

One Bromley Local Care Partnership Board

Date: Thursday 25 July 2024

Time: 9.30am – 10.45am

Held: Bromley Civic Centre, The Council Chamber

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:35
4.	Minutes of the meeting held on the 9 May 2024 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Information and Noting				
6.	Partnership Report For information	Enc. 4	Dr Angela Bhan	9:50
7.	Winter and Urgent and Emergency Care Transformation Update For information	Enc. 5	Jodie Adkin	10:00
8.	Finance Month 2 Update For information	Enc. 6	David Harris	10:10

Reports from Key Sub-Committees for Noting				
9.	Primary Care Group Report For noting	Enc. 7	Harvey Guntrip	10:20
10.	Contracts and Procurement Group Report For noting	Enc. 8	Sean Rafferty	10:25
11.	Performance, Quality and Safeguarding Group Report For noting	Enc. 9	Harvey Guntrip	10:30
Closing Business				
12.	Any Other Business	Verbal	All	10:35
Appendices				
13.	Appendix 1: Glossary of terms	Enc. 10	For information	
Next Meeting:				
14.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 26 th September 2024 and will start at 9:30am in Bromley Civic Centre, the Council Chamber.			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of July 2024

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	
			Non-Financial Professional Interest	Professional Public Health advise given to the London Borough of Bromley when required.	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	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of July 2024

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

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of July 2024

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Site Chief Executive, Princess Royal University Hospital	Financial Interest	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	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of July 2024

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	
				Elected Councillor, London Borough of Lewisham	03/05/2024	
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.		

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of July 2024

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 9 May 2024
Held via Microsoft Teams online

Present:

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
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for 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
Jacqui Scott	Chief Executive, Bromley Healthcare	JS
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Helen Simmons	Chief Executive, St Christophers Hospice	HS
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 Hannah Josty	Vice-Chair, London wide Local Medical Committees and London wide Enterprise Ltd	HJ
In Attendance:		
Gemma Alborough	Business Support Lead, Bromley, NHS South East London	GA
James Watts	Site Director of Operations, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	JW
David Harris	Associate Director of Finance, NHS South East London	DH
Avril Baterip	Corporate Governance Lead, Bromley, NHS South East London	ABa

Apologies:

Name	Title and organisation	[Initials]
Members (Voting):		
Angela Helleur	Site Chief Executive, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	AH
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB

		Actioned by
1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Andrew Parson invited members to declare any interests in respect to the items on the agenda. No additional interests were declared.	
3.	Public Questions	
3.1	No questions had been received in advance of the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 28 March 2024	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Matters Arising – "Right Care Right Person" (RCRP) Update	
5.1	Iain Dimond updated the board on the RCRP developments, the following points were noted: <ul style="list-style-type: none"> Since the last meeting, the final pieces of the policy framework for mental health trusts have been completed and introduced, these are: <ol style="list-style-type: none"> Absent without leave (AWOL) policy for CAMHS (children and adolescent mental health services) Welfare Check policy for London mental health trusts went live on the 1st April 2024 In terms of the RCRP programme board for London, the project support has been stood down and ongoing support for the programme will be provided as business as usual by NHSE. This means there will be a significant reduction in the frequency of central meetings. From ID's perspective, there are two areas where ongoing concerns have been expressed. As previously discussed, these are: <ol style="list-style-type: none"> Agreeing the framework for welfare checks for the wider system (outside of mental health) which is being led by Jane Simmons from the London Adult Director of Social Services (ADASS) Programme Group. This work was due for completion this month but has not been confirmed as completed yet. 	

	2. A clearer framework for welfare check requests for people leaving the emergency department or acute wards, requested by acute collaborative providers. A single policy for London has been recommended.	
5.2	<p>In considering the update, board members had the following comments:</p> <ul style="list-style-type: none"> Councillor Colin Smith notified the board that a meeting took place off-line with ID and AB to discuss the RCRP issues. Dr Bhan has drafted an initial letter outlining the issues and concerns. Councillor Smith still retains concerns for front-line staff but will keep the board informed of everything they do regarding this matter. In response to a question, ID was not aware of CQC monitoring of the RCRP programme in individual organisations but agreed that this would be a good measure to consider. Dr Angela Bhan thanked ID for the update and helpful suggestions in relation to the draft letter, there will be further discussions on framing the letter. Dr Bhan noted that irrespective of there being CQC monitoring or evaluation, there remains some concern about ongoing monitoring and evaluation. There are also personnel concerns in relation to absorbing additional work and associated risks. Dr Bhan noted that it would be worth remaining vigilant about issues. Councillor Colin Smith agreed with AB's and ID's points and noted Dr Bhan's reference to risks. Councillor Smith reiterated that Bromley Council staff will not be absorbing any risks in relation to the RCRP model and changes. This is a risk that has not been properly evaluated, there is a need for more assurance from central government. Councillor Smith confirmed that the RCRP item could be stood down as a regular agenda item. The board was in agreement with this proposal. 	
5.3	The Committee NOTED the update on the "Right Care Right Person" Model.	
6.	Actions for the Board	
6.1	The action log was reviewed and updates to the open actions were given in the meeting.	
6.2	The Committee NOTED the action log.	
7.	Partnership Report	
7.1	Dr Angela Bhan introduced the Partnership Report. The report was taken as read and Dr Bhan invited comments and questions from members.	
7.2	<p>In considering the report, board members had the following comments:</p> <ul style="list-style-type: none"> David Walker noted, as mentioned in the partnership report, the work on the Carers Charter was approved by the One Bromley Executive. DW thanked all partners and colleagues for their good support and contribution to this work. The launching of the Carers Charter will be taking place from 10 – 16 June, there will be meetings held with colleagues to ensure there is a coordinated approach with the One Bromley communications and engagement workstream, to enable training and support for front-line staff. DW was very pleased to take this work forward. Kim Carey gave an update on the appointment of the new Director of Adult Services, Donna Glover, who will be starting in September 2024. 	

	KC will be stepping down from the role and there will be a period of handover in the next couple of months. Dr Andrew Parson thanked KC for the update noting that the change will take place in September and is looking forward to working with Donna in the future.	
7.3	The Committee NOTED the Partnership Report.	
8.	Communications and Engagement Activity Report	
8.1	<p>Paulette Coogan presented slides on the Communications and Engagement Activity Report, the following points were noted:</p> <ul style="list-style-type: none"> • This report is a summary of the communications and engagement activities for 2023-24. • A key element is to demonstrate working together to inform communities and seek views in an efficient and effective way, which leads to better services and outcomes. • A small number of the assets we have used are depicted throughout the report. • The report is divided into sections – <ul style="list-style-type: none"> ○ Section 4 provides an introduction into all our activities: <ul style="list-style-type: none"> ▪ Section 4.1 – Communications and Engagement with Bromley residents to deliver One Bromley priorities includes what we have done and the outcomes of our activities. ▪ Section 4.2 –examples of communications and engagement activity from our individual One Bromley organisations. Within our Communication Network group we share the information on a regular basis, to enable us to share resources effectively. ○ Section 5 (page 32) contains the local campaigns information, that we have supported as partners in 2023-24. ○ Section 6 –focuses on how to promote what we have achieved through joint working and working ○ Section 7 -focuses on key areas of communications and engagement for the coming year ensuring we meet statutory and legal obligations and importantly improve health outcomes. 	
8.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Paulette and the team for their valuable support and work done on so many different areas, noting that health and social care is a complex area and breaking this down for the public to understand and navigate – it is a fascinating and overwhelming report. • David Walker gave his thanks for the great report which reflects the breadth and diversity of the work undertaken across One Bromley. DW noted the changes taking place in the ICB and the impact on capacity and resources, he asked if there is anything more we should be doing to work together effectively, as there will be less central resources? In response to this question, PC agreed that resources will be reduced and relevant teams will have to work in a streamlined way to support the priorities. Help for the system will be sought from communication teams in individual organisations. • Jacqui Scott thanked Paulette for the report which demonstrates the breadth and depth of communications and engagement work done in 	

	<p>Bromley. JS noted an opportunity for digital engagement and asked if we could join up engagement and think of savings across Bromley and purchasing power? In response to the question, PC offered to take this proposal to the Communications and Engagement workstream group. She advised that the PRUH was heavily involved in their patient access and digital engagement work and there could be some lessons we can learn from that. PC noted that Bromley Well supports communities to access different systems and we can do some further engagement activities with them.</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Paulette and the wider teams for all the work done to support our Bromley population. 	
8.3	The Committee NOTED the Communications and Engagement 2023-24 Activity Report.	
9.	Finance Month 12 Update Report	
9.1	<p>David Harris presented the Month 12 2023/24 Finance Report, the report was taken as read and the following points were noted:</p> <p><u>SEL ICB Month 12 Financial Position</u></p> <ul style="list-style-type: none"> • The SEL ICB financial allocation as at month 12 was £4,489,317k. • In reporting the month 12 position, the ICB has delivered all its financial duties: <ul style="list-style-type: none"> ○ An overall £46k surplus against the revenue resource limit (RRL). ○ Underspending (£3,910k) 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 (over-delivery by £818k); and ○ Delivered the year-end cash position (£1,999k), well within the target cash balance (£4,875k). <p><u>Bromley ICB/LCP Month 12 Financial Position</u></p> <ul style="list-style-type: none"> • The 2023/24 Bromley ICB/LCP place budget for the year as at month 12 was £247,789k. • The Bromley outturn was £71k overspent which represents an £8k underspend against its control total of £79k overspent. Cost pressures continue which includes prescribing, continuing healthcare and mental health services. <p><u>Bromley ICB/LCP 2024/25 budget setting</u></p> <ul style="list-style-type: none"> • The 2024/25 budget setting has been undertaken with a budget of £249m confirmed. • The national tariff uplift has been amended to 0.6%. • Work continues on the savings target and work to deliver on schemes. DH noted that this will be a challenging year. 	
9.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked David for the report and gave his congratulations to all teams in delivering on our financial duties. Dr 	

	Parson noted that we have to work together to enable effective delivery of care within our financial means.	
9.3	The Committee NOTED the Month 12 2023/24 Finance Report.	
10.	Primary Care Group Report	
10.1	Harvey Guntrip noted that the Primary Care Group (PCG) report will follow at the next meeting of the One Bromley Local Care Partnership Board in July, as the PCG meeting has not taken place yet. There were no questions or comments from members.	
10.2	The Committee NOTED the Primary Care Group update.	
11.	Contracts and Procurement Group Report	
11.1	Sean Rafferty reported to the committee. The report was taken as read. Sean highlighted the following were noted at the group as contract awards:- <ul style="list-style-type: none"> • Bromley Primary Care Resilience Support • GP Enhanced Services There were no queries or comments from members.	
11.2	The Committee NOTED the Contracts and Procurement Group Report.	
12.	Performance, Quality and Safeguarding Group Report	
12.1	Harvey Guntrip notified the committee that the report from this meeting will follow at the next One Bromley Local Care Partnership Board meeting in July. The previous meeting in April was cancelled due to the Chair being unwell. There were no questions or comments from members.	
12.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
13.	Any Other Business	
13.1	Harvey Guntrip shared a personal experience of attending his GP for sinusitis and was advised that he should visit a pharmacy instead. He raised the Pharmacy First initiative and enquired whether there was a standard of recommendations across Bromley GP practices to redirect patients to pharmacies. In response to this question, members had the following comments: <ul style="list-style-type: none"> • Dr Angela Bhan noted that there is a clear protocol for specific conditions to be redirected to pharmacists and Harvey's condition is on the list. Raj Matharu attended a recent Health Overview and Scrutiny Committee where he gave an account of the whole community pharmacy programme and it may be helpful, if the Chairmen agree, for RM to attend one of the board meetings or we can circulate the slides where it suggests you refer to a pharmacy). • Dr Hannah Josty updated that meetings take place monthly with Raj Matharu, south east London and south west London ICBs. Dr Josty noted that GPs are not supposed to turn patients away, as they should be directing them to the pharmacy with a referral – no triage is needed and it does not have to be a clinician who does the referral. It is important that referrals are made to Pharmacy First from GP practices as the funding works very differently. Dr Josty noted that the uptake of 	AB

