One Bromley Local Care Partnership Board
Date: Thursday 28 September 2023
Time: 9.30am – 11.30am
Venue: Bromley Civic Centre, The Council Chamber
Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	**Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence**	Verbal	Chairmen	9:30
2.	**Declarations of interest**	Enc. 1	Chairmen	9:32
3.	**Public Questions received in advance of the meeting**	Verbal	Chairmen	9:35
4.	**Minutes of the meeting held on the 27 July 2023** For approval	Enc. 2	Chairmen	9:40
5.	**Matters arising –** 'Right Care Right Person' model	Verbal	Iain Dimond	9:45
6.	**Actions for the Board** For approval	Enc. 3	Chairmen	9:55
For Information and Noting				
7.	**Partnership Report** For information	Enc. 4	Mark Cheung	10:05
8.	**Population Health Management** For information	Enc. 5	Mark Cheung/ Rebecca Long/ Patrick Montgomery	10:10

9.	**Finance Update** For information	Enc. 6	David Harris	10:25
For Approval				
10.	**One Bromley Local Care Partnership Board Terms of Reference** For approval	Enc. 7	Avril Baterip	10:35
11.	**One Bromley Executive Committee Terms of Reference** For approval	Enc. 8	Mark Cheung	10:45
12.	**Commissioning of Mental Health Complex Care Services** For approval	Enc. 9	James Postgate/ Sean Rafferty	10:55
Reports from Key Sub-Committees for Noting				
13.	**Primary Care Group Report** For noting	Enc. 10	Harvey Guntrip	11:05
14.	**Contracts and Procurement Group Report** For noting	Enc. 11	Sean Rafferty	11:10
15.	**Performance, Quality and Safeguarding Group Report** For noting	Verbal	Harvey Guntrip	11:15
Closing Business				
16.	**Any Other Business**	Verbal	All	11:20
Appendices				
17.	**Appendix 1: Glossary of terms**	Enc. 12	For Information	
Next Meeting:				
18.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 23 November 2023 and will start at 9:30am in Bromley Civic Centre, The Council Chamber.			

ENCLOSURE: 1
AGENDA ITEM: 2

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 11/09/2023

ONE BROMLEY

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England.	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley.	28/01/2015	
			Financial Interest	Self-employed General Practitioner.	01/01/2020	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health.	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health.	01/07/2022	
Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place).	01/11/2011	
Councillor Colin Smith	London Borough of Bromley	Leader of the Council and Co-Chairman of One Bromley Local Care Partnership Board	All interests are declared on the London Borough of Bromley register of interests.			
Councillor Diane Smith	London Borough of Bromley	Portfolio Holder for Adult Care and Health	All interests are declared on the London Borough of Bromley register of interests.			
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is a GP partnership which holds an NHS PMS General Practice contract and is a member of the MDC PCN in Bromley. The practice holds a contract from Bromley Health Care for delivery of the Advanced Practitioner Care Practice in Diabetes. The practice is a member of BGPA , a GP federation in Bromley.	01/07/2022	
			Financial Interest	The Chislehurst Partnership is a member and shareholder of BGPA .	01/05/2023	

ENCLOSURE: 1
AGENDA ITEM: 2

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 11/09/2023

Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Interim Site Chief Executive, Princess Royal University Hospital	No interests declared			
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 a medical software company that supplies PROMs to NHS.	03/01/2023	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			

ENCLOSURE: 1
AGENDA ITEM: 2

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 11/09/2023

Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			
Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

ENCLOSURE: 2
AGENDA ITEM: 4

One Bromley Local Care Partnership Board
Minutes of the meeting on 27 July 2023
Held in The Council Chamber,
Bromley Civic Centre

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Clinical Lead (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Helen Simmons	Chief Executive, St Christophers Hospice	HS
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Members (Non- voting):		
Helen Norris	Chair, Healthwatch Bromley	HN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Maysa Noori	Co-Chair, London wide LMCs and London wide Enterprise Ltd	MN
In Attendance:		
Teresa Hocking	Director of Adult Services Care Group, Bromley Healthcare	TH
Jodie Adkin	Associate Director - Discharge Commissioning, Urgent Care and Transfer of Care Bureau, NHS South East London	JA
Rob Chidlow	Site Director of Finance, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	RC
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
Karen Hong	Associate Director of Medicines Optimisation, Bromley, NHS South East London	KH
Members of the public (1)		

Apologies:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Jonathan Lofthouse	Site Chief Executive – Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	JL
Jacqui Scott	Chief Executive, Bromley Healthcare	JS
In Attendance:		
David Harris	Associate Director of Finance, NHS South East London	DH

		Actioned by
1.	**Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence**	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	**Declarations of Interest**	
2.1	Dr Andrew Parson invited members to declare any interests in respect to the items on the agenda. Dr Parson notified that his declaration on the system will be updated to reflect that he is now a GP Partner at the newly merged Chislehurst Practice. Dr Hasib Ur-Rub requested that the declaration of interest register is updated to show all LCP Board Members' interests. Councillor Colin Smith asked for the font size of the register to be increased for ease of viewing.	**ABa** **ABa**
3.	**Public Questions**	
3.1	No questions had been received in advance of the meeting. One member of the public attended the meeting.	
4.	**Minutes of the One Bromley Local Care Partnership Board Meeting 16 May 2023**	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	**Partnership Report**	
5.1	Dr Angela Bhan introduced the Partnership Report noting that this is a comprehensive report which was put together by all partners in the Local Care Partnership. The report was taken as read and Dr Bhan invited any comments and questions. Dr Andrew Parson highlighted the link to the Health Innovation Network (HIN)	

	assessment of the Bromley Hospital at Home Service within the report and recommended this for reading. Dr Parson gave his congratulations to Kings College Hospital on securing the funding for a new Cancer Endoscopy Unit; and to Bromley GP Alliance for the contract awarded for the Community Anticoagulation Service. Dr Parson thanked all partners for their contributions to the report, it is good to hear the great work being done across the One Bromley collaborative.	
5.2	The Committee **NOTED** the report.	
6.	**Winter Plan**	
6.1	Jodie Adkin joined the meeting online and gave her apologies for being unable to attend in person. Before sharing the Winter Plan presentation, Jodie took a moment to revisit the purpose of the system undertaking winter planning. As the weather drops and we enter the Winter season, there are significant risks to vulnerable residents, for example flu outbreaks and respiratory illnesses which increases demand on the health and care system, exacerbated by workforce shortages with the same challenges as staff become unwell too. The aim of the Winter Plan is to be proactive rather than reactive in order to manage winter effectively. The approach taken is by learning from previous years, engaging with the workforce and the residents we are supporting. This process empowers us as a collective to effectively allocate resources and maximise potential to mitigate risks and respond to seasonal pressures. Slides were presented on Winter Planning for 2023/2024, the following points were noted: • The Joint Winter Plan sets out how health and care services across Bromley will be arranged and work together ensuring local residents are able to access the services they need and stay well throughout winter. • The Plan is set out in two sections: 1. Section 1 describes the work that we do ahead of winter to reduce risk to vulnerable residents. 2. Section 2 describes the activity that will take place during winter to increase capacity across services, to manage the impact of seasonal pressures and maintain oversight to manage the system. • There are three pillars underpinning the Winter Plan: 1. Increasing System Capacity 2. Managing Seasonal pressures 3. Information Sharing and Escalation <u>System commitments</u> System commitments were noted, responding to workforce engagement was important as decisions made may impact on other parts of the system. Having shared system commitments enables us to hold others to account in the health and care system, for prevention and for a shared sense of commitment. This includes partners across the acute, social, voluntary and community sectors.	

South East London Integrated Care System

ONE BROMLEY

This is a continuous, iterative process with input from all system partners.

Pre-Winter activity to reduce risk

Preparation for winter is a key activity which generates a huge amount of workstreams, for example there is a longstanding vaccination program in place for Covid 19 and flu as part of the prevention element. Big changes have been made lately including the introduction of a software platform for Universal Care Plans (UCPs). These electronic plans are designed to ensure the wishes of residents are shared amongst all organizations around the care and treatment they receive, when and where. The new platform, which has replaced the previous Co-ordinate my care (CMC) platform enables clinicians to respond in an effective way to meet the needs of the most vulnerable clients including those residing in care homes, with long term conditions and those at the end of their life. This stage in the plan will also ensure that all local residents with respiratory conditions receive a diagnosis and are on the correct pathway with treatment rescue plans to support and manage their condition through winter.

Increasing System Capacity

There are two main areas of focus:

- primary and community care
- admission avoidance.

The strategic direction of travel is to keep residents well in the community for as long as possible:

1. We know from experience that significantly increasing GP appointments for local residents had worked well in the past, which enables the system to be scalable and responsive to seasonal demand. Our community provider, Bromley Healthcare provides an effective service to support GPs, for example housebound patients in the community who require home visits.
2. The opening of the children's hospital at home service to take referrals from GPs is another service that will support primary care through the coming winter.
3. Full and consistent consultant connect access is another important tool, which enables GPs to speak directly to an acute physician for support and to enable appropriate clients to be admitted to hospital in a planned and coordinated manner.
4. Same day social care access is another important element in increasing system capacity, as if a carer becomes unwell and there is a risk to that individual, the offer of same day social care access enables the client to continue to be supported, this service is already operational and works well. Increasing hospital discharge services and staffing capacity is essential to maintain maximum service provision, which enables the sickest of patients to be seen and admitted to hospital.
5. The hospital discharge system is very good and has been nationally recognized; it remains the best performing discharge service across SEL. The plan is to continue to do more of what we had done well in previously and to increase the amount of individuals we can see through that process.

Managing Seasonal Pressures

This part of the plan looks at how seasonal pressures will be managed. Learning from last year which showed that there was an increase in the presentation of respiratory conditions, this year the approach taken is to increase the focus on respiratory areas supported with a robust plan that has been scrutinized by the

	Clinical and Professional Advisory Group (CPAG). For children and paediatrics, we have been taking into consideration the late outbreaks of Group A Streptococcal infection that took place in December last year and in September the previous year. The plan for this year is for the system to launch additional services and respond as necessary, thereby providing a flexible GP offer in the community that can be stood up when any wave of virus or bacteria spreads. Targeted communication and engagement campaign for parents, carers and health visitors is another important part of the plan to ensure that those looking after children when they are unwell know how to manage their conditions. Whilst there will be national messaging released, the local communication materials should empower parents to manage their children with more confidence – the plan will focus on targeting community networks and parent groups to maximise reach. <u>Winter Communication Plan</u> The Winter Communication Plan builds on what we did last year. In the build up to Christmas and New Year, there will be additional plans for effective management during this period. There will also need to be preparation for the vaccination campaigns. This year there will be a targeted communications approach to ensure the right information is provided to the right people at the right time. Different methods of engagement have been utilised including social media, through local leads and resident association networks to ensure that the messages are targeted to those individuals. There will also be targeted support for the workforce, a series of GP webinars have been arranged to provide key messages in managing long term conditions and to ensure that there is a robust approach for providers to support residents with important information throughout winter. <u>System Escalation Management</u> The A&E Delivery Board looks at all organisations' escalation plans, if one organisation is under pressure, what can be done with different parts of the system to support them and help manage the issue. The One Bromley Executive provides strategic oversight for the system's escalation plans.	
6.2	In considering the report, members raised the following points: • Dr Andrew Parson thanked Jodie for the presentation, noting that the partnership looks at these plans to keep updated with the current developments. He noted that at the last discussion, there was mention of engaging with primary care, however it is clear that engagement across the whole system is needed. • Dr Parson noted the risks we have and acknowledged that escalation needs more people to be involved, in particular, around the risk of recruitment and retention of staff. • Dr Parson highlighted the increase in primary care's capacity and engaging with the "hidden work" that escalates, for example prescribing, follow up activity after discharge and administration activity which is not measured in this consultation. • Dr Angela Bhan thanked Jodie for the presentation and Winter Plan, noting that this was not an easy job to manage the whole system's pressures and expressed her gratitude for the leadership Jodie had provided. The Accident and Emergency Delivery Board's representatives	

	are committed to this plan which reflects the strengths of the partnership in Bromley.
	• Dr Bhan raised a few points on the Winter Plan –
	  ○ Jodie to please expand on the engagement with front-line staff and the audit work in train.
	  ○ To give community providers and BGPA earlier notification of the funding than last year – even if the funding is not completely secure, as finding comes at different points, it is important to agree in advance the plans to put in additional capacity.
	  ○ To identify a community pharmacy link for each of the PCNs, to link with GPs in the PCN to address issues on vaccination
	  ○ For the respiratory conditions part of the plan, to link with GPs on flu vaccinations so that there is a balanced approach across general practices.
	  ○ Highlight the communications plan, this grows each year with webinars and direct contact with the public through winter leaflets. There are also new ways of engaging with stakeholders, the local authority issues a newsletter to all residents which is another way we can reach our clients and colleagues to share information and work in collaboration.
	  ○ To utilise our links with schools for better engagement with parents
	  ○ To ensure additional focus on admissions avoidance as well as continuing the discharge focus
	  ○ Care homes look after the most vulnerable populations - Bromleag Care Practice looks after the vast majority of care home residents jointly with Bromley Council to ensure that regular communication is taken back to care homes and feedback on the services is given.
	  ○ Risks in the system including the workforce risks we are trying to mitigate, there are also other system risks to consider such as the ICB Management Cost Reduction (MCR) consultation which does have an impact on morale and the fact that there will potentially be less people employed in the future to deliver the work.
	• Dr Andrew Parson expressed his appreciation to Jodie for the collective endeavors in putting this plan together, which demonstrates the strength of the partnership and One Bromley collective.
	
	In respect to the points raised above, the following responses were provided by Jodie:
	• Workforce engagement takes place in a range of ways, through reflection with operational and front-line staff across the health and social care system. There is a mixed model approach for workforce engagement which includes working alongside specialist teams – there is a session planned next week for GP Clinical Directors and BGPA to look at the plan and detail around primary care provision. Engagement takes place in different ways; a rigorous audit ran for providers on admission avoidance and hospital discharge which was done in two ways – through multiple agency reflective cases (which gives insight) and through rapid dip sampling (to ensure the thresholds are robust). This intelligence feeds into system improvement and management
	• In terms of workforce, the intention is to start recruiting early. Recruitment	

commenced in July with adverts sent out early to maximise opportunities to employ the best calibre of people. If we are unable to recruit by August/September 2023, the funding will be refocused to other areas to ensure the money is utilised effectively.

Dr Parson thanked Jodie for the responses above noting the granularity and depth behind the plan, which demonstrates the huge amount of work ongoing.

The following comments and questions were raised by members:

- Dr Hasib Ur-Rub raised the importance of the vaccination aspect in the plan.
- Richard Baldwin offered to support with the promotion of children's communications – Richard would be very happy to work with colleagues to get communications out to schools and family hubs etc.
- Harvey Guntrip enquired about the engagement with the private sector.
- Iain Dimond thanked Jodie for the presentation and asked a question in relation to the Universal Care Plan (UCP) and how he can support this work for mental health clients.
- Dr Claire Riley raised the issue of follow-up work transposing from secondary care to primary care; and what can be done to reduce the workload on general practices, as hospital discharge letters generates at least one follow up appointment in primary care settings.

In response to the questions raised, the following points were noted:

- Dr Angela Bhan updated that all general practices had ordered the flu vaccinations and there is nothing to suggest that there are any shortages in supply. There was an issue with Covid-19 supplies during the Spring Vaccination Programme which completed at the end of June 2023, however the issue was with the distribution model, not the local ordering system. This unfortunately led to Bromley having to cancel appointments and rebook clients which damages vaccination uptake and faith. It is hoped that the messages are heard and distribution levels are improved going forward.
- Sean Rafferty noted that there is lots of engagement with the third and private sector. There are 37 domiciliary care agencies that Bromley Council works with and meetings take place on a regular basis. There is a strong offer of support for individuals and the private sector including the provision of training and ongoing support.
- Jodie Adkin explained that the Universal Care Plan (UCP) is a platform that can be accessed by all health and care providers to digitally share wishes, plans, and what to do if someone becomes unwell. The UCP is a key platform used by the LAS and it provides a significant opportunity for mental health services in terms of how we can audit and share information, in particular, when clients are in a mental health crisis.
- Dr Andrew Parson noted that clinical staff will require training and understanding of the UCP platform, for example St Christopher's Hospice and BGPA will input a lot of information through this medium and it is therefore important that partner organisations understand how this digital platform works.
- Dr Parson enquired about the engagement with primary care for the plan.

	In response to this, Jodie updated that there is a session planned with primary care next week. • In response to Dr Riley's comment, Jodie noted this is a national ask for all ICS's to report on how they are doing in relation to the national ask around improving the processes around primary and secondary care interface by October 2023. In terms of reducing activity from secondary to primary care, SEL ICS is working with Trusts and will start to open up those conversations. • Dr Parson thanked Jodie and all partners, and noted this plan requires all organisations to come together. The plan will be live soon and we will keep track of this through the LCP Board meetings.	
6.3	The Committee **NOTED** the Winter Plan for 2023/2024.	
7.	**Finance Month 2 2023/2024 Update**	
7.1	Mark Cheung and Karen Hong presented the Finance report on behalf of David Harris, the report was taken as read. The following points were noted: SEL ICB Financial Position: • As at Month 2, SEL ICB is reporting a year to date overspend of £962k against an allocation of £4.2b. The overspend is primarily due to prescribing costs. • Overall, the ICB is reporting breakeven against the plan for the forecast out-turn as it is planned that the position will be recovered in year. • The SEL ICB has delivered the following financial duties: ○ Underspending (£263k) against its management costs allocation; ○ Delivering all targets under the Better Practice Payments code; ○ Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and ○ Delivered the month-end cash position, well within the target cash balance. Bromley ICB/LCP Month 2 Financial Position: • As at Month 2 the year-to-date position was £276k overspent. The significant variances related to: prescribing £254k overspent, mental health services £117k overspent and corporate budgets £75k underspent. • The key risk for Bromley ICB/LCP place budgets in 2023/24 relates to prescribing as the pressures experienced during 2022/23 have not been fully mitigated. Boroughs are expected to manage this risk locally and make savings to manage the overall delegated borough position to a breakeven position. Dr Parson asked if members had any questions or comments for Mark and Karen. Harvey Guntrip asked if there were any examples to avoid over-prescribing items. In response to this, Karen confirmed that there are key pieces of work taking place in relation to over-prescribing. There is a working group with membership consisting of a national Clinical Director, SEL ICB Leads, Medicines, Pharmacy and GP Clinical Leads. This working group is a key group set up this year and will be an ongoing workstream going forward. Medicines Optimisation/Prescribing Improvement Schemes across SEL all	

include elements to improve the use of structured medication reviews. The other key element is the community provision delivered by Oxleas, where housebound patients in the community can have their medicines needs reviewed and the uptake is good. Community Pharmacists have a role to play in this and can provide ongoing support to patients. In terms of addressing the polypharmacy issue, Karen noted that this is a very ongoing issue, as we have an increasing ageing population.

Bromley ICB/LCP – Prescribing update by Karen Hong

Over the financial year 2022-23, there has been a national issue of cost pressures in medicines optimisation which can be attributed to a number of reasons such as the post-Covid catch up with long-term condition management; being proactive and investing in medicines to treat cardiovascular and diabetic conditions, as Bromley has seen an increase in people diagnosed with these medical conditions. There are diabetic agents as well as drugs required to monitor diabetic levels including continuous glucose monitoring guidance being implemented this year, which means that cost pressures are not going away as we manage these long-term conditions. There has been a lot of growth across Bromley and South East London and steeper growth over the past two years, compounded by drug shortages and increases in price. There are plans in place to mitigate some of the costs and the team have worked hard to identify where savings can be made. There are schemes in place which include working with providers and public communications on self-care; rebate income schemes and additional mitigations.

Mark Cheung added further mitigations around this are also held at SEL and noted that prescribing data is two month's behind so we haven't seen the current position on this yet.

Dr Andrew Parson asked if all providers felt engaged around the issue on prescribing, as this was a system piece of work across SEL – a lot of the costs are in primary care prescribing but initiated by secondary acute sectors and it would be helpful to understand, not just from a pharmacy or community perspective. In response to this, Karen advised that there is a SEL Integrated Medicines Optimisation Group that has representatives from providers, there is also a local Medicines Implementation Group with local GP clinical leadership that supports with engagement.

Mark noted that this is the first year that Community Pharmacy has been delegated to the ICB and there are representatives on the One Bromley Executive through Raj Matharu. We will be looking to do more engagement with this team and will work closely together to overcome issues. An important aspect is to manage the interdependencies, some of which are out of our control, for example market forces and the supply of drugs which makes this challenging to mitigate.

