

ONE BROMLEY

One Bromley Local Care Partnership Board

Date: Thursday 16 March 2023

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber or via Microsoft Teams

Chairmen: Harvey Guntrip and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:35
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:40
4.	Minutes of the meeting held on the 26 January 2023 For approval	Enc. 2	Chairmen	9:45
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:50
For Information and Noting				
6.	Partnership Report For information	Enc. 4	Dr Angela Bhan	9:55
7.	End of year celebration of achievements: <ol style="list-style-type: none"> 1. Winter pressures – Kim Carey to present 2. Hospital at Home – Jacqui Scott to present 3. One Bromley Winter Homeless Healthcare Clinics – Dr Hasib Ur-Rub to present 4. Vaccinations – Cheryl Rehal to present 5. GP services – Cheryl Rehal to present 6. Mental Health – Iain Dimond to present For information/noting	Enc. 5	Kim Carey: 10:05 Jacqui Scott: 10:10 Dr Hasib Ur-Rub: 10:15 Cheryl Rehal: 10:20 Cheryl Rehal: 10:25 Iain Dimond: 10:30	10:05

8.	Finance Month 10 Update For information	Enc. 6	David Harris	10:35
Decisions taken by Chair's action outside of the meeting for Noting				
9.	Community Anticoagulation Service For noting	Enc. 7	Mark Cheung	10:50
Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For noting	Enc. 8	Harvey Guntrip	11:00
11.	Contracts and Procurement Group Report For noting	Enc. 9	Sean Rafferty	11:10
Closing Business				
12.	Any Other Business	Verbal	All	11:20
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 25 May 2023 and will start at 9:30am in Bromley Civic Centre, The Council Chamber or via Microsoft Teams			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 7/3/2023

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To	
Jonathan Lofthouse	Kings College Hospital NHS Foundation Trust	Site Chief Executive - Princess Royal University Hospital Chair of One Bromley Executive and Member of the One Bromley Local Care Partnership Board	Non-Financial Professional Interest	I am a retained Executive level Specialist Adviser to the Care quality Commission	05/08/2022		
				SEL SRO for CDC Programme SEL SRO for Theatre Productivity Programme			
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees		Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England	01/01/2007	
				Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
				Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley	28/01/2015	
				Financial Interest	Self-employed General Practitioner	01/01/2020	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley		Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health	01/07/2022	
				Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place)	01/11/2011		
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is the business partnership which currently includes the contract holders for Chislehurst medical practice and The woodlands practice both in Chislehurst and currently going through a merger process. Both contracts are for PMS General Practice. Both Practices are members of the MDC PCN in Bromley . Both Practices hold contracts from Bromley Health care for delivery of the Advanced Practitioner Care Practice in Diabetes.	01/07/2022		
				Chislehurst Medical Practice – Lead partner, CQC registered manager and contract holder for PMS medical practice. Practice is a member of the MDC PCN in Bromley.	01/07/2022		
				Financial Interest	Bromley GP Alliance (BGPA) The Chislehurst medical practice is a member and shareholder of BGPA .	01/07/2022	
				Financial Interest	The Woodlands Medical Practice I am a contract holder for this PMS practice which is going through a merger process as mentioned above.	01/07/2022	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 7/3/2023

Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The practice is a member of the MDC PCN in Bromley.		
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley	01/07/2022	
Avril Baterip	South East London ICB	Corporate Governance Lead- Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	No interests declared			
Kim Carey	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer Committee Member representing voluntary sector	Non-Financial Professional Interest	Wife is Business Manager of medical software company that supplies PROMs to NHS.	03/01/2023	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			
Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP partner at Green Street Green Medical Centre, practice is member of Orpington PCN	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN	01/11/2022	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 26 January 2023
Held in The Council Chamber,
Bromley Civic Centre**

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	Senior Clinical Lead (Co-Chairman), NHS South East London	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Jonathan Lofthouse	Site Chief Executive – Princess Royal University Hospital, King's College NHS Foundation Trust	JL
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Helen Simmons	Chief Executive, St Christophers Hospice	HS
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Members (Non- voting):		
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Tony Parker	Associate Director of Children's Commissioning, NHS South East London	TP
In Attendance:		
Lorraine Regan	Director of Community Mental Health, Oxleas Foundation Trust	LR
Dr David Osoba	Designated Doctor for Children's Safeguarding, London Borough of Bromley	DS
David Harris	Associate Director of Finance, NHS South East London	DH
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Cheryl Smith	Corporate Governance Lead – Lambeth, NHS South East London	CS

Apologies:

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

Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
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Members (Non-voting):

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

1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith and Dr Andrew Parson welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Parson invited members to declare any interests in respect to the items on the agenda. No interests were declared.	
3.	Public Questions	
3.1	There were no members of the public present at the meeting. No questions had been received in advance of today's meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 17 November 2022	
4.1	The minutes were taken as an accurate record of the previous meeting subject to the wording of a paragraph on Page 10, Finance item. Dr Hasib Ur-Rub to liaise with GA outside of this meeting to make wording clearer.	GA
5.	Actions for the Board	
5.1	The action log was reviewed.	
5.2	The Committee NOTED the action log.	
6.	Partnership Report	
6.1	<u>Integrated Care Board (ICB):</u> Dr Angela Bhan introduced this report. It was noted that: <ul style="list-style-type: none"> • The system as a whole has worked incredibly hard over the winter period, especially over the past few weeks. • Flu vaccinations – over 65's have the best performance in London. On a par 	

<p>6.1</p>	<p>with the rest of the country. It was also noted that the numbers of vaccinations given to patients in high-risk groups has increased on previous years, however there is still a long way to go.</p> <ul style="list-style-type: none"> • Bromley continues to do very well in terms of the uptake of the covid vaccine, however both with covid and flu, the uptake is not as good as in previous years • The Polio booster campaign closed at Christmas, and we have given over 13000 additional vaccines. • Winter - All still recovering from Christmas and new year, where we saw huge numbers of patients going through the urgent care pathway. There were also challenges with care home capacity, leading to delays in discharges. • There will be a winter wash up completed on a multi-agency basis, which will look at lessons learnt in preparation for next winter. • Strikes are ongoing for both LAS and RCN, these have had an impact and will continue to do so. • Programme of patient redirection is ongoing. This includes redirection from an urgent care treatment centre to a more appropriate place for treatment and advice. • Plans for the new Health & Wellbeing Centre were approved by the London Borough Executive in November • The Outline Business Case will be going to the SEL Executive committee in the next few weeks. • The planning application was submitted just before Christmas and now work is ongoing with the planning department. • In regard to children's mental health, we are currently in the process of implementing an integrated therapies model to ensure that there is a cohesive range of services for young people. • Lots of work ongoing trying to improve the quality of health for young people in the borough. • Work continues on the Health & Wellbeing strategy for One Bromley. • SEL ICS Strategy published - this is being linked in with One Bromley. <p><u>Princess Royal University Hospital (PRUH)</u></p>	
<p>6.1</p>	<ul style="list-style-type: none"> • During the winter the Princess Royal University Hospital site has been challenged. • Deep dive debrief will be happening in the coming weeks. • Christmas 2023 will be at least the same if not worse and we need to plan for this. • LAS strikes have had a limited impact. There has been an increase in those able to make their own way to A&E in the day before strike days. • No evidence of any harm occurring due to LAS strike. • RCN strikes – very well managed, however it is the case that a reasonable degree of outpatient and operating theatre activity was cancelled due to this. • We have concluded the construction of the Link Bridge on time and on budget. Celebrating with LGBTQ+ community the bridge will be adorned with the colours of the banner permanently. • Endoscopy unit development plans have been submitted and supported by Bromley Council with certain conditions. The works should take 18 months to complete. • Have had early sight of the CQC report following inspection of Maternity 	

6.1	<p>services in August 2022. The report will be publicly available in due course.</p> <p><u>Adult Social Care</u></p> <ul style="list-style-type: none">• Much improved partnership working – very quickly able to change pathways for those who required residential care.• Staffing numbers were good all over the Christmas period.• Staff were also able to provide cover on strike days.• Care homes – availability is there but at a huge cost. This is due to the fallout from Covid and the fair cost of care exercise. This has now been paused; however, expectations are quite high.• Negotiations are ongoing with a new provider coming onstream. <p><u>Bromley Health Care</u></p> <ul style="list-style-type: none">• Clinical leadership is now in place. New Chief Medical Officer, Dr Ali Bokhari, started in January and there are now two new clinical directors.• A new Non-Executive Director will be in post from March.• Thanks was given to partners for their engagement with the development of the new strategy. It is hoped that this will be launched in place from April 1st• Awards Ceremony took place in November 2022 to recognize colleagues' achievements• Urgent Community Response target is at 95% by reducing the number of people being admitted to hospital.• BHC has not been directly affected by the strikes but have offered to support others. Our physiotherapists did not reach the benchmark. <p><u>Bromley Well</u></p> <ul style="list-style-type: none">• 1st quarter of five year contract has been completed. In general, going well. Significant increases in number of calls to elderly frail number and general advice line. There has been changes to how people are accessing the service, now more via email in the region of 4000 people.• Vaccine delivery has been solid with increasing numbers of elderly and frail.• CENSUS figures have come out last week, it showed that carers are providing 50 hours of care over a week. 7000 people in Bromley are currently caring for friends or relatives.• 60 warm centres open across the borough. Demand is high for this service.• Together we helped to deliver 500 packs of information about support and advice throughout the borough in the last week. <p><u>Oxleas NHS Foundation Trust</u></p> <ul style="list-style-type: none">• Working with a range of partners to ensure we meet the SEL trajectory.• The aim of this is that no child will wait more than 52 weeks for an assessment.• We are anticipating that we will meet this target by November.• GPH ward has been opened and is running to good effect. Conversations continue with Princess Royal University Hospital site to increase use of this area.• Accreditation for the Bromley Memory Service. Bromley is the only London borough to achieve this.	
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6.1	<p><u>St Christophers Hospice</u></p> <ul style="list-style-type: none"> Working on strategy for 2023-26. Likely to have the themes of reducing inequalities and equipping the post care workforce for the future. This will be shared once approved. <p><u>Primary Care</u></p> <ul style="list-style-type: none"> GP's have stepped up capacity working in partnership with Bromley GP Alliance. Have discussed with partners the Fuller report recommendations around the evolution of integrated neighbourhood teams. <p><u>Bromley GP Alliance</u></p> <ul style="list-style-type: none"> Supporting covid vaccination program, numbers of people coming forward are going down. Bromley Education and Training Hub did a fantastic job promoting the Strep A vaccination program. Full time nurse has now been appointed to work with public health on what can be done to support our homeless population. Thank you to partners who supported our winter clinic. Our COO has moved onto a new role within the ICS, and new COO has been appointed – Jenny Reid. The outgoing COO has agreed to work as CEO on an interim basis. <p>Councillor Colin Smith noted the following: Our strength as a partnership is by looking and learning about how we tackle both the expected and the unexpected. We need to look hard at where we can tackle and improve. There are obviously things that come as a surprise, but we will only improve if we work together as a partnership.</p>	
6.2	The Committee NOTED the report.	
7.	Transforming and Integrating Children's Health	
7.1	<p>Tony Parker presented a report on transforming and integrating children's health. The following key points were highlighted:</p> <ul style="list-style-type: none"> Focus will on the following 4 areas, Children's Therapies, Community Nursing, Asthma and CAMHS The aim is to develop a new vision and programme for improving Children's health in Bromley. Initial draft timescales for developing our Children's Health Strategy are as follows: <ul style="list-style-type: none"> December 2022: Workshop looking at priorities at Children's Board December 2022: Discussion on alignment of these priorities with the CYP plan February 2023: Further discussion on new priorities, timescales and outcomes March – June 2023: Engagement and co-production July/September 2023: Plan agreed 	

	<ul style="list-style-type: none"> • Working very closely with GP's, PCNs, paediatrics and children's nursing teams looking at how to provide care closer to home and also improve outcomes for the whole population. • This fits in very well with the Fuller report. • Child Health Integrated Learning and Delivery System (CHILDS) model used in Lambeth and Southwark is the model looking to be developed across South East London. It is tried and tested. • Looking at discussing this further with colleagues and want to see how this model will work in Bromley. • Children who are initially referred to the Princess Royal University Hospital would be discussed at triage meetings. • Initial discussions have taken place with PCN's and have been working with community nursing and the PRUH. • Large number of referrals coming into the system. The benefits of this system would be that 57% of triaged patients would be retained by their GP, thus reducing the number of out patient referrals • Treatment would be provided closer to home lessening referrals. Training for GP's to ensure they feel secure in delivering the service. • Feedback from GP's has been positive. • Reasons for this in Bromley: <ul style="list-style-type: none"> ○ Large waiting times for children to be seen. A 50-60% increase in the number of GP referral to hospital since the Covid-19 pandemic ○ Currently a 23 week wait for a paediatric outpatient appointment ○ Improvement in the quality of referrals is needed ○ Referral process needs to be reviewed • Steering group has been established along with a wider partnership group • Meetings have taken place with CAMHS, and paediatrics teams and have also met with children's community nursing • Next steps: <ul style="list-style-type: none"> ○ January 2023: Readiness questionnaire returns will be analysed ○ February 2023: PCN's in first phase will be identified and be given opportunities for local model adaption ○ February 2023: Other PCN's will be supported in advance of launch dates, and this will include patient engagement ○ April 2023: Launch date for first phase of implementation 	
7.2	<p>In considering the report, members raised the following points:</p> <p>Dr Andrew Parson noted that he was grateful for the work done on this and grateful to partners who have been involved in this work and noted that it was a really important step. Dr Parson also noted that we must make sure that we remember to focus on children and children's care.</p> <p>Richard Baldwin noted his endorsement of the work that has taken place. Richard also noted that this links into priorities around children's health and SEND and was an important brick in the construction of a real early help offer. Mr Baldwin added that once this becomes embedded it will increase the link between this and children's early help centres.</p> <p>Dr Claire Riley asked, where does workforce fit in to the planning of this model. Councillor Smith asked about the role of Health Visitors in the model, Mr Parker responded that additional resources will be used to support</p>	