	<p>Bromley GPs to refer to the service is low and the Local Medical Committee is working closely with Raj to increase uptake. Dr Parson thanked Dr Josty for the helpful update.</p> <ul style="list-style-type: none"> • Dr Claire Riley noted that SEL ICB is looking at standardization across GP Practices. The Pharmacy First service is available to all parts of Bromley, however there is some variance as to how it is handled and triaged, some of which is due to GP capacity. The Primary Care Networks are looking at standardization across Bromley so a unified approach is applied consistently and the learning is shared widely. • Helen Norris noted that Healthwatch is often asked by patients whether they should visit a GP or local pharmacist for a condition and asked for some clarity on this matter. Dr Parson noted that these are important questions and asked for an action to be taken to provide Helen with a firm answer to the queries raised. • Mark Cheung updated that meetings on the Pharmacy First rollout have taken place. He noted that this is a new initiative and there have been some issues around the data, historically uptake has been low in Bromley. The group who meets include Healthwatch members and he will pick up this action with Helen Norris. • Dr Andrew Parson thanked everyone for their input into the discussion. <p>There was no further business discussed.</p>	MC
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
15.	Date of Next Meeting: Thursday 25 th July 2024 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
32.	13.1a: Any Other Business – MC to provide Helen Norris with clarity on the Pharmacy First initiative and the protocol for referring patients to a GP or Pharmacist.	09.05.2024	Mark Cheung	25.07.2024	Open	
33.	13.1b: Any Other Business – AB to invite Raj to the next board meeting to discuss the Pharmacy referral criteria or slides on the Pharmacy presentation from the Health and Wellbeing board to be circulated to the board.	09.05.2024	Dr Angela Bhan	25.07.2024	Closed	Raj Mathura has been invited to the One Bromley Local Care Partnership Board meeting on the 26 th September 2024.

One Bromley Local Care Partnership Board

DATE: 25 July 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 – July 2024

Table of Contents

1. One Bromley Local Care Partnership Programmes	1
2. Princess Royal University Hospital and South Sites	5
3. Bromley Council Adult Social Care	8
4. St Christopher's Hospice	9
5. Bromley Healthcare	9
6. Oxleas	12
7. Bromley Third Sector Enterprise (BTSE)	14
8. Primary Care Networks (PCN)	15
9. Bromley Public Health	18
10. Bromley GP Alliance (BGPA)	19

1. One Bromley Local Care Partnership Programmes

Covid Spring Vaccination Programme Uptake

The 2024 Covid Spring Vaccination campaign commenced on April 15th for Care Home residents and Housebound patients, and April 22nd for all other cohorts. The campaign ended on June 30th.

Due to a combination of naturally acquired and vaccine-derived immunity, and changes in the nature of virus itself, COVID-19 is not as serious an illness as it once was for the vast majority of people. As such, the Joint Committee on Vaccination and Immunisation (JCVI) recommended a more targeted list of cohorts for the Spring Booster, aimed at those at higher risk of developing serious COVID-19 disease:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed

Covid vaccine partners and locations for the 2024 Spring programme comprised:

- 3 Local Vaccination Sites: Orpington (Chelsfield), Penge (Oaks Park) and London Lane

- 19 Community Pharmacies
- 1 pop-up event

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 barriers to immunisation. There was close collaboration with colleagues in South-East London, where work continues to streamline processes, improve campaign delivery and increase vaccine uptake.

With the support of partners, almost 22,000 eligible patients were vaccinated for Covid by the June 30th campaign deadline.

Final Covid Spring Booster Uptake

Cohort	Uptake
Over 75	64%
Immunosuppressed/ At-risk	24.7%
Housebound	62.5%
Care Homes	79.1%

Source: Bromley Primary Care Data 01.07.2024

Although lower than previously, the figures are consistent with previous years' uptake.

The One Bromley Wellbeing Hub reopens

The reopening of the One Bromley Wellbeing Hub in June 2024 marks a significant step forward in the efforts to reduce health inequalities in Bromley. A comprehensive refurbishment has transformed the Hub into a one-stop shop for health and lifestyle support and information. Conveniently located in the Glades shopping centre (upper mall opposite M&S), it is open from Tuesday to Saturday, 10.30am to 6.30pm.

Provided by the One Bromley Local Care Partnership in collaboration with MyTime Active, the Hub offers a range of services targeting the five leading causes of poor health, known as the Vital 5. By focusing on these critical areas, the aim is to prevent the development of long-term health conditions that can disproportionately affect underserved communities. The Vital 5 includes smoking, obesity, high blood pressure, mental health, and alcohol consumption – key factors that, when addressed, can significantly improve individual and community health outcomes.

Also on offer, are essential services such as support for carers, befriending services, smoking cessation, and cost-of-living advice and support. These services are designed to address both health and socio-economic challenges, which are often linked. For instance, smoking cessation not only improves physical health but also reduces financial strain. Similarly, cost-of-living advice can alleviate stress and improve mental well-being.

Services are available as walk-in or booked appointments. This will particularly help those who find it difficult to schedule and keep regular appointments due to unpredictable work patterns or caring responsibilities. The formal opening of the Hub is scheduled for mid-July.

For more information visit www.selondonics.org/OneBromleyWellbeingHub

One Bromley Staff Recognition Awards 2024

Staff from across Bromley's health, care, and voluntary services came together to celebrate teamwork, collaboration, and partnership at the One Bromley Recognition Awards 2024. Held on 16 May, the awards recognise exceptional staff and teams whose dedication, compassion and resilience are inspiring. Dr Andrew Parson, Clinical Lead for the One Bromley Local Care Partnership and compere for the evening was joined by the Mayor of Bromley, Councillor David Jeffreys and the Mayoress who attended the awards to express their gratitude to the staff working across Bromley to improve health and wellbeing.

The One Bromley Recognition Awards celebrate not only achievements, but also the spirit of collaboration and partnership that drives continuous improvement of health and care services in the borough. The awards are a reminder of the incredible impact working together has on the community's health and wellbeing. More information about the award winners and to watch a short video of the event, visit the [website](#).

Bromley Health Initiatives Shortlisted for Health Services Journal (HSJ) Awards

Two of the One Bromley health initiatives have been shortlisted in three categories for the HSJ Patient Safety Awards 2024.

The Orpington Wellbeing Cafe has been announced as a finalist in both the Improving Care for Older People and the Primary Care Initiative of the Year categories, while the Bromley Homeless project has been announced as a finalist in the Best Use of Integrated Care and Partnership Working in Patient Safety category. The café reduces isolation and health inequalities in older people. Led by the Orpington Primary Care Network and supported by a range of Bromley services, it brings people together in a welcoming and safe space, offers health information advice, routine health checks, advice and signposting.

The Bromley Homeless project supports vulnerable homeless people, who often suffer with complex and many physical and mental health needs. The initiative provides year-round services and offers very bespoke and personalised support, which has resulted in a 100% satisfaction rating from clients. Nationally recognised on several occasions, the service leads the way across south east London on supporting the homeless.

The HSJ Patient Safety Awards will be held on 16 September 2024. A full list of finalists are available at: [Shortlist 2024 | HSJ Patient Safety Awards \(patientsafetycongress.co.uk\)](https://patientsafetycongress.co.uk/Shortlist-2024)

Bromley Cervical Screening Campaign

The "Cervical Screening Saves Lives" campaign in Bromley, launched in June, aims to overcome the barriers preventing some individuals from getting screened and to encourage

wider participation. The campaign is built on insights from nearly 400 Bromley residents and findings from a Health Equity report that reviewed disparities in access to cervical screening.

Cervical cancer is among the most preventable cancers, and Bromley's current screening uptake rate of 75.9%, whilst the highest in south east London, falls short of the national target of 80%.

To address this, the campaign introduces new resources, including an information booklet that explains cervical screening, when and how to get tested, and addresses specific barriers identified by residents. These resources are designed to make the screening process more understandable and accessible to everyone in the community. Information has been widely distributed through services and partnerships. Paid for advertising is targeting areas of lower screening uptake.

For more information about the campaign and to access these resources, visit www.selondonics.org/BromleyCervicalScreening

Bromley Children's Health Integrated Partnership (B-CHIP) Update

The Bromley delivery of the national CHILDS model, BCHIP continues to develop and expand across the borough with the final 3 PCNs (primary care networks) scheduled to implement the service in July/August 2024. Once fully established across all 8 PCNs, most referrals into secondary care general paediatrics from primary care should take place through BCHIP.

Currently BCHIP is being delivered across 5 PCNs, with the following impact highlighted:

- 850 children were seen via triage, of which,
 - 55% discharged were from service without needing further assessment
 - 24% referred into the MDT community clinic
 - 9% referred to secondary care (specialism)
 - 7% were deemed to be inappropriate referral
 - 4% referred into community services
- 128 children were seen in the MDT community clinic, of which,
 - 77% discharged from the service
 - 13% needed active monitoring
 - 10% referred to secondary care (specialism)
 - 1% referred into community service

The positive impact on the general paediatric secondary care waiting list is illustrated by a reduction from 9 months wait for non-urgent referrals, down to 5 months for first assessment.

The expectation is that once all PCNs are onboard, the waiting list will begin to reduce, hopefully until it no longer exists. Almost all activity will go via the BCHIP model.

BCHIP has maintained the modelled timeliness of triage and clinics, ensuring from referral into the service, through to being seen in a community clinic (if required) takes no longer than x6

weeks – a reduction of approximately 33 weeks as compared to the pathway prior to BCHIP implementation.

Synnovis Update

On 3rd June 2024, Synnovis, a pathology laboratory which processes blood tests on behalf of a number of NHS organisations, primarily in South East London, was the victim of a cyber-attack. Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust remain in a critical incident, while Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Bromley Healthcare, and primary care services in South East London continue to be impacted and involved in the incident.

NHS England is working with Synnovis and the National Crime Agency to respond to this criminal ransomware attack on Synnovis systems. Synnovis has confirmed that data published by a cybercrime group has been stolen from some of their systems and are working at pace to carry out analysis to understand the full scale and nature of the data released and patients impacted. We understand that colleagues may be concerned by this, especially those of us who live in south east London. As more detail becomes available, the NHS will continue to provide updates [here](#) and on a page of frequently asked questions [here](#). There is also a helpline for people to call if they are concerned about their data: 0345 8778967.

Mutual aid arrangements to meet urgent demand from general practice and community services have been introduced at pace in all six of our boroughs and are already hugely helpful. Pathology services are currently able to operate at 45% of the capacity we had before the cyber-attack, and we anticipate that this figure will rise as the mutual aid arrangements bed in and develop further.

Patients should continue to attend their appointments unless they have been told otherwise and should access urgent care as they usually would.