Dr Hasib Ur-Rub highlighted the pressures on GPs to lower the prescribing of antibiotics, which is also an issue for BHC. One of the aspects that could be improved is the fear of complaints arising from non-prescribing, Dr Ur-Rub wondered if there is an information campaign that could be worth repeating and whether there was any complaints data in this area. In response to this,

	Karen updated that the communications campaign is being refreshed and resources are available to GPs and acute sites. The cost of living crisis has impacted this too, there are key parts of the scheme that didn't deliver last year because of the economic crisis. A moderate target has been set and discussions are ongoing. There is no direct complaints data available in this area. Helen Norris updated that there hasn't been an increase in complaints in relation to prescribing and whilst this isn't a category that Healthwatch currently analyses, this could be a trend that they could look for in future reporting. Richard Baldwin noted that the associated costs are in relation to medicines rather than social costs and wondered if social prescribing could lower some of these costs. Dr Claire Riley updated that PCNs have recruited a Pharmacist and Pharmacist Technician who are skilled technicians in reducing prescribing and sourcing cheaper alternatives. More publicity and public engagement is needed. Organisations can help by not recommending GPs to prescribe paracetamol and creams, this requires joined up working. One of the issues raised by patients is that when prescriptions are taken to pharmacies and the drugs are not available, they are sent back to GPs. It would be good if the email system with Community Pharmacists were improved to send a notification of low stock so that this issue can be avoided. Karen updated that PCNs have social prescribing supervised by the BETH team and they are very involved in this area – this includes mental health training and advice on benefits to lower pressures on GPs. Mark added that the issue is around medicine costs not prescribing costs, the discussion is wider. Dr Parson thanked Mark and Karen for the Finance presentation noting that we would come back to this area at another meeting.	
7.2	The Committee **NOTED** the Finance Month 2 update.	
8.	**Primary Care Group Report**	
8.1	Harvey Guntrip reported to the committee, the report was taken as read. There were no questions or comments received.	
8.2	The Committee **NOTED** the Primary Care Group update.	
9.	**Contracts and Procurement Group Report**	
9.1	Sean Rafferty reported to the committee, the report was taken as read. There were no questions or comments from members.	
9.2	The Committee **NOTED** the Contracts and Procurement Group Report.	
10.	**Performance, Quality and Safeguarding Group Report**	
10.1	Harvey Guntrip reported to the committee, the report was taken as read. There were no questions or comments from members.	
10.2	The Committee **NOTED** the Performance, Quality and Safeguarding Group Report.	
11.	**Any Other Business**	
11. 1	**Right Person Right Care (RCRP) Model** Dr Angela Bhan updated the Committee that on the Chairman's advice, this item was requested for an update on where we are at present. She requested Iain Dimond, who is a member of a working group across London with the police and mental health providers, to give an update The purpose of the group	

	is to look at the objectives of the RCRP model and the changes in the way the emergency services respond to calls involving concerns about mental health clients. The changes include welfare checks to be carried out by agencies rather than the police. The other change being proposed is that the police will not attend to patients who have absconded from ED or wards, unless there is a danger to the patient or others. Other changes include the handover process and Section 136 detentions. The principles behind this is that when people are in crisis and distress, sometimes the involvement of the police can make the situation worse. Dr Bhan noted that there was a suddenness of this announcement. Councillor Colin Smith noted that the context is important, it is not acceptable for the police to dictate what they should and should not be responsible for. There are resource and safety issues to consider, which require a needs-based assessment. Whilst Cllr Smith agreed with Dr Bhan's point that sometimes the police's presence can aggravate a situation, there are concerns for health and care professionals to take on these additional duties. Cllr Smith was unhappy with this decision and is not alone with this view, London Councillors share the same concerns. Iain Dimond agreed with both Dr Bhan's and Cllr Smith's views on this. The way in which the announcement was made created a strong emotional response, this goes against the partnership working model. Iain is part of the working group with the NHSE (London) Chief Nursing Officer, the police, mental health providers, acute providers, LAS and Local Authorities. The group met a few weeks ago and the conclusion, in terms of handovers, is that there is already work underway across London to mitigate the handover aspect. The other two areas highlighted by Dr Bhan – absconding from ED/wards and welfare checks, there are existing policies in place. Iain noted that the way in which these are worded can be rather ambiguous in terms of attributing responsibility across agencies. A piece of work is underway to draft an AWOL policy that can be adopted across the capital. There does need to be consideration of the healthcare resources needed as, if healthcare staff are expected to leave the wards to locate patients, this would not have been factored into the staffing establishment and would therefore need to be accounted for. There is also the debate about the legal powers of health and care staff to restrain people and return them to hospital. There is a training element to this and a cultural shift is required, which will need partners to work together including support from the police. Welfare checks are a more complex area, as requests are not only generated by mental health providers; social care providers and children's services also carry out these checks. From a mental health perspective, mental health providers can do the welfare checks but more discussions are needed with social care. There is a DASS (Director of Adult Social Services) on the Programme Board but Iain was unsure of the engagement with children's services. The timescale for all these changes to be implemented has been dictated by the police and it is not particularly long. Iain has asked the Programme Board to ensure that regular communications are issued, as it is important that all stakeholders understand the implications of any changes and what the timescales are. Unfortunately, anecdotal reports have been received from colleagues that the police are stating that they are no longer dealing with mental health now.	

	Richard Baldwin had two points to raise – in terms of the level of engagement, there is a mental health lead from the London DASS group and Richard is very happy to offer specific support and raise issues for children's services. Cllr Colin Smith was supportive of this offer, as the local authority has no extra resource for this, which opens up a serious risk. These are very serious concerns that have already been shared with Borough Commanders. Iain Dimond noted that there was an announcement on the radio in the last week in relation to the extra resources coming to health to support implementation, but this isn't apparent. It was felt that colleagues at NHSE need to challenge this. Iain thanked Richard for his offer of support and noted that drug and alcohol services are not always NHS providers, thus do not have a voice in this. The data on welfare checks and the volume of demand on the police needs clarifying, as Iain had some doubts on the validity of the data, and it would be helpful if that message could be taken back to the relevant parties. Dr Bhan updated that this area is discussed at the ICB and an action plan from the working group will be a crucial element to this. Discussions are ongoing around the resource aspect, which is expected to be confirmed in due course. Dr Parson thanked everyone for their input into this discussion. Further updates on this work will come back to a future meeting.	**ID**
11.2	Dr Parson expressed his thanks and gratitude to Jonathan Lofthouse, for his leadership and participation in One Bromley's Local Care Partnership over the past few years; and wished him every success for the future. There was no further business raised.	
12.	**Appendix 1: Glossary of Terms**	
12.1	The glossary of terms was noted.	
13.	**Date of Next Meeting:** Thursday 28th September 2023 at 09.30am	

ENCLOSURE: 3
AGENDA ITEM: 6

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
20.	8: *Finance Month 8 and 23/24 Budget Setting:* Further discussion to take place at One Bromley Executive regarding formatting/presentation of data in future Finance reports for the One Bromley Local Care Partnership Board.	26.01.2023	David Harris/ One Bromley Executive Members	November 2023	Open	Review through One Bromley Executive and One Bromley finance leads, to take a more streamlined approach covering programme spend. An update on this action is to be brought to the One Bromley Local Care Partnership Board in November 2023.
21.	*2: Declarations of Interest:* Font size on the declarations of interest register to be increased to make this easier to view. Any members with interests not listed to be added/linked to.	27.07.2023	Avril Baterip	September 2023	Closed	Font size of declaration of interest register has been increased for ease of viewing. Declaration of interest register has been updated to show all One Bromley Local Care Partnership Board Member interests.
22.	*11: Any Other Business 'Right Care Right Person' model:* One Bromley Local Care Partnership to be kept updated on developments in this area.	27.07.2023	Iain Dimond	September 2023	Closed	This item is on the agenda for the Local Care Partnership Board meeting on the 28th September 2023. Action closed.

ENCLOSURE: 4
AGENDA ITEM: 7

One Bromley Local Care Partnership Board

DATE: 28 September 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 – September 2023

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1. One Bromley Local Care Partnership Programmes

Management Cost Reduction programme

Following the review by the Rt Hon Patricia Hewitt into the oversight, governance and accountability of Integrated Care Systems, it has been recommended that every ICB achieves a 30% reduction in their running cost allowance by March 2025 (with a 25% reduction being in place by April 2024). In South East London, a collaborative approach has been taken to this target, and work has been underway for some months on working with staff and partners to understand how SEL borough teams and the SEL central team might work differently. No change in delegation or decision making arrangements are proposed.

All teams and directorates are finalising broad arrangements and it is expected that the ICB will go to consultation with staff in the week beginning 16th October 2023 with detailed proposals on how the reductions will be achieved.

Immunisations Update

Spring 2023 Covid Booster campaign

The Spring Covid booster campaign came to an end on 30 June 2023. Despite a challenging campaign, across One Bromley partners we vaccinated 64% of eligible patients. Boosters were provided by GP practices and PCNs, BGPA, Bromley Healthcare, community pharmacies and the King's College Hospital team based in the One Bromley Health Hub in the Glades. The campaign also received input from Public Health colleagues. The collaboration between One Bromley partners played a significant part in the uptake achieved across Bromley.

In addition to the vaccination centres across the borough, outreach clinics were offered in Biggin Hill and Mottingham community centres. A further 74 patients were vaccinated as a result of these initiatives.

Following the Spring campaign, One Bromley partner organisations participated in feedback and learning sessions as part of a review exercise. Each partner presented the challenges they faced, suggested improvements for the Autumn campaign and discussed ways they could further support uptake in the future. These learnings included recognition of the complexity of working with a national vaccine supply mechanism, an issue which has also been experienced in other areas, and has now resulted in a changed national delivery model for the Autumn/Winter campaign.

Autumn/Winter 2023 Seasonal vaccinations campaign

The Autumn/Winter campaign will offer Covid and Flu vaccinations to eligible individuals. Where possible, people will be offered the opportunity for 'co-administration', namely, receiving both the Covid and Flu vaccination at the same visit. NHS England has made some changes to the requirements for delivery of the programme to encourage as much co-administration as possible, and there have been some changes in the provision as a result.

The initial expectation for the autumn/winter campaign was for providers to start vaccinations in October. Due to the new variant BA 2.86 identified as circulating in the community, NHS England made the decision on 30 August to bring forward the campaign to September. The acceleration of the campaign has also meant end dates have been brought forward too.

As a result, the One Bromley Vaccinations Taskforce has been reinstated and dedicated meetings have been held with partners to determine what provision can be established for the Autumn/Winter period. Expecting to be supporting this campaign are the following One Bromley organisations:

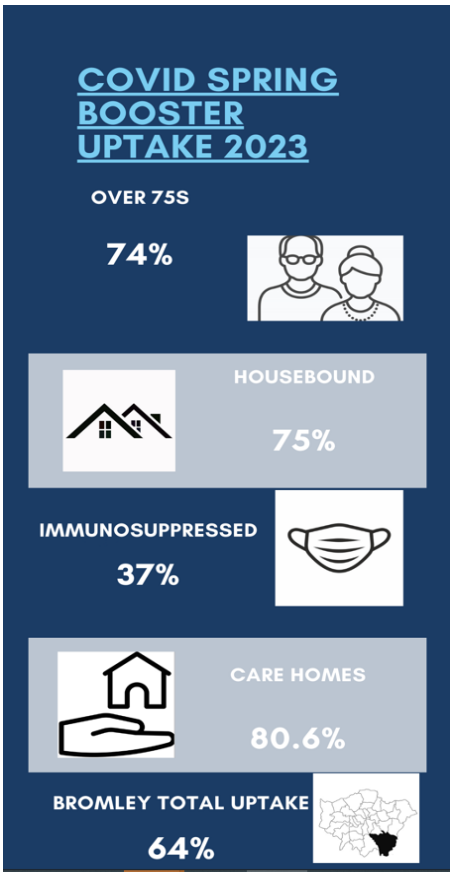
- An increased number of Community Pharmacies offering both Covid and Flu vaccinations this Autumn/Winter – the final numbers are to be confirmed following authorisation of sites by NHS England
- Bromley GP Alliance will be running the vaccinations service at the One Bromley Health Hub in the Glades, Bromley Town Centre

- Bromley GP Alliance will also be delivering the majority of vaccinations to residents in older care home settings across Bromley; the remainder will be undertaken by other primary care partners
- Bromley Healthcare will be delivering housebound vaccinations on behalf of a number of GP practices
- Some GP practices and PCNs across Bromley will be offering Covid vaccinations alongside flu vaccinations to their patients this winter, but not all, citing the new stipulations regarding the recording of seasonal vaccines and payment mechanisms.

The final list of vaccination centres for Autumn/Winter will be communicated to Bromley residents in order to ensure the new sites are well known and residents are clear how to access their vaccine. There will be close monitoring of uptake to identify any areas or communities at potential risk.

Frontline health and care workers are eligible for a Covid and Flu vaccination. The vaccination centres across Bromley and the south east London area will be shared with One Bromley organisations to enable as many eligible staff to get their vaccines and be protected this winter.

Appendix A – Covid Spring Booster Uptake 2023



Winter Planning Update

Throughout September winter management preparations are in the final stages with most increased capacity across health and care due to start from October onwards. The GP Academic Half day will provide GPs will full knowledge on how best to support their patients throughout winter, with the updated directory of services being shared with acute and community colleagues to ensure all professionals working with Bromley residents across health and care are aware of the support available to them to keep people well this winter. One Bromley Executive have undertaken an open book exercise on winter investment looking at value for money and impact reporting. The A&E Delivery Board will oversee the delivery of this activity throughout the winter period.

Bromley Mental Health and Wellbeing Hub – Celebration Event

In July there was an event to celebrate joint work between Oxleas NHS Foundation Trust and Bromley, Lewisham and Greenwich (BLG) Mind to develop a new joint service – the Bromley Mental Health Hub. The Hub is a single point of access (SPA) for adults with mental health challenges. It brings together NHS clinicians, including psychology, with expertise from the voluntary sector including housing advisors, peer support workers, benefits advice and employment support. The result is a tailored service that is able to meet different mental health challenges by bringing a range of professionals and skills together.

The speakers at the event included Lorraine Regan, the Oxleas Director of Adult Community Mental Health and Learning Disabilities, Ben Taylor, the Chief Executive of BLG Mind, and James Postgate, Associate Director of Integrated Commissioning at SEL ICB. The celebration event also included a wonderful recital by the volunteers of the Bromley Mental Health choir and tea and scones in the newly improved Hub garden.

Changes to eligibility for adult mental health services

Across London there has been a shift in the way that we provide adult mental health services which, in future, will be based on the area in which an individual lives rather than, as now, on which GP Practice someone is registered at.

The change is intended to support service users, primary care and mental health services to employ a more flexible approach in supporting individuals to access the help they need, with people choosing to access services in Bromley or, under the NHS choice agenda, to take up the same offer in other areas. The key criteria for people will be to find the right service in the right place to meet any individuals' particular needs.

In light of these considerations, a task-and-finish group was established in Bromley to consider the right approach to ensure that clients of adult mental health services were able to access the right services for them.

The work of the task and finish group is now completed with changes taking place for adult services across Oxleas NHS Foundation Trust and Bromley Talking Therapies.

Frailty/Proactive Care Pathway Update

The Proactive care pathway has recently started a case management pilot, supported through inequalities funding, to provide co-ordinated care for a cohort of patients that require additional support for a short period of time after assessment. The pilot started in Orpington Primary Care Network and since March 2023, 13 patients have initially been identified as appropriate for case management via the Orpington Integrated Care Network Multi-Disciplinary Team. The pilot is currently on its second phase which involves active case finding to identify vulnerable patients that would benefit from a case management approach. So far an additional 11 patients have been identified and consented for a visit. Clinical outcome measures are being collected including any improvements in frailty scoring and patient questionnaires pre and post discharge to measure patient's wellbeing and how they are feeling. In addition to this, as part of our population health management programme, we are working with the SEL informatics team and local data experts to develop an anticipatory care dashboard using national and local datasets. This type of information can support in the identification of vulnerable individuals with complex needs that would benefit from additional support including potentially case management. The results of the case management pilot and the development of the dashboard will be evaluated with view to a further roll out across the Borough and is a part of a wider review of our frailty services across the One Bromley system.

The Acute Frailty Assessment unit at the PRUH (Princess Royal University Hospital) has recently being expanded and now can take direct referrals from local community providers and London Ambulance Service calls alongside referrals from the Emergency Department. The 12 person assessment unit, provides care for frail patients who present with acute medical needs. The service provides assessment and any

diagnostics in a safe environment before discharging home with a care plan or transferred to the relevant medical service for further treatment.

2. Princess Royal University Hospital and South Sites

Returning our waiting lists to pre-Covid levels and reducing our long waits, particularly for surgery and other planned interventions, remains a key priority for the Trust. Our staff are working hard to achieve this extremely challenging objective, not least against continued growing demand from our population.

Between July and 8 September, referrals to our 18-week pathways have increased by 677 patients (845 since January 2023). Whilst we have zero patients waiting over 104 weeks, we have 7 patients who have waited over 78 weeks currently; all of whom are under our general surgeons for either bariatric, colorectal or general surgery. All these patients except two have a date booked for their surgery. In addition, we have two outpatients, both with appointment dates agreed.

Additional capacity has been critical to reducing the total waiting list. We continue to work with partners to reduce the 669 patients waiting over 52 weeks for either a procedure or outpatient appointment (as at 7 September 2023).

Industrial action continues to affect our elective capacity. Since 1 April, the PRUH has 'lost' 942 theatre cases to all the strike action, across 22 days. To reduce the risk to patient safety we have also cancelled some non-urgent patient appointments. With the announcement of simultaneous strike days by both junior and senior doctors during September and October, we are reviewing our escalation plans but expect to need to cancel significant numbers of non-urgent patients.

Our Epic (electronic patient record) implementation planned for the 5 October 2023 remains on track. This will provide many benefits for our patients and staff in terms of efficiency and communication but will lead to reduced capacity in the short term.

Our attention is also turning towards winter, particularly in the knowledge that whilst internal patient flow within the hospital has improved, we remain fragile in the face of the likely demand and capacity challenges that season will bring. Our emergency access performance fell to 64.78% for August, from 69.97% in July. Our 12-hour Decision-To-Admit breaches, spiked to 236 in August, compared to 144 in July (though still significantly less from a peak of 903 in December 2022).

Pressures exist elsewhere too. July was the first month for over a year where we did not meet the national threshold for diagnostic compliance, achieving a validated position of

1.76% (against the 1% threshold). Breaches increased to 102 in July with the main increase in Radiological non-obstetric ultrasound which rose to 49. However, the successful delivery of more advanced technology will help alleviate some of the pressures within radiology.

The PRUH has delivered a significant programme of diagnostic equipment replacement which commenced in February 2022. The PRUH will benefit from vastly improved diagnostic and interventional equipment from this refresh. Already the service has performed a microwave thyroid ablation, making the PRUH the first UK centre to perform it. Phase one replaced the CT scanners in our Nuclear Medicine department and the Fluoroscopy unit, making the service future proofed over the next 7-10 years. A new second MRI is also due for installation in October 2023.

On 31 July, we welcomed the High Court verdict that rejected claims of bias in the Council's decision to grant planning permission for our new Endoscopy Unit. With our position fully upheld, we have resumed work on site and aim to complete by Q4 of 2024/25.

Finally, the PRUH has received additional capital resources totalling £3.880m to create 16 new beds and expanded HDU provision. This is a key step in meeting our elective care commitments and will provide invaluable capacity during winter and allow us to resume our ward refresh programme and upgrade their dementia friendly environments.

3. Bromley Council Adult Social Care

Unlike previous summers where we expect that things will quieten down this year we have certainly not experienced that – it has been very busy.

Referrals have continued to be high, across all service areas, discharges from hospital have continued to increase and with a large proportion of staff taking much needed leave it has been very challenging to keep on top of demand.

As a consequence, the budget is under significant pressure, particularly in relation to spend against the Discharge to Assess arrangements, mental health services and growing demand coming through the Transition arrangements overseen by children's services.

The changes to the delivery of the Integrated Community Equipment service continue to present challenges. It is disappointing that the initial teething problems, which were to be expected, have continued with several problems with delivery. It has to be said that the problems were largely created by frustration in the handover process from the previous provider, with the new provider working extremely hard to improve service

delivery quickly. This may require some additional short-term funding to enable the service to continue.

We are also continuing our preparation for the CQC assurance process, with all managers completing a self-assessment to determine our biggest areas of risk.

I am also pleased to report that the teams led by Dirk Holtzhausen have moved as early movers into the new Churchill Court offices. The new offices will eventually enable the entire Directorate to be based together, rather than being scattered across the large site. We look forward to being collocated with health colleagues too.

4. St Christopher's Hospice

St Christopher's September Update

St Christopher's have launched our new Strategy this quarter following staff consultation. Our vision remains consistent with previous years as 'a world in which all dying people and those close to them have access to care and support when and wherever they need it'. We have agreed five aims to help us achieve success in three years' time.

Five aims:

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

Success will look like:

- Competent resilient and compassionate workforce
- Strong leadership that dreams big and beyond boundaries and holds risk together
- Personalised care and support that focuses on what matters most to the person
- Partnerships where the values are maximized to improve PEoLC
- An integrated community motivated to give time, money and skills
- Listening to others, seeing things differently and courage to speak out.