<p>7.2</p>	<p>additional workforce whilst the model is implemented, Wider agency working, including with health visiting will evolve within this model and this will continue to expand. Mr Baldwin also added that Health visitors will be located within the family centres and supported their involvement with the model in due course.</p> <p>Jonathon Lofthouse noted his endorsement and stated that this was an exciting opportunity.</p> <p>Jacqui Scott noted that she was delighted to see this. She asked about the already stretched Workforce and wanted to make sure that this was the right model in this context. Ms Scott also asked how we were meant to engage with families. Mr Parker responded that the aim is to have borough wide coverage eventually. Once we start developing with one or two PCN's we can look at how this is working and also, look at parent and carers and engagement/coproduction. The steering group will need to work with parents and children, and family centres, to ensure that the offer is shaped by the local need.</p> <p>Helen Simmons asked about children who are making the transition into adulthood, especially those receiving palliative care and wanted to know if anything was being done to make this a smoother process. Mr Parker responded and noted that the main focus currently, is on acute and primary care children's services. However, the remit could be broadened in time, and we can ensure that any learning is also used within the transitions team in adult services and other types of community services.</p> <p>Dr Hasib Ur-Rub noted that there was the need to make sure that we are not taking away resource from other parts of the system, as our workforce are stretched across the system. However Dr Ur-Rub noted that he could see that it will benefit the whole system. Mr Parker responded and noted that meetings are aligned with PCN's and these will look at pressures in each area. There will of course be the need to manage risks along the way.</p> <p>Dr Angela Bhan noted her thanks to Mr Parker and colleagues for the work done on this transformation programme. She could see the advantages of bringing other partners into the model. Dr Bhan also added that there was no reason why we couldn't also eventually include, for example at end of life care for children and young people.</p> <p>Dr Bhan noted the issue that we do not want this to be an added burden and was hopeful that some transitional funding could be used.</p> <p>Dr Parson added that the improvements in access and care was very welcomed and looked forward to hearing about the progress being made at a future meeting.</p>	
<p>7.3</p>	<p>The Committee NOTED the report and ENDORSED the work.</p>	
<p>8.</p>	<p>Finance Report Month 8</p>	

<p>8.1</p>	<p>David Harris reported to members. The following points were highlighted:</p> <ul style="list-style-type: none"> • The SEL ICB is reporting an overall £48k overspend to Month 8. • As at Month 8 the Bromley ICB/LCP year-to-date position is £496k overspent and the forecast year end position is £460k. • The year-to-date prescribing position is £932k overspent and all other directorate budgets are underspending or breakeven. • The key risk within the Bromley ICB/LCP financial position relates to the prescribing budget, the Month 9 position has recently been received and the year-to-date position has increased to £1,549k overspend. • The YTD overspend is driven by both activity and price pressures. Price pressures relate to No Cheaper Stock Obtainable (NCSO) drugs. • Within the Community budget the AQP contract for hearing is over performing and is overspent by £398k, this is currently being offset by other underspends within community budgets. • The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 8 all schemes are on target except for prescribing which is reporting both a year to date (£212k) and forecast overspend (£318k). • The Bromley Medicines Optimisation Team are undertaking focused work with GP practices to implement the SEL QIPP plan, with additional targeted work on some local initiatives e.g. with blood glucose testing, and additional support to practices with higher overspends. • 2023/24 SEL ICB detailed budget setting will be completed by 10th March 2023 and agreed by ICB Executive and the Board by the end of March 	
<p>8.2</p>	<p>In considering the report, members raised the following points:</p> <p>Dr Nada Lemic noted the Medicines Optimisation spend and surmised that this was due to antibiotics and flu vaccinations and wanted to know if there would be a reduction in spend over February, March. Dr Andrew Parson responded and noted that there had been an in depth discussion around this at the last meeting, looking at the root causes of overspend.</p> <p>Dr Angela Bhan noted that the overspend does not include the increase in Strep A antibiotics as the report uses month 6 data. Dr Bhan also added that the biggest problem with the overspend is the no cheaper options for medicines. What will happen by February/March is that we will see the impact of the December spend. Not sure how big of an increase this spend will cause. These are all things that we are trying to manage.</p> <p>Harvey Guntrip noted that historically we have always been well out on estimates for prescribing costs and asked if there has been a push back from south east London to central to say actually we have been set this target, which we will never achieve. David Harris responded and stated that this year has been unprecedented. We have sought additional funding from central but this has not been forthcoming as this is a national issue.</p> <p>Dr Parson noted that a huge amount of work goes into the quality and cost effectiveness of medicines – however there are things that are out of our control when we get to the expensive medicines. We are constantly looking at how we can be better at preventing long term conditions but as medicines</p>	

8.2	<p>improve, they cost more. Overall prescribing is good investment for keeping people well.</p> <p>Jacqui Scott asked whether or not any early modelling had been completed around the implications of this and what this means for the Bromley budget. Mr Harris responded that it was too early to say, but work is being done at the moment on this and should be finalised by the end of January.</p> <p>Ms Scott also added that it was very good that organisations are being transparent and showing how money is being spent and wondered if there was a different way of showing this so there is more of a breakdown. Mr Harris noted that this is something that can be looked into.</p> <p>Dr Angela Bhan noted that there was lots of information in the report and wondered if we could go back to look at how this is cut and presented as it may be better to have a clearer approach to commissioning budgets.</p> <p>Dr Parson agreed and gave thanks to Mr Harris for the report.</p>	
8.3	The Committee NOTED the report.	
9.	Assurance Report	
9.1	<p>Mark Cheung reported to members. The following points were highlighted:</p> <ul style="list-style-type: none"> • Q3 Immunisation figures have not been released yet, but general performance has increased, although not quite at target. • SMI checks, we have seen an upward trend and an improvement from Q2. This has also been amended to be more focused • Some practices are looking at adding additional clinics. • High DNA rates • Planning for more information to be circulated, more webinars. • Recruitment has been successful for a Band 3 post, and we are working with Oxleas on the recruitment of a band 6 Nurse. • On Personal Health Checks, we continue to do well. • We have the new Bromley All Age continuing care service. • New lead nurse assessor has a lead role in championing the delivery of this service • Continuing Health Care has been challenged but have seen improvements in service and we are continuing our reorganization. There has also been a high turnover of staff. We should be seeing improvements by the end of this year. • Q2 figures have been shown on the slide pack. Bromley Immunisations board continue to meet and contributes to the wider south east London strategy. • Working closely with Practice Nurses to promote childhood Immunisations. Also working with community groups to reach those hard to reach groups. • In regard to Learning Disability and Autism (LDA), 498 Annual Health Checks were completed in December and again we are seeing an improvement. We have been working closely with GP services and children's teams. • Continuing to work at getting communications out and working with schools. • We have also piloted the coordinator role. • CQC – no inspections since last meeting - currently working with two practices who have recently received their full inspection to ensure they make progress 	

	<ul style="list-style-type: none"> Setting up our Performance and Quality Committee which should be finalized by the end of February, and this will lead to more detailed discussions. 	
9.2	<p>In considering the report the committee raised the following points:</p> <p>Dr Claire Riley noted that in regard to the SMI health checks, there have been some coding issues and we are working with care coordinators to look at this.</p> <p>Jonathan Lofthouse noted that the desire of the Executive is that the work ultimately culminates in bringing out greater visibility of the performance standards across multiple organisations rather than the outputs.</p> <p>Richard Baldwin noted that in relation to the LDA figures, we now have our 0-25 disability team and the Special Education Needs team. Although conversations may have been had, Mr Baldwin would be very happy to work together on this to push those figures up. Mr Cheung noted that work is in train, but it would be great to link up on this.</p>	
9.3	The Committee NOTED the report.	
10.	Bromley safeguarding partnership annual report	
10.1	<p>Richard Baldwin introduced the report and Dr Osoba reported to the committee. The following points were highlighted:</p> <ul style="list-style-type: none"> Richard noted that the report was very detailed and evidenced that Bromley Safeguarding was in a good position. There has been good engagement across the borough. Mr Baldwin also noted that the team anticipated an Ofsted inspection of Children's Services in this financial year. Dr Osoba introduced the report and noted that they were now in a period of restructure and transformation. Dr Osoba also noted that there was a video which would be a good precursor to reading through the report. Dr Andrew Parson commended the report and noted that the impact that we are seeing with our children and young people was hopefully narrated through the report and it was a very important topic to focus on. <p>ACTION: Link to video to be put into the minutes for members to use.</p>	CS/AB
10.2	No comments were received from members.	
10.3	The Committee NOTED the Bromley safeguarding partnership annual report.	
11.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2023-24	
11.1	<p>Sean Rafferty reported to the committee. The following points were highlighted:</p> <ul style="list-style-type: none"> The report advised on updates to the s.75 joint funding agreement between Bromley Council and the ICB namely additional winter pressures funding; a fund for adults with learning disabilities discharged from Assessment and Treatment Units and a fund for adults and children with autism A caveat is that this still needs to be approved by Bromley Council's Executive and will be done later in the year. 	

11.2	No comments or queries were received from members.	
11.3	The Committee APPROVED the Bromley NHS Act 2006 s.75 Agreement for 2023-24.	
12.	Primary Care Group Report	
12.1	Harvey Guntrip reported to the committee. The following points were highlighted: <ul style="list-style-type: none"> • Note and commend this report to members. • Primary Care Summit will take place on the 2nd February. • Report on outcomes of that meeting will be brought to the summer LCP. • Commend all partners on the quality of information that is being put out into the population. People are generally happy about this increase in information. 	
12.2	No comments were received from members.	
12.3	The Committee NOTED the report.	
13.	Contracts and Procurement Group Report	
13.1	Report was noted.	
13.2	No comments or queries were raised by members.	
13.3	The Committee NOTED the Bromley Contracts and Procurement Group Report.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
15.	Any Other Business	
15.1	No other business was discussed.	
16.	Date of Next Meeting: 16 th March 2023 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
18.	9.2: Financial Recovery Plan to come to the January One Bromley Local Care Partnership Board meeting.	17.11.2022	David Harris	26.01.2023	Closed	To be updated on as part of the Finance Report presentation.
19.	4.1: Previous minutes of the meeting held on the 17.11.22 to be corrected in relation to the Finance item on page 10.	26.01.2023	Avril Baterip	16.03.2023	Closed	Previous minutes corrected, action completed.
20.	8: <i>Finance Month 8 and 23/24 Budget Setting:</i> Further discussion to take place at One Bromley Executive regarding formatting/presentation of data in future Finance reports for the One Bromley Local Care Partnership Board.	26.01.2023	David Harris/ One Bromley Executive Members	September 2023	Open	Review through One Bromley Executive and One Bromley finance leads, to take a more streamline approach covering programme spend. To report back to the LCP Board in September 2023.
21.	10: <i>Bromley Safeguarding Children Partnerships Annual Report:</i> Link to Safeguarding Partnership video to be shared when the minutes are circulated.	26.01.2023	Avril Baterip	16.03.2023	Closed	Video has been circulated, action completed.

ONE BROMLEY

ENCLOSURE: 4

AGENDA ITEM: 6

One Bromley Local Care Partnership Board

DATE: 16 March 2023

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

Partnership Report – March 2023

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1. One Bromley Local Care Partnership Programmes

Discharge/Winter Arrangements and Future Winter Planning

Although in theory, we are approaching the end of winter, the pressure on the urgent care system remains high with the situation in the hospital remaining critical at times. The Bromley system continues to work together to ensure all residents receive the care and support they require, with all winter schemes now well embedded and continuing to work well. Patients are seen when they need to be seen, admissions are being avoided and we continue to transfer patients back to the community from hospital in a timely manner. Additional discharge monies received from NHSE are being invested wisely and as a result, we are seeing excellent performance with the PRUH being the only SEL hospital to consistently achieve its target on the number of patients discharged who no longer meet the criteria to reside. No other hospital in SEL has achieved this.

The A&E Delivery Board is moving into the evaluation phase of winter 2022/2023 with a winter review workshop planned at the end of March, from which recommendations will be made on activity required throughout the summer to prepare for next winter. Furthermore, the A&E

Delivery Board is also looking at how the system prepares and manages for the run of bank holiday weekends throughout April and May 2023.

Estates

We have been working closely with our local Partner organisations in Bromley to improve healthcare premises in the Borough. We have not only been looking at new hubs and extensions/ improvements, but also increasing utilisation of estate across Bromley beyond existing NHS properties, including shared accommodation and hub working.

Some of our key achievements over the last year include:

- The One Bromley Health Hub officially opened in October 2022, being the first of its kind in the borough will offer a range of health and care services. The Hub currently houses the King's College Hospital NHS Trust vaccination service.
- We are continuing work on plans for the new Bromley Health and Wellbeing Centre, which will house the Dysart GP Surgery as well as a range of community, outpatient, and wellbeing services.
- We have supported the Green Street Green Medical Centre in taking on an additional floor and associated re-fit to support the Orpington PCN, new ways of working, increased clinical activity and Training.
- We have worked with NHS Property Service colleagues, using Section 106 funding to improve facilities at two of our Community Clinics - The Willows in Chislehurst and the Biggin Hill Clinic.
- We introduced a pilot in Global House offering our PCNs bookable desks for back-office functions, freeing up space in GP surgeries to be used for other purposes, for example, allowing for increased recruitment to new roles. The results of the pilot so far have been positive, and we hope to continue beyond March 2023, as well as rolling out similar approaches across other areas.