2. Princess Royal University Hospital and South Sites

Princess Royal University Hospital (PRUH) Site Chief Executive Update

At the end of the 23/24 financial year, the Trust reported a deficit of £78.7m (subject to audit) which represents an overspend of £61.7m against the £17m deficit plan (adjusted from £49m deficit after ICB surplus distribution of £32m). The Trust missed this plan due to industrial action costs, unfunded pay awards and inflation, shortfalls on savings targets and cost pressures due to outsourced activity, mental health patient costs and international recruitment. In early April, the Trust received confirmation from NHS England that it was being moved into National Oversight Framework segment four and has been placed in the Recovery Support Programme. Our 2024-25 plan has not yet been finalised with NHS England but the trust continues to work to minimise overspends highlighted above and developing our recovery plan for a longer term financially sustainable position.

The number of patients on our waiting list for the trust reduced from 104,320 at the end of February 2024 to 103,361 at the end of April (reduction of 1103). At the end of April the Trust had 52 patients who waited 78 weeks or more.

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Over 85% of the frontline workforce across King's and Guy's and St Thomas's (GSTT) are now trained. Over 41,000 members of King's and GSTT staff have access to Epic since go live. Over 395,000 patients have registered across King's and GSTT with 137,644 of these at King's (35%).

March saw our highest average attendance for all types hitting 396, however this dropped in April to 374 but despite this April saw a very challenged month nationally and showed a drop in our performance to 62% against a target of 78%. Our 12-hour Decision-To-Admit breaches increased during April to an average of 25 per day at PRUH.

Cancer treatment within 62 days of post-GP referral is not compliant but improved to 65.86% for April (target 85%). Faster Diagnosis Standard compliance was above target at 71.18% in April with the national target of 70%. The cancer backlog has reduced in line with our agreed trajectory.

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted April performance against the national threshold of 41.74% across both sites (against the 5% threshold) which is a deteriorating position compared to 39.32% reported for March 2024. The number of 6+ waiters increased by 601 patients from 11,103 waiters in March to 11,704 waiters in April with the most significant breach increases reported in echocardiography (+828) and non-obstetric ultrasound (+395). There were breach reductions notably in sleep studies and CT (Computed Tomography) scan.

We continue to focus on improving the technical elements of the DM01 PTL (diagnostics waiting times patient tracking list) and diagnostics functionality in Epic, with significant upgrades and updates made to both the PTL and the applications. Demand management is another key focus given increases seen in the numbers of orders placed both internally and externally post-Epic, particularly in non-obstetric ultrasound.

Strike impact on elective care

Junior doctors have taken strike action on 34 days over the last 10 months. We reported the following number of patients affected by their recent industrial action. No further strikes have been announced but with no agreement, we determine that further action is likely.

Junior doctors and hospital dental trainees industrial action period	Day case activity rescheduled	Inpatient activity rescheduled	Outpatient activity rescheduled
Began on Wednesday 20 December at 7.00am and finished at 7.00am on Saturday 23 December 2023	24	73	1,201

Began on Wednesday 3 January at 7.00am and finished at 7.00am on Tuesday 9 January 2024	80	59	1,286
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Synnovis pathology provider incident - Serious incident

On 3 June 2024, Synnovis, the Trust's pathology provider was subject to a ransomware cyber attack. As a result, we are experiencing ongoing disruption to our pathology services, particularly blood tests. This is having a significant impact on the delivery of services in our hospitals, as well as across partner organisations in mental health, community and primary care services across south east London. Regrettably some patient care is having to be cancelled or redirected to other providers as urgent care is prioritised.

Current position

- We continue to work as a matter of urgent priority to investigate the impact of the incident and take appropriate action. We are working closely with Integrated Care Board (ICB) and NHS England colleagues as part of this.

Communicating with our patients

- We are advising patients to attend their appointments as planned unless they are contacted. We are contacting patients who are directly impacted by phone.
- We are regularly updating the news section of the Trust website with the latest position and guidance for patients [Trust website](#)

Our extensive capital programme continues, albeit with some unexpected delays:

Endoscopy Unit

The Trust has met all ten pre-planning conditions, now subsequently discharged by Bromley planning. This position has allowed construction to begin. The cost has increased over the initial estimates due to a number of factors. These have been reviewed extensively to ensure value for money. Despite the delay, we aim to adhere to the expected completion in July 2025.

Radiology Upgrades

The new MRI 2 installation is complete and operational. The existing MRI has now been replaced. All work for the current phase has been completed on time. Mammography replacement is under review.

Flow upgrades and other developments

A range of other capital projects across the PRUH are being undertaken. The new 16 bed RSU (Respiratory Support Unit) and HDU (High Dependency Unit) is nearing completion. 12 Beds are open for RSU. The HDU will be complete by the end of June. The current phase of Omnicell installation has been completed.

The new power substation has been completed and energized. The installation of the EV (Electric Vehicle) chargers has been completed in the car park giving 41 bays. The additional estate capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments, this is now underway. DSU (Day Surgery Unit) structural improvements are nearing completion. Phase 1 of the NICU (Neonatal Intensive Care Unit) upgrade has been completed.

David Behan started on the 11th June as the new Chairman.

To further local partnership working we have a Primary and Secondary Care interface Task and Finish Group running and meeting every 6 weeks. A further meeting with the clinical directors is being arranged in September. The teams are working on a number of workstreams including improving cancer referrals within secondary care to prevent returns to primary care.

3. Bromley Council Adult Social Care

Work within Bromley Council remains very busy.

The completed Better Care Fund (BCF) return was sent in good time and has cleared the initial London Assurance process with only 5 minimal questions to be responded to. These will be completed within the time scale. An audit of the BCF process has been started by the ICB, which is somewhat frustrating given the level of scrutiny the Better Care Fund is given. Officers within the Council will return information that is readily available.

Work has begun on building the budget for the financial years 2025/26 with each Directorate required to find additional savings to fill the substantial budget gap. Adult Social Care is already planning to deliver significant savings and by the time of the meeting will hopefully have been given the go ahead to continue with the work on the digital strategy and be seeking a strategic partner to work with us over the next two years. The Directorate will also be working to deliver better Co-Production.

Work continues to prepare for the Care Quality Commission Assurance process which is being rolled out across the country. At the time of writing we are still awaiting notification that they will be visiting Bromley, with lead in times of up to six months.

Donna Glover takes over the Director of Adult Services role from the 23rd September and following a period of handover it is anticipated that the current postholder, Kim Carey, will finish their contract at the end of November. The Council has asked that Kim continues to work one day a week to oversee the Transformation Programme but will be stepping down from this meeting.

4. St Christopher's Hospice

As we finish Q1 of 2024-2025 the care teams at St Christopher's continue to see their caseloads increase with a total of 1890 people being cared for across the five boroughs serviced.

We have recruited a 0.2 WTE Clinical Nurse Specialist to work in Brixton Prison to support the healthcare provider in the prison to identify frailty and supporting people in the prison who are in the last 12 months of life.

St Christopher's has also recruited a Doula to support people reaching the end of life who are living with inequity in Croydon. We are expecting this exciting role to start in mid-August

As we approach What Matters to You Day a case study of a lady who we supported to do 'What Mattered Most to her'.....

- *Lady wanted tea at the Ritz*
- *Excessive leg swelling was prohibiting travel*
- *Urgent referral to complementary therapy – massage*
- *Moved appointments to facilitate care*
- *Treatment given no obvious impact at the time*
- *Following day – 50% reduction in swelling*
- *Tea at the Ritz fulfilled!!!*
- *One happy lady*

5. Bromley Healthcare

Bromley Urgent Community Response team at National Benchmarking Event

In May, colleagues from Bromley Healthcare's Urgent Community Response (UCR) Directorate were requested to present at the NHS Benchmarking Network's National Benchmarking Findings Event, the first in-person gathering of 2024. These events provide a platform for health and social care providers to exchange best-practice insights.

UCR services play a crucial role in preventing unnecessary hospital admissions by delivering urgent care at home. The team highlighted how benchmarking data has driven strategic and service improvements, particularly in our Intermediate Care services, focusing on the impact of the National Audit of Intermediate Care (NAIC) and NHS Intermediate Care benchmarking findings over the past five years:

Bed-Based Rehabilitation

- **Shorter Hospital Stays:** Patients now stay for about 22 days, reduced from 24 days in 2018.
- **Higher Discharge Rates to Home:** 82% of patients are now discharged home, an increase from 78% in 2018.
- **Better Patient Involvement:** 85% of patients feel involved in their care plans, up from 61% in 2018.

Foxbury Rehabilitation Ward, Queen Mary Sidcup

- Introduction of therapy groups, including Tai Chi and balance exercises.
- New equipment and an expanded gym to better support patient recovery.
- Increased weekend therapy sessions for continuous care.
- Improved staff consistency at night by reducing reliance on agency

Rehabilitation at Home

- **Better Home Independence:** 86% of patients stay in their own homes after rehab, up from 81% in 2018.
- **Clear Goals:** 100% of patients understand their rehabilitation goals.
- **Specialised training for staff** to support daily living skills and health monitoring.
- **Creation of key worker roles** for better patient support.
- **Introduction of a hydration protocol** to ensure patients stay well-hydrated.
- **Added weekend therapy sessions** to maintain consistent care.

Collaborative Working

- Improved coordination with hospitals and social services to streamline patient care.
- Increased staff training and development opportunities to attract and retain skilled workers.
- Successful student and apprenticeship programmes to bring new talent into the workforce.
- Enhanced early screening for frailty and delirium to better manage patient health.
- Regular multidisciplinary team meetings to discuss and plan patient care.

These achievements highlight the significant impact our services have on patient outcomes, ensuring they receive quality care.

Bromley Healthcare's Wound Care Team Wins at Science and Engineering Health Technologies Alliance (SEHTA) 2024 Healthcare Business Awards

Bromley Healthcare, in collaboration with Healthy.io, has won the SEHTA 2024 Healthcare Business Advances in Digital Healthcare Award. The awarded project focused on trialing and rolling out Healthy.io's wound management app, Minuteful for Wound. This digital solution, which includes a smartphone app, caseload management portal, and business intelligence (BI) dashboard, leverages artificial intelligence (AI) and machine learning to provide consistent wound measurement and assessment data.

The programme aimed to enhance the accuracy of wound data and improve monitoring processes

The project successfully:

- Streamlined wound assessments.
- Saved significant time for senior staff
- Maintained high patient engagement
- Enabled remote clinical reviews
- Reduced antimicrobial use
- Improved efficiency in wound management
- Enhanced overall patient care

Plans are in place to expand the benefits to more district nursing neighbourhoods.



Frank Hall, Tissue Viability Nurse - Celebrating 50 years of service

We are delighted to congratulate Frank Hall on a remarkable 50 years of service in the NHS, including 40 years in Bromley.

Frank started with Bromley Healthcare as a charge nurse in the District Nursing Service in June 1984, initially based in Orpington. He later moved to Mottingham in 1997 and then to the Willows Clinic in Chislehurst. Frank has always been passionate about lower limb care, beginning his work in a leg ulcer clinic around 1992. In 2011, he joined the Tissue Viability team as part of a pilot to improve access to lower limb care. The pilot's success led Frank to transition from District Nursing to Tissue Viability, where he continues to make a significant impact. Frank's dedication to lower limb care and his role in the Tissue Viability team have significantly improved patient outcomes and access to specialised care.

When asked about celebrating 50 years, Frank responded, “I’m lucky enough to be paid to do something I love”.

Here are some photographs of Frank in his clinic, and with two of his sons on one of his many runs raising funds for Leg Club.