Service Activity Data

- In Q1, 2023 the total number of patient referrals accepted by the team increased from 914 in the corresponding quarter last year to 1014 this quarter. This is an increase of 9% (we saw a 7% decrease last quarter)
- Referrals from Southwark and Lambeth remain at a consistent level. Bromley referrals have decreased by 8%, Croydon referrals have increased by 15% and Lewisham referrals have increased by 14%.
- We need to refocus our efforts on recording ethnicity as there appears to be a significant increase in ‘unknown ‘being recorded when compared to last year
- The age of a patient registering with our services remains consistent
- We are noticing subjectively that there has been a significant increase in late referrals to our services
- There is a 16% increase in referrals from hospitals and also a 12% increase in GP referrals
- Our in-patient unit has been busy and has seen a 23% increase in bed days with a corresponding occupancy level increase from 77% to 87% for corresponding quarters.
- We admitted 172 people in Q1. This represents a 14% increase in patient admissions.
- Length of stay remains consistent when compared to Q1 last year at 15 days.
- 31% of our admissions derive from Bromley with 25% coming from Croydon

Community Action

Activity

Our figures show that our work continues to grow in reach and access as the numbers increase quarter on quarter. We still face limitations on volunteer numbers and hospice based-referrals.

- Number of conversations with patients/carers/public: 445
- Total sessions held: 237
- Total delivery hours: 396
- Total attendees: 2538

- New attendees: 227
- Total volunteer hours: 2429
- Networking hours with other organisations locally: 60

Community Support Hub

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

These continue to progress well, particularly our Bereavement Buddies initiative. However, internal referrals remain low, and so one objective is to internally market this work in Q2 with new Comms and Marketing support for the team.

Support initiatives - 1-1 support - Community Action continues to work with volunteers to provide support to people in the community, patients and carers through Compassionate Neighbours, Bereavement Buddies and Coach4Care. These initiatives are 'matching projects', in which a volunteer is trained to provide 1-1 support called a 'match' for an ongoing period of time. These projects offer support to carers associated with St Christopher's, recently bereaved people and people who are living with a life limiting condition and socially isolated. Some highlights include very positive feedback on Bereavement Buddies and some productive cross-working including two members of the team working together to provide a Spanish-speaking person with a community base who spoke Spanish.

The total number of current matches sustained across these projects are 164.

Matches created in this quarter between people are 44 in total -

- 13 for Coach4Care (Carer Champions and Carer Coaches),
- 13 Compassionate Neighbours,
- 18 Bereavement Buddies

This quarter 158 Volunteers working with us on these projects have provided support to 164 people. We estimate this to be 2132 hours over the course of the quarter.

In Q1 we trained 10 volunteers for this work.

The peer groups and activity groups we provide offer informal and facilitated opportunities for people to reflect on their experiences of being unwell or facing the end of life, loss and bereavement and being a carer. We also started a new dementia group this quarter.

Bereavement Services

The creation of the role of Head of Adult and Child Bereavement Services (HACBS) has provided the opportunity for alignment of approach; profile-raising of the therapeutic offers; and, gathering of data to inform the strategic and operational development of services in a post-pandemic world where bereavement is recognised as everybody's business. Until 2023, St Christopher's Adult and Child Bereavement (known as Candle) services worked independently of one another as two separate teams.

Thus, for this business year the HACBS is focussing on working collaboratively and creatively with the Adult and Child Bereavement Co-ordinators, their teams and wider workforce to continue to meet the demand for emotional and psychological support for grief surrounding bereavement whilst also responding to the challenge of making changes necessary to ensuring inclusivity and sustainability in service provision.

An example of Bereavement services working together also with colleagues across the Hospice to raise the profile of bereavement led to St Christopher's signing an open letter via the Child Bereavement Network to petition government to officially record the number of children and young people bereaved each year.

5. Bromley Healthcare

Bromley Wound App

Bromley Healthcare is collaborating with the Health Innovation Network as a test and evaluation site for the National Wound Care Strategy Programme, specifically focusing on lower limb/foot guidelines.

As part of this, we have recently launched a Wound Care app, which is presently under trial with our Tissue Viability, Podiatry, and Beckenham Beacon District Nurses teams. The app simplifies the collection of data related to wound care, a task that was previously challenging with EMIS records.

The app measures wound size, depth, and tissue type consistently and allows healthcare professionals to gauge whether a wound is improving, static, or deteriorating. This information can be accessed through a portal, providing an overview of each patient's wound progress. Teams can also use filters on the portal to identify patients with static or deteriorating wounds, thereby allowing targeted care and resource allocation.

Additionally, the app includes a comprehensive dashboard that can filter data on multiple aspects of care. This provides a granular view from an individual patient level up to team, caseload, and organisation-wide perspectives. This enhanced method not

only optimises resource allocation but promises substantial benefits for patients, potentially leading to quicker recoveries and improved outcomes.

Child Safety Campaign

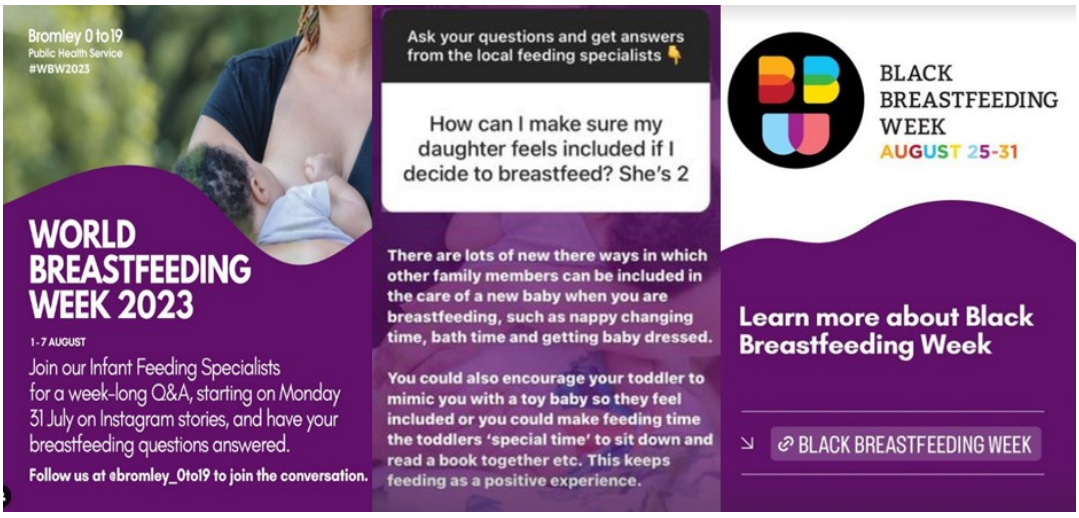
Our Public Health Nursing team has worked with partners and the communications team to develop a year-long child safety campaign, with focussing on different key messages across 1-2 months. A communications toolkit and digital assets for each message is shared with One Bromley partners to promote the campaign. This was launched with #WatchOutInWater over the summer, which also included the development of Bromley 0 to 19 rubber ducks and reusable bath thermometers to give out to families as promotional merchandise. These have been met with enthusiasm by our communities. Since the launch of the campaign, traffic to our Instagram page has increased by 38% and reach by 85%. September's message focusses on road safety, with the return to school, and October on safer sleep, when families will receive promotional thermometers through health visitors.

Participation in Festival of Sport and Wellbeing

Bromley Healthcare participated in the recent Festival of Sport and Wellbeing alongside One Bromley colleagues in the health and wellbeing tent. Our staff engaged with approximately 200 people, which included adults, young people, and families. The focus was to promote services, provide advice, and signpost attendees to appropriate resources. Promotional merchandise and literature was distributed for the 0 to 19 Bromley Service and for Bromley Talking Therapies. An Infant Feeding Specialist provided advice to parents. Additionally, a Physiotherapist from the Falls team demonstrated pick-up equipment and engaged with people who had recently experienced falls or were connected to someone who had. A Rehabilitation Physiotherapist demonstrated sports exercises, with 15 people in attendance.

World Breast Feeding Week and Black Breast Feeding Week 2023

Our Infant Feeding team marked World Breast Feeding week and Black Breast Feeding week with a Q&A on Instagram Stories, sharing stories, promoting helpful resources across digital platforms, and promoting our infant feeding clinics and campaign with partners across One Bromley. The goal was to give parents multiple platforms and outlets to ask questions and have them answered by local specialists, promoting open conversation about feeding experiences and sharing valuable insights from our communities.



Mental Health – An Emerging Priority Webinars for Colleagues

Dr Ihtesham Sabri, our Clinical Director for Adult Services, has held 2 webinars on mental health for staff. Focused on recognising and managing stress, burnout, anxiety, and depression, these sessions have been crucial in supporting colleagues to prioritise their wellbeing, with more than 60 colleagues attending each session, and feeding back about the benefit of these. Key takeaways included identifying signs of mental health concerns and exploring various self-help, medical and non-medical management strategies.

Patient Waiting lists

Waiting times remain an area of challenge, but improvements have been seen across many of the services. Where extended waits exist, the lists have been risk assessed, patients are being communicated with and are being safeguarded. The services continue to innovate around solutions for hard to recruit roles, patient flow and administrative process improvements.

For Consultant led services, the RTT metrics are showing improvement across all the national wait time metrics in 3 of the 4 applicable services to August. Following a review and update to the process for the Education Health & Care Plans circa 60% of the reports are being sent in line with the 6 week timeframe for the July/August period. The Urgent Community Response services continue to exceed the national 2 hour and 2 day targets.

6. Oxleas NHS Foundation Trust

Doctors' industrial action

During the strikes we have managed by (a) cancelling clinics as needed while ensuring that the same patient is not cancelled twice and (b) cancelling elective and non-emergency work where necessary. British Medical Association (BMA) consultant members are planning further strikes on 18/19 September (48hrs) and 2 – 5 October (72hrs).

Developing our new strategy 2024 - 27

We're approaching the end of the first phase of our strategy and are starting to engage colleagues, partners, members and the public to shape our strategy 2024 - 2027. Building on discussions at members' focus groups earlier this year, we will be gathering views at our annual members' meetings in October as well as seeking feedback from all members of staff, our foundation trust members and discussing with partners and at place.

Annual Members Meetings - we have specific AMMs for each borough, including a dedicated one for Bromley on 18 October at the Bromley United Reformed Church, 20 Widmore Road & Glades Place, from 4 - 6.30pm. We'll also be inviting local community groups to showcase their work.

Workforce Development

Oxleas continue to value the work being undertaken by the One Bromley workforce group - there has been some great initiatives around recruitment, skills, and recognition.

Developments in Child and Adolescent Mental Health Services

Bromley CAMHS Waiting Times

Focused work continues across all clinical pathways in Bromley CAMHS to reduce waiting times and the service is on track to meet the South East London target of eliminating all 52+ week waits for initial assessment by October 2023. The average wait for an assessment in Bromley CAMHS is now 30 weeks. Increased capacity has been created through the introduction of a new assessment model which has supported the service to respond to the increased demand and rise in acuity of referrals. The service has also seen an improvement in reducing the number of clinical vacancies across the service with more new starters joining the service in September.

CAMHS Transformation

We have deployed project management support to Bromley CAMHS as we continue to redesign our clinical pathways. We aim to review clinical teams, ensuring we evenly distribute resources, clinical skills and expertise as well as ensure sustainable service provision. We hope this will improve the experience of children and young people as well as their families and also promote improved staff wellbeing. Externally, we continue to work in partnership to implement the nationally recognised THRIVE framework across our communities. Our closest partnership remains with Bromley Y where we are developing the integrated single point of access (iSPA) as the front door through which children, young people and their families access mental health and wellbeing services in Bromley.

Adult Mental Health Services

Community Mental Health

Oxleas Older Peoples Bromley Community Mental Health Team have successfully recruited a Specialist Practitioner to support the Bromley Proactive Care Pathway. This is an exciting new role that will ensure that residents of Bromley who are impacted by mental health and/or dementia receive appropriate support and treatment. Generally, people will be frail, but many others will have multiple comorbidities, social problems, mental health problems and carer stress of all ages.

The practitioner will be able to offer specialist consultation, assessment and advice, working closely with the community matrons and provide consistent attendance at the three integrated care network multidisciplinary meetings. They will also provide, as necessary, some support into the wards for older people at Orpington Hospital and intermediate care at Queen Mary's Hospital (Foxbury Ward).

External Review of Mental Health Crisis Care and Urgent and Emergency Care (UEC) Demand

On 2nd August 2023, the findings of the externally commissioned review on mental health crisis care and urgent and emergency care (UEC) demand (undertaken by Carnall-Farrar) were presented to the ICB Executive. As part of this discussion, it was recognised that although the recommendations in the report provided a useful frame to develop our plans to manage mental health crisis care and demand through UEC pathways and better support the needs of our population, further consideration needed to be given to a) the deliverability and impact of the recommendations; and b) where work was already underway within the system. As a result, it was agreed that a stocktake of the eight recommendations included within the report would take place.

The two mental health trusts, working with the ICB's Planning Directorate, have now been through the full set of recommendations from the final report to identify opportunities and the next steps required to take this work forward. Generally, the recommendations in the report are supported by both the mental health trusts and the ICB's Planning Directorate. A key recommendation from the report was to increase the NHS mental health bed base in south east London. The gap in bed base is recognised by partners, however, the ICB Executive have been asked to recognise that increasing the NHS mental health bed base and therefore reducing reliance on private beds will require identification of estate and capital works, making any increases unlikely in this financial year. Proposals will be worked up by both mental health trusts over the next six to eight weeks.

For the remaining recommendations, several are already underway within the trusts and form part of their BAU (business as usual) processes and functions of the organisations. This includes the recommendations centred around purposeful admission, discharge and inpatient models of care. Some require further work to better understand how the recommendations could be progressed through understanding local datasets or undertaking some pre-work. Of note, is the need to develop a core model for crisis care and crisis alternatives for our system. However, this will require building a better understanding of the outcomes delivered from these services and the differences across the six boroughs. The final recommendation in the report is focused on data and this is considered to be an important recommendation to take forward. The ICB's Planning Directorate will work with the two mental health trusts to identify the support required to ensure this work is progressed in September 2023.

Right Care Right Person

With partners in the police, local authorities and across the health sector, mental health trusts continue work to ensure the safe implementation of this programme. From 31 October, police call handlers will receive a new prompt when they answer a call relating to welfare checks or when a patient goes absent from inpatient care. The prompt will ask call handlers to check that a police response is required or whether the person's needs may be better met by a health or care professional.

7. Bromley Third Sector Enterprise (BTSE)

BTSE (Bromley Well) Partnership Report

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

Cost of Living Issues

Cost of Living continues to be a significant concern across all services - notably for those with disabilities, as well as a further increase in demand for foodbank vouchers and advice on housing and particularly energy bills for both the Bromley Well SPA and Information and Advice services.

This has increased significantly the number of SPA and I&A queries on cost of living, added pressure to Forms Completion Service and impacted on all services.

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

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

Service Delivery

Our annual Impact Report for 2022-23 has gone to print. This demonstrates significant impact on the lives of Bromley Residents, from the almost 12000 residents helped, 2000 elderly and frail residents were helped, 1000 carers are receiving support, 900 handy person referrals and over £3 million in benefits claimed and grants obtained - putting money into the pockets of vulnerable, elderly and disabled Bromley residents at a time of the worst cost of living crisis in over 50 years.

Bromley Well SPA continues to experience high demand. It received 2216 calls, 2,387 emails in the first quarter and 2,355 emails sent by the SPA team. SPA feedback shows 84% clients were provided with the support /information they needed and 85% said they would recommend us.

Our Hospital Aftercare Services continue to have high demand. We supported 280 clients in July and 260 in August. The newly configured sitting service received 30 referrals in July, more than the previous quarter combined, with very positive feedback.

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

Bromley Well volunteers delivered a total of 8583 hours of support in the first quarter with 186 active volunteers - equivalent to 46 hours each or approx 3.5 hours per week, though many do much more than this.

Carers

One Bromley Executive has agreed to support an all-age Carers Charter, which BTSE is leading with consultation in progress. David Walker, CEO, chaired a well-attended Carers Charter Consultation event on 30 August where significant frustration was expressed at the support and information available for carers, in particular, the lack of clear and sometimes contradictory information and signposting and challenge of accessing services. This is consistent with consultation of Young Carers and on the Carers Plan, published at the end of June, which identifies and addresses these issues. This has helped to provide the key themes of the Charter: identification, information, support, and voice.

Discussions are underway with the various partners in health, social care and the voluntary sector about the commitments necessary to realise the ambition of the Charter with the intention of producing the Charter in late Autumn.

Communications- Raising Awareness and Campaigns

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

We are also pleased to be working with Bromley Council colleagues on providing referrals to the Household Support Fund. This has already generated tens of thousand pounds in grants for Bromley Well clients.

8. Primary Care Networks (PCN)

Capacity and Access Improvement Planning

As part of the Delivery of Recovering Access in Primary Care campaign, Bromley PCNs have developed local Capacity and Access Improvement Plans with member practices to improve patient experience and expand capacity through implementation of Modern General Practice. Particular areas of focus are more effective use of cloud telephony systems, increased online consultations and regular patient engagement surveys to measure patient experience. PCNs will be closely monitoring progress over the forthcoming year with support from the ICB.

Improving the Primary Care Secondary Care interface

Bromley PCNs are leading on plans to develop a framework designed to address the key priorities for interface improvement between primary and secondary care. Working with a service design development agency, two workshops in October and November will bring together key leaders across Bromley primary care, including PCN Clinical Directors and consultant colleagues from King's College Hospital Trust, to focus on reducing bureaucracy, a key part of the Delivery of Recovering Access in Primary Care, for example by making improvements to hospital discharge letters coming back to general practices, onward referrals, sick notes and providing single routes for general practice and secondary care teams to communicate rapidly.

Renal Cardiometabolic Multi-morbidity Hub

Mottingham, Downham and Chislehurst PCN and Penge PCN have successfully secured funding for a joint Renal Cardiometabolic Multi-morbidity Hub, a collaboratively driven service which will be designed to improve outcomes for chronic kidney disease (CKD) patients with diabetes and/or cardiovascular disease (CVD), for whom at least one of their conditions is poorly controlled. The hub will be GP led with support from Additional Roles Reimbursement Scheme (ARRS) roles to optimise physical health, mental health and social wellbeing, with input from secondary care consultants.

Expanding the ARRS Workforce

PCNs have developed their strategies to fully utilise the ARRS funding allocation for 2023/24. Indicative plans outline a significant recruitment drive with a further 60 whole time equivalent ARRS staff planned by the end of March 2024 bringing the total WTE employed to 156. This represents a 63% increase in ARRS staff provision from March 2023 across all the Bromley PCNs.

A series of focus groups conducted with PCNs and practices have revealed that ARRS roles have resulted in a wider range of services, an increased numbers of patient facing appointments and a reduced burden on GPs. The need for ARRS staff to be better

integrated into the primary care workforce to improve staff retention and reduce wastage of GP training and supervision was acknowledged. Pressure on premises space remains an ongoing problem.

Developing the Fuller Stocktake Report vision for primary care

A Workshop is planned for PCNs to work through how primary care will continue to develop at scale within the vision set out by the Fuller Stocktake Report.

Tackling Health Inequalities

Bromley PCNs are working to tackle differences in health outcomes linked with socioeconomic or demographic factors. There are now a range of initiatives in place across the borough focussing on identified cohorts of patients experiencing poorer health outcomes. Beckenham, Five Elms, Orpington and Crays PCNs are running Wellbeing Cafes and Frailty Hubs at community sites in Bromley. Health check home visit services are underway for housebound patients of Beckenham, Bromley Connect and Five Elms PCNs, and MDC PCN is hosting a young Mothers Hub at a local church. Penge PCN is operating a regular hub from a local town hall for patients with severe mental health illnesses.

Remote Monitoring

Each PCN will be operating a Remote Monitoring Hub designed to support practices to manage their long term conditions patients more effectively at home, particularly those with hypertension. The BP@Home project, piloted at Bromley Connect PCN, successfully demonstrated the benefits of remote monitoring of blood pressure for both patients and practices. PCN Care Co-ordinators were utilised to make regular contact with patients who can provide blood pressure readings from home, and Clinical Pharmacists' monitored and checked medication. Patients found it more convenient to monitor their blood pressure at home and fewer GP appointments were used, making these appointments available for patients needing to see a GP.

9. Bromley Public Health

Health Protection Care Champions

The Health Protection Team have developed an educational programme for Health Protection and Care Champions (HPCCs) in Care Settings in Infection prevention and control. HPCCs have volunteered to be a role model and support to their colleagues to maintain a high standard of infection prevention and control, to facilitate change and improve their organisation's standards. HPCC will also act as an advocate for the residents they care for ensuring that the standard precautions of infection prevention are maintained and motivating others to be inspired by the new ideas to improve practice.

The programme will start in September and will include topics such as hand hygiene, standard precautions, management of specific infectious diseases and use of audit tools in the care setting. The sessions will be held online every 2 months and will be recorded for those who cannot attend. Those who do attend will receive a certificate which can be used towards their CPD. The Health Protection Team are working closely with the Adult Social care service to promote and deliver the programme.

10. Bromley GP Alliance (BGPA)

Bromleag Care Practice

BGPA is delighted to have been awarded a 5 year contract to continue to provide primary care services to our patients registered in nursing and residential care homes and extra care housing across Bromley. Bromleag looks after 43 homes in total. The service is GP led supported by a multi-disciplinary team comprising a Nurse Practitioner, Long Term Conditions Nurse, Clinical Pharmacist, Dietician, HCA, Phlebotomist and administration team. We have strong links with the acute frailty unit, Hospital at Home, St Christophers and Bromley Healthcare.