Medicines Optimisation

There has been significant focus on collaborative work across Bromley on improving sustainability in respiratory and the use of inhalers. A number of education and training sessions have been provided in primary, secondary and community settings to support with the identification of patients where treatments can be optimised.

The MO team have also continued to support vaccination programmes/campaigns over the autumn and winter months; including Covid boosters, flu and polio. Support was also provided to primary care and community pharmacy for the response to Group A Streptococcus surge, where there were significant issues for parents in obtaining appropriate antibiotics. Good joint working between the ICB MO teams and NHS England, hospital and community pharmacy teams meant that patients were able to access antibiotics over this period.

Ongoing work on improving medication safety includes valproate prescribing, steroid use and monitoring of controlled drugs prescribing.

Work has been undertaken with GP practices to address areas of the MO Quality Innovation Productivity Prevention (QIPP) plan, particularly in areas of high cost such as diabetes, self-care and nutritional supplements.

The team have also been involved in local service commissioning to oversee any medicines elements of service specifications e.g. prescribing processes, safe and secure handling of medicines, etc.

One Bromley Strategy

We are in the final stages of developing our five-year strategy for One Bromley. Our emerging strategy sits alongside and bridges between Making Bromley Even Better, our Health and Wellbeing Strategy, the South East London ICS Strategy and our existing thematic plans for mental health and wellbeing, and children and young people. It is based on a population health management approach with a focus on prevention at scale, continuity of care, and a more holistic approach to people's needs. This is a bold vision for Bromley and its delivery will involve significant changes in how agencies work together for the benefit of our population. Partners have been working on the strategy through a series of workshop supported by the King's Fund. As part of the engagement process, the draft strategy will be presented to the Health and Wellbeing Board on 30 March 2023 before approvals through governance in Q1 2023/24. The South East London ICS Strategy and accompanying Joint Forward Plan will also be formally shared with the Health and Wellbeing Board.

2. Princess Royal University Hospital and South Sites

PRUH and South Site Budget and Savings Plans

The PRUH and South Site budget for 2022-23 is £350m and comprises mainly pay and clinical costs, with the majority of related overheads, for estates, ICT, HR and Finance being managed by King's centrally. Stringent measures are in place to ensure we meet our financial goals, including detailed savings plans. The PRUH has identified £8.8m against a target of £7.6m (117%) and delivered £7.2m as at January 2023 against a target of £6.3m. Our forecast delivery is £8.1m. All schemes have been clinical risk assessed prior to implementation.

Link Bridge

Our link bridge, between Day the Surgery Unit and the main building, was completed in February and once handed over from the contractor will provide an invaluable physical connection between the two sites. This will increase the range of surgery available at the Unit as well as provide a higher quality environment for staff and patients journeying between. Its formal opening is planned for later in the year.

Waiting Times and Diagnostics Update

We continue to reduce long waits, particularly for surgery and other planned interventions. No patient waiting for treatment at the PRUH is over 100 weeks and only two waiting 78 weeks on an admitted pathway (as at 21 February 2023). Additional capacity is critical to reducing the total waiting list further, aside from further strike action, and we continue to work with partners to reduce the 325 patients waiting over 52 weeks for either a procedure or outpatient appointment (as at 20 February 2023).

We also continue to outperform the national (DM01) threshold for diagnostic compliance, achieving 0.69% (well below the 1% threshold despite a slight deterioration from 0.28% in Dec-22). Breaches increased from 15 in December to 38 breaches in January with the main increase in Cystoscopy-Urology which rose by 17 cases.

Strikes Update

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

These strikes will become more concerning as their frequency increases, duration lengthens and the areas exempted diminishes. These factors coupled with the recently announced intention by junior doctors to join strike action will place further pressure on existing services and will delay planned care.

3. Bromley Council Adult Social Care

The service has continued to be busy post the Christmas period but activity has kept pace with demand. We have received regular updates on activity linked to winter monies, with the ability to flex funding to meet demand. Agreement has now been given to extend the use of these monies which will assist with dealing with continuing high levels of demand.

Of prime importance to the Adult Social Care Directorate has been the completion of the Market Sustainability Plan, which is due to be submitted shortly. This plan outlines our expectations of future demand and highlights how we will spend the additional funds granted by the government to respond to the increased expectations of the provider market. Expectations were raised by the completion last year of the Fair Cost of Care Exercise, but the government has now delayed the implementation of these changes for two years.

Work also continues, albeit with limited financial resources, to reform our adult social care delivery. We are seeking to work with the Social Care Institute for Excellence (SCIE) on delivering a digital response to requests for support and assessment, developing a robust Workforce Strategy including offering two apprenticeships for the first time and updating our policies and practice to respond to the current agenda. Alongside this we are preparing for the reintroduction of an Assurance Process from CQC.

Work is also ongoing to deliver a celebration event for the provider market, celebrating the excellent work they have done both during and since covid, and celebrating the many successes within the sector – another first for Bromley.

4. St Christopher's Hospice

Extending our reach

- Spiritual Care Review – this is being led by an individual in the psychological service
- Care Navigation, welfare and social work services – work has been undertaken to streamline these three services and define a core offer from each element as there was significant overlap of effort.
- The recording of calls was implemented at the beginning of December 2022 and is proving its worth already with respect to investigating complaints and providing exemplary performance

Improving the quality of services for people whose experience of end of life care can be poor

Reaching the homelessness population: St Christopher's is building on previous work undertaken in Croydon, to introduce a sustainable model for embedding multidisciplinary, person-centred care for homeless people in Bromley who have end-of-life or palliative care needs. We will do this by identifying and then training St Christopher's staff to become 'Bromley Homelessness Champions (BHCs)'. These champions will then liaise with hostels and other organisations across Bromley and provide their staff with training and support around recognition of how to support homeless people dying and to improve their experience of end of life. This will improve their knowledge of how to identify palliative care needs, improving access and health outcomes for the homeless people they work with. Our BHCs will work to integrate multidisciplinary teams (MDTs) into hostels, consisting of St Christopher's Staff, hostel staff, social workers, general practitioners, health practitioners and local authority housing workers.

Increasing throughput of patients in receipt of clinical support from the hospice

- Choose Home/Home First continues to grow in its offer and we continue supporting people discharged to both Care Homes and also back into their own homes by undertaking a next day visit to ensure they are settled back into their place of residence. The team have supported 324 people between April 2022 and the end of December 2022
- As our ability to recruit excellent staff to our inpatient unit has been successful, we have increased our bed capacity from 28 open beds to thirty.

Recruitment

- We have been extremely successful in attracting staff to the Care Directorate and at the time of writing it is anticipated that we will be fully recruited at the beginning of April. To recruit additional staff over and above establishment is a strategic move to ensure we can effectively support our patients and staff wellbeing.
- Our Medical Lead is embedding well into her role and is effecting change across the organisation. She has been successful in recruiting three Physician associates to our teams in addition to three Clinical Fellows (previously called Hospice Doctors) who work with us for 6-12 months.

5. Bromley Healthcare

Developing our organisational strategy - update

In October 2022, the process to launch our new strategy development commenced, supported by social enterprise, Kaleidoscope. The objective has been to develop a long-term vision for Bromley Healthcare and a plan that will shape what we do and how we do it for the next 5 years and beyond. The strategy development process has been an opportunity to have a meaningful conversation with local people, partners and colleagues about how we can improve the experience of working with BHC and improve care for local people and communities.

A draft strategy document has been produced, which includes Bromley Healthcare's new vision, strategic goals, priorities and actions to take this forward. Steps are now being taken to finalise the strategy document, including further engagement with the Better Together staff co-design group and the Bromley Healthcare Patient Reference Group.

In doing this, the focus will be on embedding the strategy and values within the organisation, translating these into tangible actions, and working with colleagues, partners and local people to land the outcomes. Thank you to all of our partners for their input into our strategy.

NHSE Emergency Preparedness, Resilience & Response (EPRR)

The NHSE EPRR team along with SEL EPRR colleagues completed their annual assessment of Bromley Healthcare's EPRR process in October publishing the result in November. It was noted that the organisation has continued to provide a high level of EPRR activity despite a series of complex disruptive challenges across the financial year.

Work has progressed in a number of fields and especially in embedding the EPRR principles and practices into the organisation. The on call processes have been refined for the organisation with further training for on call managers.

It was agreed that Bromley Healthcare is **Substantially Compliant** against the 2022-23 core standards for EPRR.

Working with local people and communities to develop an integrated wellbeing hub in Orpington and the Crays

Bromley Healthcare and the PCNs in Orpington and the Crays are working with local people to develop an integrated wellbeing hub that builds on the Orpington Wellbeing Café. The focus is on ensuring that the café meets the needs of people that it serves, and support the reduction of health inequalities through inclusive and collaborative design.

Colleagues from across Bromley Healthcare and the Orpington and the Crays PCNs came together in early February to run a workshop with local people who would benefit from an integrated wellbeing hub. This included the following groups:

- People aged 65+ with a long-term health condition or require complex care, their carers and families
- People who currently look after for someone aged 65+ who is vulnerable or has a long-term health condition
- Voluntary and third-sector organisations who support vulnerable older people and people with long-term health conditions to stay well

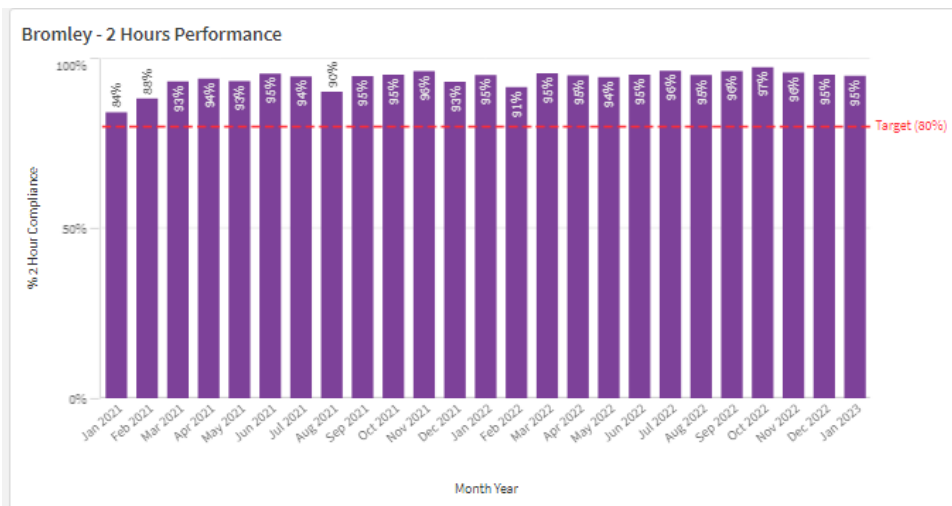
A mix of around 50 health and care professionals, local people and colleagues from the voluntary and community sector joined the 2-hour workshop, which helped to provide insight and steer on the service.

Further outreach will be carried out with inclusion health groups identified through an equality impact assessment, with an aim to identify barriers and challenges to access that are faced by marginalised, seldom-heard and underserved communities, and to ensure that the hub meets their needs. Identified communities include the traveller population in Orpington and the Crays, people over 65 experiencing homelessness, and people with physical and learning disabilities over 65 and their carers. Outreach with these communities will be undertaken through joint working with One Bromley C&E partners and the wider voluntary and community sector.



Urgent Community Response

Bromley Healthcare was part of the SEL national accelerator site for the new Urgent Community Response target. This target for community providers now forms part of the operating framework for 2023/24. Between April and December 2022, Bromley Healthcare achieved an average of 95% of patients seen within 2 hours of referral, against the national target of 70%; this equated to the appropriate avoidance of hospital admission for 3,278 patients.



Adult Community Teams

Between April and December 2022, Bromley Healthcare received almost 18,000 referrals into the adult community team services. The teams undertook almost 180,000 patient contacts in the period, for over 9,000 patients across 21,000 episodes of care.

Healthwatch Observation Report on Hollybank Centre published

Observation Report

Hollybank Respite Centre, 20th July 2022



Hollybank, our respite centre for children and young people, has received [a positive report from Healthwatch](#).

Hollybank offers breaks with the highest standard of care for children with disabilities and complex health care needs. The service is available to children, age range 5 to 17 inclusive, with disabilities, complex health care needs, autism, and challenging behaviours.

Annually, Healthwatch undertake a cycle of reviews across services where an authorised representative carries out an in-person observational visit to see what is available. Healthwatch Bromley visited Hollybank to complete their observation towards the end of July 2022.

Areas covered in the report include the facilities available, COVID-19 and visiting, activities run and personal involvement, diet and cultural practices, feedback and the care provided by the Hollybank team.

6. Oxleas NHS Foundation Trust

Developments in Child and Adolescent Mental Health Services

Bromley CAMHS are undertaking a long term improvement plan, focused on transforming services to improve access. The following outlines the key workstreams and progress since the last board:

Waiting List Recovery

Bromley CAMHS continues to make positive progress to reduce waiting times with the total number of children and young people waiting reduced. The expected trajectory for improvement remains in line with the South East London ambition to eliminate all 52+ week waits for assessment by October 2023. The number of CYP waiting for treatment has remained largely stable across all teams however the most common treatment intervention being waited for continues to be Psychological/Talking Therapies.