Performance

Vacancy across the organisation remained at around 8% as at May '24, with pressures in specific services being addressed. Further improvements were seen in Education Healthcare Plan (EHCP) delivery targets for the children’s services and waiting lists continued to show improvement for many services. Friends and Family feedback remained above target at an average score of 94.2% for April & May'24 (an improvement on the same period in 23/24).

Synnovis Cyber attack

Bromley Healthcare provides a number of routine diagnostic tests in South East London. We are working closely with South East London partners as part of an incident group to review the impact of the Synnovis cyber-attack. Our greatest priority is the ability to continue delivering services for patients where possible. Urgent diagnostic testing continues. All routine testing has been cancelled and will be rearranged in due course.

6. Oxleas

Oxleas Nurses’ Celebration

Colleagues came together at our annual nursing conference on 14 June which took place in Bromley. The conference culminated in an awards ceremony in which Paul Graham, mental health nurse with Bromley Community Mental Health Rehabilitation and Enablement Service, was named Nurse of the Year and Hannah Johnson, from Lodge Hill District Nursing Team, was named Healthcare Support Worker of the Year.

There was also special recognition with a Lifetime Achievement Award to Lawrence Yong, Matron at Green Parks House, marking his 52 years of work at Oxleas.

Developments in Child and Adolescent Mental Health Services (CAMHS)

Bromley's single point of access (iSpa) between Bromley Y and CAMHS continues to develop following its launch in April 2024. This service is the route through which children, young people and their families access mental health and wellbeing services in Bromley. The team is made of practitioners from both services, coming together to ensure children and young people are placed on the right care pathway and strengthening the joint working between organisations. There will be a three month service review towards the end of August.

Internally, Bromley CAMHS continues to review capacity and demand data to improve waiting times for both assessment and treatment. Due to an ongoing increase in the complexity of referrals, a national trend, total caseloads continue to grow despite the significant work completed to reduce waiting times for initial assessment. This is due to the higher number of cases requiring onwards specialist treatment.

With regards to the Autism Spectrum Disorder (ASD) Diagnostic Pathway, agreement has been reached between Bromley Place, Oxleas and Bromley Healthcare for Bromley Healthcare to deliver this pathway via a single provider model. Plans are in place for the waiting list backlog currently with Oxleas to be cleared via our partnership with Healios. Healios, are a specialist online mental healthcare company that provide a range of high-quality services for NHS teams across the country, to provide additional capacity for ASD assessments. Healios have already begun to receive referrals and offer appointments to those young people on the waiting list. It is anticipated there will be a number of referrals that Oxleas will need to see where the young person is not eligible to be seen by Healios or where families do not want to take up the offer of an online assessment.

Adult Mental Health Services/Adult Learning Disability Services

Oxleas has implemented a new learning disability mental health liaison function from April to support local inpatient mental health wards to:

- Identify inpatients with learning disabilities.
- Assess the needs of identified patients with a learning disability (cognitive ability, sensory needs and mental capacity etc).
- Make individual recommendations for the support of identified inpatients with a learning disability, to help tailor treatment options, assess risk and expedite discharge.
- Assess the support needs of local inpatient services and the workforce regarding effective provision/outcomes for people with a learning disability.
- Make wider recommendations for service and practice improvements relating to more general reasonable adjustments.
- Support practice development to improve the confidence, knowledge and skills of the inpatient workforce.
- Create/provide information and resources for patients and families.
- Engage with the wider system to effectively communicate how risks have been assessed and how they can be mitigated in appropriate community services.

Within the last three months of operation, the learning disability mental health liaison team (which is a team of two comprising a Nurse and Support worker) has focused on three strands of activity:

1. **Promotion** – raising awareness of their availability to inpatient services and the level of support on offer.
2. **Teaching** – developing staff confidence, knowledge and skills relating to meeting the needs of people with a learning disability.
3. **Patient Contact** – responding to the presenting needs of patients currently admitted to wards.

This has enabled ongoing support to be put in place for six patients in relation to diagnosis, treatment options, discharge planning and practice development.

The work of the learning disability mental health liaison team recognises ward pressures and the impact this can have on the capacity to carry out the level of assessment needed to effectively identify and respond to the nuanced risks associated with cognitive impairment, sensory needs and mental capacity. Discharge is expedited when the system effectively understands the diagnosis and risk that inform the mitigations possible in the community. The learning disability mental health liaison team is already proving to be key in supporting this process.

7. Bromley Third Sector Enterprise (BTSE)

Bromley Well

Current Service Update

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

Last quarter April - June saw 4171 (4241) referrals for 3341(3231) individual clients, a further increase from the previous quarter. We have seen a notable increase in those accessing our disability support services, physical disabilities in particular where the number of new clients last quarter was 119, double our Key Performance Indicator (KPI) for this service.

The new online referral form has proved to be successful with 1564 professional and 1538 self-referrals since June 2023, which has simplified admin and data collection. We have now moved to making the online form our preferred contact approach, particularly from professionals, and have removed email contact from our website.

We have developed a referral dashboard which details where Bromley Well Referrals come from. Whilst most referral sources have remained broadly stable, we've seen an increase in the number of self-referrals, from food banks and from Adult Social Services.

Service Issues

Cost of Living continues to be a significant concern across all services. This has increased significantly the number of queries on cost of living, added pressure to Forms Completion

Service and impacted on all services with disability and carers support all reporting increased concern and anxiety from service users, as well as a further increase in demand for foodbank vouchers and advice on housing.

We are pleased to be working with London Borough of Bromley (LBB) colleagues to ensure the Household Support Fund is fairly distributed to vulnerable residents who might not otherwise apply, including carers and supported well over 100 successful applications last quarter.

There has been a significant increase in the number of clients with complex mental health needs presenting to the advice service and impacting across pathways, placing pressure on the service and staff, with implications for staff morale and wellbeing.

We have engaged with Bromley Safeguarding Adults Board (BSAB) and met with LBB colleagues to improve communications, particularly where vulnerable clients are concerned.

We are pleased to have been awarded LBB Innovation Fund support to train 80 staff and volunteers as certified Mental Health First Aiders (MHFA) and have now successfully trained two cohorts.

Carers

The Carers Charter was launched during Carers Week (10-16 June) supported by an action plan of promotion, staff training, identification and information for carers.

Hard copies were distributed to 45 GP practices, 12 to the PRUH, 23 to Bromley HealthCare sites, social services sites, and Bromley Well partner charities in a joint effort with One Bromley and LBB. Significant publicity received including SEL ICB staff newsletter, GP bulletins and Bromley Healthcare staff newsletter.

We organised a training event with LBB Adult Social Services on 19 June for social workers, which included carers with lived experience, attended by 70 participants. Feedback was very positive.

Carers Charter rollout and training is ongoing.

Glades Wellbeing Hub

We are pleased that the Hub has now opened, with Bromley Well Advice services available on Wednesdays. We have already seen significant demand, demonstrating the need for in-person support in Bromley.

8. Primary Care Networks (PCN)

Bromley Primary Care Networks (PCNs) Annual Report 2023/24

Bromley PCNs are pleased to announce the publication of its first Annual Report. Emailed to GP practices, One Bromley partners and key healthcare stakeholders, the Report provides an overview of the PCN teams, PCN services and the key performance areas from April 2023 to March 2024, reflecting activities for improving health outcomes and priorities for strategic

development. It includes individual PCN case studies which highlight how PCNs have made an impact by bringing people together and using innovation to develop and provide services to meet the specific needs of their population. The Report will also be available to view on Bromley PCN websites.

Impact of Synnovis Cyber Attack

Following the ransomware cyber-attack on 3rd June on the pathology laboratory system, Synnovis, PCNs are continuing to press the Integrated Care Board (ICB) for close involvement with local plans to ensure that Bromley practices are equipped with an effective support offer to include funding the significant additional work generated for general practice as a direct result of the attack. PCNs are also highlighting importance of effective risk management for patient care.

Practices are reporting a significant impact on their workload, including additional administrative work, clinical risk management and dealing with patient queries. Recovery plans will also need to be carefully managed to deal with the backlog of work to include additional phlebotomy capacity, extra clinical appointments required to discuss test results and clinical management time resulting from the current inability to initiate some treatments owing to lack of blood tests available.

Primary care professionals are kept up to date on latest information via a south east London website to include clinical guidance, updates on provision of test cancellation data, scripts for patient communications, advice on data protection mitigation and mutual aid arrangements with neighbouring boroughs. The single Bromley website provider enables instant updates to be made on practice websites as the situation evolves, and automated messaging on practice telephony systems are also updated by practices to include important information updates for patients.

Total Triage Learning Session

PCNs are working with the Bromley ICB to create a Total Triage Learning session, to be held this summer, to showcase Bromley practices already operating total triage to support practices as they make the transition to the Modern General Practice model, a key requirement in the NHSE's Delivery Plan for Recovering Access to Primary Care. Practice and PCN leadership teams are looking at how they can best align capacity with demand, create an improved working environment for staff and improve patient experience using innovation, data, technology and a wide range of healthcare professionals to manage an increasing demand for appointments. Triage models, which will be tailored by individual practices to best meet the needs of their staff and population, enables patients to access their GP practice via telephone, online or walk in, at which point information is collected to help navigate care patients to the right service at the right time, based upon need and not first come, first served. PCNs are working with member practices to gain a clear understanding of demand and capacity, improve telephone and online access routes, enhance patient navigation and triage processes, achieve better management of non-patient facing practice workload and develop consistent communication and engagement with patients.

Health Inequalities Projects

PCNs have continued to develop their ICB funded Health Inequalities plans for 2024/25 as the projects enter their second and final year.

PCN	Patient cohort	Approach	Partners
Beckenham PCN	Housebound	Nurse Led Visits/Checks	District Nurses (Bromley Healthcare)
	Socially Isolated Elderly	Wellbeing Café	
Bromley Connect PCN	Housebound	Care Co-ordinator/ Social Prescriber led visits	District Nurses (Bromley Healthcare)
Five Elms PCN	Hypertension in Black and Minority Ethnic (BAME) population	Nurse Led Roaming Clinic & Visits	Community Pharmacy, District Nurses (Bromley Healthcare)
	Socially Isolated	Wellbeing Café (3 sites)	Bromley Healthcare, Practice Patient Participation Groups (PPG), Age UK
Mottingham, Downham and Chislehurst (MDC) PCN	Young Mothers	Hub in local church	Improving Access to Psychological Therapy (IAPT), - Bromley Third Sector Enterprise (BTSE), MyTime Active, In Kind Direct, Mottingham Residents' Forum, Bromley Children's Project, Mottingham Community and Learning Shop, Iris, Hestia, Volunteers and Churches
Orpington PCN and The Crays PCN	Socially Isolated Elderly	Orpington Wellbeing Café and Frailty Hub	(Bromley Healthcare), BTSE, local church
Penge PCN	People with Serious Mental Illness (SMI)	Hub at Anerley Town Hall	Bromley, Lewisham and Greenwich (BLG) Mind

PCNs continue to measure the positive impacts on patient outcomes, looking at quantifiable data such as growing patient attendances at group settings, increased health checks, vaccinations and screenings, positive patient feedback from surveys, as well as improved monitoring of long term conditions and better anticipatory care and reduced isolation for vulnerable patients. The ICB has supported each PCN with this work through the provision of data intelligence which describes in detail the PCN population health profile, indicators on prevalence of risk factors and long term conditions, screening and immunisations, urgent care and same day activity, and comparative data with the rest of Bromley. PCNs will provide outcome reports at the beginning of October, ensuring that if offering a service to single cohort, PCNs will identify the characteristics of those not taking up the offer to avoid creating further inequalities.