Community Anticoagulation Service

It's been three months since the start of the BGPA Anticoagulation Service and patients have appeared to have settled in to the new clinic setting supported by our team.

We are very proud of the work we continue to provide to the community and are looking forward to expanding our expertise.

- **1678** international normalised ratio (INR) checks completed
- Almost **500** tests were home visits
- Clinically screened over **50** new referrals
- **98**% satisfaction rate.

Homeless Service

BGPA's Homeless Service continues to develop working with key partners and is expanding its role. The service offers an opportunity for rough sleepers and the homeless to access face to face healthcare. As well as unscheduled and urgent interventions the service includes vaccinations; shingles, pneumonia, COVID and flu.

- **118** patients seen
- **21** patients registered with a GP across **12** Bromley Practices (Thank You!)
- **100**% client satisfaction
- **354** GP appointments saved

The Rough Sleeping and Mental Health Programme (RAMPH) is a pilot programme across 16 London Boroughs which aims to support increased access to mental health services for people sleeping rough. We look forward to working with the team on this project.

Hospital at Home

BGPA continues working with Bromley Healthcare and key partners by providing GPs to work within the service. We have recruited a new GP to support with the service on a weekly basis and are looking at building our pool of GPs to help build some resilience within the GP workforce to help cover holiday and sickness.

Inreach

BGPA are working with the ICB and KCH to provide a GP to work as an Inreach GP. This role is a GP working alongside the Post-take consultant in PRUH A&E to see and treat patients that are within their capabilities. We have secured one GP who started working mid-August in the service and another is currently being onboarded and inducted.

Community Phlebotomy Service

BGPA's Phlebotomy Service continues to operate a high quality service to our community.

Utilisation: 99% - April-May / 98% - June-July

Statistics show that 60% of patients use our online service to book their blood tests. BGPA are striving to improve this figure, by using regular social media messaging to encourage patients to use this method where possible and avoid entering into phone queues and to book their appointment online instead.

Patient feedback remains positive, with a 100% satisfaction rate between April and July from our Friends and Family results.

We have expanded sites and are now operating in Biggin Hill and St Pauls Cray.

The new indexor transport system has been rolled out by the lab and is being used at Orpington Health and Wellbeing Centre and Beckenham Clinic. The new system is working well with plans for the lab to roll out to further sites in the near future.

For further information, please refer to our social media profiles:

LinkedIn: BROMLEY GP ALLIANCE LIMITED

Twitter: @BromleyGPs

Instagram: bromleygpalliance

Facebook: Bromley GP Alliance

ENCLOSURE: 5
AGENDA ITEM: 8

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Population Health Management**
This paper is for **information.**	
Executive Summary	The use of Population Health Management (PHM) in improving the physical and mental health and wellbeing of our population is one of our key priorities for One Bromley as set out in the five-year strategy. However, though set out as a key programme under priority 1 – improve population physical and mental health wellbeing through prevention and personalised care, it is an approach that underlies and supports delivering all three priorities. Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing inequalities within and across a defined population. It includes action to reduce the occurrence of ill health, including addressing wider determinants of health, and requires working with communities and partner agencies. PHM improves population health by data driven planning and delivery of proactive anticipatory care to achieve maximum impact within collective resources. Understanding our populations, the communities within in it, and all their different needs is fundamental to implementing a PHM approach to our work as a One Bromley system. This presentation sets out some of those key demographics of our population in Bromley, key challenges, and the objectives we are seeking to achieve. We have established a One Bromley Population Health Management Group taking this programme forward and set out some of the PHM initiatives we have been working on. Finally, we work together with our partners across the South-East London ICB and describe the wider SEL programme for PHM.

ENCLOSURE: 5
AGENDA ITEM: 8

ONE BROMLEY

Recommended action for the Committee	This presentation is provided for noting by the ICB	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	• Information Governance – it is important that we follow data protection legislation in implementing PHM – a specific group has been set up to monitor this.
	Equality impact	The impact on inequalities is a key objective of the PHM programme
	Financial impact	N/A
Wider support for this proposal	Public Engagement	At this stage, this has been through the work on the One Bromley Strategy
	Other Committee Discussion/ Internal Engagement	• One Bromley Population Health Management Group • One Bromley Executive
Author:	Mark Cheung, Rebecca Long, Patrick Montgomery, Chris Stagg	
Clinical lead:	Dr Rebecca Long	
Executive sponsor:	Mark Cheung	

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

One Bromley - Population Health Management

Mark Cheung

Dr Rebecca Long

Patrick Montgomery

Chris Stagg

28 September 2023

Population Health & Population Health Management

Population Health…

… is an approach aimed at **improving the health of an entire population.**

It is about **improving the physical and mental health outcomes** and wellbeing of people, whilst **reducing health inequalities** within and across a defined population. It includes action to reduce the occurrence of ill-health, including **addressing wider determinants of health**, and requires working with communities and partner agencies.

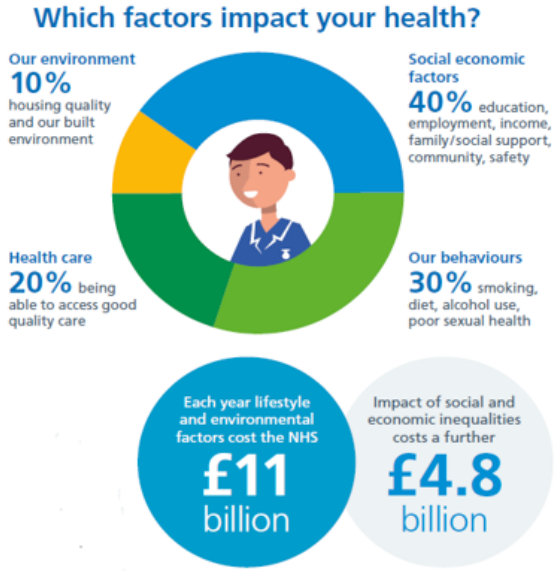
Population Health Management…

…improves population health by **data driven planning and delivery of proactive anticipatory care to achieve maximum impact within collective resources**.

It includes **segmentation, stratification** and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and **targeting interventions to prevent ill-health** and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

Population Health Management is about:

- **Improving health inequalities** by taking action
- Using data-driven insights and evidence of best practice to inform **targeted, proactive interventions to improve the health & wellbeing of specific populations & cohorts**
- **The wider determinants of health,** not just health & care
- **Making informed judgements -** clinical, public health and analysts working together
- **Best use of collective resources –** workforce and incentives - to have the best impact
- **Acting together** – the NHS, local authorities, public services, the VCS, communities, activists & local people. **Creating partnerships of equals**
- **Achieving practical tangible improvements for people & communities**



Population Health Management is then categorised by 5 aims.

Definition source NHS Population Health Flat Pack and NHSE

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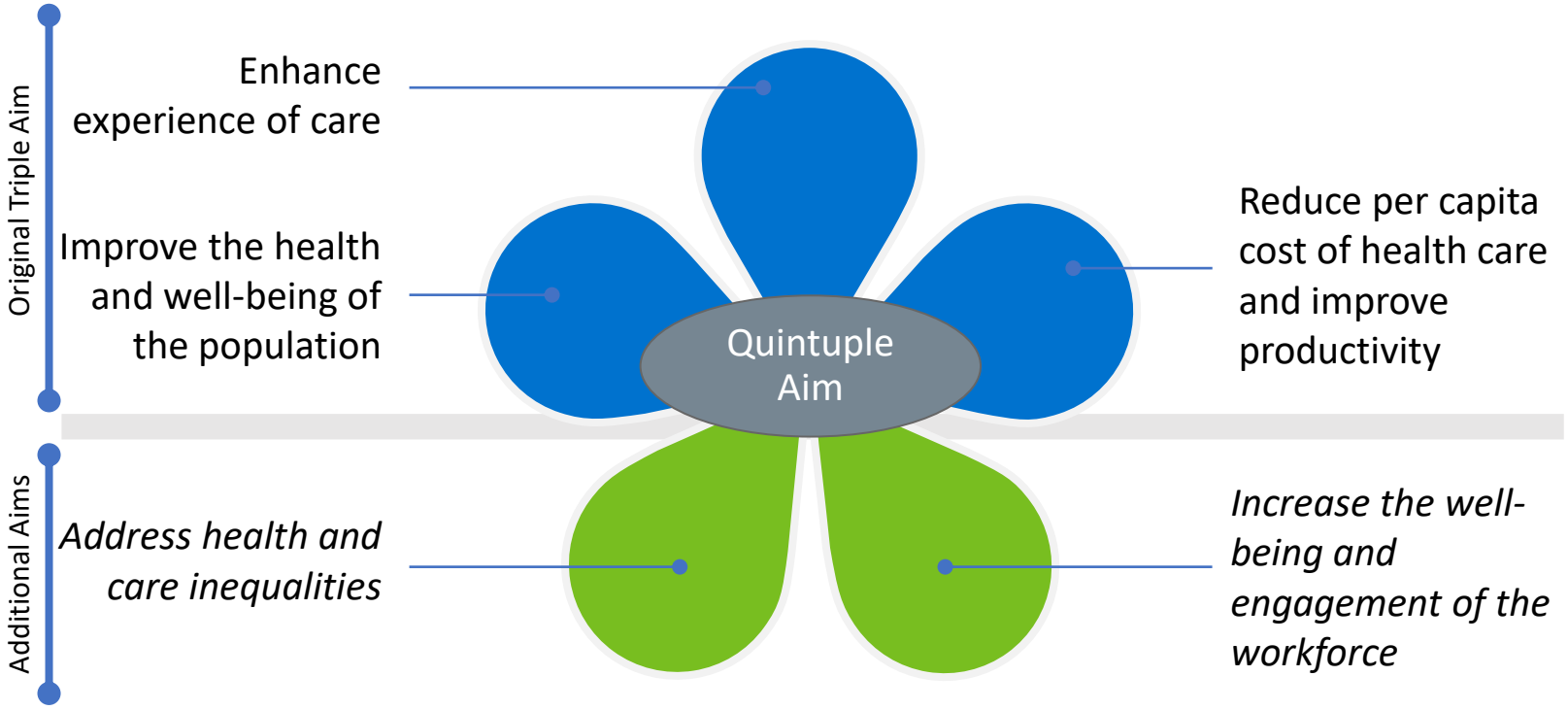
The Quintuple aim of Population Health Management

There are five overall aims of Population Health Management that can be applied to workstreams to test their validity in a PHM context. Does it enhance the experience of care? Does it improve health and well-being? Does it reduce cost? Does it address inequalities? Does it increase the well-being of the workforce?



5 PHM aims source NHS Population Health Flat Pack

ONE BROMLEY

Priorities for One Bromley 2023-2028

One Bromley culture and wider enablers

- One culture to help us deliver joined up services
- Asset-based community approach with an engaged population
- One Bromley organisations are tied to the wellbeing of the populations we serve
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities

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Population Health Management & The Bromley 5 Year Strategy

Programme 1: Evidence driven prevention and population health

Deliver evidence-driven population analysis to support teams in targeting prevention and improving population health outcomes

Establish the evidence and analysis requirements, means of delivery and support to planning and operational teams for evidence driven population health analysis. This will enable population segmentation into actionable groups at Place and Neighbourhood level, with an initial focus on our areas of greatest population health opportunity: living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and those at risk of emergency admission. Alongside Programme 2 focussed on developing Neighbourhoods this will enable us to work with identified groups, understand the drivers of inequalities and co-design of solutions for healthier lives, including the wider determinants of health.

How we will secure delivery

Actions for 23/24

- Population health analysis plus local intelligence held by health, care, third sector and SAFER Bromley partners to identify those living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and at risk of emergency admission.
- Utilise care closer to home initiatives (see Programme 3) to help identify and support those we could help the most – e.g. Children's hubs relationships with schools; development of Bromley Mental Health Hub and single point of access; CAMHS and Bromley Y single point of access offering tailored offer to service users
- Case management approach for complex and vulnerable individuals to provide more holistic, anticipatory and coordinated care, using a plan-do-study-act approach
- Build further understanding of who individuals in communities trust and engage with.
- One Bromley taskforce and strategic board to plan and deliver improved vaccinations uptake, including through a Health 'one stop shop' in central Bromley.

Actions for 24/25

- Engagement through neighbourhoods with communities about the root cause of current levels of utilisation of prevention and screening services and self care.
- Delivery of a new Bromley Mental Health and Wellbeing Strategy by 2025
- Linked to above, explore need for Place-based prevention service supporting health checks & management of chronic conditions at scale, embedded in neighbourhoods.
- Evidence analysis support - support for staff at all levels and across providers to interrogate, manipulate and interpret service and populations data.
- Expansion of use of care closer to home initiatives for more complex areas requiring greater cross boundary working – e.g. Children's hubs: LGBTQ+ and young carers.
- Influencing partners beyond health and care with evidence from engagement

Intended outcomes in 5 years time

- System partners working together to identify and support the needs identified
- Patients identified through population health management analysis have more holistic, anticipatory and co-ordinated care, delivering better health outcomes and managing the growth demand on GPs, mitigating hospital admissions and impacting social care costs.
- Population health management analysis platform in place
- Place and neighbourhood teams utilising population health management analysis platform to support identifying and engaging populations with higher health opportunity, then monitoring the impact of our actions
- Neighbourhoods have clear understanding of, and work hand-in-hand with, their communities
- Increased screening for diabetes, cancer
- Services amended to better meet needs of our population living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and those at risk of emergency admission
- Earlier support for children and adults requiring mental health support.

Bromley Population

What Challenges does this give us?

- **Challenges in supporting the Frail and elderly**
- **Challenges in Social care**
- **Challenges in accessing and gaining Trust amongst communities**
- **Challenges in providing care for increasing Chronic diseases and LTC**
- **Challenges in serving Young people and children to start better lives**
- **Challenges in anticipating the problems to maximise Health outcomes**

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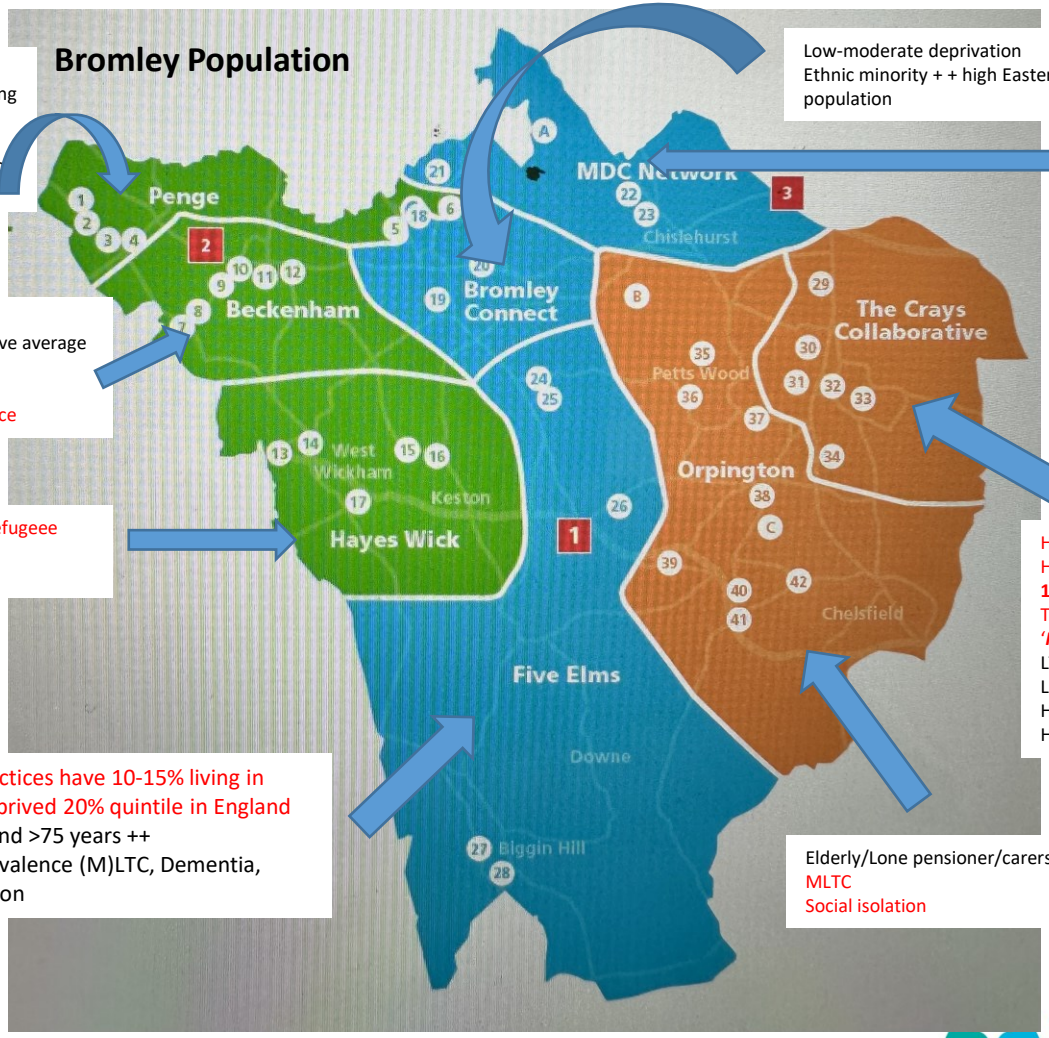

High Deprivation –Young people
high unemployment/overcrowded housing
Ethnic minorities++
LD+
High risk of developing Ca/CVD related to ethnicity/deprivation/RF

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

High deprivation
Low levels of education, social housing, high unemployment
SMI/Depression
Low screening and immunisation
Young

Lower deprivation BUT
1GP practice high deprivation – above average unemployment, social housing
High SMI and Depression
High rates A+E admission /attendance

1 GP practice has high Refugeee population
High LTC and Depression

High Deprivation
High unemployment, low education
1/3 pts in most deprived quintile in England
Travelling Community – low engagement
'Health rating bad/very bad' ++
LTC/SMI/Depression ++
Low screening+ Immunisation
High RF eg smoking, obesity
High A+E attendance /admission

2 GP practices have 10-15% living in most deprived 20% quintile in England
>65yrs and >75 years ++
High prevalence (M)LTC, Dementia, Depression

Elderly/Lone pensioner/carers ++
MLTC
Social isolation

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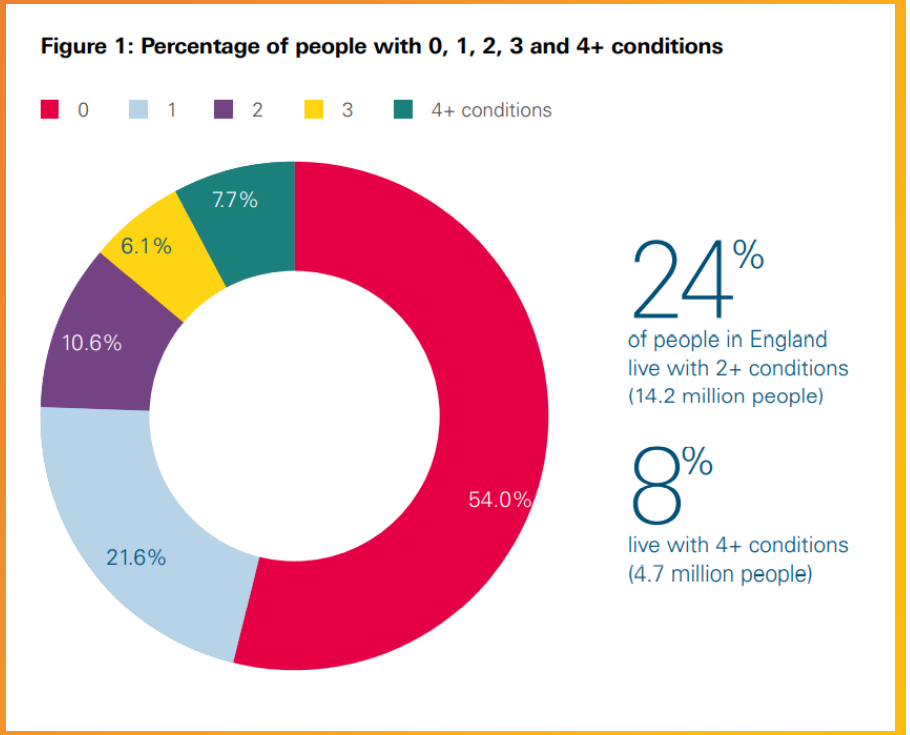
POPULATION HEADLINES



- Our health and care needs are changing
- Lifestyles are increasing our risk of preventable disease and are affecting our wellbeing
- We are living longer with more multiple long-term conditions like asthma, diabetes and heart disease
- We will see rising MLTCs (particularly complex multimorbidity), disabilities and frailty
- The numbers of older people with 4+ diseases will double and a 1/3 of these will have mental ill-health
- The health inequality gap is increasing.
- The health and care system is struggling to cope