Partnership with Bromley Y

There is ongoing joint working with Bromley Y, currently with specific focus on the development of the integrated SPA. A project group is in place and currently agreeing a timeline for development and implementation. Get Real Change are supporting this work to build on existing relationships and identify opportunities for enhanced collaboration.

Service Redesign

Work also continues to review CAMHS pathways utilising the principles of the I-THRIVE framework, In Bromley, there has been good progress to agree the key objectives and engage the wider staff group as well as commencing discussions with system partners. The national i-THRIVE team will be supporting implementation through system webinars in March and April. The service is also undertaking work to review the internal ASD/ADHD pathway to improve the experience of CYP within the Neuro team. This will support the wider review of the Bromley ASD/ADHD diagnostic pathway.

Participation

Bromley CAMHS have been offering additional participation groups for both parents/carers and CYP in the last few months to ensure co-production of the current redesign work. Focus groups in recent months have focused on the experience of receiving care and treatment from CAMHS as well as of being on the waiting list. The service has also distributed questionnaires to gather feedback.

Community mental health services

Maternal Mental Health

We have a new service launching in April focussed on Maternal Mental health, the service will be known as Helix, following consultation with women and other stakeholders. This service will offer psychologically informed interventions for women in Bromley who have symptoms of trauma as a result of their maternity experience that have had a moderate to severe impact on their Mental Health. This may include women who have experienced pregnancy loss, neonatal death or complex grief reactions to complex health issues or disability.

The service also works as part of the wider health and care system to embed trauma informed practice within the maternity system to reduce rates of birth trauma. This is achieved through training, reflective practice and supportive peer conversations.

This exciting new service will help to close some of the gaps in perinatal mental health services by focussing on women who did not have a pre-existing Mental Health need. There will be specialist midwives also recruited across south east London and in Bromley the team are working closely with colleagues at King's.

The service will operate across all three Oxleas boroughs with the borough focus maintained through partnership working with maternity services.

Patient and Carer Race Equality Framework

We know that, for many years, people from Black African and Black Caribbean communities have poorer access, experiences and outcomes from mental health services.

The Patient and Carer Race Equality Framework aims to change this and we are pleased at Oxleas to be an early adopter of this scheme. The framework provides a collaborative approach to achieving anti-racism and equity for minority communities; and improve their experiences of care in mental health services. More information is available at NHS England <https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/>

Our work in this area is being led by Taf Marapara, Lead for PCREF and Service User Health Inequalities. He will be discussing with teams across the trust how we can make real improvements to address this across all our services. Part of the Oxleas overall strategic aim is to reduce inequalities across the trust for service users, carers and staff. The programme will be broad but one of the first areas to improve is making sure equality data (related to ethnicity and other protected characteristics) about our service users, carers and staff is recorded.

7. Bromley Third Sector Enterprise (BTSE)

BTSE is now five months in to delivering the Bromley Well PSIS contract for 2022-27. The new contract has largely bedded-in, and we are pleased to have obtained further funding to support discharge services. We are seeing an increase in demand for advice and guidance and support in claiming benefits and wider support related to cost of living.

Cost of Living Issues

Cost of Living issues continue to be notable across pathways. The top 5 issues seen by Citizens Advice Bromley in last quarter were as follows: Charitable banks and Foodbanks up 15% for

the same period last year, Personal Independent Payments up 7% for the same period last year, Council Tax Reduction up 83% for the same period last year, Financial Capability up 120% for the same period last year, Energy enquiries up 36% for the same period last year.

To this end BTSE has produced a Cost of Living Guide available on the Bromley Well website: <https://www.bromleywell.org.uk/our-services/cost-of-living/>

We have had confirmation for a SPA presence at the new hub in The Glades, funded by One Bromley, to provide further accessible outreach to local residents. We are in the process of agreeing a date to start this service.



Service Delivery

Other notable service developments for the quarter ending December 2022 demonstrate increased service demand: SPA received over 4000 referrals from all sources and over 2000 calls and emails from unique clients. the SPA has very recently updated its telephone system to improve call answering and recording. The switch happened on 22 February which required the helpline to close for the day, with email service continuing. We have seen a significant increase in the volume of emails in particular and SPA has recruited dedicated volunteers to respond to email queries.

Elderly Frail Services continue to experience significant demand, particularly those supporting Hospital Discharge. Between 1 October and 21 February 2022, we supported 641 hospital discharge requests (Take Home and Settle, Hospital Aftercare Service, Sitting Service and Handyperson service).

We continue to support the transition of mental health services into the new Wellbeing Hub and have a seconded member of staff BLG Mind Staff to provide triage from the SPA. Demand is significant with 102 new clients have been successfully triaged into the Mental Health & Wellbeing Service last quarter.

Carers

Carers continues to be a significant area of work with BTSE. We are delighted that Bromley Well has been awarded the Carers Trust 'Excellence for Carers' Award - their quality standard. The new Young Carers App is currently in testing . This has been codesigned with Young Carers from the outset. We have been awarded a Carers Trust Grant for Young Carers Action Day on 15 March. This will be in the form of information for stakeholders including

schools, social prescribers and others to raise awareness of Young Carers and support available.

Mental Health, Mutual and Adult carers also continue to experience high demand. We have continued to engage with One Bromley and LBB on the Carers Agenda including forthcoming carers strategy. We are engaging with other carers organisations across London on ICS Engagement on this issue.

Raising Awareness and Campaigns

Warm Centre map. Bromley Well produced a warm centre map which we launched in late November. This now has 63 warm centres listed including Churches, libraries, community centres. We are aware that a number will be ending or reducing services from late February/early March and we will update accordingly.



[Find your nearest Warm Centre in Bromley Borough - Bromley Well](#)

Map of warm centres in Bromley borough where you can get warm, have a hot drink and be with others!

www.bromleywell.org.uk

<https://www.bromleywell.org.uk/news/find-your-nearest-warm-centre/>

The Map has been viewed over 9700 times according to Google between 21/11/22 and 24/02/23.

Our social media posts about the map continue to be amongst the most viewed and shared on our Twitter and Facebook channels, whilst our website page with the map has been viewed over 5260 times to date.

We attended the Bromley Borough Partnership recruitment fairs on Monday 16 January and Friday 10 February aiming to promote Bromley Well partner's paid and volunteer roles. In the borough wide drive to attract talent/employees, a member of Bromley Well staff was filmed for the One Bromley recruitment campaign promoting Bromley as a great place to live and work.

8. Primary Care Networks

Future of Primary Care

Alongside the ICB and BGPA, the PCNs have participated in a revision of the Primary Care Needs Assessment first conducted in 2018, as a stocktake of achievements since the inception of PCNs, the learnings and challenges and taking into account feedback from practices. PCN Clinical Directors presented at the recent Primary Care Summit, which invited GP partners from every practice to participate in a discussion about the future of primary care. At that session, Clinical Directors shared their experiences of the journey so far, their vision for the future and an example of integrated neighbourhood working at PCN level. Practice engagement will continue further and PCNs will be involved in planning the next conference.

Growing and embedding Integrated Neighbourhood Teams

Two PCNs will lead the initial introduction of community children's hubs and are working with the CYP team on rolling this out. Three PCNs are developing pilot respiratory hublets, working in conjunction with community and acute partners. Plans are also in train to expand the wellbeing café model into a frailty hub with One Bromley partners. A 'New Mums' café is being developed in another PCN with support from the midwives and health visitors. Finally, a phased approach to establishing remote monitoring hubs is underway, which offers a future opportunity to coordinate health monitoring for our patients in a different way.

Developing PCNs

Through a national funding stream, Bromley PCNs are able to access development support funding. Each PCN is finalising their individual development plan to meet the needs of their practices and patients. This will further embed and mature PCNs over the coming year. The introduction of APEX, a demand and capacity management tool, will soon mean PCNs can further refine the PCN clinics and services to maximise the delivery with their member practices of high quality care for patients.

Wider developments in General Practice

General Practice is anticipating the national publication of the GP Access Recovery Plan shortly. It is expected that this will set out further asks around access, appointments, workforce recruitment and implementing the Fuller recommendations.

From April, the role of Medical Examiners will be extending to include all community deaths. This represents a considerable change in working for primary care, and we are working with the

ROP team as well as the Medical Examiners team at KCH to implement this successfully in Bromley.

PCNs are embracing digital transformation and many PCNs are continuing with online consultation hubs following on from an initial pilot scheme.

9. Bromley GP Alliance

Service Updates

The Clinical Assessment Service (CAS) was established in March 2021 as a telephone GP consultation service supporting patients who had contacted NHS 111. The service was available from 8am-8pm, 7 days per week. In October 2022, the service changed to offering same day GP appointments to patients at the weekend from 8am-8pm and on Monday and Tuesday evenings from 7pm-10pm. This service is based at Princess Royal University Hospital (PRUH) working alongside the Urgent Treatment Centre (UTC). A review of this service shows that 86% of patients are seen and treated at this appointment.

The Acute Respiratory Infection Hub (ARI) was set up in January 2023 following a successful 2 week pilot supporting children presenting with suspected Strep A infection. The ARI offers same day GP appointments Monday-Friday from 10am-6pm. These clinics were established in recognition that acute respiratory infection is one of the largest causes of patients attending urgent and emergency care though evidence suggests that patients can safely be seen and treated in the community. Referrals come via NHS 111 and GP Practices and is based at Beckenham Clinic (opposite Beckenham Junction Station). The service is running until 31.3.23.

The Homeless Service has been established following a 4 year winter support project helping the homeless and rough sleeper population in Bromley. The service is run in conjunction with Bromley Homeless Shelter, Oxleas Mental Health, Bromley Drug and Alcohol Service and Bromley Healthcare Podiatry Service. It is based at the United Reform Church.

Due to the success of the service additional funding has allowed for the expansion of the service into a year round offer of care led by a Nurse Practitioner and Care Coordinator who work alongside the Bromley Homeless Shelter team. The service will start in March 2023.

The Bromley Hospital at Home Service has been set up to offer treatment and care to patients in their own home that has previously only been available in a hospital setting. Since February 2023, BGPA provides the GPs who work in this multi-disciplinary team service which includes colleagues from Kings, Bromley Healthcare and St Christophers.

The Community Phlebotomy Service

continues to expand and is now available to patients at 9 locations across the borough. The service is available Monday-Saturday including evening appointments. Patients can book online via our website. BGPA bleeds in excess of 100,000 patients each year. Patient satisfaction remains at >95%.



The Bromleag Care Practice (BCP) was established in May 2019 supporting residents in nursing, residential care homes and extra care housing in Bromley. BCP is a GP practice offering a full range of primary care services to these patients. We support 43 care homes across the borough comprising of 1,200 registered patients. The team has recently expanded to include a multi-disciplinary team approach and includes paramedics, advanced nurse practitioner, clinical pharmacists, health care assistant, pharmacy technician and a palliative care nurse.

The COVID Vaccination Programme continues to support GP practices with access to a vaccination centre at Orpington Health & Wellbeing Centre. The service includes a housebound nursing service to patients who are unable to attend a vaccination centre. This service will continue to run in accordance with need as determined by NHS England. BGPA is hosting a thank you celebratory event in March for all the volunteers who have supported our vaccination service throughout the pandemic.



10. Bromley Public Health

New Integrated Sexual Health Service

A new Integrated Sexual Health Service will go live in Bromley from 1 April 2023. The new service delivered by King's will offer both clinic-based provisions to include Genito-Urinary Medicine (GUM), contraception and community services. It will be a 'one stop shop' for all sexual health and contraception needs. Clinic provision will continue at Beckenham Beacon, Orpington Health and Wellbeing Centre, and Mottingham Clinic as currently. Community services delivered by Community Pharmacies through sub-contracts with Kings will include a Young People's targeted service covering free Chlamydia testing, condoms, and Emergency Hormonal Contraception (EHC). Other community elements also include targeted services for the marginalised groups and a bespoke website for accessible up-to-date information on and awareness raising of sexual health and wellbeing.

Robust project management is in place to mobilise the new service and to ensure a smooth transition of services currently delivered by Bromley Healthcare to King's. Both providers are working together on timely communications to inform patients, staff and other stakeholders of the transition and new service model that will be live from 1 April this year.

Substance Misuse

With the current contracts for young people's (YP) and adult services expiring, Executive of Bromley Council gave approval in October last year to procure a single contract covering both services from 1 April 2024. Combining both services into one single contract enables service efficiencies and effectiveness, allows the continuation of safe clinical governance. It will also support a whole family approach and improve transitional pathway for YP into adult services, if this is required. Specification for each service is being prepared, informed by the comprehensive assessment of local need detailed and analysed in two separate needs assessments (Substance Misuse and Alcohol) conducted in 2022.

The contract will be for 5 years with the option to extend for further 3 years. This timeframe aligns with the implementation of the national drug strategy, 'From Harm to Hope'. As strong partnerships across the local system is necessary for local implementation of the strategy, the Combatting Drugs and Alcohol Partnership (CDAP) was set up in September 2022. CDAP is formed of senior memberships from a wide range of partners including Bromley Council, One Bromley, NHS providers; Metropolitan Police, Probation Service, Department for Work and Pensions, Community and Voluntary Sector. The Senior Responsible Officer is our Director of Public Health, Dr. Nada Lemic. CDAP oversees local delivery of the three objectives of the National Drug Strategy:

- Break drug supply chains
- Deliver a world class treatment and recovery system
- Achieve a generational shift in demand for drugs

A national Commissioning Quality Standard (CQS) is set to support commissioning effective alcohol and drug treatment and recovery services alongside a national outcomes framework which will be used by CDAP to measure progress and evidence outcomes in these three areas.