Award-winning PCNs

Bromley PCNs were recipients of One Bromley Recognition Awards held on 16th May, an event bringing together staff from across Bromley's health, care, and voluntary services to recognise exceptional teamwork, collaboration, and partnership. Orpington PCN received a One Bromley award for the Orpington Health and Wellbeing Café, a community initiative that reduces isolation and health inequalities in older people. Bromley PCNs also won an award for the Learning Disability Taskforce Team, a collaboration that resulted in an unprecedented number of annual health checks for patients with learning disabilities across Bromley. The Bromley Child Health Integrated Partnership (BCHIP) service, piloted at the Crays Collaborative PCN and Beckenham PCN and now being rolled out in all PCNs in Bromley, also won an award. The service, which enables GPs to refer their paediatric patients to the weekly triage clinic with a specialist paediatric nurse, paediatric consultant, and a GP, avoids many unnecessary, time-consuming waits to be seen at secondary care. Orpington PCN's café model has also been shortlisted for two Health Services Journal (HSJ) awards, an event showcasing healthcare service excellence in the UK.

9. Bromley Public Health

Workshop to improve severe weather alerting - Coordinating London Borough of Bromley stakeholders for public health

Each Local Authority receives severe weather information via a variety of sources. The Met Office and UK Health Security Agency are the main source of such information, and guidance from these agencies is being updated regularly. As a Category 1 Responder the London Borough of Bromley (LBB) has a responsibility to ensure that this information is cascaded, and the appropriate actions taken by the relevant service areas, to mitigate the potential risks from severe weather events.

The Bromley Severe Weather Response Guidance aims to outline the response arrangements for receiving and acting upon severe weather information, including alerts and warnings, from internal and external partners. This year, the Public Health Registrar at LBB has been working

closely with the Emergency Planning team to revise this internal guidance, and review our existing processes. The specific objectives for this project were to:

- Review existing alert communications to identify gaps in stakeholders and content.
- Consult with recipients of the existing alerts to gather feedback/lessons learned.
- Update relevant sections of the guidance based on the latest resources and feedback.
- Coordinate with teams to improve cascading of alerts.

As part of this project, this month the Public Health Department and Emergency Planning team co-hosted a workshop on the severe weather alert cascade, in preparation for Heat Health Alert season which starts on June 1. The workshop aimed to review how we respond both internally and with partners when hot and cold weather alerts are issued, to ensure we meet our obligations under the Civil Contingencies Act to warn and inform the public. The workshop was well attended, with participants from a wider range of services in the council and ICB, including adult social care, children's services, housing, transport and highways, communications and more. The two hour discussion identified a number of areas for improvement, and agreed the need for a working group to coordinate further action, including improving our website and social media communications, standardising messaging to partners and more. These will be taken forward by the working group in the coming months.

10. Bromley GP Alliance (BGPA)

Bromleag Care Practice (BCP)

The Spring COVID booster vaccinations were completed by the deadline of 30th June, with 85% of eligible patients being vaccinated.

BCP has developed the "Care Home Charter" and shared with our care homes. The charter sets out the expectations of Bromleag Care Practice, nursing homes and residential homes to best facilitate the medical care delivered to patients and to help ensure this is delivered effectively and efficiently. It includes details of processes in place for home rounds, universal care plans, death administration, referrals to secondary care etc.

BCP's clinical workforce continues to develop, including GP's taking on clinical lead roles to support with leadership within the team and continued engagement with One Bromley partners. The GPs are supported by various MDT roles and we are pleased to have recently appointed a palliative care nurse whose role will ensure all patients will have a universal care plan in place, supporting those homes with highest conveyance to hospital in the first instance.

The weighted list has increased to 5000 patients with expectation of c.8,000.

Homeless Health Service

The homeless health team has recently extended borough coverage by providing a clinic in Penge. The first clinic was held on 28.6.24 at Living Well, Penge. The team continues to be

based at the Bromley Homeless Shelter Monday-Friday and will be available at Living Well, Penge alternate Fridays.

The team has commenced practice visits, meeting with both clinical and non-clinical practice staff to give an overview of the service, distribute posters and leaflets, strengthen links and communication and offer practices the necessary support with their homeless cohort. This includes support with registering the patient and offering a direct telephone referral route for practices who require support for a homeless patient with a same day/urgent need to be seen by the Nurse Practitioner in the service.

The team are planning to provide a series of webinars to GP's to further engage with practices during the coming months.

Community Anticoagulation Service

The service celebrated its 1st anniversary on 1.6.24. During the year the team has:

- Clinically screened 207 new referrals
- Prescribed Direct Oral Anticoagulants (DOACs) to 114 patients with Atrial Fibrillation.
- Conducted 6,599 international normalised ratio (INR) tests for patients on warfarin, including approximately 2,000 home visits.

The recent Synnovis cyber-attack has impacted the processing of new referrals, as patients are required to have up-to-date blood test results prior to their consultation. The team has been working with the patients registered GP to ensure urgent bloods are arranged and there are no delays in starting treatment.

Community Phlebotomy Service

BGPA is in discussion with the ICB regarding the emergency response to the Synnovis cyber-attack. The service is providing urgent blood tests, with requests received directly from GP Practices. The service is providing 120 blood tests daily (Monday-Friday) at 2 locations, Beckenham Clinic and Orpington Health and Wellbeing Centre.

Due to the temporary cessation of routine blood test requests, contracted phlebotomists have been relocated into BGPA head office to support with the increased urgent referrals and associated patient contact.

As a result of the emergency response, the relocation to Blackfriars from its current location at the PRUH in Orpington, scheduled for 24.06.2024 is now on hold.

Synnovis now provide the courier service and collection of bloods across the community sites.

One Bromley Local Care Partnership Board

DATE: 25 July 2024

Title	Winter and Urgent & Emergency Care Transformation Update
This paper is for information/discussion	
Executive Summary	<p>The report provides an overview of key pieces of work across the Bromley Urgent and Emergency Care system including:</p> <ol style="list-style-type: none"> 1. Urgent and Emergency Care Recovery 2. integrated Urgent and Emergency Care (iUEC) 3. Winter Planning 2024-2025 <p>1. Urgent and Emergency Care Recovery</p> <p>The whole of the South East London (SEL) continues to see significant pressures across the Urgent and Emergency Care system, which remains one of the most challenged in the whole of London. At the PRUH specifically, 4 hour A&E Performance averages 63%, far short of the 78% expected performance level.</p> <p>Organisations individually are reviewing and delivering internal quality improvement and organisation specific recovery plans, with a commitment to also complete a system wide UEC Transformation Plan, driven by population health data and aligned to the aspiration laid out in the Bromley Strategy to deliver a 'coherent system-wide approach to integrated urgent care in a more sustainable model and easier to navigate for professionals and all service users.'</p> <p>2. integrated Urgent and Emergency Care (iUEC)</p> <p>The section outlines the opportunity arising from the forthcoming re-procurement of the iUEC service due to go live in March 2026. Across SEL, the aspiration, in line with the Fuller recommendations, is to scale up local services to provide a coherent integrated urgent and emergency care offer, that supports patients in the right place, first time, and over time, integrating the 111 service into the local infrastructure.</p> <p>3. Winter Planning 2024-2025</p> <p>The Winter Planning 2024-2025 builds on the success of previous years with a focus on maintaining safety across the health and care system through optimising services and addressing urgent and emergency care demands effectively. The planning process, overseen by the A&E Delivery Board, maintains the structure of previous years, fitting around the following three pillars:</p> <ol style="list-style-type: none"> a) Increasing system capacity

	b) Manage season related pressures c) Information Sharing and Escalation The final plan is expected to be completed and shared in August 2024.	
Recommended action for the Committee	<ul style="list-style-type: none"> Note content of the report Provide commitment, from the respective organization to support the transformation and improvement work across urgent and emergency care, iUEC and Winter Planning, as laid out in the report 	
Potential Conflicts of Interest	Potential conflicts of interest to be noted for the iUEC item	
Impacts of this proposal	Key risks & mitigations	This report outlines the key risks and corresponding mitigation strategies associated with the recovery of urgent and emergency care services. The areas covered in the report aims to address the challenges that have arisen due to increased demand, resource constraints and patient behaviours. The focus is on ensuring patient safety, improving service efficiency, and maintaining high standards of care throughout all workstreams.
	Equality impact	
	Financial impact	An aspiration of all of the areas identified, in line with the ONE Bromley strategy, is to achieve financial sustainability of the local UEC health and care system and remains a key focus.
Wider support for this proposal	Public Engagement	
	Other Committee Discussion/ Internal Engagement	The Bromley A&E Delivery Board maintain oversight of all areas in the report.
Author:	Jodie Adkin, AD - Urgent and Emergency Care, Hospital Discharge and Care Homes	
Clinical lead:	Dr Puja Patel, UEC GP Clinical Lead	
Executive sponsor:	Dr Angela Bhan, Place Based Executive Lead - Bromley	

Winter and Urgent and Emergency Care Transformation Update

The report provides an overview of key pieces of work across the Bromley Urgent and Emergency Care system including:

1. Urgent and Emergency Care Recovery
2. Integrated Urgent and Emergency Care (iUEC)
3. Winter Planning 2024-2025

1. Urgent and Emergency Care (UEC) Recovery

The whole of the South East London (SEL) continues to see significant pressures across the Urgent and Emergency Care system, which remains one of the most challenged in the whole of London.

At the PRUH specifically, 4 hour A&E Performance, which is used as a proxy measure to understand how well the UEC system is working, currently averages all type performance at 63%. This is far short of the 78% expected performance level.

Type 1 attendances (definition - A consultant led 24-hour service with full resuscitation facilities) are generally higher in winter than in summer but have been increasing year-on-year, with the following year's summer attends similar to the previous year's winter attends. Furthermore, there has been a consistent downward trend in type 3 attends (definition - minor injuries and illnesses). This means that overall attendances have remained roughly the same, but with a slight increased proportion being type 1. Furthermore, there has been a 20% increase in the number of London Ambulance arrivals when comparing Quarter 1 22/23, with Q1 23/24.

As part of the Recovery Planning process, the Bromley A&E Delivery Board has been taking a broader look at same day, urgent and emergency care activity. Of note are

- the consistently increasing amount of activity taking place across primary care, including a consistent increase in the number of same day care appointments, including virtual consultations
- a positive establishment in the Bromley hospital at home service which is supporting patients to avoid hospital attendance and admission.
- the use of Same Day Urgent Care (SDEC) pathways, including Acute Frailty Assessment Unit (AFAU), Medical Ambulatory Decision Unit (MADU) and Surgical Assessment Unit (SAU), which are all providing effective support for patients with an acute episode that do not require A&E and are well used by primary care. This is done via the consultant connect telephone platform which allows GPs to speak to the speciality physician to discuss a patient, get advice on community management, or agree that the hospital accepts a patient into the unit that day or follow up in clinic where safe to do so. This is providing an effective interface between primary and secondary care in the management of acutely unwell patients, circumnavigating the Emergency Department and managing patients in the right place, first time.

Within individual organisations quality improvement and recovery work is taking place to ensure a consistent core standard is delivered against national best practice and clinical standards. However, in order to achieve the required level of performance, and to keep up with changes in patient demographics and need, the Bromley system has committed to undertake medium- and longer-term transformation activity. This is led by the aspirations laid out in the Joint Forward Plan to deliver a 'coherent system-wide approach to integrated urgent care in a more sustainable model and easier to navigate for professionals and all service users.'