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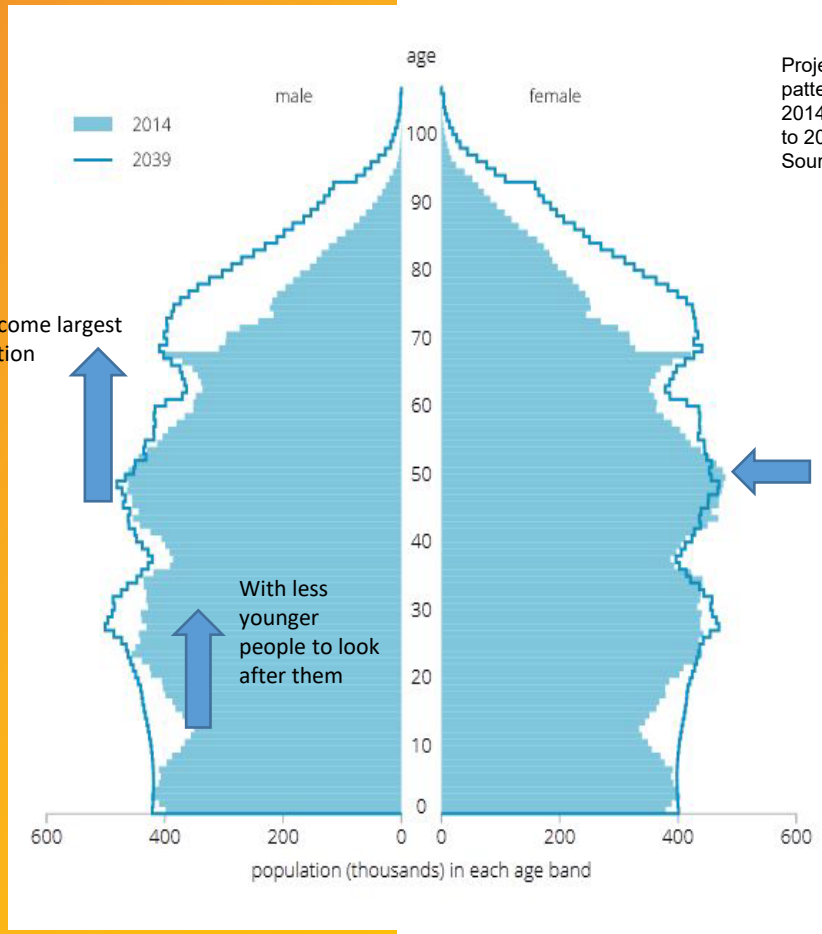
POPULATION HEADLINES



Projection of the age pattern in the UK from 2014 to 2039.
Source: ONS

Will become largest population

largest age band from the end of the baby boom is 50years old

With less younger people to look after them

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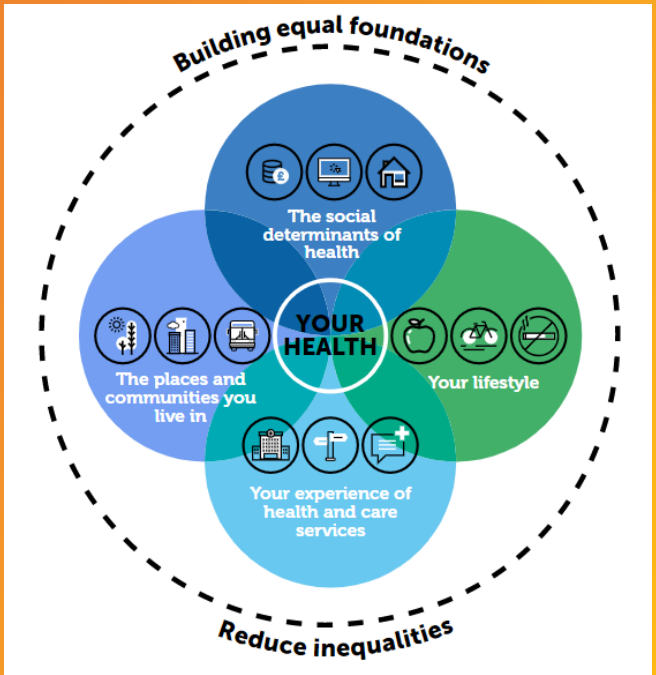

POPULATION HEALTH

- Aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- **4 pillars** often imbalanced
- Specific focus on the wider determinants of health (eg. housing, employment, education).
- ***Population Health Management*** is a way of working to understand current health and care needs and predict what local people will need in the future.
- Understand what factors are driving poor outcomes in different population groups.
- Facilitate design of service models which will improve health and wellbeing today as well as in future years' time.

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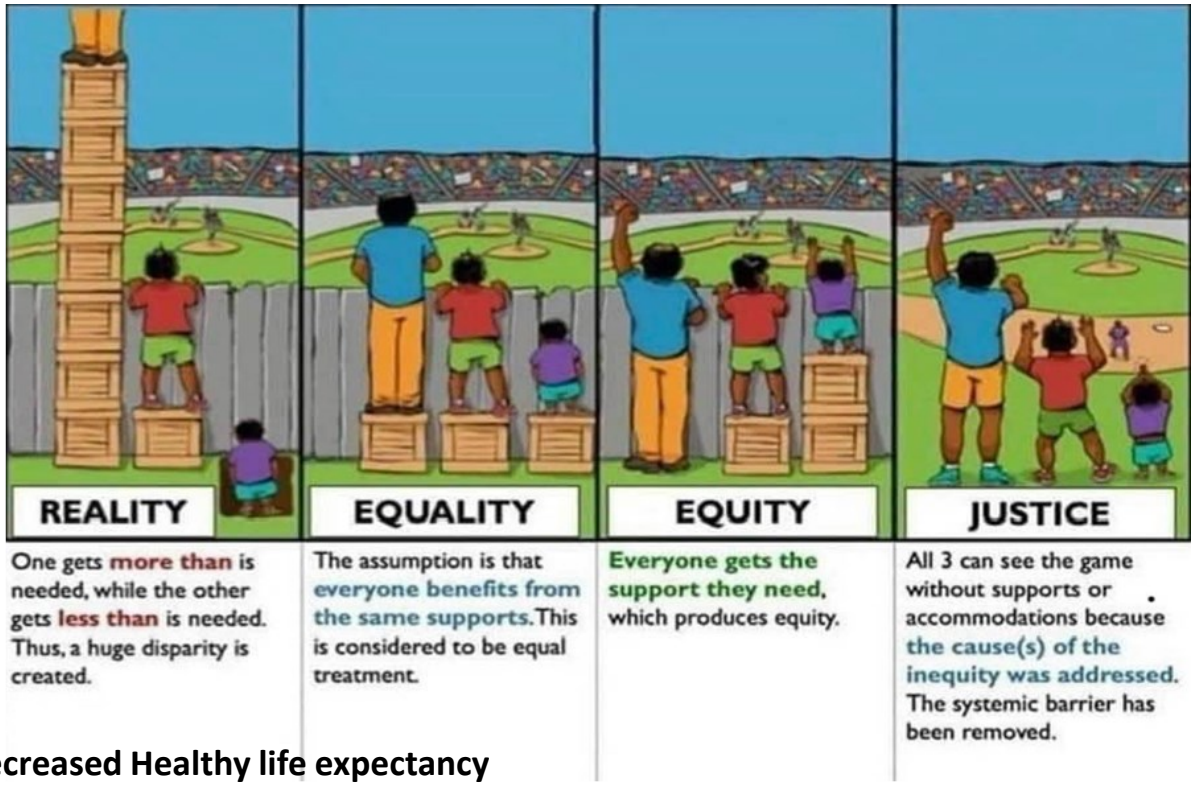
HEALTH INEQUALITIES



Shorter Life expectancy and decreased Healthy life expectancy

9 year life expectancy difference in UK between Most-least socially economically deprived

People in more deprived areas developing conditions on average 10-15 years earlier than those living in the least deprived, and live their last 16 years of life in poor health

Those with most deprivations have highest rate of unplanned avoidable hospital admissions, (significantly above threshold)

Annual cost of hospital A+E admissions related to HI estimated at £5.5billion/year

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Better Health, Better Care in Bromley

Improve population health and Wellbeing through prevention and Personalised care

People and communities to liver longer lives in better health

Frail and Elderly t be better supported through proactive care

Mental Health needs identified and met early by services.

Joined Up health and care services for young people to start life better

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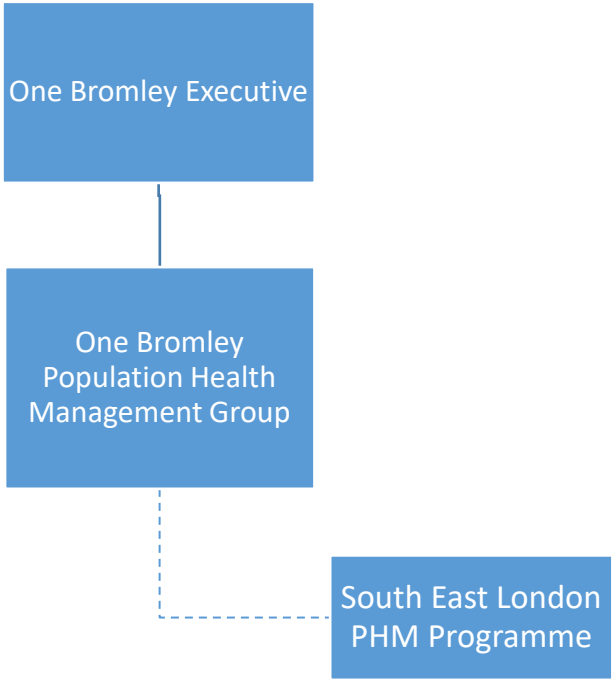
Population Health Management in One Bromley



- The One Bromley Population Health Management Group meets monthly.
- Chaired by Patrick Montgomery, One Bromley and Bromley Healthcare Chief Technology Officer
- Includes representatives from stakeholders from across One Bromley, including Public Health, Bromley Healthcare, St Christopher's, BGPA, Bromley Well, Oxleas and clinical leads
- The group have received presentations from the SEL PHM programme, local partners and other providers
- Members feedback from PHM work and other meetings happening across SEL and wider
- The group is pulling together population health initiatives across One Bromley and identifying issues to be resolved
- A strategy for populating health in One Bromley will be developed including looking at wider determinants of health
- A further information and data group is to be established to further enhance and support our population health programme

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PHM Initiatives in Bromley

An audit is currently underway looking at population health examples across Bromley. The below indicates some of the cross organisational working we are undertaking, driving by population data and intelligence to improve outcomes for our population.

Diabetes – Currently we are implementing a new diabetes outcome scheme, utilising data to identify coverage of 8 care processes across primary care, and supporting improvement, innovation and new ways of working

SMI & LD Health checks – Regular data supports targeted intervention to primary care to ensure continued improvement in our health checks programme for SMI and LD patients. This includes ad-hoc reporting to assist clinical colleagues in targeted intervention.

Anticipatory Care – Working with colleagues in the South East London Business Intelligence team, we are developing an Anticipatory Care dashboard to identify opportunities for this pathway

Inequalities – Supporting our inequalities programme to identify opportunity and PCN projects to improve outcomes for groups experiencing inequalities

Population Health Management in South East London

SEL ICB are currently developing an implementation plan built around 6 programme areas for the successful implantation of their PHM strategy:

PHM Priorities
Governance & Leadership
Resourcing
Data and Analytics
Communications and engagement
Education and Continuous Learning.

- SEL ICS is moving into a phase of implementation and operationalisation of a PHM approach
- To achieve successful implementation, there will be a focus on six priorities:

PHM Priorities	Governance and Leadership	Resourcing	Data & Analytics	Communication and Engagement	Education and Continuous Learning
Set out the priorities that PHM will address in the initial phase	Establish the leadership arrangements; PHM governance and oversight, and connect with SEL governance	Recruit new resource and mobilise existing resource, including crucial enabler functions, to deliver PHM	Enable data provision services and analytical support to generate insights into population health	Engage staff, raise the profile of PHM and begin to build a PHM knowledge base across the workforce	Educate & train the ICS workforce and embed a continuous learning process as part of PHM

ENCLOSURE: 6
AGENDA ITEM: 9

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Month 4 2023/24 SEL ICB Finance Report**
This paper is for **information.**	
Executive Summary	• The SEL ICB financial allocation for the year as at Month 4 is **£4,738,176k.** • As at Month 4, the ICB is reporting a year to date overspend against plan of **£5,177k** which is driven by an adverse movement in **prescribing expenditure (£7,367k)** and **continuing healthcare (CHC) pressures (£1,941k**), which are being partially offset by underspends in other budgets**.** The ICB is reporting **break-even** against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England. • In reporting this Month 4 position, the ICB has delivered the following financial duties: - Underspending (£1,068k) against its management costs allocation; - Delivering all targets under the Better Practice Payments code; - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and - Delivered the month-end cash position, well within the target cash balance. • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 4 is **£239,305k**. • Bromley ICB/LCP Month 4 financial Position. As at Month 4 the year-to-date position was **£1,482k overspent.** The significant variances related to; prescribing £1,326k overspent, mental health services £191k overspent and continuing healthcare £83k overspent.

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	• The key risk for Bromley ICB/LCP place budgets in 2023/24 relates to prescribing as the pressures experienced during 2022/23 have not been fully mitigated and activity continues to increase. Boroughs are expected to manage this risk locally and make savings to manage the overall delegated borough position.	
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	

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One Bromley Local Care Partnership Board

28 September 2023

Month 4 2023/24, SEL ICB Finance Report

Contents

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1. Key Highlights

NHS South East London

- The SEL ICB financial allocation for the year as at Month 4 is **£4,738,176k.**

- As at Month 4, the ICB is reporting a **year to date overspend** against plan of **£5,177k** which is driven by an **adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets.** The ICB is reporting **break-even** against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England.

- In reporting this Month 4 position, the ICB has delivered the following financial duties:
  - Underspending **(£1,068k)** against its management costs allocation;
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.

- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 4 is **£239,305k**.

- Bromley ICB/LCP Month 4 financial Position. As at Month 4 the year-to-date position was **£1,482k overspent.** The significant variances related to; prescribing £1,326k overspent, mental health services £191k overspent and continuing healthcare £83k overspent.

- The key risk for Bromley ICB/LCP place budgets in 2023/24 relates to prescribing as the pressures experienced during 2022/23 have not been fully mitigated and activity continues to increase. Boroughs are expected to manage this risk locally and make savings to manage the overall delegated borough position.

2. South East London Integrated Care Board (SEL ICB) Month 2 Financial Position – Risks and savings

NHS South East London

Key risks

- There are 2 key risks within the ICB financial position which relate to the **prescribing** budget and the **CHC** budget. At Month 4 the prescribing budget is £7,367k overspent and the CHC budget is £1,941k overspent.
- At present there are only two months **prescribing** data available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Prescribing expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.
- The overspend on **CHC** relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. However, some boroughs have also seen activity levels increasing compared to the start of the year. Greenwich and Lambeth boroughs have the most challenging financial positions for continuing care, and both are working to identify efficiencies that can be delivered to reduce run-rate.

QIPP/Savings

- **The 23/24 total efficiency target for the Places within the ICB is £29.5m**. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 4, saving schemes with a full year value of £28.7m had been identified, leaving a current gap still to be identified of £0.3m. In-month, efficiency schemes with a value of £2.7m were identified. Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 5 report.
- At month 4, delivery (£8.9m) is on plan. However, Places are identifying and implementing actions to improve savings run-rate. At this relatively early stage in the financial year, we are forecasting that the savings plan of £29.5m will be delivered albeit at a significant level of risk.

3. Month 4 Bromley ICB/LCP Financial Position

NHS South East London

M4 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	2,238	2,237	1	6,715	6,712	3
Community Health Services	27,349	27,355	(6)	82,046	82,065	(19)
Mental Health Services	4,708	4,899	(191)	14,125	14,613	(488)
Continuing Care Services	8,265	8,348	(83)	24,795	25,045	(250)
Prescribing	15,448	16,773	(1,326)	46,042	50,601	(4,560)
Other Primary Care Services	1,008	1,008	(0)	3,023	3,023	0
Other Programme Services	29	21	8	87	64	24
Delegated Primary Care Services	19,348	19,348	0	58,048	58,048	0
Corporate Budgets	1,475	1,359	116	4,424	4,076	347
Total	**79,868**	**81,350**	**(1,482)**	**239,305**	**244,247**	**(4,943)**

- The borough is reporting an overspend of £1,482k at Month 4 and is forecasting a £4,943k overspend at year end.
- The Prescribing budget is £1,326k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend at Month 4 is £545k. The budget is being tightly monitored and additional savings schemes continue to be developed to mitigate the position. The 1% borough prescribing reserve has been included within the position.
- The Mental Health budget is £191k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is impacting upon the 23/24 position. The average number of CPC clients in Quarter 1 of 22/23 was 46 and this had increased to an average of 77 in Quarter 1 of 23/24. The growth in S117 activity is due to more activity coming to joint funding panels and more clients being identified as partially health funded. This is compounded by an ageing population in Bromley as more clients become eligible for health funded care. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.
- The Continuing Healthcare budget is £83k overspent. Since the beginning of the year activity has increased by 7% and average prices have increased by 14% which reflects both cost inflation and the increase in complexity of packages. Bromley have a significant number of new Care Home beds that have recently opened in the borough. This means that Bromley are importing more patients into the borough who might not initially need CHC but as their health deteriorates and they are now registered with a Bromley GP, they become the responsibility of Bromley. This impacts on both FNC and CHC activity as the clients in the home deteriorate and become eligible for CHC, after they have been placed.
- The Corporate budgets are £116k underspent due to vacancies.
- The 2023/24 borough savings requirement is £7,429k. A savings target 4.5% has been applied to all budgets except for the Mental Health and Delegated Primary Care budgets, which have not been allocated a savings target. At Month 4 annual savings of £5,938k have been identified and work is ongoing to close the gap. The variance against plan at Month 4 is a shortfall of £56k due to a small under-delivery of prescribing savings, though these are expected to increase going forward as schemes are implemented.
- The forecast overspend is £4,943k and the borough continues to systematically identify savings and mitigations to improve the overall place position.

4. Bromley ICB/LCP – Prescribing update (1)

NHS South East London

Prescribing update (1)

As of M4 (looking at M1 – M2 prescribing data), Bromley is forecast to be £4.56m overspent at year end.

The cost pressure breaks down as follows:

- 20 % Cat M/NCSO or higher price tariff
- 50% NICE TAs or Guidelines. Implementation of NICE TAs is mandatory for the NHS
- The remaining 30% growth can be attributed to post-pandemic catch-up of LTC management, in particular diabetes and cardiovascular. Bromley has a large older population, so this growth which is seen across SEL, impacts more due to the local demographic.
- Other key areas of growth are seen in hormone replacement therapy (significant stock issues), medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine.
- The current QIPP plan for Bromley is £1.98M, current estimate of delivery is £1.39M with an additional £497k expected to impact later in the year due to generic medicines price changes, ie £1.89M total.
- As at month 5 the year to date overspend in prescribing is 9.2% (£1,779k) compared to a SEL borough average of 11.9%. Based on national data for April to June the total London costs increase is 13.2% and 12.8% across England.

5. Bromley ICB/LCP – Prescribing update (2)

NHS South East London

Prescribing update (2)

Actions completed

- Prescribing Improvement Scheme (PIS) launch
- First round of practice visits
- PIS dashboards
- SEL high-impact dashboard
- OptimiseRx profile refresh

Actions in progress

- SEL overprescribing workstream
- 2nd round of practice visits – focus PIS/QIPP; quality/ safety
- Support prioritised to overspending practices
- Practice work – branded generic switching by MOT
- IMOC and guideline implementation
- Update of guidelines and links on the Referral Optimisation Protocol (ROP)
- Community pharmacy integration & leadership – networking event
- Local scheme to improve CPCS referrals
- National medicines optimisation priorities
- Prescribing Support Dietetics
- Practice/PCN pharmacist development
- Diabetes – CGM initiation (cost pressure) local discussions; switching GBT meters using local provider support

6. Financial Recovery

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- As set out earlier in this report at Month 4 the ICB is reporting a year to date overspend against plan of £5,177k. The place budgets were overspent by £7,240k and the centrally managed SEL budgets were underspent by £2,063k. The Bromley place budget is overspent by £1,482k at Month 4.

- As a result of the adverse financial position meetings were held with each borough in the week beginning 11th September to discuss financial recovery. These meetings involved Place Executive Leads and deputies, Chief Finance Officer, Executive Director of Planning, Borough Associate Directors of Finance and Medicines Management.

- These meetings involved understanding the current financial position and the reasons for the current overspend, risks, efficiencies, mitigations and recovery actions.

- The meetings focused on the actions that could be taken to reduce and contain the financial overspend whilst not stopping any of the services that the boroughs are committed to providing.

- The actions gathered from these meetings will be brought together in a wider SEL ICB recovery plan. The borough team will continue to monitor budgets closely identifying further opportunities to mitigate against the overspend.