ENCLOSURE: 5

AGENDA ITEM: 7

One Bromley Local Care Partnership Board

DATE: 16 March 2023

Title	Celebrating improvements	
This paper is for information .		
Executive Summary	This presentation highlights some of the many achievements and improvements that have been made across Bromley services over the last few years. It focuses on areas which we haven't reported on in detail previously and which are making a difference to service provision, experiences and outcomes.	
Recommended action for the Committee	To note	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	The presentation shares information on schemes aimed at reducing health inequalities.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Many of the improvements undertaken across Bromley are informed and shaped by people's views and experiences of care.
	Other Committee Discussion/Internal Engagement	One Bromley Executive and Bromley Senior Management Team meetings.
Author:	Kelly Scanlon, Assistant Director for C&E, NHS South East London	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Director, NHS South East London	

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Celebrating improvements

*Working together to make a difference to
Bromley people and communities*

2022/23

Winter update

Kim Carey

The One Bromley Winter Plan for 2022/23 built on what worked well last year, and what else was needed to meet new emergency needs and system changes.

What we did:

- Collaborative, responsive approach which monitored and acted quickly to surges in demand or new pressures for example rapid standing-up of specialists paediatric clinic in UTC and in some PCNs in response to Strep A outbreak and an alternative to manage pressure in care home discharge demand with enhanced care at home
- Internal health and care system communications to promote winter resilience schemes and additional capacity, winter service directories, staff e-bulletins and videos for staff explaining services available to support residents.
- Public communications to promote how to stay well and use the right service over winter. This included a short guide to Keeping Well distributed to households, plus print and online advertising with a more robust approach to patient redirection in Bromley Urgent Treatment Centres so people are seen in the right place for their health need.
- Invested Circa £150,000 into the local adult social care provider market to ensure services were able to continue to run throughout the winter period with a further £70,000 allocated to the Voluntary sector to support 650 residents to return home from hospital and recover, including support around cost of living.
- Opened up more beds in the system to meet demand across the acute and community settings
- Built up a local Hospital @Home service to enable suitable residents to receive their acute treatment, for example IV antibiotics respiratory treatment and virtual monitoring, at home which is better for them and frees up a hospital bed.

Impact:

- Our combined efforts enabled more people to be seen and treated and their care needs met over winter with 56 additional schemes mobilised across health and social care to respond to seasonal pressures
- Between October 2022 and January 2023 just over 1350 residents were supported through the Bromley Single Point of Access (SPA) which facilitated access to care, support or rehabilitation to enable residents to be safely discharged and start their recover in the community.
- Data for the 'peak' two week period between 23 December to 4 January shows there was an increase in the number of acutely unwell residents with 4,497 patients treated at the PRUH A&E, 591 more than the same period last winter.
- An Additional 3000 GP appointments were made available over weekends and bank holidays via the BGPA hub at the PRUH to ensure 7 day access to primary care throughout winter
- Staff sickness absence from COVID19 and other viral infections placed significant pressure on the local system throughout the period, however all key services were able to be maintained as a result of system working and workforce support.
- More residents were seen and supported quickly in the community through rapid health services and access to urgent social care support to enable residents to stay at home, be seen and supported quickly, and prevent a hospital attendance or admission



Hospital at Home

Jacqui Scott



New adult service

- Adult Hospital at Home and virtual wards service launched, building on success of the Children's Hospital at Home Service and responding to national virtual wards programme.
- Adult service offers consultant led care delivered through a multi-disciplinary team comprised of One Bromley partners.
- Ambition is to offer acute level assessment, treatment and monitoring in a patient's own home / nursing home / care home.
- Works with patient in their own environment, with their informal carers and others to confirm treatment plans.
- Developing use of remote monitoring for early identification of deterioration and point of care testing to support faster clinical decision making.
- Patient co-design supporting identification of key challenges for patients and development of solutions.
- Course for clinicians and informal carers on delivering and receiving this type of care in the home.

Impact

- For adults providing virtual monitoring, intravenous antibiotics, acute respiratory and acute frailty with more to follow.
- Has expanded month by month since November – current maximum capacity for 25-30 patients a day through a mix of virtual or face-to-face care.
- We are working towards safely meeting the national requirement for 40-50 adult virtual beds per 100,000 population by the end of the year
- "I've definitely noticed that my daughter recovers so much quicker at home and alongside her own wellbeing, mentally, socially, everything else from an actual physical recovery perspective, I would say is huge". Rachel Eaton, mum to Daisy (children's hospital at home).



Caring for the Homeless

Dr Hasib Ur-Rub



Winter Healthcare Clinics

- Weekly Winter healthcare clinics for the homeless and rough sleeping population.
- Offers a range of treatments and advice from One Bromley partners to help manage common health issues including vaccinations, mental health, drug and alcohol services, health promotion advice, podiatry, health assessments and helping individuals to register with a GP.
- Integrated approach with access to these services at one, easily accessed site (Bromley Homeless Shelter)
- Winner of the One Bromley Mary Cooke Award for Reducing Health Inequalities in May 2022 and the 'Innovation Helping Address Health Inequalities Award' at the [2022 National Innovate Awards](#).

Homeless population programme

Launched February 2023 to:

- Improve the health and wellbeing of homeless
- Address the inequalities and barriers they face in accessing health services.
- Extending the winter healthcare clinics to operate all year round.
- New nurse led clinics to support the homeless and encourage access to healthcare services.
- Build stronger relationships with service providers and the voluntary sector.
- Develop, enhance and improve current pathways of care to increase uptake of services from the homeless population.



Winter vaccinations

Cheryl Rehal

Achievements

- Bromley highest across SEL for delivering COVID-19 Autumn booster and flu. This year's work included an additional Polio booster.
- Service teams worked collaboratively and tirelessly across organisational boundaries to deliver vaccinations at accessible venues, including pop up clinics, weekend clinics and other ad hoc channels.
- October 2022 opening of **One Bromley Health Hub** in the Glades, Bromley, starting with the King's vaccination team – enabling easily accessible vaccinations in the shopping centre.
- Extensive promotion by One Bromley partners using multiple channels – focus on engaging with those most at risk and within communities where lower uptake. Included a 2-day Community Roadshow in the Glades.
- Videos, leaflets, public and online advertising, featuring a range of staff and partners from across One Bromley.



Impact

- Overall uptake across flu groups: 56%. Current figures indicating 40% in SEL, 40% in London, 53% in England.
- Uptake in COVID-19 booster groups at 84% for over-75s, 59% for 50-74y and 82% for housebound over-65s
- Learnings gathered as One Bromley for improvements in anticipation of 23/24 Covid booster & flu campaign.

One Bromley
Vaccinations Taskforce
coordinating **Spring
2023 (April - June)**
Covid booster
programme



Primary care

Cheryl Rehal

#YourPrimaryCare

Recent Achievements:

- Top across south east London for uptake in screening for bowel, breast and cervical cancers
- Trialling new, easy-to-use ways of health monitoring for patients, including for hypertension and ACR self-testing in diabetic patients - offering convenient arrangements for patients and swift identification of abnormal results
- Promoting health checks for our most vulnerable young people and adults
- Weekday evening and Saturday Enhanced Access clinics
- Early Integrated Neighbourhood Team models in development

Public Information Campaign:

- Explaining the changes in how general practice services work
- Promoted through multiple channels, including a [video for patients](#)
- Influence behaviours and manage patient expectations

Developments:

- Cross-practice clinical systems established, enabling safe and secure medical records access in PCN clinics
- Investments in digital technology to support and improve telephone systems, websites, and data analysis to improve population health, access, efficiency and workforce planning.
- Investments in premises improvements and facilities.
- Initiatives to recruit and retain a local workforce
- Dedicated training programmes to grow qualified and skilled clinical and administrative workforce in general practice.



Mental Health

Iain Dimond



Adults

- New adult mental health hub providing a single point of access for community mental health services – an innovative partnership between Oxleas/BLG Mind.
- Delivery of mental health suite in the PRUH, providing a dedicated space to support MH clients in A&E.
- Work with the South London Partnership (SLP) to successfully step-down more clients from more restrictive settings to community services.
- New Mental Health Practitioners (MHPs) in Primary Care Networks (PCNs), providing a critical link between GPs and secondary mental health services. This has been a particularly successful initiative in Bromley.
- Transformation programme across Bromley mental health recovery and rehabilitation services, supporting people with mental health challenges to live more independently in their own homes.
- Improved delivery of Talking Therapy outcomes in Bromley – exceeding targets with positive recovery rates.

Children and young people

- The development of an Integrated Single Point of Access (ISPA) between Oxleas CAMHS and Bromley Y, a critical next step in the partnership between these organisations.
- Expansion of Mental Health Support Teams (MHSTs) across Bromley schools, providing an important link between mental health/education.
- Agreement to establish a CYP Eating Disorders pilot in Bromley, a joint approach between SLAM and Bromley Y.
- Agreement to review the CYP ASD/ADHD Diagnostic and Support pathway in order to reduce waiting times and deliver improved outcomes.
- New CYP Mental Health Practitioner (MHP) between GPs and CYP MH and Wellbeing Services.





ENCLOSURE: 6

AGENDA ITEM: 8

One Bromley Local Care Partnership Board

DATE: 16th March 2023

<p>Title</p>	<p>January 2022/23 SEL ICB Finance Report and 2023/24 budget setting update</p>
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<p>The report sets out the financial position, the key highlights are as follows:</p> <ul style="list-style-type: none"> • SEL ICB Month 10 financial position. As at Month 10 the ICB is forecasting a break-even position for the 2022/23 financial year. In reporting this Month 10 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> • Delivering all targets under the Better Practice Payments code; • Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and • Delivered the month-end cash position, well within the target cash balance. • Bromley ICB/LCP Month 10 financial Position. As at Month 10 the year to date position is £1,038k overspent and the forecast year end position is £1,237k. The year to date prescribing position is £1,883k overspent. • The key risk within the Bromley ICB/LCP financial position continues to be the prescribing budget, the Month 11 position has recently been received and the year to date position has increased to £2,268k overspend. Prescribing data is received two months in arrears, so the latest information we have relates to December 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 9 months of 2022/23 compared to the same period for last year, has increased by circa 4.1%. Price pressures relate to No Cheaper Stock Obtainable (NCSO) drugs which have increased by £1,452k compared to the same period last year. • 2023/24 budget setting is progressing well and budget holder sign off is expected to be achieved by the 10th March deadline. Contracts with external providers are expected to be agreed before the start of the 2023/24 financial year.

ONE BROMLEY

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

16 March 2023

Month 10 2022/23, SEL ICB Finance Report
and 2023/24 budget setting update

1. Key highlights
2. SEL ICB Month 10 Financial Summary
3. Bromley ICB/LCP Month 10 Financial Position
4. Bromley ICB/LCP Prescribing Position
5. 2023/24 budget setting update

Appendix 1 – M10 SEL ICB M10 Finance Report

- SEL ICB Month 10 financial position. As at Month 10 the ICB is forecasting a **break-even** position for the 2022/23 financial year. In reporting this Month 10 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- Bromley ICB/LCP Month 10 financial Position. As at Month 10 the **year to date position is £1,038k overspent** and the forecast year end position is £1,237k. The year to date prescribing position is £1,883k overspent.
- The key risk within the Bromley ICB/LCP financial position continues to be the **prescribing** position, the Month 11 position has recently been received and the year to date position has increased to £2,268k overspend. Prescribing data is received two months in arrears, so the latest information we have relates to December 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 9 months of 2022/23 compared to the same period for last year, has increased by circa **4.1%**. Price pressures relate to **No Cheaper Stock Obtainable (NCSO) drugs** which have increased by £1,452k compared to the same period last year.
- 2023/24 budget setting is progressing well and budget holder sign off is expected to be achieved by the 10th March deadline. Contracts with external providers are expected to be agreed before the start of the 2023/24 financial year.

2. South East London Integrated Care Board (SEL ICB) Month 10 Financial Position

- This slide sets out the Month 10 financial position of the SEL Integrated Care Board (ICB).
- In month, the SEL ICB has received an additional £15,602k of allocations, giving the SEL ICB a total allocation of £3,060,901k at Month 10. The table below summarises the SEL ICB and Bromley ICB/LCP budget position.

	Total SEL ICB	Bromley ICB/LCP
	£'000s	£'000s
Annual Start Budget	3,903,078	215,006
CCG Final Budget	964,249	53,434
ICB Start Budget	2,938,829	161,573
M10 Budget (including new allocations)	3,060,901	173,355

- At Month 10 the SEL ICB is forecasting a break-even position for the 2022/23 financial year.
- The SEL ICB QIPP (savings) target for 22/23 is £29,305k. The plan is reporting an adverse variance of £1,536k at Month 10 due to slippage in both the prescribing and continuing care savings plans. The forecast outturn is reported as £1,846k adverse and financial recoveries are being implemented to reduce slippage and maximise savings to ensure that boroughs minimise their financial overspends by March 2023.
- The Month 10 SEL ICB Finance Report is set out at appendix 1.