A summit of key individuals from across primary, community, social and acute providers has taken place. At this event and follow up sessions, system partners have scrutinised the data, developed a shared understanding of the existing landscape of same day urgent care and sought to identify how we could improve how acute, same day care for our population. There is a commitment from all partners to continue to take forward this work and define the detail of what this will look like in the future and what might be delivered for this winter.

2. Integrated Urgent and Emergency Care (iUEC)

One of the key areas which strongly supports the transformation of the same day urgent care landscape is the opportunity arising from the forthcoming re-procurement of the current integrated Urgent and emergency Care (iUEC) service, commonly known as NHS 111. The current service, provided by London Ambulance Service (LAS) ends in March 2026. Since the last procurement, there have been considerable changes that have resulted in an almost unrecognisable service from what was originally commissioned, including:

- National campaign during the Covid-19 pandemic telling people to 'Call 111 First' this campaign has now been stood down however the '111 first' message still remains
- GP Practices are now required to give appointment slots to 111 which has created another access point for patients, with a view that slots are not always used appropriately and sometimes not at all.
- The 111 non-clinical call handling service is able to directly deploy an ambulance, with a significant proportion of ambulance activity coming from the current 111 service
- Overall activity has increased year on year with more activity now in hours and overall activity far exceeding the commissioned levels
- Cost for the service has increased, however patients nor clinicians are happy with the way in which the current service is operating.

Across SEL, the aspiration is to move back to using 111 as a patient navigation platform, that directs (not books) patients to the right place as well as supports displaced or unregistered patients to access healthcare. It is believed, in line with the Fuller recommendations, this is best achieved through the scaling up of local same day care services that support patients in the right place, first time to reduce the amount of activity going through the 111 service.

It is anticipated that this will take a number of years for SEL to fully integrate so that care is seamless for patients and delivered closer to home. As a result, the ICS is

looking to take at a 'phased' approach to transforming integrated urgent care with the initial phase, starting in the new contract from March 2026, looking to localise the current clinical assessment service provided by 111 which will revalidate as much of the non-clinical triage activity as possible, and considerably increasing the use of digital technologies and channel shift to 111 online as possible. The following phases will focus on continuing to scale up local provision and gradually reduce the activity delivered through the 111 service until the system is at a more balanced and sustainable level.

In Bromley, several stakeholder engagement sessions have taken place during the early scoping exercise to inform the initial thinking with a dedicated Stakeholder steering group now set up to direct the local approach to localising the 111 service and the phasing of this activity. The work of this group has oversight from the ONE Bromley Clinical and Professional Advisory Group (CPAG), and is part of the wider SEL iUEC programme governance to ensure Bromley influences and aligns with the broader direction of travel. The current process is working towards a phase 1 'Model; defined by September 2024 with a go live date in February 2026.

In summary, the re-procurement of 111 provides a real opportunity to deliver against the Bromley strategy to simplify and make sustainable same day care. This should improve outcomes for patients and satisfaction of clinicians. A robust local infrastructure to co-produce the model that aligns with SEL structure has been set up that is first and foremost, considering where we can increase capacity or build on existing local services, to better manage the patients currently accessing the 111 service. Where any additional provision is required to be commissioned in order to achieve the phase 1 aspiration of localizing the clinical assessment service, this will be done in a way that retains focus on the vision and strategic direction of travel. The current process is working towards a phase 1 'Model; defined by September 2024 with a go live date in February 2026.

3. Winter Planning 2024-2025

The Winter Plan 2024-2025 builds on the success of previous years with a focus on maintaining safety across the health and care system through optimising health and care services to address urgent and emergency care demands effectively. The 2024-2025 planning covering the months of October to March 2024-25, including the early April bank holiday which saw significant surge in pressure during 2024-25.

The proposal is for the Plan to maintain the structure of previous years, this includes:

- (a) **Increasing system capacity** which will likely reinstate the same day access hubs in primary care which last year increased the number of GP appointments by c.500 appointments per week and saw a notable reduction on type 3 (treats at least minor injuries and illnesses) attendances at the PRUH. As well as ensuring sufficient health and care capacity to support admission avoidance and timely hospital discharge.

- (b) **Manage seasonal pressures** with an ongoing focus on robust proactive and reactive management of respiratory conditions which are at high risk of exacerbation in winter months, as well as ongoing focus on effective management of winter illnesses in children and young people. Coherent system planning during Christmas, new year and bank holiday periods will also take place as well as the delivery of a full vaccination campaign to reduce the potential impact of winter illnesses including flu.
- (c) **Information Sharing and Escalation** will focus again on delivering a GP Academic Half Day to ensure GPs have the most up to date information on managing winter illnesses and are aware of all local pathways to support same day care need, with a greater focus on the use of Consultant Connect and Same Day Emergency Care (SDEC) pathways as an alternative to A&E. Furthermore exploration of live information for patients on ED and UTC waits, which has been used successfully in other parts of London is being explored. Complimented by comprehensive internal and external communication plans to keep both staff and the public well-informed about the available services and access protocols. These plans are designed to ensure clarity and ease of access for all users and ensure people receive the right care in the right place.

Governance

The Bromley A&E Delivery Board continues to maintain oversight and lead winter planning and assurance across the system. Initial feedback has been provided from Board Members with a final Winter Planning workshop taking place on 5 August 2024 in order to publish the Plan in August 2024.

The Plan will then be shared:
ONE Bromley Executive
Local Care Partnership
Health and Wellbeing Board.

One Bromley Local Care Partnership Board

DATE: 25 July 2024

Title	Month 2 2024/25 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none">• The SEL ICB financial allocation as at month 2 was £4,472,839k.• As at month 2 the SEL ICB is forecasting that it will deliver a year-end position of break-even.• In reporting the month 2 position, the ICB has delivered the following financial duties:<ul style="list-style-type: none">• A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into;• Delivering all targets under the Better Practice Payments code;• Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and• Delivered the month-end cash position, well within the target cash balance.• The 2024/25 Bromley ICB/LCP place budget at month 2 was £253,095k.• The Bromley ICB/LCP place forecast outturn is £17k underspent.	
Recommended action for the Committee	The Board is asked to NOTE the financial position.	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A

	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

25 July 2024

Month 2 2024/25, SEL ICB Finance Report

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

Appendix 1 – M2 SEL ICB Finance Report

- The SEL ICB financial allocation as at month 2 was £4,472,839k.
- As at month 2 the SEL ICB is forecasting that it will deliver a year-end position of break-even.
- In reporting the month 2 position, the ICB has delivered the following financial duties:
 - A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into;
 - Delivering all targets under the Better Practice Payments code;
 - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
 - Delivered the month-end cash position, well within the target cash balance.
- The 2024/25 Bromley ICB/LCP place budget at month 2 was £253,095k.
- The Bromley ICB/LCP place forecast outturn is £17k underspent.

2. Month 2 Bromley ICB/LCP Financial 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	1,282	1,282	1	7,694	7,689	5
Community Health Services	14,524	14,529	(6)	87,143	87,176	(33)
Mental Health Services	2,434	2,487	(53)	14,604	14,925	(321)
Continuing Care Services	4,521	4,633	(111)	27,128	26,794	334
Prescribing	8,508	8,508	0	51,047	51,047	(0)
Other Primary Care Services	219	219	0	1,312	1,312	0
Other Programme Services	18	12	5	105	74	31
Delegated Primary Care Services	9,316	9,316	0	60,840	60,840	(0)
Corporate Budgets	555	484	72	3,221	3,221	0
Total	41,377	41,470	(92)	253,095	253,078	17

- The borough is reporting an overspend of £92k at Month 2 and is forecasting a £17k underspend at year end. It should be noted that the Primary Care and prescribing budgets have been reported as breakeven for Month 2 reporting purposes.
- The Continuing Healthcare budget is £111k overspent year to date and the forecast is £334k underspent. The year to date overspend relates to the provision for retrospective claims and appeals. This is because in the early part of the year most of cases that have been closed have resulted in payments to clients. It is anticipated that this is a non-recurrent pressure and that it will even out through the year as more cases are concluded. The forecast position is £334k overspent though this does not currently include an accrual for in year growth. This will be modelled, and an estimate built into the position in future months.
- The Mental Health budget is £53k overspent year to date and is forecasting an overspend of £321k. This is due to the full year impact of the increase in the number of section 117 cost per case (CPC) placements that was seen during 2023/24.
- The Corporate budget is £72k underspent year to date due to vacancies. These are expected to be filled in the coming months.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to deliver these savings and is reporting 100% achievement of the target.

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

1. Prescribing. The final 2023/24 Bromley outturn was an overspend of £3,061k. Bromley reported the second lowest overspend, in percentage terms, of the six boroughs in South-East London. Additional funding was allocated as part of the 2024/25 budget setting process though the amount allocated to Bromley leaves a funding gap of £500k. The medicines management teams across south-east London are developing the 2024/25 savings plans. To date opportunities of £1,678k have been identified in Bromley though it is too early in the year to see if this will be sufficient to mitigate against a combination of in year price pressures, activity increases and the funding gap.
2. Continuing Healthcare. The number of care homes beds in the borough has increased and this will impact upon both FNC (funded nursing care) and CHC costs.
3. Mental Health CPC placements. Activity has been rising steadily over the last two financial years, particularly S117 clients who are joint funded with the local authority.

SEL ICB Finance Report

Month 2 2024/25

- 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. MHIS performance**

1. Executive Summary

- This report sets out the month 2 financial position of the ICB. The financial reporting for month 2 is based upon the 2nd May plan submission. This included a planned year-end surplus of **£20,172k** for the ICB. This has been updated to a surplus of **£40,769k** in the plan submission made on 12th June.
- The ICB's financial allocation as at month 2 is **£4,472,839k**. In month, the ICB has received an additional allocation of £11,975k, which was in respect of the consultants pay award and will be paid to local providers.
- As at month 2, the ICB is reporting a year to date (YTD) overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery (**circa £800k**) is reflected in the month 2 financial position. The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- Due to the usual two months arrears in receiving data from the PPA, the ICB does not have YTD actuals for 2425 prescribing spend is therefore reporting a breakeven position.
- The ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The current expenditure run-rate for CHC services is above budget (**£958k**), with places implementing efficiencies to mitigate this. Lewisham is particularly impacted (**£885k**). This is as highlighted later in the report.
- At month 2, the delivery of the ICB's savings plan of **£25.4m** is on track.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
 - A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into;
 - 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 2, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**.

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	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
M2 Internal Adjustments								
Mental Health SDF	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations								
Consultants pay award							11,975	11,975
M2 Budget	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839

- The table sets out the Revenue Resource Limit at month 2.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 2, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to the mental health SDF funding which was allocated to the places.
- In month, an additional allocation of **£11,975k** was received, giving the ICB a total allocation of **£4,472,839k** as at month 2. The additional allocation was in respect of the consultant pay award and this will be paid to local providers.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	745,473	747,979	4,527,672	4,527,672	
Operating Under Resource Revenue Limit	739,797	742,303	4,472,839	4,472,839	
Not to exceed Running Cost Allowance	5,252	5,313	31,509	31,509	
Month End Cash Position (expected to be below target)	4,063	237			
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%	99.8%			
Mental Health Investment Standard (Annual)			458,449	458,449	

- The above 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 is reporting a year to date (YTD) **underspend of £857k against its revenue resource limit (RRL)**, which represents an **overspend against plan of £2,506k**. The element of the surplus to be directly delivered by the ICB is £4,792k, which is reflected in the YTD financial position.
- The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- This position is consistent with the May 2024 plan submission. From month 3, the ICB will be reporting against the June submission of the plan which includes an ICB surplus of £40,769k.
- The ICB is reporting a broadly balanced position on its management costs allocation (overspend of £61k), with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- All other financial duties have been delivered for the year to month 2 period.
- A **break-even position** is forecasted for the 2024/25 financial year.