Appendix 1

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SEL ICB Finance Report

Month 4 2023/24

Contents

1. Executive Summary

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- This report sets out the month 04 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12-month financial period which makes budgeting and reporting more straightforward.
- The ICB's financial allocation for the year as at month 04 is **£4,738,176k.** In month, the ICB received additional allocations of **£75,987k,** which included 84% of the Elective Recovery Fund **(£69,726k),** Primary Care Access Recovery Plan **(£2,133k),** additional running cost allowance for ICB staff pay awards **(£906k)** plus some other additional allocations set out on the next slide.
- As at month 04, the ICB is reporting a **year to date overspend** against plan of **£5,177k** which is driven by an **adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets.** The ICB is reporting **break-even** against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England.
- At present there are only two months **prescribing data** available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Prescribing expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. However, some boroughs have also seen activity levels increasing compared to the start of the year. Greenwich and Lambeth boroughs have the most challenging financial positions for continuing care, and both are working to identify efficiencies that can be delivered to reduce run-rate.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions, with the outcomes of these meetings supporting the forecast break-even position.
- In reporting this month 04 position, the ICB has delivered the following financial duties:
  - Underspending **(£1,068k)** against its management costs allocation;
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 04, and noting the risks outlined in this report (primarily relating to prescribing and CHC), the ICB is forecasting a **break-even** position for the 2023/24 financial year.

2. Revenue Resource Limit

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**135,661**	**233,559**	**165,890**	**203,003**	**158,836**	**157,251**	**3,075,121**	**4,129,321**
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	**65,867**
M2 Budget	**136,969**	**237,177**	**168,199**	**203,577**	**159,363**	**158,385**	**3,131,518**	**4,195,188**
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	**467,001**
M3 Budget	**138,285**	**239,101**	**169,807**	**206,221**	**161,248**	**160,198**	**3,587,329**	**4,662,189**
M4 Internal Adjustments								
Diabetes Outcomes scheme	84	97	97	115	103	102	(598)	-
Discharge funding	91	52	46	58	195	55	(497)	-
Prescribing reserve	28	38	27	31	32	26	(181)	-
Other		13		108		64	(185)	-
M4 Allocations								
Elective Recovery Fund							69,726	**69,726**
PCT Primary Care Access Recovery Plan							2,133	**2,133**
ED BBV testing							925	**925**
Running costs allowance							906	**906**
DWP NHS Talking Therapies							821	**821**
Cardiac Rehab & Heart Failure targeted funding							803	**803**
Asylum Health		4	5	32	21	50	320	**432**
Other			37				204	**241**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**

- The table sets out the Revenue Resource Limit at month 04.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 04, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets – this had no overall impact on the overall allocation. The main adjustments related to discharge funding, the prescribing risk reserve and the diabetes outcome scheme, all of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£75,987k** of allocations, giving the ICB a total allocation of **£4,738,176k** at month 04**.** The additional allocations included 84% of the Elective Recovery Fund **(£69,726k),** Primary Care Access Recovery Plan **(£2,133k),** additional running cost allowance for pay awards **(£906k)** plus long-term conditions funding and talking therapies & asylum health allocations**.** Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year on a monthly basis.

3. Key Financial Indicators

NHS South East London

- The table below sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position (£5.2m) as at Month 4 due to the prescribing pressure which is continuing into this financial year and the impact of CHC pressures.
- All other financial duties have been delivered for the year to Month 4 period.
- At this point in the financial year, a breakeven position is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,458,226	1,463,403	4,738,176	4,738,176	
Operating Under Resource Revenue Limit	1,436,859	1,442,036	4,674,076	4,674,076	
Not to exceed Running Cost Allowance	12,066	10,998	36,199	33,392	
Month End Cash Position (expected to be below target)	4,500	817			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.6%			
Mental Health Investment Standard (Annual)			440,426	441,834	

4. Budget Overview – Position as at Month 4

NHS South East London

	M04 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	1,585	2,238	2,312	396	420	184	765,235	**772,370**	**772,370**
Community Health Services	6,241	27,349	11,750	8,604	8,798	10,827	80,483	**154,053**	**154,053**
Mental Health Services	3,360	4,708	3,022	7,116	2,323	2,487	161,909	**184,925**	**184,925**
Continuing Care Services	8,290	8,265	9,055	10,551	6,931	6,496	-	**49,588**	**49,588**
Prescribing	11,278	15,448	11,078	12,888	12,931	10,677	352	**74,651**	**74,651**
Other Primary Care Services	952	1,008	857	1,041	504	197	7,033	**11,592**	**11,592**
Other Programme Services	19	29	71	88	946	54	3,799	**5,008**	**5,008**
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,930	**3,039**	**3,039**
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	**116,210**	**116,210**
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,041	**67,041**	**67,041**
Corporate Budgets	1,113	1,475	1,634	1,937	1,369	1,470	10,752	**19,751**	**19,751**
Total Year to Date Budget	**46,236**	**79,868**	**56,853**	**68,938**	**53,951**	**53,567**	**1,098,815**	**1,458,227**	**1,458,226**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	1,533	2,237	2,222	184	368	117	765,003	**771,665**	**771,665**
Community Health Services	6,109	27,355	11,779	8,587	8,669	10,702	80,692	**153,893**	**153,893**
Mental Health Services	3,378	4,899	2,992	7,109	2,159	3,113	161,548	**185,198**	**185,198**
Continuing Care Services	8,373	8,348	9,798	11,282	7,180	6,548	-	**51,529**	**51,529**
Prescribing	12,481	16,773	12,411	14,058	14,106	11,850	339	**82,018**	**82,018**
Other Primary Care Services	952	1,008	857	996	504	180	7,160	**11,657**	**11,657**
Other Programme Services	19	21	71	88	38	54	2,630	**2,922**	**2,922**
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,504	**2,612**	**2,612**
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	**116,210**	**116,210**
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,191	**67,191**	**67,191**
Corporate Budgets	1,002	1,359	1,616	1,670	1,171	1,286	10,406	**18,508**	**18,508**
Total Year to Date Actual	**47,244**	**81,350**	**58,819**	**70,290**	**53,924**	**55,025**	**1,096,752**	**1,463,403**	**1,463,403**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	52	1	90	212	52	67	231	**705**	**705**
Community Health Services	132	(6)	(29)	18	129	125	(209)	**160**	**160**
Mental Health Services	(18)	(191)	30	7	164	(626)	362	**(273)**	**(273)**
Continuing Care Services	(83)	(83)	(742)	(731)	(249)	(52)	-	**(1,941)**	**(1,941)**
Prescribing	(1,203)	(1,326)	(1,333)	(1,170)	(1,176)	(1,174)	14	**(7,367)**	**(7,367)**
Other Primary Care Services	0	(0)	(0)	45	(0)	17	(127)	**(65)**	**(65)**
Other Programme Services	0	8	(0)	0	908	(0)	1,169	**2,086**	**2,086**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	426	**426**	**426**
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(150)	**(150)**	**(150)**
Corporate Budgets	112	116	19	267	199	184	346	**1,242**	**1,242**
Total Year to Date Variance	**(1,008)**	**(1,482)**	**(1,967)**	**(1,352)**	**27**	**(1,459)**	**2,063**	**(5,177)**	**(5,177)**

- At month 04, the ICB is reporting a YTD overspend of **£5,177k.** As highlighted the main drivers relate to prescribing and continuing care overspends. The ICB is reporting a break-even outturn position.
- The prescribing budget is **£7,367k overspent year to date**. This is based on two month's PPA data which shows the expenditure trend from last year is accelerating. This position includes four months of the borough 1% risk reserve for prescribing. In addition, at a SE London level, four months of the £3.5m central reserve for prescribing have been factored into the position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a pressure of £273k YTD. The boroughs seeing the largest overspends are Bromley and Southwark and both are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£1,941k overspent** and the underlying pressures are variable across the boroughs. The full impact of 23/24 bed prices are not yet reflected as negotiations are still ongoing with some suppliers. Greenwich and Lambeth boroughs are continuing to see the largest pressures, but all boroughs are now seeing the impact of increased client numbers and above inflation uplifts. Four months of the 1% CHC reserve has been included to partially mitigate the overspend. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The overspend on delegated primary care DPO relates to the ophthalmology claims and further investigation into this is taking place.
- The underspend of **£1,241k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report. The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions.

5. Prescribing

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 4 prescribing position is based upon M02 23/24 data as the information is provided two months in arrears. Early indications from this data are that the trend from last financial year is continuing into this year. The ICB is reporting a prescribing position of **£7,367k overspend** year to date (YTD). This is after 4 months of the borough 1% risk reserve and the central (£3.5m) risk reserve have been reflected into the position. In addition, the non PPA budgets are overspent by £13k giving an overall overspend of £7,380k YTD.
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£26,300k**.

Borough	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1 Qtr of 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & 1 Qtr of 1% Risk Reserve budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	11,783,564	402,598	402,143	(99,873)	(34,988)	11,887	12,465,332	11,262,714	(1,202,619)	33,567,861	37,788,263	(4,220,402)
BROMLEY	15,848,404	545,121	540,986	(136,514)	(23,718)	15,925	16,790,204	15,464,627	(1,325,577)	46,092,478	50,652,042	(4,559,564)
GREENWICH	11,646,211	426,631	398,404	(43,659)	(79,790)	11,776	12,359,574	11,026,212	(1,333,362)	32,862,522	37,558,390	(4,695,867)
LAMBETH	13,362,736	421,277	454,872	(50,781)	(116,496)	13,398	14,085,005	12,915,450	(1,169,555)	38,495,936	42,686,379	(4,190,444)
LEWISHAM	13,135,707	436,950	447,898	(43,052)	(42,378)	13,365	13,948,490	12,772,616	(1,175,874)	38,062,722	42,599,945	(4,537,223)
SOUTHWARK	11,110,024	376,438	379,053	(45,160)	(122,341)	11,132	11,709,146	10,535,465	(1,173,681)	31,399,108	35,458,080	(4,058,972)
SOUTH EAST LONDON												
Grand Total	**76,886,646**	**2,609,016**	**2,623,357**	**(419,039)**	**(419,711)**	**77,483**	**81,357,751**	**73,977,083**	**(7,380,668)**	**220,480,628**	**246,743,099**	**(26,262,471)**

- The table above shows that of the YTD overspend, approximately **£2,610k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,700k** relates to a local growth in prescribing, some of which will be a consequence of the pandemic. The table on the next page shows the drug chapters where the growth can be identified to, and how these relate to long term conditions.
- Of the overall annual unmitigated pressure of circa £26,300k, around **£8,000k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics including care homes and local prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

5. Prescribing – Drivers of Overspend (2)

NHS South East London

BNF Chemical Substance	Total items last year	Total cost last year	Total items this year	Total cost this year	% growth items	England % growth items	Actual growth cost	% growth cost	England % growth cost
Dapagliflozin	10,250	£419,247	19,839	£767,242	93.6%	75.6%	£347,995	83.0%	74.0%
Omeprazole	135,683	£357,446	136,507	£631,124	0.6%	-1.4%	£273,679	76.6%	79.6%
Promethazine hydrochloride	14,471	£64,875	15,470	£280,813	6.9%	8.9%	£215,939	332.9%	324.3%
Edoxaban	11,751	£519,457	15,264	£695,684	29.9%	80.4%	£176,228	33.9%	84.4%
Detection Sensor Interstitial Fluid/Gluc	6,205	£548,864	7,620	£697,365	22.8%	38.4%	£148,501	27.1%	37.4%
Semaglutide	2,886	£361,462	4,185	£495,741	45.0%	33.6%	£134,279	37.1%	34.4%
Sacubitril/valsartan	2,371	£194,303	4,021	£318,148	69.6%	38.2%	£123,845	63.7%	39.6%
Famotidine	7,982	£164,937	11,118	£287,253	39.3%	51.0%	£122,316	74.2%	90.8%
Aripiprazole	7,452	£34,726	8,005	£151,607	7.4%	2.1%	£116,881	336.6%	349.3%
Adrenaline	2,917	£215,721	3,051	£329,161	4.6%	-2.2%	£113,440	52.6%	42.9%
Influenza	7,826	£74,739	15,116	£170,914	93.2%	24.0%	£96,175	128.7%	48.8%
Phenoxymethylpenicillin (Penicillin V)	11,694	£33,912	12,264	£128,198	4.9%	9.5%	£94,286	278.0%	276.8%
Beclometasone dipropionate	45,834	£1,080,037	47,573	£1,171,748	3.8%	-0.4%	£91,710	8.5%	2.2%
Atorvastatin	200,580	£256,535	217,740	£345,755	8.6%	8.9%	£89,221	34.8%	35.3%
Empagliflozin	7,692	£354,284	10,040	£440,359	30.5%	24.8%	£86,075	24.3%	25.1%
Alendronic acid	19,675	£23,734	18,615	£100,862	-5.4%	-7.4%	£77,128	325.0%	304.7%
Lisdexamfetamine dimesylate	2,537	£166,059	3,675	£239,516	44.9%	38.5%	£73,456	44.2%	41.1%
Gabapentin	24,395	£117,819	24,425	£179,725	0.1%	-2.0%	£61,906	52.5%	40.6%
Estradiol	11,784	£117,307	15,165	£177,812	28.7%	31.8%	£60,505	51.6%	55.0%
Amoxicillin	29,050	£40,882	31,690	£100,234	9.1%	6.7%	£59,352	145.2%	132.2%

Highlighted drugs are under price concession

5. Prescribing Mitigating Actions – Savings Schemes

NHS South East London

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

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

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed through our medicines governance for prioritisation and implementation, noting that active work on all of them is already underway in SEL.

6. NHS Continuing Healthcare – Overview

NHS South East London

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).

- The overall CHC financial position at Month 04 is an **overspend of £1,941K**. All boroughs are reporting overspends in CHC this month, even with the inclusion of 4 months of the borough 1% CHC risk reserve. As previously stated, there is material overspends in Greenwich and Lambeth boroughs with a smaller overspend in Lewisham. The overspend in Greenwich is driven by fully funded LD clients, whilst in Lambeth it is due to fully funded PD under 65 clients, and rehab and palliative clients in Lewisham. The Borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. A CHC Summit was also held in month which has resulted in a series of Task & Finish Groups looking at savings opportunities for 2023/24 and 2024/25. Slide 13 details some of the actions agreed to mitigate the spend and look for further opportunities without compromising patient care or quality. A further Summit meeting has been arranged for early September to review progress.

- Consistent with last month, boroughs have continued to experience an increase in activity; this is however being offset by a decrease in average package prices. Even though the average package cost has reduced in Greenwich, Lambeth and Lewisham, the increase in the number of clients is driving their adverse positions. Increases in client numbers is also impacting Bexley. For Bromley and Greenwich, price increases are also a factor in the current overspend. The price negotiations with providers are on-going and CHC teams are seeing higher than expected price inflation requests, and so there is a risk that costs will increase as we move through the year. There is a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. **Currently all six boroughs are forecasting overspend CHC positions at the year end.**

- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis is set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	**295**	**6,018**	**339**	**4,818**	**255**	**7,857**	**333**	**7,060**	**220**	**7,100**	**237**	**6,263**
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	6,945	277	8,593	375	6,714	265	6,059	251	5,814
Month 5												
Month 6												
Month 7												
Month8												
Month9												
Month10												
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	**72**	**62**	**92**	**147**	**75**	**71**
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5						
Month 6						
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs to improve comparability . The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. This table shows that for most boroughs, there has been a significant increase in client numbers compared to March 2023, the exception to this being Bromley. This would indicate activity as a significant driver for part of the overspend. Bromley has started to updated it cost to reflect new price agreements, hence the average price has gone up this month, all other boroughs are yet to update the cost and showing a reduction in average prices this month. Greenwich and Lambeth show high average costs which correlates with the high volume of high cost packages shown in table 2.
- The second table shows the number of care packages above £1,500 per week per borough for 4 months ending 31st July 2023; this also includes high-cost numbers for March 2023 as a baseline. The majority of boroughs are seeing an increase in the high cost cohort of clients compared to the baseline and this will contribute to the overspend position based on activity as the driver unless compensating reductions in client numbers elsewhere are in place but from the first table, we can see this is not the case. For Lambeth there has been a significant decrease in the high cost cohort of patients.
- All boroughs have produced savings plan and are implementing and monitoring them actively. In Southwark and Lambeth, there are issues due to staffing within GSTT as they outsource part of the CHC service, this may adversely impact delivery of the savings schemes

6. NHS Continuing Healthcare – Actions to Mitigate Spend

NHS South East London

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

Short Term

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

Longer Term

- 5 Task and Finish Groups to meet before the next CHC Summit so that they can feed back on the potential opportunities around the following areas – (1) assistive technology, (2) high-cost LD clients, (3) transition between childrens and adults CHC, (4) LD expertise in boroughs and support and (5) choice and equity policy and financial ceilings.
- Market management work – this is being explored by a Pan London Group which SE London attends.

7. Provider Position

NHS South East London

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contract arrangements.

- In year, the ICB is forecasting to spend circa **£3,317,829k** of its total allocation on NHS contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£885,262k**
    - Kings College Hospital **£871,367k**
    - Lewisham and Greenwich **£626,983k**
    - South London and the Maudsley **£302,273k**
    - Oxleas **£228,825k**

- In month, the ICB position is showing a breakeven position on these services and a breakeven position has also been reflected as the forecast year-end position.

8. ICB Efficiency Schemes

South East London

South East London ICB
Place - Efficiency Savings

	Full Year 2023/24				Month 4			Month 3
	Annual Requirement	Identified Month 4	Unidentified Month 4	Unidentified Month 3	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(937)	2,579	2,307	(272)	(115)
Bromley	7,429	5,938	(1,491)	(1,741)	1,572	1,516	(56)	(11)
Greenwich	4,857	4,857	0	(536)	1,518	1,635	117	(53)
Lambeth	4,690	5,770	1,080	1,080	1,598	1,735	137	(99)
Lewisham	4,208	4,208	0	(403)	932	932	0	0
Southwark	3,967	4,095	128	(480)	760	777	17	0
Total	**29,050**	**28,726**	**(324)**	**(3,017)**	**8,959**	**8,902**	**(57)**	**(278)**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 4 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.5m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 4, saving schemes with a full year value of £28.7m had been identified, leaving a current gap still to be identified of £0.3m. In-month, efficiency schemes with a value of £2.7m were identified. Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 5 report.
- At month 4, delivery (£8.9m) is on plan. However, Places are identifying and implementing actions to improve savings run-rate. At this relatively early stage in the financial year, we are forecasting that the savings plan of £29.5m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

9. Corporate Costs – Programme and Running Costs

NHS South East London

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£1,241k**, which consists of an **£174k** underspend on programme costs and an underspend of **£1,068k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA).** The RCA is **£36,199k** for the year, an increase of **£906k** in month due to an additional allocation for the staff pay award. The current run-rate on administrative costs is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL							
Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
	£000s	£000s	£000s		£000s	£000s	£000s
PROGRAMME							
ACUTE SERVICES B	0	22	(22)		0	0	0
NON MHIS MENTAL HEALTH SERVICES B	149	510	(362)		446	1,556	(1,110)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	1,212	946	266		3,637	2,796	841
MEDICINES MANAGEMENT - CLINICAL	1,537	1,315	222		4,611	3,917	694
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	1,518	1,555	(36)		4,555	4,690	(134)
PRIMARY CARE TRANSFORMATION	0	29	(29)		0	0	0
SAFEGUARDING	1,027	963	64		3,082	3,022	60
NURSING AND QUALITY PROGRAMME	782	672	110		2,346	2,036	311
CLINICAL LEADS	1,656	1,253	403		4,968	3,745	1,223
PROGRAMME WIDE PROJECTS	(489)	86	(575)		(1,466)	259	(1,726)
PROGRAMME ADMINISTRATIVE COSTS	292	158	133		875	397	478
PROGRAMME TOTAL	**7,684**	**7,511**	**174**		**23,053**	**22,417**	**636**
ADMIN							
ADMINISTRATION & BUSINESS SUPPORT	285	346	(61)		854	456	398
ASSURANCE	175	169	6		525	507	17
BUSINESS DEVELOPMENT	157	157	0		471	471	0
BUSINESS INFORMATICS	1,237	1,021	216		3,712	3,428	284
CEO/ BOARD OFFICE	0	25	(25)		0	0	0
CHAIR AND NON EXECS	75	79	(4)		226	252	(26)
PRIMARY CARE SUPPORT	327	378	(51)		982	1,056	(74)
COMMISSIONING	2,240	2,033	207		6,719	6,566	153
COMMUNICATIONS & PR	621	568	53		1,863	1,700	162
CONTRACT MANAGEMENT	338	263	75		1,015	731	284
CORPORATE COSTS & SERVICES	609	523	86		1,828	1,520	308
CORPORATE GOVERNANCE	1,731	1,490	241		5,193	4,427	766
EMERGENCY PLANNING	182	159	23		546	478	67
ESTATES AND FACILITIES	934	937	(3)		2,802	2,811	(9)
FINANCE	(131)	(345)	215		(392)	(1,618)	1,227
IM&T	422	162	259		1,265	520	745
IM&T PROJECTS	340	340	0		1,019	1,019	0
OPERATIONS MANAGEMENT	172	165	7		517	496	22
PERFORMANCE	275	230	45		825	622	203
STRATEGY & DEVELOPMENT	2,191	1,809	382		6,572	5,645	927
ADMIN PROJECTS	(769)	(170)	(600)		(2,308)	337	(2,646)
SERVICE PLANNING & REFORM	42	42	(0)		127	127	(1)
EXECUTIVE MANAGEMENT TEAM	613	617	(4)		1,840	1,840	(0)
ADMIN TOTAL	**12,066**	**10,998**	**1,068**		**36,199**	**33,392**	**2,807**
CORPORATE TOTAL	**19,751**	**18,509**	**1,241**		**59,252**	**55,809**	**3,443**

10. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 4 was **£4,658,142k**. The MCD available as at month 04, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,235,536k**.
- As at month 04 the ICB had drawn down 30.5% of the available cash compared to the budget cash figure of 33.3%. In July, there was again no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 01 due to high volumes of year end creditors to be paid.
- 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 04 was **£817k**, well within the target set by NHSE **(£4,500k).**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for 2023/24	2023/24 AP4 - JUL 23	2023/24 AP3 - JUN 23	2023/24 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,658,142	4,582,155	75,987
Capital allocation	0	0	0
Less:			
Cash drawn down	(1,312,000)	(952,000)	(360,000)
Prescription Pricing Authority	(85,494)	(62,022)	(23,472)
HOT	(851)	(648)	(203)
POD	(22,840)	(15,580)	(7,261)
22/23 Pay Award charges	(1,733)		(1,733)
PCSE POD charges adjustments	312	0	312
Remaining Cash limit	**3,235,536**	**3,551,906**	**(316,370)**

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-22	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-22	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-22	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-22	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-22	385,000	0	1,697,000		4,813		
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	1,682,000	**15,000**					

11. MENTAL HEALTH INVESTMENT STANDARD (MHIS) – 2023/24

South East London Integrated Care System

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 8.62%.** This has increased by 1.6% since last reported to reflect the recent pay uplift allocation. This spend is subject to annual independent review.
- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M04. The ICB is forecasting that it will deliver the target value of **£440,426k** with a forecast of **£441,834k** (£1,408k over delivery). This over-delivery is largely because of increased spend on prescribing as a result of price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below. There are variances against cost per case activity categories 'Community B - 9b' and 'Mental Health Placements in Hospitals – 20' where the patient profile has changed since that used as the basis of the 2023/24 plan.
- Slide 3 sets out the position by ICB budgetary area.
- ICBs have an opportunity to review mental health spend and amend previous and current year spend where we have improved data. The deadline for submission of the 2023 Mental Health Data Review is 13 September.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there is significant and increasing independent sector spend against the 22/23 outturn position of £1.6m. An SEL task and finish group is considering how best to manage demand, support the delivery of sustainable local services and ensure equity of access. We are also working with the London Region and other ICBs on this.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.7m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.9m (12.4%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to May 2023) is £12.9m, an increase of 18.3% over 22/23.