3. Month 10 Bromley ICB/LCP Financial Position

M10 position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,818	3,801	16	4,908	4,887	21
Community Health Services	46,367	46,263	105	59,615	59,481	134
Mental Health Services	7,666	7,697	(31)	9,856	9,894	(38)
Continuing Care Services	14,167	13,782	385	18,303	17,740	563
Prescribing	26,397	28,280	(1,883)	33,939	36,312	(2,373)
Other Primary Care Services	1,828	1,828	(0)	2,350	2,350	(0)
Other Programme Services	21	43	(22)	27	56	(29)
Delegated Primary Care Services	31,671	31,671	0	40,822	40,822	(0)
Corporate Budgets	2,749	2,355	394	3,534	3,050	484
Total	134,684	135,721	(1,038)	173,355	174,592	(1,237)

- The borough is reporting an overspend of £1,038k at Month 10. The position includes a £1,883k overspend on prescribing. This is partially offset by underspends in Community, Continuing Healthcare and Corporate budgets.
- The Prescribing position is £1,883k overspent year to date and the forecast position is £2,373k based on the Month 8 PPA data adjusted for QIPP and mitigations. Within this position the cost of Cat M & NCSO drugs for the period from July 2022 to January 2023 is £1,451k. The cost of these drugs in the same period last year was £274k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year should help to reduce the overspend. The mitigations relate to QIPP, DOAC rebates and other rebates, however the impact of these has now reduced compared to the initial plan.
- Within the Community budget the AQP contract for hearing is over performing and is overspent by £465k, this is currently being offset by other non-recurrent underspends within community budgets. The Mental Health budget is £31k overspent as there has been a significant increase in cost per case spend, compared to last year. This is due to an increase in the numbers of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated as budget has been transferred within the directorate to resolve the issue.
- The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 10 all schemes are on target except for prescribing which is reporting both a year to date (£295k) and forecast overspend (£393k).
- The likely year end forecast position is now an overspend of £1,237k compared to the previous forecast position of £1,115k last month. The key movement in the position relates to the deteriorating prescribing position, as set out above. Best and worst-case forecast scenarios have also been modelled and the variances range from £892k overspent as best case to £1,584k overspent as worst case.

4. Bromley ICB/LCP Prescribing Position

The Month 10 Bromley prescribing position was £1,883k overspent and the year end forecast was £2,373k. The Month 11 position has recently been received and the position has worsened and is £2,268k overspent year to date (a movement of £361k in month) and the forecast is £2,540k.

Of the current year to date overspend £1,452k can be attributed to the increase in NCSO drugs expenditure, which is a national issue, as set out in the table to the right.

July to February NCSO expenditure	
	£'000
2021/22	288
2022/23	1,741
Year on year increase	1,452
M11 prescribing overspend	2,268
Overspend not attributable to NCSO	816

The Month 11 position for Bromley includes a significant cost for flu vaccines and the costs of antibiotics required because of group A streptococcus infections.

The Bromley Medicines Optimisation Team are undertaking focussed work with GP practices to implement the SEL QIPP plan, with additional targeted work on some local initiatives eg with blood glucose testing, and additional support to practices with higher overspends. Further income from rebate schemes is also expected to provide some mitigation towards the overspend position. The Team are also working on 2023/24 savings plans and early implementation is key in order to maximise savings delivery.

5. 2023/24 budget setting update

2023/24 SEL ICB Budget setting

- A detailed budget setting update was presented to the One Bromley Executive on 16th February 2023
- 2023/24 budget setting is progressing well and budget holder sign off is expected to be achieved by the 10th March deadline.
- Contract values with external providers are expected to be agreed before the start of the 2023/24 financial year.
- The savings target for 2023/24 is 4% and work is underway to identify schemes to deliver this target.
- The prescribing budget will form the biggest financial challenge to Bromley ICB/LCP in 2023/24 as the 2022/23 budget has effectively rolled forward with a small uplift for inflation and growth combined with a convergence adjustment. The NCSO pressures that are highlighted earlier in this report are likely to continue in 2023/24 and although a central reserve has been set aside at SEL ICB level it is unlikely to mitigate the NCSO overspend, based upon current trends.
- The draft 2023/24 Bromley ICB/LCP budgets are summarised in the table below:

Directorate	Draft 2023/24 budget £'000
Continuing Care Services	25,018
Corporate Budgets	4,481
Delegated Primary Care Services	57,454
Mental Health Services	10,815
Local Acute Services (inc. UTCs)	6,715
Community Health Services (inc. BCF)	76,494
Other Primary Care Services	2,922
Other Programme Services	87
Prescribing	46,343
Grand Total	230,330

SEL ICB Finance Report

Month 10 2022/23

Contents

1. Executive Summary
2. Revenue Resource Limit
3. Key Financial Indicators
4. Budget Overview
5. Prescribing – Analysis of Activity Growth
6. Prescribing – Key Drivers of Growth and Mitigations
7. NHS Continuing Healthcare – Overview
8. NHS Continuing Healthcare – Benchmarking
9. Provider Position
10. QIPP - Overview
11. Cash Position
12. Mental Health Investment Standard (MHIS) Overview
13. MHIS Summary Position at Month 10
14. MHIS Summary Position M10 – position by budgetary area

1. Executive Summary

- This report sets out the Month 10 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,059,854k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,060,901k**. As at Month 10, the ICB is reporting a **£7,500k surplus** against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of **£9,000k** in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£6,472k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 8 months of 2022/23 compared to the same period for last year, **has increased by circa 3.3%**. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£6,823k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£9,271k** before mitigations. This is set out in greater detail later in this report in section 5. A second area of overspend relates to Continuing Healthcare (**£1,286k overspent YTD, primarily in Greenwich and Lambeth**). SEL wide two boroughs (**Bromley £1,038k and Greenwich £1,777k**) are reporting material **overspend** positions at Month 10, for which recovery plans are being implemented.
- In reporting this Month 10 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 10, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
M1-3 Carry Forward (Allocated)							1,047	1,047
M4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	-
M5 allocations	-	-	50	26	33	30	7,741	7,880
M5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	-
M6 allocations	373	1,453	646	470	241	110	66,675	69,968
M6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	-
M7 allocations	-	-	-	-	-	-	3,717	3,717
M7 Budget	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
M8 Internal Adjustments	-	294	13	93	41	20	(461)	-
M8 allocations	-	-	-	-	-	-	14,909	14,909
M8 Budget	99,830	171,554	129,540	146,812	115,297	113,437	2,264,099	3,040,570
M9 Internal Adjustments	477	641	581	758	667	676	(3,799)	-
M9 allocations	-	-	-	-	-	-	4,729	4,729
M9 Budget	100,307	172,194	130,121	147,570	115,964	114,113	2,265,028	3,045,299
<i>M10 Internal Adjustments</i>								
Delegated Primary Care (Locum)		61	39	5	89	22	(216)	-
Other	(53)	50		(190)		12	181	-
<i>M10 Allocations</i>								
Discharge Funding	566	793	679	899	765	751		4,453
Winter Capital GPIT & Access DES	256	256	256	256	256	256	483	2,022
NHS 111 Capacity funding							1,595	1,595
H1 Independent Sector ESRF							3,742	3,742
Pensions additional 6.3% contribution							1,585	1,585
DOAC rebates							505	505
Primary Care - N365 licences/Waterloo Health Centre							534	534
Prevention - Tobacco							217	217
Other Allocations			57	19	41	133	700	950
M10 Budget	101,076	173,355	131,152	148,559	117,116	115,287	2,274,355	3,060,901

- The table sets out the Revenue Resource Limit at Month 10. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations are received in-year.
- In month, the ICB has received an additional £15,603k of allocations, giving the ICB a total allocation of **£3,060,901k** at Month 10. An assessment will be made in-month in respect of forecasted spend against additional allocations. The ICB has received an allocation of **£8,933k** in respect of the brought forward surplus from the CCG. This is a technical adjustment, in that it is highly unlikely that the ICB will be able to drawdown against this funding.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting a surplus of **£7,500k** as at Month 10. The surplus at Month 10, is after the agreed release of reserves held by the ICB, and the full year release (**£9,000k**) is the ICB’s contribution to the wider ICS financial position.
- All other financial duties have been delivered for the year to Month 10 period.
- A break-even position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Agreed Surplus	-	7,500	-	-
Expenditure not to exceed income	2,388,691	2,381,191	3,073,936	3,073,936
Operating Under Resource Revenue Limit	2,370,792	2,363,292	3,050,921	3,050,921
Not to exceed Running Cost Allowance	22,428	22,317	28,836	28,693
Month End Cash Position (expected to be below target)	7,550	509	8,500	-
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%	95.0%	100.0%
95% of non-NHS creditor payments within 30 days	95.0%	98.6%	95.0%	98.2%
Mental Health Investment Standard (Annual)	314,774	314,889	404,710	404,857

4. Budget Overview



South East London

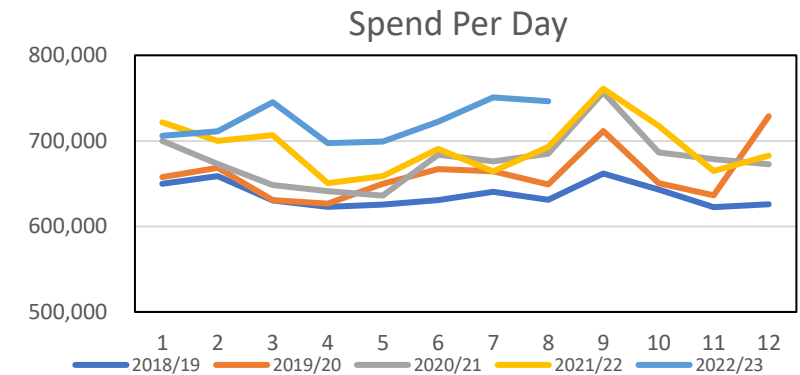
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,093	3,818	14,331	913	1,143	573	1,290,242	1,314,113
Community Health Services	10,511	46,367	16,144	14,614	15,879	17,940	129,901	251,356
Mental Health Services	6,095	7,666	4,999	11,593	3,706	3,552	261,946	299,558
Continuing Care Services	13,963	14,167	15,155	17,523	11,890	11,406	-	84,104
Prescribing	19,317	26,397	19,046	22,156	22,410	18,344	1,472	129,143
Other Primary Care Services	1,780	1,828	1,640	1,952	964	652	14,016	22,832
Other Programme Services	14	21	26	199	193	200	40,421	41,074
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	2,063	2,749	2,798	3,478	2,529	2,633	19,793	36,042
Total Year to Date Budget	78,476	134,684	101,848	115,354	90,982	89,521	1,759,927	2,370,792
Year to Date Actual								
Acute Services	3,025	3,801	14,430	494	987	554	1,290,446	1,313,737
Community Health Services	10,351	46,263	15,944	14,021	15,340	17,663	129,655	249,235
Mental Health Services	5,971	7,697	4,531	11,410	3,684	3,945	261,962	299,200
Continuing Care Services	13,670	13,782	16,404	18,425	12,142	10,966	-	85,390
Prescribing	20,413	28,280	20,381	22,884	23,279	18,832	1,545	135,614
Other Primary Care Services	1,680	1,828	1,666	1,952	905	637	14,512	23,180
Other Programme Services	26	43	9	247	89	281	30,501	31,197
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	1,744	2,355	2,550	2,998	2,223	2,256	19,041	33,168
Total Year to Date Actual	78,521	135,721	103,625	115,355	90,918	89,355	1,749,797	2,363,292
Year to Date Variance								
Acute Services	69	16	(99)	420	155	19	(204)	376
Community Health Services	160	105	200	593	539	278	247	2,121
Mental Health Services	124	(31)	468	183	23	(393)	(16)	358
Continuing Care Services	292	385	(1,249)	(901)	(252)	439	-	(1,286)
Prescribing	(1,096)	(1,883)	(1,335)	(728)	(869)	(488)	(73)	(6,472)
Other Primary Care Services	100	(0)	(26)	0	59	15	(496)	(349)
Other Programme Services	(13)	(22)	18	(48)	104	(81)	9,920	9,877
Delegated Primary Care Services	-	-	(0)	-	-	-	-	(0)
Corporate Budgets	318	394	248	480	306	377	753	2,874
Total Year to Date Variance	(45)	(1,038)	(1,777)	(1)	64	166	10,130	7,500

- At Month 10, the ICB is reporting an overall a **£7,500k surplus** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£6,472k overspend** against its **prescribing position**. This position is based upon M01-08 data and represents a like for like **deterioration of the position in-month** of £2,047k. Prescribing activity has increased by 3.3% compared to the same period in 2021/22. The underlying drivers relate to national issues including the availability of unbranded drugs (No Cheaper Stock available), the price of Cat M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in Section 5.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£2,855k**. In-month there have been reductions in spend with Urgent Care Centres, community services with NHS and non-NHS Providers and mental health cost per case activity. This underspend is partially offsetting the overspend in prescribing highlighted above.
- The overall **continuing care** financial position is **£1,286k** overspent, although the underlying pressures are variable across the boroughs. Whilst boroughs have seen a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An increase in the number of clients in Greenwich, Lambeth and Lewisham coupled with higher package prices are driving their adverse positions. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The Other Primary Care services overspend of **£349k** relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£2,874k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 10 prescribing position is based upon M01-08 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£6,472k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase in items of around 3.3%**. On a borough basis, the increase range from Southwark (2.2%) to Bexley (4.8%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	81,568	12,703	13,561	13,883	14,403	11,880	12,568	15,659	16,526	10,799	11,467	12,647	13,037
November	79,855	81,572	12,873	13,588	14,021	14,297	12,078	12,449	16,371	16,824	11,556	11,508	12,954	12,896
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Average	79,298	80,982	12,704	13,157	13,719	14,057	12,303	12,533	16,187	16,525	11,324	11,460	13,059	13,245
YTD Average Comparison	78,032	80,982	12,482	13,157	13,497	14,057	12,070	12,533	15,977	16,525	11,112	11,460	12,892	13,245



- If this increase in activity and high acuity continues, then the full year forecast impact would be circa **£9,271k**, before mitigations. The table to the right is showing the borough level impact. This is **£1,363k** higher compared to last month's forecast as a result of increased spend on NCSO and Cat-M drugs. This is a national cost pressure and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley.