4. Budget Overview

	M2 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	812	1,282	1,168	198	216	14	374,716	378,406
Community Health Services	3,513	14,538	6,311	4,352	4,597	5,770	41,699	80,779
Mental Health Services	1,716	2,434	1,396	3,806	1,262	1,684	85,671	97,969
Continuing Care Services	4,356	4,521	4,870	5,769	3,843	3,293	-	26,653
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	40,950
Other Primary Care Services	448	219	218	498	232	37	2,667	4,318
Other Programme Services	200	3	167	4	555	140	7,243	8,311
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	2,622	2,668
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	56,030
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	34,891
Corporate Budgets - staff at Risk	-	-	-	-	-	-	407	407
Corporate Budgets	469	555	576	587	504	517	5,206	8,415
Total Year to Date Budget	24,184	41,377	29,105	35,063	27,809	27,531	554,728	739,797
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	812	1,282	1,182	198	187	14	374,715	378,389
Community Health Services	3,520	14,539	6,308	4,352	4,447	5,770	41,699	80,635
Mental Health Services	1,719	2,487	1,418	3,864	1,239	1,807	85,684	98,219
Continuing Care Services	4,347	4,633	4,978	5,699	4,727	3,227	-	27,612
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	40,950
Other Primary Care Services	448	219	218	498	161	37	2,667	4,247
Other Programme Services	200	3	35	4	(12)	140	7,242	7,611
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	4,789	4,835
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	56,030
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	34,891
Corporate Budgets - staff at Risk	-	-	-	-	-	-	1,421	1,421
Corporate Budgets	442	484	565	511	461	430	4,570	7,462
Total Year to Date Actual	24,158	41,470	29,105	34,975	27,809	27,501	557,286	742,303
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	(0)	1	(15)	(0)	30	0	0	16
Community Health Services	(7)	(0)	3	0	150	(0)	(1)	145
Mental Health Services	(3)	(53)	(22)	(58)	23	(123)	(13)	(250)
Continuing Care Services	9	(111)	(108)	70	(885)	66	-	(958)
Prescribing	-	-	-	-	-	-	-	-
Other Primary Care Services	-	-	-	-	71	-	-	71
Other Programme Services	-	-	132	-	567	-	1	699
PROGRAMME WIDE PROJECTS	-	-	-	-	-	0	(2,167)	(2,167)
Delegated Primary Care Services	-	-	0	-	-	-	(0)	(0)
Delegated Primary Care Services DPO	-	-	-	-	-	-	0	0
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(1,014)	(1,014)
Corporate Budgets	27	72	11	76	43	87	636	953
Total Year to Date Variance	26	(92)	1	88	0	30	(2,558)	(2,506)

- As at month 2, the ICB is reporting a year to date (YTD) underspend of **£857k** against RRL, which represents an overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery is reflected in the month 2 financial position.
- Due to the usual two months arrears in receiving 2425 data from the PPA, the ICB is reporting a breakeven position on prescribing.
- There are two specific key risks to flag at month 2. The current expenditure run-rate for CHC services is above budget. Overspend at month 2 is **£958k**, of which the majority is in Lewisham (**£885k**). In Lewisham programme budgets are being released to offset this. In all places, saving schemes being implemented to mitigate these and other pressures.
- In addition (and as described in earlier slides) the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. The ongoing additional cost is **£500k per month**.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting cost pressures and overall, the Mental Health budget is overspent by £250k at month 2. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- Individual place financial positions will be provided from month 3, once the ICB starts to receive 2425 prescribing activity/cost information.

5. Prescribing – Overview

- The YTD prescribing budget as at month 2 is **£40,950k**, with **£40,730k** budgeted to fund practice PPA expenditure. The table shows the PPA budgets at a place level. Due to the usual two months arrears in receiving data from the PPA, the ICB has no actual 2024/25 activity/cost information upon which to report expenditure at this stage of the year. A **break-even position** is therefore being reported.

M02 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/C ost Pressure	Difference between PMD & IPP Report	Total 24/25 PPA Spend	YTD Budget	YTD Variance - (over)/under	Annual Budget (Includes Flu Income)	FOT Actual	FOT Variance - (over)/under
BEXLEY	6,200,836						6,200,836	6,200,836	0	37,205,018	37,205,018	0
BROMLEY	8,467,430						8,467,430	8,467,430	0	50,804,582	50,804,582	0
GREENWICH	6,166,667						6,166,667	6,166,667	0	37,000,001	37,000,001	0
LAMBETH	7,098,030						7,098,030	7,098,030	0	42,588,181	42,588,181	0
LEWISHAM	6,985,547						6,985,547	6,985,547	0	41,913,282	41,913,282	0
SOUTHWARK	5,792,012						5,792,012	5,792,012	0	34,752,075	34,752,075	0
SOUTH EAST LONDON	20,000						20,000	20,000.00	0	120,000	120,000	0
Grand Total	40,730,523	0	0	0	0	0	40,730,523	40,730,523	0	244,383,139	244,383,139	0

- An estimate of prescribing expenditure for February and March 2024 was accrued into the ICB's year-end 2023/24 financial position.
- We have now the final prescribing financial information for 2023/24. The actual expenditure was in line with the estimate made, meaning no adverse impact upon the ICB's financial position for 2024/25.
- The prescribing monthly run-rate for the last quarter of 2023/24 was circa £20,200k. Therefore, if prescribing expenditure continued at the same level for the first 2 months of this financial year, the YTD spend would be **£40,400k** against a budget of **£40,730k**, generating a broadly **balanced position** (underspend of £300k).

6. NHS Continuing Healthcare – Overview

- The 2024/25 Continuing Care (CHC) budgets have been built from the 2023/24 budget and adjusted for reserves (£1.5m), underlying forecast outturn (£8.6m), price inflation (0.8%), activity growth (3.0%) and ICB allocation convergence adjustments (-1.09%). The overall budget as at month 2 is **£26,653k**.
- The overall CHC financial position as at month 02 is an **overspend of £958k**, with the underlying cost pressures variable across the places. The overspend in Bromley (**£111k**) is largely non-recurrent relating to the final settlement of a retrospective CHC case. The impact is the difference between the actual charge and the provision made. The overspends in Greenwich (**£108k**) and Lewisham (**£885k**) are primarily a result of pressures within fully funded, palliative, joint funded and funded nursing care (FNC) client settings. In both places, the overall financial positions are being managed through the release of programme reserves to deliver overall balance. In Lewisham, there are significant pressures generated by individual high-cost clients. The full year care packages of the 20 highest cost clients across both learning and physical disabilities (<65 age group for physical disabilities) is circa **£8,640k**. Weekly meetings chaired by the Place Executive Lead are held to review CHC activity. In addition, a cleanse of the CHC client database is being undertaken, plus the usual monthly reconciliations to invoices received.
- The remaining places are reporting small underspends.
- The ICB has a panel in place to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel meets every week to discuss and agree cost increase requests from the CHC care providers.
- All boroughs are reporting achievement of their 2024/25 CHC savings schemes.

7. Provider Position

Overview:

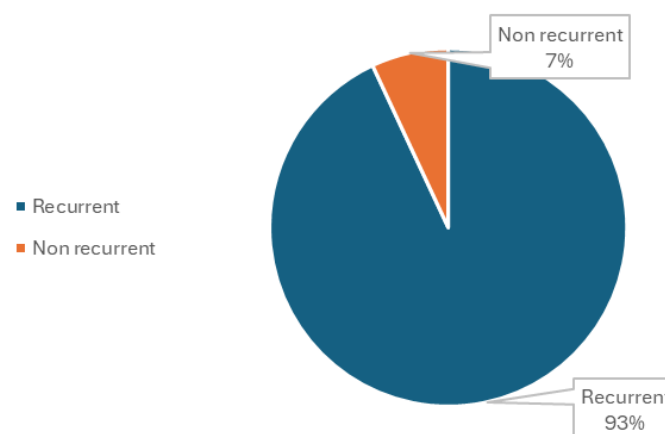
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,086,358k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£695,199k**
 - Kings College Hospital **£744,271k**
 - Lewisham and Greenwich **£637,072k**
 - South London and the Maudsley **£313,891k**
 - Oxleas **£243,273k**
- 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.

8. ICB Efficiency Schemes at as Month 2

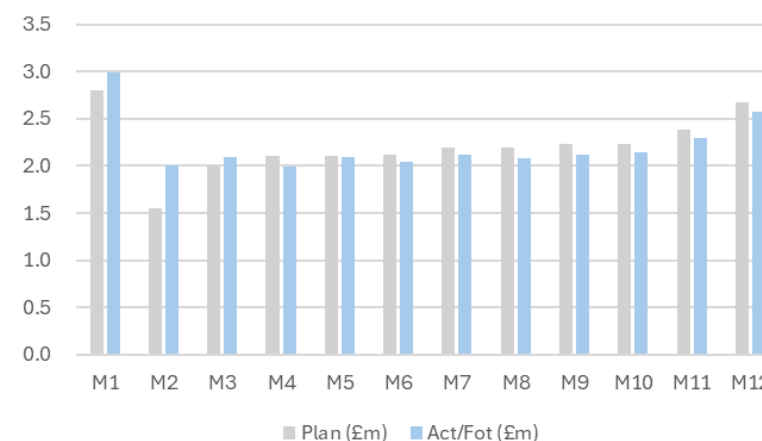
- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.4m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 2, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- As at month 2, the ICB is reporting actual delivery in line with plan.** At this early stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (by £1.2m), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£1.5m** of the forecast outturn of **£26.6m** has been assessed by the places as **high risk**.
- Most of the savings (**93%**) are forecast to be delivered on a recurrent basis.