11. SUMMARY MHIS POSITION M04 (July) 2023-24 – position by budgetary area

South East London Integrated Care System

Mental Health Investment Standard (MHIS) position by budget area M04 2023/24		Year to Date position for the four months ended 31 July 2023						Forecast Outturn position for the financial year ended 31 March 2024					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	Category number	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Children & Young People's Mental Health (excluding LD)	1	14,841	13,301	1,530	0	14,831	10	44,523	39,902	4,554	0	44,456	67
Children & Young People's Eating Disorders	2	1,036	1,036	0	0	1,036	0	3,108	3,108	0	0	3,108	0
Perinatal Mental Health (Community)	3	3,255	3,255	0	0	3,255	0	9,766	9,766	0	0	9,766	0
Improved access to psychological therapies (adult and older adult)	4	11,655	9,387	2,120	0	11,507	148	34,964	28,160	6,361	0	34,521	443
A and E and Ward Liaison mental health services (adult and older adult)	5	5,962	5,962	0	0	5,962	0	17,885	17,885	0	0	17,885	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	4,168	4,168	0	0	4,168	0	12,505	12,505	0	0	12,505	0
Adult community-based mental health crisis care (adult and older adult)	7	11,055	10,942	111	0	11,053	2	33,166	32,827	334	0	33,161	5
Ambulance response services	8	529	529	0	0	529	0	1,588	1,588	0	0	1,588	0
Community A – community services that are not bed-based / not placements	9a	39,436	34,878	4,487	0	39,365	71	118,034	104,635	13,319	0	117,954	81
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	7,605	3,860	3,221	70	7,151	455	22,816	11,580	9,562	209	21,350	1,466
Mental Health Placements in Hospitals	20	2,104	1,812	705	0	2,517	(413)	6,313	5,436	2,313	0	7,749	(1,436)
Mental Health Act	10	2,071	0	2,166	0	2,166	(95)	6,213	0	6,441	0	6,441	(228)
SMI Physical health checks	11	256	182	17	0	199	57	768	545	50	0	595	173
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	37,148	37,148	0	0	37,148	0	111,445	111,445	0	0	111,445	0
Adult and older adult acute mental health out of area placements	14	2,414	2,183	195	0	2,378	36	7,242	6,549	529	0	7,078	165
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**143,537**	**128,644**	**14,552**	**70**	**143,265**	**271**	**430,336**	**385,930**	**43,463**	**209**	**429,602**	**734**
Other Mental Health Services:		0	0	0	0								
Mental health prescribing	16	3,202	0	0	3,969	3,969	(767)	9,606	0	0	11,907	11,907	(2,301)
Mental health continuing health care (CHC)	17	161	0	0	102	102	60	484	0	0	324	324	161
Sub-total - MHIS (inc. CHC and prescribing)		**146,900**	**128,644**	**14,552**	**4,140**	**147,336**	**(436)**	**440,426**	**385,930**	**43,463**	**12,440**	**441,833**	**(1,407)**
Learning Disability	18a	0	0	0	0	0	0	0	0	0	0	0	0
Autism	18b	228	0	0	228	228	0	684	0	0	684	684	0
Learning Disability & Autism - not separately identified	18c	10,047	4,140	4,570	1,130	9,840	207	30,142	12,421	13,435	3,390	29,246	897
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**10,275**	**4,140**	**4,570**	**1,358**	**10,068**	**207**	**30,826**	**12,421**	**13,435**	**4,074**	**29,930**	**897**
Dementia	19	4,847	4,186	443	202	4,831	16	14,540	12,558	1,328	605	14,491	49
Sub-total - LD&A & Dementia (not included in MHIS)		**15,122**	**8,326**	**5,013**	**1,559**	**14,899**	**223**	**45,366**	**24,979**	**14,763**	**4,678**	**44,421**	**946**
Total Mental Health Spend - excludes ADHD		**162,022**	**136,970**	**19,565**	**5,700**	**162,235**	**(213)**	**485,792**	**410,909**	**58,226**	**17,118**	**486,253**	**(461)**

- 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 net of physical healthcare costs

ENCLOSURE: 7
AGENDA ITEM: 10

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Update to One Bromley Local Care Partnership Board Terms of Reference**	
This paper is for **decision.**		
Executive Summary	This paper sets out the updated Terms of Reference for One Bromley Local Care Partnership Board. The One Bromley Local Care Partnership Governance arrangements have been in place since July 2022 and since then the One Bromley five-year strategy was approved by the Bromley Local Care Partnership Board in May 2023. The strategy sets out three key priorities for One Bromley from 2023 to 2028 • Improve population health and wellbeing through prevention and personalised care. • High quality care closer to home delivered through our neighbourhoods. • Good access to urgent and unscheduled care and support to meet people's needs. The One Bromley Local Care Partnership Board Terms of Reference have been updated to include the One Bromley five-year strategy.	
Recommended action for the Committee	One Bromley Local Care Partnership Board is asked to approve the updated Terms of Reference for One Bromley Local Care Partnership.	
Potential Conflicts of Interest	These will be managed though the SEL ICB conflicts of interest policy.	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A

ONE BROMLEY

Wider support for this proposal	Public Engagement	This is an internal process, and no patient engagement has thus taken place with respect to the process.
	Other Committee Discussion/ Internal Engagement	These terms of reference have been produced collaboratively with partners and presented to the LCP and Senior Management team, including clinicians, Executives and Senior members of the Borough.
Author:	Avril Baterip – Corporate Governance Lead (Bromley), SEL ICB	
Clinical lead:	Dr Andrew Parson, LCP Co-Chair and GP Clinical Lead	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

NHS South East London Integrated Care Board

Bromley Borough

One Bromley Local Care Partnership Committee

Terms of Reference

VERSION 2.00

21 September 2023

1. Introduction

1.1 The One Bromley Local Care Partnership committee [the "committee"] is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.

1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and Bromley Council.

1.3 All members of staff and members of the ICB are directed to co-operate with any requests made by the One Bromley Local Care Partnership committee.

2. One Bromley Five Year Strategy

2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore

[1] As defined by the South East London Integrated Care Board

takes a population health management approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

2.2 The strategy sets out three key priorities on this:

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

2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

2.4 Five priority programmes are set out to support the delivery of the three key priorities:

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes
4. Primary care sustainability.
5. Integrated Urgent Care.

3. Purpose

3.1 The committee is responsible for the effective discharge and delivery of the place-based functions[1]. The committee is responsible for the following functions:

a. One Bromley Local Care Partnership Board is responsible for the effective planning and delivery of place based services to meet the needs of the local population in line with the ICB's agreed overall planning processes. There is a specific focus on community based care and integration across primary care, community services and social care. The Board, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and

developing the Local Care Partnership. The Board will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

b. The One Bromley Local Care Partnership will support and secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the One Bromley Local Care Partnership for their population and delegated responsibilities.

c. The One Bromley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.

d. The One Bromley Local Care Partnership will ensure representation and participation in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

e. As far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership.

f. This committee will have responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the ICB Board:
   - Primary care services
   - Community services
   - Client group services
   - Medicines Optimisation related to community based care
   - Continuing Healthcare

g. The One Bromley Local Care Partnership Board will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.

h. The committee has a responsibility to manage the delivery of the annual delivery plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget and performance and for escalating to the SEL ICB if material risks to the delivery of plans are identified.

i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out below.

4. Duties

4.1 **Place-based leadership and development**: responsibility for the overall leadership and development of One Bromley Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. One Bromley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS. One Bromley Local Care Partnership will provide Bromley based leadership, challenge, oversight and guidance to the Primary Care Oversight Group for the delivery of primary care services in Bromley. One Bromley Local Care Partnership will have oversight on the Contracts and Procurement Sub-Committee which will provide assurance on contracts and procurement activities to One Bromley Local Care Partnership and will identify and manage organisational and strategic risks related to these areas.

4.2 **Planning**: Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the One Bromley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. One Bromley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full One Bromley Local Care Partnership. Produce and implement an annual delivery plan aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery

4.3 **Delivery**: Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the One Bromley Local Care Partnership. One Bromley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. One Bromley Local Care

Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.

4.4 **Monitoring and management of delivery**: Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary. One Bromley Local Care Partnership will ensure delegated budgets, including running costs are deployed effectively and within the agreed envelope

4.5 **Governance**: Responsible for ensuring good governance is demonstrably secured within and across One Bromley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the One Bromley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.

4.6 **Transformation**: To provide overall leadership, guidance and control to the local transformation programme led through the One Bromley Executive Sub-Committee, ensuring agreed outcomes are delivered.

5. Accountabilities, authority and delegation

5.1 One Bromley Local Care Partnership Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.

6. Membership and attendance

6.1 Core members of the committee will include representatives of the following:

a. Joint Chairs - Leader of Bromley Council and Clinical Lead for One Bromley
b. Borough Lay member

c. Local Care Partnership Place Executive Lead
d. Local authority Portfolio Holder for Adult Care & Health
e. Local authority adult social care
f. Local authority children's services
g. Local authority public health
h. Two PCN Clinical Directors with one vote between them
i. Community services providers
j. Mental health services providers
k. Acute services providers
l. VCSE sector, BTSE
m. Hospice sector
n. Bromley GP Alliance

6.2 Non-voting members in attendance will include:

a. Local LMC representative
b. Local Healthwatch representative
c. Assistant Director of Integrated Planning and Commissioning
d. One Bromley Integrated Care Programme Director
e. One Bromley Borough Director of Organisational Development

6.3 The SEL ICB Accountable Officer, Chief Financial Officer and other South East London ICB executive directors may attend, as may Bromley Council's CEO, and relevant senior officers.

7. Chair of the meeting

7.1 The meeting will be chaired jointly by One Bromley Local Care Partnership Clinical Lead and the Leader of Bromley Council.

7.2 If the presiding chair is temporarily absent, for example on the grounds of conflict of interest, a deputy chair shall be identified and preside.

8. Quorum and conflict of interest

8.1 The quorum of the committee is at least 50% of the following must be present:

a. Joint Chairs - Leader of Bromley Council and Clinical Lead for One Bromley
b. Borough Lay member

c. Local Care Partnership Place Executive Lead
d. Local authority Portfolio Holder for Adult Care & Health
e. Local authority adult social care
f. Local authority children's services
g. Local authority public health
h. Two PCN Clinical Directors with one vote between them
i. Community services providers
j. Mental health services providers
k. Acute services providers
l. VCSE sector, BTSE
m. Hospice sector
n. Bromley GP Alliance

8.2 In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

8.3 The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chair.

8.4 The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life, the Nolan Principles which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

8.5 Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

9. Decision-making

9.1 The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are the voting members of the One Bromley Local Care Partnership. Core members are expected to have a designated deputy who will attend the formal One Bromley Local Care Partnership meetings with delegated authority as and when necessary.

10. Frequency

10.1 The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this. When meeting in public, One Bromley Local Care Partnership will be open to public questions at the end of the meeting.

10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.

10.4 Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

11. Reporting

11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

11.2 The committee will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.

11.3 The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

11.4 For the purpose of performance assurance for contracts delegated to the borough from the ICB Board, to report to the ICB's Integrated Governance and Performance Committee on risks, performance variance and the actions planned to deliver and sustain improvement.

12. Committee support

12.1 The embedded governance and admin team will provide business support to the committee. The meeting secretariat will ensure that:

- Draft minutes are shared with the Chair for approval within three working days of the meeting.
- Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.
- Compilation of the annual work plan is produced
- Agreement of the agenda with the Chair and Place Lead
- Collation of papers

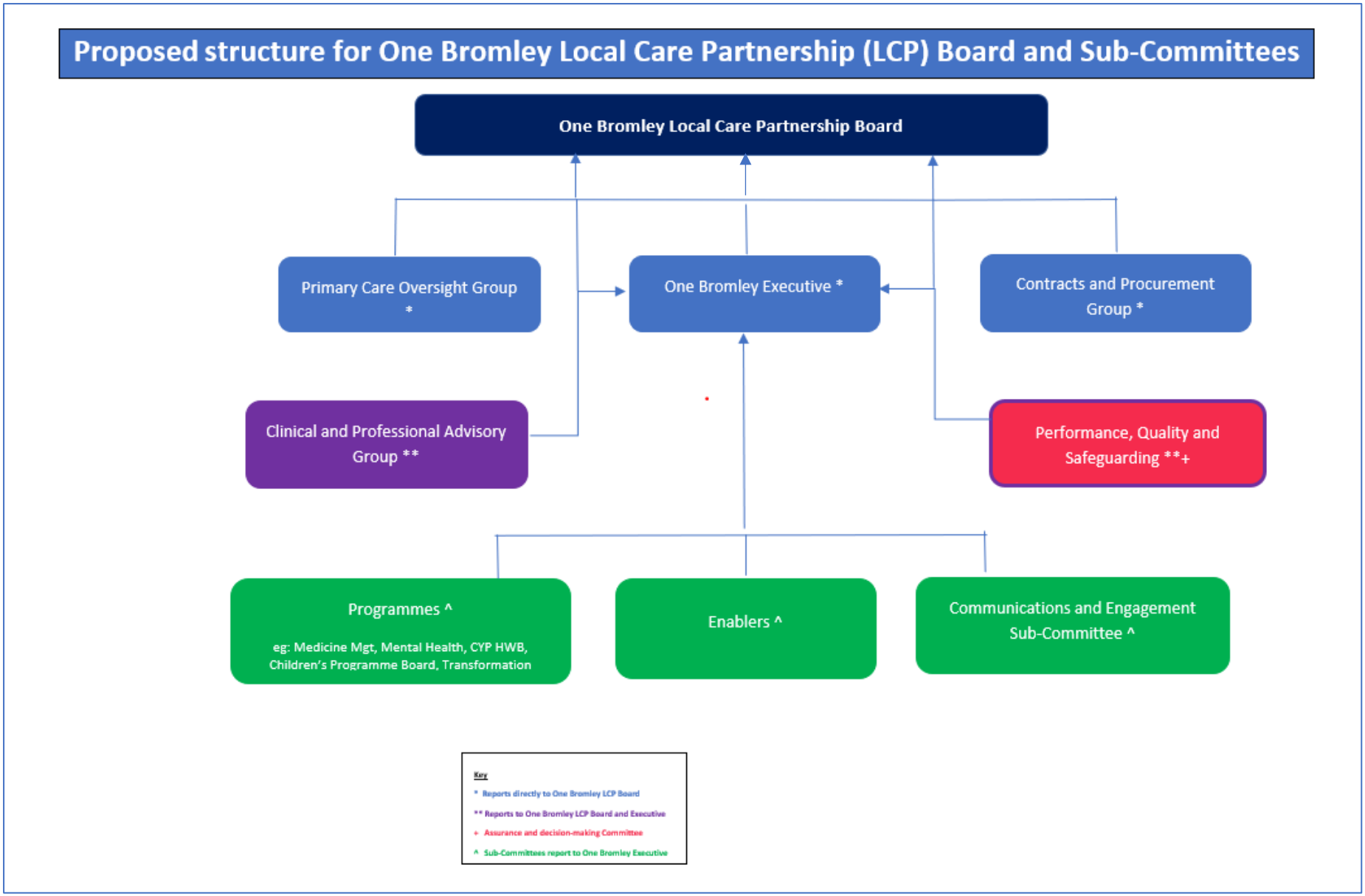
13. Review of Arrangements

13.1 The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

14. Glossary

CCG	Clinical Commissioning Group
SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
KCH	Kings College Hospital
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
VCSE	Voluntary Community Sector Enterprise
BGPA	Bromley General Practice Alliance
PCOG	Primary Care Oversight Group
CPAG	Clinical and Professional Advisory Group
LMC	Local Medical Committees

Appendix 1: Structure Chart



ENCLOSURE: 8
AGENDA ITEM: 11

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Update to One Bromley Executive Terms of Reference**
This paper is for **decision.**	
Executive Summary	The One Bromley Local Care Partnership Governance arrangements have been in place since July 2022 and since then the One Bromley five-year strategy was approved by the Bromley Local Care Partnership Board in May 2023. The strategy sets out three key priorities for One Bromley from 2023 to 2028 • Improve population health and wellbeing through prevention and personalised care. • High quality care closer to home delivered through our neighbourhoods. • Good access to urgent and unscheduled care and support to meet people's needs. The One Bromley Executive Terms of Reference have been updated to include the One Bromley five-year strategy and the delivery of the plan will be a key objective of the One Bromley Executive going forward. Following on from the departure of the previous Chair of the One Bromley Executive, Jonathan Lofthouse, PRUH Chief Executive, a new Chair of the One Bromley Executive is required, selected from the current membership of the group. It has been agreed by the members of the Executive that new Chair will be Kim Carey, Director of Adult Services, London Borough of Bromley.
Recommended action for the Committee	The One Bromley LCP is asked to approve the updated Terms of Reference for the One Bromley Executive, noting the appointment of the new Chair.
Potential Conflicts of Interest	None

ENCLOSURE: 8
AGENDA ITEM: 11

Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	Improving population health is a key objective of the One Bromley Executive
	Financial impact	None
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	One Bromley Executive
Author:	Mark Cheung, One Bromley Programme Director	
Clinical lead:	Dr Andrew Parson, LCP Clinical Chair	
Executive sponsor:	Dr Angela Bhan, Place Based Executive Lead	

ENCLOSURE: 8
AGENDA ITEM: 11

One Bromley Executive

Terms of Reference

Chair: Director of Adult Services, London Borough of Bromley

Accountable to: One Bromley Local Care Partnership Board

Reporting to: Local Care Partnership Board Version: 5.0

1. Introduction

1.1 Integrated Care is central to the delivery of the NHS Long Term Plan by bringing together local organisations to redesign care and improve population health creating shared leadership and action.

1.2 The Health & Care Act (2022) establishes an Integrated Care System (ICS) Partnership for South-East London (SEL). Within each ICS, placed based partnerships will lead the detailed design and delivery of local integrated services.

1.3 Health & Social Care organisations in Bromley have agreed to work together to enhance and improve the range, quality and effectiveness of services available to local people. Working as a single system, the One Bromley Local Care Partnership (LCP) intend to develop a strategy in common and jointly direct the resources, skills and assets available within Bromley in a coordinated way to achieve better outcomes.

1.4 The One Bromley Executive is the executive and operational management forum for this collaborative initiative at a Borough LCP level. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership.

1.5 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the One Bromley Executive.

2. One Bromley Five Year Strategy

2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the

wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

2.2 The strategy sets out three key priorities on this:

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

2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services.
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

2.4 Five priority programmes are set out to support the delivery of the three key priorities

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes
4. Primary care sustainability.
5. Integrated Urgent Care.

2.5 The One Bromley Executive will have the overall responsibility for the monitoring and delivery of objectives and programmes set out in the One Bromley Five-Year Strategy, including enablers

3. Purpose

3.1 The purpose of the ***One Bromley Executive*** is to provide senior leadership and management for the Local Care Partnership across both the health & care

system. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership. The remit of the Executive is to deliver strategies and plans agreed by the One Bromley Local Care Partnership (LCP) Board. The Executive will also have oversight on local system performance, quality and risk management.