Borough	Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	26,151,147	(1,529,152)
BROMLEY	33,645,508	36,422,283	(2,776,775)
GREENWICH	24,144,054	25,982,910	(1,838,856)
LAMBETH	28,540,306	29,560,003	(1,019,697)
LEWISHAM	27,822,713	29,391,879	(1,569,166)
SOUTHWARK	23,472,795	24,010,033	(537,238)
SOUTH EAST LONDON	0	(0)	0
Total	162,247,371	171,518,255	(9,270,884)

6. Prescribing – Key Drivers of Growth and Mitigations

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas and predominantly in NCSO (No Cheaper Stock available) and Cat-M. The latter consists of a group of drugs for which prices are managed and controlled by central government. These have a direct impact on branded product usage, availability and consequently on NCSO. The local system has no control over the aforementioned.
- There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- The total Prescribing overspend is **£6,472k YTD**. The table below shows that, **£6,823k** is the impact of national pressures on Cat-M and NCSO drugs, **£5,527k** above budget. As a consequence, the prescribing QIPP is forecasting annual under-delivery of **£1,650k**.
- The second table below shows the change in expenditure for the top 10 drugs impacted by Cat-M and NCSO. For these drugs, the increase in expenditure in 22/23 over the same period for 21/22 is **£4,342k**.

2022/23 M10 YTD Cat-M & NCSO spend

Borough	M10 YTD Budget £	M10 YTD Actuals £	M10 Variance £
BEXLEY	186,275	1,105,045	(918,769)
BROMLEY	274,542	1,451,136	(1,176,594)
GREENWICH	185,548	1,117,900	(932,352)
LAMBETH	223,650	1,105,713	(882,063)
LEWISHAM	228,240	1,097,745	(869,505)
SOUTHWARK	198,183	945,820	(747,637)
Total	1,296,438	6,823,358	(5,526,920)

Impact of Cat-M and NCSO by BNF Paragraph (July to January)

BNF Paragraph	Difference between YTD 21/22 vs YTD 22/23 £
Antihistamines	801,841
Bisphosphonates and other drugs	702,794
Antipsychotic drugs	697,107
Proton pump inhibitors	600,928
Penicillins	386,008
Selective serotonin re-uptake inhibitors	358,395
Mucolytics	225,637
Aminosalicylates	209,309
Other antidepressant drugs	191,609
Male sex hormones and antagonists	168,313
Total	4,341,940

7. NHS Continuing Healthcare - Overview

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).
- The overall CHC financial position at Month 10 is an overspend of **£1,286k**, although underlying financial and activity pressures are variable across the individual boroughs. The pressures are primarily in Greenwich (**£1,249k**) and Lambeth (**£901k**). Both the Greenwich and Lambeth teams are continuing to implement their local recovery plans. The Lambeth team is making progress in most elements of their recovery plan and aim to increase the pace further over February and March 2023. The Lambeth CHC team is also working on improving business as usual activities including arranging new training on Broadcare. The Greenwich forecast as at Month 10 assumes a breakeven run-rate position for the Q4 period to align with the embedding of workstreams within the financial recovery plan, with the initial benefits being noted within PHB clients.
- Generally, boroughs are experiencing some increase in activity in year, although this currently being offset by lower than anticipated price pressures. However, with price negotiations on-going with providers there is a risk that costs will increase in Q4. As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of £1,800k to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough has now been completed.
- The result of analysis of CHC expenditure across the Boroughs on a price and activity basis is set out on the following slide.

8. NHS Continuing Healthcare – Benchmarking

	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	587	3,334	741	2,613	481	4,391	469	5,342	388	4,277	356	4,538
Month 2	650	2,912	723	2,522	461	4,879	377	6,875	422	3,824	340	4,517
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	600	3,153	865	2,122	498	4,331	590	4,525	449	3,739	406	3,760
Month 5	805	2,380	919	1,980	521	4,417	617	4,516	427	3,976	421	3,618
Month 6	689	2,756	954	1,903	527	4,315	577	4,732	448	3,770	446	3,392
Month 7	755	2,550	999	1,794	556	4,792	585	4,684	465	3,607	490	3,087
Month 8	817	2,360	1055	1,732	585	4,476	628	4,266	481	3,523	527	2,897
Month 9	862	2,252	1105	1,665	607	3,957	742	3,696	522	3,296	553	2,715
Month 10	932	2,091	1162	1,603	665	3,684	759	3,561	532	3,271	590	2,540

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
Month 4	64	49	81	123	71	62
Month 5	59	47	77	129	73	65
Month 6	65	49	76	132	75	64
Month 7	64	47	80	137	71	62
Month 8	69	53	85	139	77	66
Month 9	71	59	87	142	78	68
Month 10	69	62	92	146	78	71

- The tables set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The second table shows the number of care packages > £1,500 per week per borough for year to Month 10.
- In month there was a small overall increase (13) in number of clients whose packages cost more than £1,500 per week. The table shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high-cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- For Lambeth, the increase in number of clients relates to FNC packages identified as part of the ongoing reconciliation on Broadcare, hence a reduction in the average price per client. A similar position for Greenwich whereupon new FNC clients at a fixed national rate of £209/week has driven down the average care package costs.

9. 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.
- In year, the ICB is forecasting to spend circa **£2,893,3795k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£696,578k**
 - Kings College Hospital **£749,370k**
 - Lewisham and Greenwich **£592,185k**
 - South London and the Maudsley **£277,814k**
 - Oxleas **£212,555k**
- In month, the ICB position is showing an overspend of **£376k** on Acute services. This is primarily due to a rise in activity with independent sector providers. The acute team are implementing recovery actions that will bring the year end position back to **break-even**.

10. QIPP - Overview

- The ICB has a total QIPP savings ask of **£29,305k** for 2022/23. The table below shows the latest position as at Month 10 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£1,536k** at Month 10. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. Currently of the **£22,598k** delivered as at Month 10, **£17,032k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£20,815k**. Borough and central teams have been asked to recurrently identify savings which will have a full year recurrent effect of circa £29,000k going into 2023/24.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,644	1,318	-327	1,217	101	1,581	-432	1,460	121
Bromley	3,841	3,133	2,838	-295	2,637	201	3,448	-393	3,207	241
Greenwich	2,891	2,386	1,834	-552	1,603	231	2,201	-690	1,924	277
Lambeth	2,555	2,096	1,946	-150	1,811	135	2,475	-80	2,340	135
Lewisham	2,623	2,078	2,047	-31	1,885	162	2,623	0	2,429	194
Southwark	1,963	1,614	1,433	-181	1,312	121	1,712	-251	1,574	138
SEL Central	13,419	11,183	11,183	0	6,568	4,615	13,419	0	7,881	5,538
Total	29,305	24,134	22,598	-1,536	17,032	5,566	27,453	-1,846	20,815	6,644

- The forecast outturn is an **under-delivery of £1,846k**, mainly due to prescribing (**£1,650k**). The savings position has deteriorated slightly this month due to the further slippage in the prescribing savings plans. Whilst work is being undertaken by boroughs to mitigate slippage and maximise savings potential it is unlikely these will be delivered in full by the end of the year. Where boroughs are showing slippage on savings and reporting a deficit position, financial recoveries have been implemented and other plans either through non-recurrent measures or further QIPP plans are being actioned to ensure that each borough minimises financial overspends by March 2023.

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 10, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,824k**.
- As at Month 10, the ICB had drawn down 76.5% of the available cash compared to the budget cash figure of 77.8%. In January, there was no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end.
- 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 to achieve the target cash balance. The actual cash balance at the end of Month 10 was **£509k**, well within the target set by NHSE.
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met these targets each month and it is expected that these targets will be met in full at the end of the year.

Annual Cash Drawdown Requirement for	2022/23	2022/23	2022/23	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
	AP10 - JAN 23	AP9 - DEC 22	Month on month movement								
ICB ACDR (M4-12)	3,050,921	3,035,319	15,602	CCG							
CCG ACDR (M1-3)	964,003	964,003	0	Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
Capital allocation				May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Less:				Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
Cash drawn down				ICB							
Prescription Pricing Authority	(187,214)	(167,594)	(19,620)	Jul-22	295,000	15,000	310,000	10.59%	3,688	253	0.09%
Other Central / BSA payments-HOT	(2,080)	(1,877)	(202)	Aug-22	310,000	0	620,000	21.18%	3,875	197	0.06%
Pension uplift 6.3%	(2,038)	(454)	(1,585)	Sep-22	335,000	0	955,000	32.62%	4,188	690	0.21%
Add back PCSE			0	Oct-22	305,000	12,000	1,272,000	44.10%	3,813	1,918	0.63%
System Error			0	Nov-22	317,000	0	1,589,000	76.51%	3,963	919	0.29%
Remaining Cash limit	3,823,592	3,829,397	(5,805)	Dec-22	302,000	0	1,891,000	65.70%	3,775	185	0.06%
				Jan-23	320,000	0	2,211,000	76.50%	4,000	509	0.16%
				Feb-23							
				Mar-23							
					3,053,000	54,000					

12. Mental Health Investment Standard (MHIS) Overview

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 21/22 outturn by a **minimum of the growth uplift of 5.52%**. This spend is subject to annual independent review.
- MHIS excludes:
 - Spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - Out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - Spend on SDF and other non recurrent allocations
- The MHIS target is measured for the financial year 2022/23 and therefore brings together the Q1 CCG 22/23 and the SEL ICB Q2-Q4 22/23 reported position
- Slide 3 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M10. The ICB is forecasting that it will deliver the target value of **£404,710k** with a forecast of **£404,856k** (£146k over delivery). Within this position, mental health prescribing is overspent by £1,155k (12.4%) with Cat M and No Cheaper Stock Obtainable (NCSO) drugs continuing to have a significant impact.
- Slide 4 sets out the position by ICB budgetary area.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this is not the case there is a risk that the target will not be delivered
- We are seeing an increase in spend in some boroughs on mental health, for example on S117 placements.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, we are seeing a significant cost pressure resulting from increasing demand of approximately £1.4m. This cost is managed within the overall mental health budgets. Work is underway to understand and manage the drivers for this demand.
- Prescribing spend is volatile within and across years – in 21/22 we saw a reduction in spend on Sertraline of approximately £2m on a total plan of approximately £11.7m (17%). In 22/23, spend is increasing as described above.
- As stated previously, delivery of the target relies on the current position being sustained and this needs to be taken into account as boroughs implement their local recovery plans.

13. MHIS – Summary Position at Month 10

Mental Health Spend By Category		Total Mental Health (per recategorisation exercise) Plan 31/03/2023 Year Ending £'000	Mental Health - NHS Actual 31/01/2023 YTD £'000	Mental Health - Non-NHS Actual 31/01/2023 YTD £'000	Total Mental Health Actual 31/01/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2023 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2023 Year Ending £'000	Total Mental Health Forecast 31/03/2023 Year Ending £'000	Total Mental Health Variance 31/03/2023 Year Ending £'000
Category Reference Number									
Children & Young People's Mental Health (excluding LD)	1	38,119	29,043	3,271	32,314	34,851	3,920	38,771	(652)
Children & Young People's Eating Disorders	2	2,773	2,311	0	2,311	2,773	0	2,773	0
Perinatal Mental Health (Community)	3	8,790	7,325	0	7,325	8,790	0	8,790	0
Improved access to psychological therapies (adult and older adult)	4	31,824	21,122	5,378	26,500	25,345	6,470	31,815	9
A and E and Ward Liaison mental health services (adult and older adult)	5	15,786	13,155	0	13,155	15,786	0	15,786	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,035	10,029	0	10,029	12,035	0	12,035	0
Adult community-based mental health crisis care (adult and older adult)	7	30,014	24,628	335	24,963	29,553	403	29,956	58
Ambulance response services	8	942	785	0	785	942	0	942	0
Community A – community services that are not bed-based / not placements	9a	108,044	79,919	9,959	89,878	95,904	12,231	108,135	(91)
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	21,850	9,873	7,495	17,368	12,056	8,928	20,984	866
Mental Health Placements in Hospitals	20	6,331	4,849	601	5,450	5,620	740	6,360	(29)
Mental Health Act	10	6,341	0	5,073	5,073	0	6,131	6,131	210
SMI Physical health checks	11	743	435	39	474	522	39	561	182
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	107,601	89,668	0	89,668	107,601	0	107,601	0
Adult and older adult acute mental health out of area placements	14	3,631	2,357	449	2,806	2,828	534	3,362	269
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		394,824	295,499	32,600	328,099	354,606	39,396	394,002	822
Mental health prescribing	16	9,345	0	8,750	8,750	0	10,500	10,500	(1,155)
Mental health in continuing care (CHC)	17	541	0	290	290	0	355	355	186
Sub-total - MHIS (inc CHC, Prescribing)		404,710	295,499	41,640	337,139	354,606	50,251	404,857	(147)
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	0	0	0	0	0	0	0	0
Learning Disability & Autism - not separately identified	18c	27,701	9,527	13,049	22,576	11,432	15,698	27,130	571
Dementia	19	13,852	10,012	1,251	11,263	12,015	1,533	13,548	304
Sub-total - LD&A & Dementia (not included in MHIS)		41,553	19,539	14,300	33,839	23,447	17,231	40,678	875
Total - Mental Health Services		446,263	315,038	55,940	370,978	378,053	67,482	445,535	728