	M2 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Start Plan	Forecast	Variance	Low	Medium	High
ICB Boroughs	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.3	1.3	0.0	3.3	3.5	0.1	2.6	0.6	0.3
Bromley	0.8	0.8	0.0	6.3	6.4	0.1	4.1	2.4	0.0
Greenwich	0.6	0.5	(0.0)	3.5	4.2	0.7	0.6	3.5	0.0
Lambeth	0.6	0.6	(0.0)	5.2	5.2	(0.1)	0.0	5.2	0.0
Lewisham	0.5	0.5	0.0	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	0.5	0.5	(0.0)	3.8	3.7	(0.0)	1.9	0.6	1.2
SEL ICB Total	4.4	4.3	(0.0)	25.4	26.6	1.2	12.1	13.0	1.5

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



9. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date		
		Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,466,667	401,112	373,977	27,135
Bromley	3,073,060	530,677	458,950	71,727
Greenwich	3,030,610	529,101	518,324	10,778
Lambeth	3,202,049	551,175	475,201	75,974
Lewisham	2,773,243	468,207	424,835	43,372
Southwark	2,862,125	500,521	413,031	87,489
Subtotal	17,407,754	2,980,793	2,664,318	316,475
Central				
CESEL	437,482	72,914	30,978	41,935
Chief of Staff	2,912,328	485,388	433,646	51,742
Comms & Engagement	1,592,404	265,401	208,386	57,014
Digital	1,542,037	257,006	158,762	98,244
Digital - IM&T	2,965,644	494,274	430,555	63,718
Estates	615,590	102,598	124,667	(22,069)
Executive Team/GB	2,259,438	376,573	345,958	30,615
Finance	2,890,057	481,676	468,433	13,243
Medical Director - CCPL	1,566,501	256,584	214,162	42,421
Medical Director - ICS	235,647	39,274	56,172	(16,897)
Medicines Optimisation	3,714,176	619,029	555,872	63,157
Planning & Commissioning	7,761,074	1,293,512	1,079,809	213,703
Quality & Nursing	1,786,632	297,772	251,960	45,811
SEL Other (inc Apprenticeship Levy)	1,445,137	240,856	287,421	(46,564)
Subtotal	31,724,147	5,282,857	4,646,782	636,075
Total	49,131,901	8,263,649	7,311,100	952,549
Staff at risk			1,013,984	(1,013,984)
Grand Total	49,131,901	8,263,649	8,325,084	(61,434)

- The table below shows the YTD month 2 position on programme and running cost budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**circa £500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The ICB is reporting a broadly balanced position on its corporate costs (**YTD overspend of £61k**), with vacancies (**82.5 WTE**) within directorates currently largely offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.

10. Cash Position

- The overall Maximum Cash Drawdown (MCD) as at month 2 was **£4,450,668k**. The maximum cash drawdown (MCD) 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 **£3,725,923k**.
- As at month 2 the ICB had drawn down 16.3% of the available cash compared to the budget cash figure of 16.7%. The ICB has not needed to utilise the supplementary drawdown facility due to accurate cashflow forecasting.
- 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 2 was **£237k (0.07% of cash limit)**, well within the target set by NHSE (**£4,063k, 1.25%**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2024/25	2024/25	2024/25
Annual Cash Drawdown Requirement for 2023/24	AP2 - MAY 24	AP1 - APR 24	Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,450,668	4,445,057	5,611
Capital allocation	0	0	0
Less:			
Cash drawn down	(665,000)	(340,000)	(325,000)
Prescription Pricing Authority	(44,844)	(22,301)	(22,543)
HOT	(303)	(133)	(171)
POD	(14,598)	(7,569)	(7,028)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift			0
Remaining Cash limit	3,725,923	4,075,054	(349,131)

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Jun-24	365,000	0	1,030,000		4,563		
Jul-24			1,030,000				
Aug-24			1,030,000				
Sep-24			1,030,000				
Oct-24			1,030,000				
Nov-24			1,030,000				
Dec-24			1,030,000				
Jan-25			1,030,000				
Feb-25			1,030,000				
Mar-25							
	1,030,000	0					

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

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 23/24 outturn by a **minimum of the growth uplift of 4.22% as set out in the 12 June Operating Plan, a target of £458,449k**. This spend is subject to annual independent review. For Month 3 the MHIS target for 2024/25 will be increased to reflect the recently agreed consultant wage award.
- 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

Risks to delivery

- We continue to see increasing spend 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.
- There are pressures on learning disability placements budgets in some boroughs. Mitigating actions include review of LD cost per case activity across health and care to understand care package costs and range of providers, and planning for future patient discharges to agree funding approaches.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position, however there is significant and increasing independent sector spend, with a forecast of at least £2m, along with an increasing number of independent sector providers result from Right to Choose referrals. We are currently working with local providers to consider how to maximise resources and capacity to reduce local waiting times.

One Bromley Local Care Partnership Board

DATE: 25 July 2024

Title	Bromley Primary Care Group: July 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 items were considered at the July 2024 meeting of this group:</p> <p>a) Online Consultation system implementation</p> <p>The PCG received a report setting out the local review and lessons learned following the recent transition to a new online consultation system for the majority of GP practices across south east London. PCG noted the overall success of the new system was achieved despite challenging circumstances. PCG recommended that an evaluation of impact of this new system for patients and practices is conducted by the SEL team managing this contract.</p> <p>b) PMS Premium achievement</p> <p>PCG received a report detailing the 23/24 achievement of the PMS Premium by practice and grouped by PCN, together with actions undertaken through the course of the year to support practices' work in these areas. The achievement standards for Bromley, benchmarked against neighbouring boroughs, was highlighted as an area of excellence. PCG noted the quality standards achieved in the clinical areas within the PMS Premium and the process for working with practices where there is further room for improvement. PCG requested that consideration is given for the role of PCNs and neighbourhood working in the future.</p>

c) 2023/24 Capacity & Access Improvement delivery

PCG was provided with an updated position on achievement of the Capacity & Access improvement programme for 2023/24. This report outlined the positive achievement in Bromley, whilst noting the ongoing work required to maintain high levels of patient satisfaction with primary care services. PCG endorsed the intention to release the allocations remaining to four PCNs, with the final two PCNs with recovery actions outstanding expected to complete these before August 2024.

The PCG also received benchmarking data for London on access. PCG requested further analysis on the areas of variation for Bromley in order to ascertain what additional targeted actions might best further improve access.

d) Healthwatch patient experience report

PCG was provided with a copy of the Jan-March 2024 report by Healthwatch. Healthwatch advised that the thematic analysis reflects free text comments rather than overall assessments. PCG asked Healthwatch to consider whether more targeted surveys may better inform improvements in primary care, whilst using other patient surveys to gather general feedback on local primary services.

e) Bromley Medicines Implementation Group

PCG was updated on recent work by the Bromley Medicines Implementation Group and noted the minutes of the 21/05/24 meeting. PCG was advised that work is underway in Bromley to improve the utilisation and experience of the Pharmacy First offer for patients.

f) Other updates

PCG was provided with 23/24 KPI data for the Enhanced Access services delivered by PCNs. This outlined that over 66,000 appointments were offered via PCN clinics in 2023/24, with 63% of appointments provided face-to-face. Further reports on Enhanced Access will be provided to PCG in due course.

PCG was provided with an update on the CQC inspections recently undertaken in Bromley, with the report outlining actions completed or underway where improvements have been identified through 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 endorsement to release 23/24 Capacity & Access Improvement funds to the PCNs that have completed all recovery actions to meet the fund requirements. 	
Potential Conflicts of Interest	<p>Some members of the LCP and its sub-groups are providers of primary care services. However there were no decisions or recommendations deemed to represent a substantive conflict of interest at this meeting.</p>	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: 25 July 2024

Title	Bromley Procurement & Contracts Group – May / June 2024 update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirement. The following items were discussed and agreed at the group's meeting on 23rd May and 24th June 2024 (please note that the June notes have not been approved at the time of writing this report). The next Bromley Procurement & Contracts group is scheduled for 24th July 2024.</p> <p><u>Contract Award</u></p> <p>No contract awards were proposed to be enacted in May or June groups.</p> <p><u>Contract Extensions</u></p> <p>No contract extensions were proposed to be enacted in May or June groups.</p> <p><u>Contract Variations</u></p> <p>No contract extensions were proposed to be enacted in May or June groups.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <p>Cardiology Diagnostics - Discussions are still ongoing regarding the scope and financial envelope of the contract. It is proposed that under Provider Selection Regime (PSR) a competitive tender process is undertaken, the timeline for this is currently being produced.</p> <p>Cardiac Rehabilitation and Exercise on Referral Programmes – Committee agreed to award the contract under PSR Direct Award C for a period of 18th months with a 6 month notice period. The relevant transparency notice will be issued and pending no challenge the contract will be awarded to commence 1st October 2024.</p> <p>Mental Health & Wellbeing Service / Talking Therapies – a competitive tender process will be undertaken for both areas. It was noted that there is a potential delay in issuing the Invitation to Tender, the revised timetable and potential impact are currently being worked through with the Procurement Hub.</p> <p><u>Other key areas of discussion to note</u></p> <ul style="list-style-type: none">• Bromley Borough is continuing the programme of work to look at any efficiencies and cost savings that can be made in relation to commissioned services, this includes reviewing current contract arrangements as well as continuing to review the 'contract pipeline' in advance of contract end dates and evaluate the most suitable procurement route for services, in line with appropriate Procurement Regulations.

	<ul style="list-style-type: none"> Draft SEL ICB Procurement policy was discussed at the meeting, it was noted that this policy will be taken to the SEL ICB Policy Review Group prior to signoff. 	
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 July 2024

Title	One Bromley Performance, Quality and Safeguarding Group: July 2024 Report
This paper is for information	
Executive Summary	<p>The One Bromley Performance, Quality and Safeguarding Group met on 27th June, chaired by Harvey Guntrip, Bromley Borough lay member and attended by leads from across One Bromley.</p> <p>Further to previous meeting in March, the format of the meeting has been reviewed with a focus on key topics during the year, in addition to regular updates from the quality, assurance and safeguarding at regular intervals. Proposed topics, subject to confirmation, include:</p> <ul style="list-style-type: none">• Risk Management• Community Paediatric Service• IAPT• Pharmacy First Implementation – Data on impact and utilisation• IT system reliability and robustness• Discharge at the PRUH and system response• Synnovis incident and recovery• Care Homes <p>Bromley Risk Register</p> <p>The Bromley Borough Risk Register was reviewed in detail, together with supporting information from other South-East London risk logs.</p> <p>There are ten Bromley risks on the corporate register, seven of these were highly rated and three were moderately rated.</p> <ul style="list-style-type: none">• One risk had closed and reopened for the current financial year.• There had been no changes to risk scoring since the presentation at the last meeting.• Risk scores had reduced, particularly for the community equipment provider risk.• The SEL Board Assurance Framework (BAF) was included as an appendix. There are fourteen risks on the BAF at present. <p>It was agreed to review the equipment risk from a service delivery viewpoint as well. Further discussion took place regarding including a risk for the impact of the Synnovis cyber attack for the next meeting.</p>

One Bromley Quality Report

The Bromley Quality report was presented to the committee. Key points discussed included:

- The impact of the Synnovis cyber attack on the services and how impact of pathology would affect services across Bromley. Systems in place to record quality incidents.
- The reporting of patient safety incidents, with top themes including mental health service issues and treatments.
- Update in quality alerts, with the key themes being inappropriate referrals, delayed treatment and communication issues.
- The Healthwatch Q4 Insight report
- CQC thematic report on care homes. A discussion took place around the work currently being undertaken across Bromley.
- Learning from pressure ulcers across SEL
- Update from the SEL Learning from Deaths Group
- Update from serious incidents report, with a particular focus on self-harm.

Bromley Performance Report

The Bromley performance report was noted, with key highlights around the strong overall performance against many of the local delegated measures. IAPT performance had reportedly not met national targets (to be confirmed) and it was agreed that there would be a focus on these services at a future meeting.

Bromley Healthcare Community Paediatrics Deep Dive

The Group received a presentation from the Consultant Paediatrician and Clinical Lead for Community Paediatrics from Bromley Healthcare

Key issues discussed were

- the increased requests received by the service for reviews of ADHD medications.
- The impact of supply issues for medication and how the service supported families and clinicians in managing this.
- Increasing costs of medication
- The use of medication review clinics to address the demand for the service and waiting lists.

Further discussion took place around prioritisation for children, the use of shared care with GPs and GP training and the relationship of the service with schools.

	Pathology Update The Group received an update of the latest position around the pathology incident at Synnovis and the arrangements in place for mutual aid from other agencies and South West London. The date of the next meeting is on 8 th August 2024.	
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-Chairman, 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

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

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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