following items were discussed and agreed at the group’s meeting on 15th December 2023, (please note that the November group did not take place). The next Bromley Procurement & Contracts group is scheduled for 24th January 2024.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> Community Health Service 24/26 – Direct Award In November, the ICB Board agreed the procurement commissioning arrangements for Community Health Services for Bromley. A direct award will be made to Bromley Healthcare for two years with effect from November 24. Work has begun on recommissioning a new contracted service from 2026. Identification and Referral to Improve Safety (IRIS) The tender exercise undertaken resulted in a failed tender. This is the second time the tender for this service has resulted in non award of a contract. Following advice from the Procurement Hub, the ICB will instigate direct negotiations with a preferred provider. <p><u>Contract Extensions</u></p> <p>No contract extensions were proposed to be enacted at the December group.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> Termination of Pregnancy Service (TOPs) SEL ICB is working with other London ICBs to undertake a London wide procurement for TOPs. It is anticipated that the procurement will be under Any Qualified Provider and guidance is being sought regarding the impact of Provider Selection Regime (PSR) on the procurement route. <p><u>Other key areas of discussion to note</u></p> <ul style="list-style-type: none"> Provider Selection Regime (PSR) - PSR came into force from 1st January 2024, with new procurements and any contract modifications required to follow the PSR regulations. SEL ICB are reviewing the impact of the regulation changes and putting in place updated guidance and templates to ensure compliance with the regulations.

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-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

One Bromley Local Care Partnership Board

DATE: 25 January 2024

<p>Title</p>	<p>One Bromley Performance, Quality and Safeguarding Group: December 2023 Report</p>
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<p>The One Bromley Performance, Quality and Safeguarding Group met on 12 December, chaired by Harvey Guntrip, Bromley Borough lay member and attended by leads from across One Bromley.</p> <p>Bromley Performance Report</p> <p>The Bromley performance report, produced by the SEL ICB assurance team was presented to the meeting. Key areas of discussion were:</p> <ul style="list-style-type: none"> • Personal Health Budgets – Bromley has one of the highest targets in SEL and is marginally under trajectory. Many of the cases relate to continuing care, where the team have recently been re-organised. • Talking Therapies - There had been an improvement in recovery but not in relation to access. The ICB continues to work with Bromley Healthcare and others to improve this in light of challenges with capacity. • LD Health checks – Performance has improved from last year, but not yet up to target. An annual Health Check co-ordinator has been recruited who will support practices in this area. • SMI Health checks – still under target and an action plan is being developed to improve performance against the trajectory. • It was agreed that an update report would be presented on LD and SMI Health Check performance. <p>Quality Update</p> <p><u>One Bromley Serious Incident & Quality Alert Update</u></p> <p>The following key highlights were noted:</p> <ul style="list-style-type: none"> • The report included a brief overview from the ICB plans to refresh the quality and patient safety framework. The framework does not replace organisational quality systems, but instead give an approach to allow us to work with health and social care partners and embed learning using the quality matrix and indicators. • The quality and patient safety System Quality Group meeting update was noted. Following the Lucy Letby trail, NHSE wrote to

all ICBs to ask for assurance around how staff access information on how to speak up.

- Patient Safety Incident Response Framework stakeholder events held on 7th September and in early December. Feedback so far was that this was positively received and those that attended found it helpful. The ICB will sign off action plans moving forward.

Mental Health

There has been an increase in the number of serious incidents related to the care and treatment of patients admitted with mental health concerns. The team had reviewed the key concerns and contributory factors particularly regarding system elements that lead to adverse outcomes for this patient group. A review of fatal and non-fatal harms incidents has been conducted; this would be shared later in the meeting.

One Bromley Serious Incident & Quality Alert Update June – November 2023

An overview of the quality alert process and ICB escalation process was provided. The report also covered June – November 2023, with twenty-seven serious incidents reported across SEL. The top three themes were:

- Suspected/actual suicide
- Delayed diagnosis
- Never Events

291 alerts were received in this period. Top themes included cancer two week wait referrals, appointment referral issues and delayed treatment. Fifty-one alerts were graded red, one hundred and fifty-five were graded amber and fifty-eight were graded green. The quality intelligence team graded the alerts, the report included details of learning and actions.

SEL ICB and One Bromley Never Event Deep-Dive

A never event is a serious incident that is preventable because guidance or safety recommendations are in place that provide strong systematic protective barriers.

A deep dive report was presented to the group covering never events from April 2020 to December 2023. These were discussed together with the learning and responses to these events taking place,

EPIC implementation

The report presented the learning from the implementation of the EPIC and ICE IT systems and the concerns and emerging themes that arose from this. These have been reported to the SEL Themes and Concerns Group and the System Quality Group.

	<p>Following the launch, 55 quality alerts were reported between October and November. The nature of these and the issues were discussed and an update was requested for the next meeting</p> <p>Safeguarding Update</p> <p>The safeguarding team updated the meeting around the following areas:</p> <ul style="list-style-type: none"> • Safer Bromley Partnership Strategy • Updated Prevent Guidance • South-East London Safeguarding Review • Bromley Safeguarding Adults Board (BSAB) Annual Report 2022-2023 • Children’s Practice Review <p>Bromley Risk Register</p> <p>The risk register is reviewed monthly and discussed in the monthly SEL Risk Forum. Eight risks had been included with four new risks added to the register. Of the four, one was an extreme risk in relation to the Pan London Community Equipment provider, this was rated at twenty. The risk is rated as extreme due to the high financial risk.</p> <p>The three Continuing Healthcare risk ratings would be decreased following the award of the contract on 22nd November. It was agreed that the new contract would commence from 1st April 2024, concluding a two-year transformation of the service. Bromley was now the highest performing continuing healthcare service in South-East London.</p>	
Recommended action for the Committee	The One Bromley LCP are asked to note this update	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required
	Financial impact	Not applicable
Wider support for this proposal	Public Engagement	Not applicable

	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

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		