14. Summary MHIS Position M10 – position by budgetary area

Mental Health Investment Standard (MHIS) position by budgetary area

		Year to Date position for the nine months ended 31 January 2023						Forecast Outturn position for the financial year ended 31 March 2023						
		Year To Date	Planning Directorate spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	
Category number		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health Investment Standard Categories:														
Children & Young People's Mental Health (excluding LD)	1	£31,766	£29,043	£3,271	£0	£32,314	£-548	£38,119	£34,851	£3,920	£0	£38,771	£-652	
Children & Young People's Eating Disorders	2	£2,311	£2,311	£0	£0	£2,311	£-0	£2,773	£2,773	£0	£0	£2,773	£0	
Perinatal Mental Health (Community)	3	£7,325	£7,325	£0	£0	£7,325	£0	£8,790	£8,790	£0	£0	£8,790	£0	
Improved access to psychological therapies (adult and older adult)	4	£26,520	£21,122	£5,378	£0	£26,500	£20	£31,824	£25,345	£6,470	£0	£31,815	£9	
A and E and Ward Liaison mental health services (adult and older adult)	5	£13,155	£13,155	£0	£0	£13,155	£0	£15,786	£15,786	£0	£0	£15,786	£0	
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	£10,029	£10,029	£0	£0	£10,029	£0	£12,035	£12,035	£0	£0	£12,035	£0	
Adult community-based mental health crisis care (adult and older adult)	7	£25,012	£24,628	£335	£0	£24,963	£49	£30,014	£29,553	£403	£0	£29,956	£58	
Ambulance response services	8	£785	£785	£0	£0	£785	£0	£942	£942	£0	£0	£942	£0	
Community A – community services that are not bed-based / not placements	9a	£90,037	£79,919	£9,959	£0	£89,878	£159	£108,044	£95,904	£12,231	£0	£108,135	£-91	
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	£18,208	£9,873	£7,324	£171	£17,368	£840	£21,850	£12,056	£8,723	£205	£20,984	£866	
Mental Health Placements in Hospitals	20	£5,276	£4,849	£601	£0	£5,450	£-174	£6,331	£5,620	£740	£0	£6,360	£-29	
Mental Health Act	10	£5,284	£0	£5,073	£0	£5,073	£211	£6,341	£0	£6,131	£0	£6,131	£210	
SMI Physical health checks	11	£619	£435	£39	£0	£474	£145	£743	£522	£39	£0	£561	£182	
Suicide Prevention	12	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	£89,668	£89,668	£0	£0	£89,668	£-1	£107,601	£107,601	£0	£0	£107,601	£0	
Adult and older adult acute mental health out of area placements	14	£3,026	£2,357	£449	£0	£2,806	£220	£3,631	£2,828	£534	£0	£3,362	£269	
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		£329,020	£295,499	£32,429	£171	£328,099	£921	£394,824	£354,606	£39,190	£205	£394,002	£822	
Other Mental Health Services:														
Mental health prescribing	16	£7,787	£0	£0	£8,750	£8,750	£-963	£9,345	£0	£0	£10,500	£10,500	£-1,155	
Mental health continuing health care (CHC)	17	£451	£0	£0	£290	£290	£161	£541	£0	£0	£355	£355	£186	
Sub-total - MHIS (inc. CHC and prescribing)		£337,258	£295,499	£32,429	£9,211	£337,139	£119	£404,710	£354,606	£39,190	£11,060	£404,856	£-146	
Learning Disability	18a	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Autism	18b	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Learning Disability & Autism - not separately identified	18c	£23,085	£9,527	£9,508	£2,744	£21,779	£1,306	£27,701	£11,432	£12,405	£3,292	£27,130	£572	
Learning Disability & Autism (LD&A) (not included in MHIS) - total	i	£23,085	£9,527	£9,508	£2,744	£21,779	£1,306	£27,701	£11,432	£12,405	£3,292	£27,130	£572	
Dementia	19	£11,544	£10,012	£902	£349	£11,263	£280	£13,852	£12,015	£1,114	£419	£13,548	£305	
Sub-total - LD&A & Dementia (not included in MHIS)		£34,628	£19,539	£10,410	£3,093	£33,042	£1,586	£41,554	£23,447	£13,519	£3,711	£40,677	£877	
Total Mental Health Spend - excludes ADHD		£371,887	£315,038	£42,839	£12,304	£370,181	£1,705	£446,264	£378,053	£52,709	£14,771	£445,533	£730	

- Approximately 85% of MHIS spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of continuing health care



ENCLOSURE: 7

AGENDA ITEM: 9

One Bromley Local Care Partnership Board

DATE: 16th March 2023

<p>Title</p>	<p>Notification of Chair’s action taken – endorsement of the contract award for the Bromley community anti-coagulation service</p>
<p>This paper is for information/decision</p>	
<p>Executive Summary</p>	<p>This paper provides details of the Chair’s action taken on behalf of the One Bromley Local Care Partnership Board (LCP) to endorse the award of the contract for Community Anticoagulation Services in Bromley.</p> <p>A competitive procurement process was undertaken in accordance with the South East London ICB’s standing financial instructions. The results and recommendations of the procurement were approved by the One Bromley Procurement and Contract Committee on 16th February 2023 with a recommendation to award the contract to the winning bidder.</p> <p>Chair’s action was confirmed to endorse the recommendation to award, supported by four members for the LCP Board on 24th February 2023. No members of the LCP objected to the recommendation.</p> <p>The Chairs action was undertaken by Harvey Guntrip, as chair of the primary care committee due to the conflict of interest of the GP Chair of the LCP.</p> <p>No conflicted members of the LCP Board took any part in any of the decision making around the procurement and papers were restricted to non-conflicted members only.</p> <p>With the endorsement of the LCP Board, the final approval was granted by the Bromley Place Executive Director in accordance with the ICB SFIs.</p> <p>The successful bidder – the Bromley GP Alliance – was notified of the decision on 24th February 2023.</p> <p>Service mobilisation has commenced in preparation of the planned service commencement on 1st June 2023.</p>
<p>Recommended action for the Committee</p>	<p>The One Bromley Local Care Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Ratify the Chair’s action to endorse the contract award recommendation.

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Potential Conflicts of Interest	GP members of the LCP Board declared a conflict of interest as members of the Bromley GP Alliance who had bid for the contract. Conflicted members did not take any part of the discussions or decision making process and did not receive any documents or information in respect of the procurement.	
Impacts of this proposal	Key risks & mitigations	The key risk is now in relation to contract mobilisation. A robust mobilisation plan is being developed with the new provider working with the incumbent provider to ensure a safe transfer of care
	Equality impact	An equality impact assessment has been completed and has been considered as part of the service mobilisation
	Financial impact	The successful tender is within the financial envelope for the service
Wider support for this proposal	Public Engagement	These will be considered as part of the mobilisation plan. The evaluation panel for the procurement included two patient representatives.
	Other Committee Discussion/ Internal Engagement	<p>The results and recommendations of the procurement were approved by the One Bromley Procurement and Contract Committee on 16th February 2023 with a recommendation to award the contract to the winning bidder</p> <p>Other committees involved:</p> <ul style="list-style-type: none"> • Procurement and Contracts Committee • Clinical Services Development Group • Clinical Professional Advisory Group • Roundtable review of service specification with GPs, consultant haematologist and medicines optimisation team.
Author:	Mark Cheung, One Bromley Programme Director	
Clinical lead:	Bipin Vadher, Clinical Lead SEL ICB (Bromley) for Planned Care and Diagnostics	
Executive sponsor:	Mark Cheung, One Bromley Programme Director	



ENCLOSURE: 8

AGENDA ITEM: 10

One Bromley Local Care Partnership Board

DATE: 16 March 2023

<p>Title</p>	<p>Bromley Primary Care Group: March 2023 report</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following matters were considered at the March 2023 meeting of this group:</p> <p>a) Update from Healthwatch</p> <p>Following the queries raised by PCG at the previous meeting, Healthwatch provided responses. These outlined that the Patient Experience feedback form is a generic one and cannot be adapted specifically for Bromley general practice, the form can neither be tailored to capture whether the feedback related to an in-person or remote appointment, and that patient feedback is limited to that presented via the overview report.</p> <p>The Primary Care Group discussed the current restriction on how data is shared and the limitations for applying targeted improvements.</p> <p>The quarterly report for Quarter 3 was not yet available and therefore will be shared at the May meeting.</p> <p>b) Developing a Quality dashboard for Primary Care</p> <p>The SEL Business Intelligence Team has developed a Quality dashboard for primary care, which was presented to the Primary Care Group.</p> <p>The dashboard as a work in progress was acknowledged to benefit from further indicators, and the Primary Care Group provided comments on other relevant indicators and wider application of the dashboard to help improve the quality of care to patients, support practices to identify,</p>

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benchmark and improve, and provide a means of assurance on practice performance for the LCP.

Following feedback from the Primary Care Group, the BI team will further develop the dashboard and establish this as a regularly updated data set.

c) Incentive schemes for 23/24: PMS & LES

The PCG was advised that the Bromley Primary Care Team will continue to invest in primary care improvement initiatives for the 2023/24 period. The initiatives will remain consistent with those from 2022/23, in recognition that there are considerable challenges in achieving pre-pandemic levels of screening and vaccination uptake, and that maintaining clinical improvements continue to be challenging.

The PCG noted that the 2024/25 schemes are expected to be developed to align with the One Bromley strategic priorities which will be published in due course.

d) Update on implementing the Fuller recommendations in Bromley

The PCG received a verbal update on the work underway to support the planning for the implementation of Fuller, namely:

- Progress on the extensive engagement undertaken with general practice to refresh the Primary Care Needs Assessment;
- The engagement undertaken through a recent Primary Care Summit held with GP Partners to share and further discuss the findings from this exercise;
- The themes emerging, potential solutions and innovation ideas gathered through the Summit; and
- The intention to design the next stage of this engagement with these insights in mind.

The PCG noted the considerable progress that is being made in Bromley towards the Fuller recommendations, including the development of Integrated Neighbourhood Teams.

e) Update on PCN development plans and resilience fund applications

The PCG received a verbal update that seven out of eight PCNs had submitted their PCN Development Plans for approval and the eighth was due shortly. The plans will be reviewed by the Primary Care Team to ensure they align with the national requirements for this funding stream and progress updates would be provided to the PCG.

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	<p>Thirteen applications have been received from practices for practice resilience funding, and these have been reviewed by a panel of representatives from the Primary Care Group. Progress on use and impact of these funds will also be brought to the PCG for oversight purposes.</p> <p>Decision approved by Primary Care Group: f) Station Road Section 106</p> <p>The SEL Estates team brought forward a business case for decision to the PCG on the use of Section 106 capital funding to make improvements to clinical and administrative space within Station Road Surgery.</p> <p>The proposal aimed to address the current capacity constraints and the projected demand in line with population increases projected for the local area. The investment was expected to benefit both patients registered with Station Road Surgery, and patients within Hayes Wick Primary Care Network, as the additional space would create capacity for PCN clinical staff alongside practice staff.</p> <p>The investment would oblige the continued use of the premises for the delivery of NHS services for at least a further 15 years, and require the GP Practice to maintain the premises in good condition.</p> <p>The PCG approved the decision, for onward notification to the Local Care Partnership Board.</p>	
<p>Recommended action for the Committee</p>	<p>The Local Care Partnership Board is asked to note the decision approved and other work undertaken by the Primary Care Group.</p>	
<p>Potential Conflicts of Interest</p>	<p>Some members of the LCP are providers of primary care services, and may benefit from decisions taken by the Primary Care Group.</p> <p>One decision was taken which benefited one GP Practice at the March meeting, however this was in keeping with the recommendation from the SEL ICB Estates Team, and no members of the PCG will be a direct beneficiary as a result. It is therefore deemed to reflect a limited potential conflicts of interest.</p>	
<p>Impacts of this proposal</p>	<p>Key risks & mitigations</p>	<p>The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.</p>
	<p>Equality impact</p>	<p>The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.</p>

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	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual projects.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

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ENCLOSURE: 9

AGENDA ITEM: 11

One Bromley Local Care Partnership Board

DATE: 16 March 2023

<p>Title</p>	<p>Bromley Procurement & Contracts Group – January 2023 update</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>Following the establishment of the Bromley Procurement & Contracts group to support of the management and oversight of delegated budgets in terms of compliance with procurement and contract management, the following items were discussed and agreed at the January group. The next group will take place on 29th March 2023.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> • No new contracts were noted as awarded at the January group. <p><u>Contract Extensions</u></p> <ul style="list-style-type: none"> • No contracts were noted for extension under the contractual terms of the NHS Standard contract at the January group. <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> • Community Anti-coagulation – The tender process was completed, and bids evaluated. The contract award recommendation report was taken to an exceptional Bromley Procurement and Contracts Group on 16th February, which recommended awarding the contract to bidder A. This was then shared with non-conflicted members of the Local Care Partnership for review prior to chair’s action. Endorsement to award the contract was received, with the preferred bidder being notified on 24th February 2023. • Identification and Referral to Improve Safety (IRIS) – the tender opportunity closed with no bids received. The ICB is now reviewing feasible options. <p><u>Potential Future Procurements</u></p> <p>The group reviewed the Procurement Pipeline and discussion took place on the following contracts: -</p> <ul style="list-style-type: none"> • Enhanced Medical Support to Care Homes - contract is due to expire March 2024, there is an option to extend, however a soft market testing exercise will be undertaken with an options paper presented to Bromley Procurement and Contracts Group in March. • Community Cardiology Diagnostics Service – contract is due to expire October 2023. An options paper was presented to the group, who endorsed a competitive tendering exercise.

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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	

Appendix 1: Glossary of Terms

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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
VCSE	Voluntary, Community & Social Enterprise		