3.2 The One Bromley Executive will have overall responsibility for the monitoring and delivery of the One Bromley Five Year Strategy and the associated transformation programmes across all parts of the One Bromley system. In addition to these programmes, the Executive will also drive forward enabling workstreams, including population health management, workforce, digital and estates. Reporting to the Executive will be supported through the Programme Management Delivery Team.

3.3 The One Bromley Executive will report into the One Bromley LCP Board. The ***LCP Board*** is a 'committee' of SEL ICS with delegated authority to take local decisions about ICS NHS body resources.

3.4 The One Bromley Executive will be supported by the ***One Bromley Clinical & Professional Advisory Group (CPAG)*** which will provide multi- professional advice to support the aims of improving local population outcomes. The CPAG is made up of individuals who have clinical or professional leadership roles form across Bromley.

4. Duties

4.1 ***Provide placed based leadership for the management and delivery of local services***: Responsibility for the development, implementation and collective delivery of One Bromley transformation programmes and service requiring leadership and co-ordination at a local level.

4.2 ***Implement strategies as agreed by One Bromley partners:*** Formulate and implement strategies for the effective planning and delivery of placed based service to meet the needs of the local population. To have collective outputs and outcomes in place.

4.3 ***Enhance partnership and integrated working across health & social care:*** Improving communication and response across One Bromley partner organisations by working as a collective and collaborative partnership.

4.4 ***Effectively manage performance & risk:*** Ensuring robust mechanisms are in place to support the effective monitoring and delivery of One Bromley Programmes including

performance and outcomes against plans, evaluation and learning and the

implementation of remedial action and risk management where this is required.

4.5 ***Promote and encourage commitment to One Bromley value based principles as set out in the One Bromley Five Year Strategy. We will***

- **Embed One Bromley priorities** into our own organisations' priorities.
- **Engage within our organisations** on our priorities at all levels.
- **Work together as one team across organisations** by empowering our staff to work together for the benefits of patients and service users.
- **Pool our insight and expertise** to develop creative ways of delivering care and support.
- **Harness the power of our communities** so residents are empowered in their personal care and health decisions, in shaping services to meet local needs and being part of resilient communities.
- **Allocate resources differently** shifting resources in Bromley on an agreed basis to areas where they could have greatest effect and reducing duplication.

5. Status, Responsibilities & Accountabilities

5.1 The One Bromley Executive is established by the partner organisations and demonstrates their commitment to work collaboratively to improve the health and wellbeing of local people.

5.2 Each of the partner organisations remain sovereign bodies. The One Bromley Executive is not a separate legal entity and may only operate within the parameters agreed by all participants.

5.3 The One Bromley Executive will:

- Promote and encourage commitment to One Bromley principles and objectives
- Implement LCP strategies as agreed by the LCP Board
- Oversee the development and progression of LCP initiatives in Bromley
- Enhance partnership and integrated working across health & social care
- Effectively manage performance and risk in relation to the LCP transformation programme

5.4 The One Bromley Executive will be responsible for:

- Delivering a local strategy for the integration of health and care services in Bromley This includes but not limited to the following priority areas:
  - Implementation of the Bromley Hospital @ Home/ virtual ward scheme
  - Enhancing the Proactive Care pathway
  - Delivering a community ambulatory frailty service
  - Bringing together End of Life health & social care into a single integrated offer

- Collectively, system resilience for Winter including high demand/ frequent A&E attenders
- Work together as a single system to manage the One Bromley Delivery Unit
- Development and implementation of key transformation programmes

- Delivery of the enabler workstreams to enable LCP delivery in Bromley:
  - Financial & economic modelling
  - System wide business intelligence, data sharing and population health management
  - System wide outcomes and KPIs
  - Contracting risk sharing and system governance
  - Organisational and workforce development
  - Single system communication and engagement plan
  - Estates management

5.5 The One Bromley Executive is accountable to the LCP Board.

6. Membership and attendance

6.1 The membership is comprised of senior executives of the organisations that are members of the One Bromley Local Care Partnership. The recently formed PCNs will be represented via PCN internally nominated representatives. This serves as the foundation of collaborative working arrangements in Bromley.

6.2 Core membership of the One Bromley Executive will include representatives of the following:

Organisation	Role
King's College Hospital NHS FT (Chair)	Site Chief Executive (PRUH)
King's College Hospital NHS FT	Director of Operations
Oxleas NHS FT	Service Director for Bromley
Bromley Healthcare	Chief Executive
Bromley GP Alliance	Chair
St Christopher's	Care Director
Bromley Third Sector Enterprise (BTSE)	Chief Executive
London Borough of Bromley	Director of Adult Services
London Borough of Bromley	Director of Public Health
SEL ICB	Borough Director

SEL ICB	GP Clinical Lead Bromley & Co-Chair of LCP Board
Bexley, Bromley and Greenwich Local Pharmaceutical Committee	Chief Officer
Bexley, Bromley and Greenwich Local Optical Committee	Chair
South-East London Local Dental Committee	TBC
PCN representative	Clinical Director
PCN representative	Clinical Director

7. Chair of the meeting

7.1 The chair and nominated deputy Chair shall be selected from amongst the membership of the Executive. This is to be changed every 2 years.

7.2 Deputies may attend the Executive subject to prior notification to, and the agreement of, the Chair.

7.3 Subject to the agreement of the Chair, other officers/colleagues from the partner organisations may be invited to attend the Executive where this will directly support the work programme of the Executive.

8. Quorum and conflict of interest

8.1 The quorum of the committee is at least 50% of members.

9. Decision-making

9.1 It is ordinarily expected that decisions related to the work of the One Bromley Executive shall be achieved by consensus, within the levels of delegated responsibility held by each of the members of the Board on behalf of their respective organisations.

9.2 In the event that consensus agreement cannot be reached, the matter shall be referred to the LCP Board.

10. Frequency

10.1 The One Bromley Executive will meet every 2 weeks / month.

10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.

11. Reporting

11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

12. Committee support

12.1 A schedule of meetings will be produced to support advance diary management.

12.2 Administrative support for the Executive will be provided by SEL ICB The meeting secretariat will ensure that:

- Draft minutes are shared with the Chair for approval within five working days of the meeting.
- Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.
- Agreement of the agenda with the Chair and Place Lead
- Collation of papers

13. Review of Arrangements

13.1 The Terms of Reference shall be reviewed on an annual basis.

14. Glossary

SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
BGPA	Bromley General Practice Alliance
CPAG	Clinical and Professional Advisory Group
LMC	Local Medical Committees

ENCLOSURE: 9
AGENDA ITEM: 12

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**South London Partnership (SLP) – Phase II proposal to delegate Mental Health Placement Budgets from the Integrated Care Board (ICB) to the SLP**
This paper is for **information.**	
Executive Summary	1.1. The South London Partnership (SLP) is a NHS provider vehicle comprising of the three large mental health NHS Trusts in south London. Since the SLP was established in 2017/18, NHS England has delegated significant mental health specialist commissioning responsibilities to the partnership including Children and Adolescent Mental Health Services (CAMHS) inpatient and rehabilitation services, all-age eating disorder services and specialist chronic fatigue services. 1.2. In 2019/20 the SLP submitted a business case to the then nascent South-East London Integrated Care System (ICS) setting out a proposal in which the SLP would take on commissioning responsibilities for, *in Phase I*, mental health locked rehabilitation services and, *in Phase II*, joint ICB and local authority mental health placement budgets, which are primarily used to support clients eligible for joint s117 aftercare[1] services between local authorities and the NHS. The SEL ICB commenced Phase I in April 2021. 1.3. Since 2021, there has been an ongoing dialogue between the SLP, ICB and local authorities regarding plans for Phase II. This ultimately resulted in the six councils across south-east London ruling out any delegation of their own mental health placement budgets to the SLP. This decision required a re-think of the original Phase II business case, resulting in a new proposal in which *only* ICB mental joint health placement budgets would be delegated to the SLP. 1.4. In Bromley, work to explore the viability of the SLP business case has taken place in the context of joint work by the London Borough of Bromley (LBB) and the ICB, NHS Oxleas NHS Foundation Trust and other partners to transform current mental health recovery and rehabilitation services, in line with a proposal originally agreed in November 2021. 1.5. Whilst there are clear merits with the SLP business case, it is recognised that it is currently out of kilter with the local transformation work taking place in Bromley. The risk of the proposed SLP changes is that they would disrupt key local integration work at a critical time to deliver the

[1] That is, individuals eligible for free aftercare support from their relevant local authority and NHS Integrated Care Board (ICB) as set out in the Mental Health Act 1983.

ONE BROMLEY

	transformation project which is delivering improvements across health and social care. 1.6. The outcome of a review of the SLP business case is set out in Appendix A. 1.7. Beyond work on the SLP Phase II business case, the ongoing development of the SLP has provided significant opportunities for joint working and improved outcomes for people with mental health challenges. This includes joint work between the SLP and LBB/ICB to develop a commissioning plan for the SLP, to jointly improve quality outcomes and to step-down clients into local services wherever possible. 1.8. It is noted that any decision to delegate mental health placement budgets would have an impact on existing partnership arrangements between LBB, the ICB, Oxleas NHS Foundation Trust and other partners. It was for this reason that papers setting out the proposed changes was brought to Bromley Integrated Commissioning Board in March and June 2023. 1.9. In light of the ongoing joint LBB-ICB Bromley mental health recovery and rehabilitation transformation project, it is proposed that Bromley ICB does not delegate its mental health placement budget to the SLP at this stage. This decision will be reviewed by the end of the transformation project in October 2024.	
Recommended action for the Committee	The Bromley Local Care Partnership (LCP) Board to: 1. notes the background to the South London Partnership (SLP) business case to delegate place-based Integrated Care Board (ICB) mental health placement budgets to that organisation in terms of: Phase I – mental health locked rehabilitation services commissioning Phase II – other mental health placement budgets (primarily s117 aftercare services) 2. notes key work in Bromley between LBB, the ICB, Oxleas NHS Foundation Trust and other partners to transform mental health recovery and rehabilitation services (including placements). 3. agrees that Bromley ICB will not delegate its mental health placement budget to the SLP at this stage, pending the outcome of the local transformation project in October 2024.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	The SLP business case includes an assessment of the proposed changes. (Appendix B)
	Equality impact	An equality impact analysis was considered as part of work to develop the SLP business case.

	Financial impact	The current Bromley ICB expenditure on mental health placements is £1.5m per annum. This level of expenditure has been increasing since 2021 as Bromley ICB has aligned its joint funding policies with other areas of SEL, and in line with the ways of working of Joint Funding Panel Adults (JFPA) which was established in mid-2022. The SLP has undertaken a number of due diligence exercises on the Bromley mental health placement budget in order to establish the appropriate level of funding for transfer. Following the decision on whether to delegate mental health placement budgets to the SLP, it should be noted that the ICB will need to deliver efficiencies on its mental health placement budget for re-investment in mental health services at a level as yet to be determined.
Wider support for this proposal	Public Engagement	There has been no public or user engagement by the SLP in the development of their business case.
	Other Committee Discussion/ Internal Engagement	Bromley Integrated Commissioning Board
Author:	James Postgate, Associate Director of Integrated Commissioning	
Clinical lead:	Dr Ihtesham Sabri, Clinical Lead – Mental Health	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead	

Appendix A: South London Partnership (SLP) – Phase II proposal to delegate Mental Health Placement Budgets from the Integrated Care Board (Bromley) to the SLP – outline Bromley position on changes

Introduction

1.1. The South London Partnership (SLP) is a NHS provider vehicle comprising of the three large mental health NHS Trusts in south London, that is: the Oxleas NHS Foundation Trust, the South London and Maudsley NHS Foundation Trust and the South West London and St George's Mental Health NHS Trust. Since the SLP was established in 2017/18, NHS England has delegated significant mental health specialist commissioning responsibilities to the partnership including Children and Adolescent Mental Health Services (CAMHS) inpatient and rehabilitation services, all-age eating disorder services and specialist chronic fatigue services.

1.2. In 2019/20 the SLP submitted a business case to the then nascent South-East London Integrated Care System (ICS) setting out a proposal in which the SLP would take on commissioning responsibilities for, *in Phase I*, mental health locked rehabilitation services and, *in Phase II*, joint ICB and local authority mental health placement budgets, which are primarily used to support clients eligible for joint s117 aftercare services between local authorities and the NHS. The SEL ICB agreed to commence Phase I from April 2021.

1.3. Since 2021, there has been an ongoing dialogue between the SLP, ICB and local authorities regarding planning for Phase II. This ultimately resulted in the six Councils across south-east London ruling out any delegation of their own mental health placement budgets to the SLP. This decision required a re-think of the original Phase II business case, which was predicated on both NHS and local authority budgets being delegated. A new SLP business case was submitted in January 2023 in which only ICB mental joint health placement budgets would be delegated to the SLP.

1.4. There are different arrangements for managing mental health placement budgets across South-East London. Given this, the focus of the new SLP business case has been on delegating budgets in Bexley, Bromley and Greenwich (BBG). In light of this, there has been ongoing collaboration across BBG in terms of an ongoing exploration of the proposals.

1.5. It is noted that any decision to delegate mental health placement budgets would have an impact on existing partnership arrangements between LBB and the ICB. It was for this reason that an outline paper setting out the proposed changes was brought to the LBB-ICB Bromley Integrated Commissioning Board in March 2023.

Key issues for consideration

1.6. Since the Integrated Commissioning Board paper in March 2023, the following activities have taken place to further explore the SLP proposal:

- joint work across BBG to explore the viability of the SLP proposals.
- engagement with the different local authorities across BBG, including with the Directors of Adult Social Services (DASS).

- work across South-East London (SEL) ICB to explore the financial viability of the SLP proposals, as well as to consider the right model of support for people with long-term mental health challenges, including s117 eligible clients.

- engagement with key leads across mental health on the proposals.

Relationship between SLP business case and Bromley MH Transformation Project

1.7. In Bromley, work to explore the viability of the SLP business case has taken place in the context of joint work by LBB, the ICB, Oxleas NHS Foundation Trust and other partners to transform current mental health recovery and rehabilitation services, in line with a proposal originally agreed in November 2021. The transformation project involves:

- the development of an integrated mental health housing and support service in Bromley, which will be jointly commissioned and funded (50:50) across LBB and the ICB. The new service model was co-designed with service users and, following a competitive procurement exercise, will open in October 2024.

- the deregistration of a number of care homes into supported living schemes, with mental health clients in the schemes able, for the first time, to take up the rights and responsibilities of having their own tenancy.

- the resolution of historic housing management challenges of the properties with improvements in the ongoing repair and maintenance of mental health housing schemes.

- the "unsilting" of the mental health recovery and rehabilitation pathway, with more people (mainly s117 aftercare eligible clients) able to step down to their own homes, with ongoing floating support where needed.

1.8. Whilst there are clear merits with the SLP business case, it is recognised that it is currently out of kilter with the local transformation work taking place in Bromley. The risk of the proposed SLP changes is that they would disrupt key integration work at a critical time to deliver the transformation project which is delivering improvements across health and social care.

Opportunities to work jointly with the SLP on MH "complex cases"

1.9. Beyond work on the SLP Phase II business case, the ongoing development of the SLP has provided significant opportunities for joint working and improved outcomes for people with mental health challenges. This includes:

- a SLP representative has joined Bromley Joint Funding Panel Adults (JFPA) to ensure a tailored and continuous pathway between more specialist services and local housing and support provision.

- there has been joint work between the SLP and LBB/ICB to develop a commissioning plan for the SLP, to jointly improve quality outcomes and to step-down clients into local services wherever possible.

- a new forum between the SLP and MH commissioner leads in South-East London has also been recently established. This is an opportunity to jointly commission services and pathways for clients with complex MH needs.

South-West London decision to devolve mental health budgets to the SLP

1.10. There has been a decision in South-West London ICB to devolve that area's mental health placement budget to the SLP. It is recognised that the decision by South-West London provides an opportunity to review the impact of the changes in this area, and to consider, in the coming period, what benefits have been realised.

The need to deliver efficiencies on the mental health placement budget

1.11. It should be noted that the ICB will need to deliver efficiencies on its mental health placement budget for re-investment in mental health services at a level as yet to be determined. Work has already commenced on this as part of the overall transformation project, including:

- a refresh of Bromley Joint Funding Panel Adults (JFPA) to include a renewed focus on personalisation, independent living and value for money.
- a new joint decision-making pathway across Learning Disability, Mental Health and Continuing Healthcare (CHC) to ensure all clients are able to access equitable support across different funding areas.
- step-down work taking place as part of the local MH transformation project, with more people able to access independent services as part of the work.

Outline decision not to delegate mental health placements budget to the SLP at this stage

1.12. In light of the ongoing Bromley mental health recovery and rehabilitation transformation project, it is proposed that Bromley ICB does not delegate its mental health placement budget to the SLP at this stage. This decision will be reviewed by the end of the transformation project in October 2024 and will take into account:

- the outcomes of ongoing with between the SLP and local MH commissioners to improve service outcomes across the region.
- the views of key partners including Oxleas NHS Foundation Trust.
- the impact of the changes taking place in South-West London, including any benefits realised in those areas.
- the position of Bexley and Greenwich at the time of the review. (noting that Bexley and Greenwich Place ICB teams are also expected not to delegate their mental health placement budgets to the SLP at this stage).

Business Case

Integrated Community Mental Health Rehabilitation Service – A South London Approach

Authors:
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Senior Responsible Officer: David Bradley, SLAM

Version Final

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Circulation/Amendment History

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v.1	8.3.22	Sue Field	First draft for comment to Exec Leadership Development Session on 14.3 22

Distribution List

Name	Department / Organisation

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1. Executive Summary

A key objective of the Complex Care Programme (CCP) is to provide outstanding care for people with complex mental health needs as close to home as possible.

To deliver this, the CCP wish to commission three integrated community mental health rehabilitation services. These services will form an integrated partnership between clinicians and the voluntary sector and offer specialist rehabilitation intervention.

These services will enable people to receive a community based offer and avoid admission into a rehabilitation unit. It will also strengthen the level of care and support for service users requiring rehabilitation after their discharge from hospital and will mean they have lower levels of need when they step down into supported living.

This will release NHS inpatient rehabilitation capacity to transition additional service users more quickly from adult acute wards.

Financially, this has a significant net saving for the Integrated Care System's (ICS) and allows the Programme to invest in community options which will deliver savings in the shared care budget for the CCGs and Local Authorities.

2. Purpose of the business case

The purpose of this business case is

1. To seek Board approval to proceed to procurement for one service as outlined in the CCP Business Case 2020
2. To seek approval to accelerate transformation to meet modelled demand by procuring an additional two services – therefore providing one unit in each MH Trust footprint.

2.1: Deliverables

The deliverables of the three services will therefore be:

- To improve the recovery outcomes and satisfaction for 54 service users per year by supporting them via an integrated community rehabilitation approach
- To create a net saving for the ICS's of £2.8m over a three year period via inpatient admission avoidance and reduced use of residential and high cost placements.

2.2: Financial Summary

	Year 1 *£m*	Year 2 *£m*	Year 3 *£m*	Year 4 *£m*	Year 5 *£m*	Total Cash Outlay *£m*
Investment Value (£) – Capital and Revenue (no Capital required)	£2.59	£2.59	£2.59	£2.59	£2.59	£12.93
Reduction in Revenue spend on other Placement activity (Phase 2 + LA)	(£1.42)	(£2.66)	(£3.90)	(£3.90)	(£3.90)	(£15.77)
Return on Investment (ROI) – Value of full year effect saving / (deficit)	(£1.17)	£0.07	£1.31	£1.31	£1.31	£2.84

3. Introduction and Overview

3.1 Background - November 2020 Business Case

The Complex Care Programme (CCP) Business Case (November 2020), ratified via CCG, MH Trust and SLP governance processes represented a joint endeavour between the South London Partnership (SLP) and wider South East and South West ICS partners. It had a primary focus to transform the way decisions are made and redesign pathways of care to achieve improved outcomes for those supported by the CCG complex care budget which as of the time of endorsement supported 1050 individuals at a cost of c£50m.

Those supported by this budget are generally people with severe mental illness, the majority having a diagnosis of psychosis with significant comorbidities (i.e. personality disorder, learning disability, substance misuse, autism) and complex social care needs, therefore requiring a funded placement or the need to access a funded placement. As a result of their complex needs, these individuals

- Have a higher premature mortality than the general population (dying on average 15-20 years earlier).
- Are more likely to experience higher rates of poverty, homelessness, incarceration, social isolation and unemployment.
- Many would have experienced a number of long inpatient admissions or placement breakdowns – hence 'revolve around' the mental health system, be subject to S3 of the MHA and have entitlements under S117- and lastly,
- Some may present with significant risk to themselves and/or others. Conversely, they may also present as extremely vulnerable to abuse and exploitation from others.

As a result of the 2020 Business Case, as a first phase**,** the CCP received delegation of the 100% health only element of the budget (c£35m), and agreed to work in shadow form with CCGs to support those in shared care placements with the Local Authority. An options appraisal would then be taken to governing boards prior to a second phase –one of the options being to delegate the health component of the shared care budgets to the Programme.

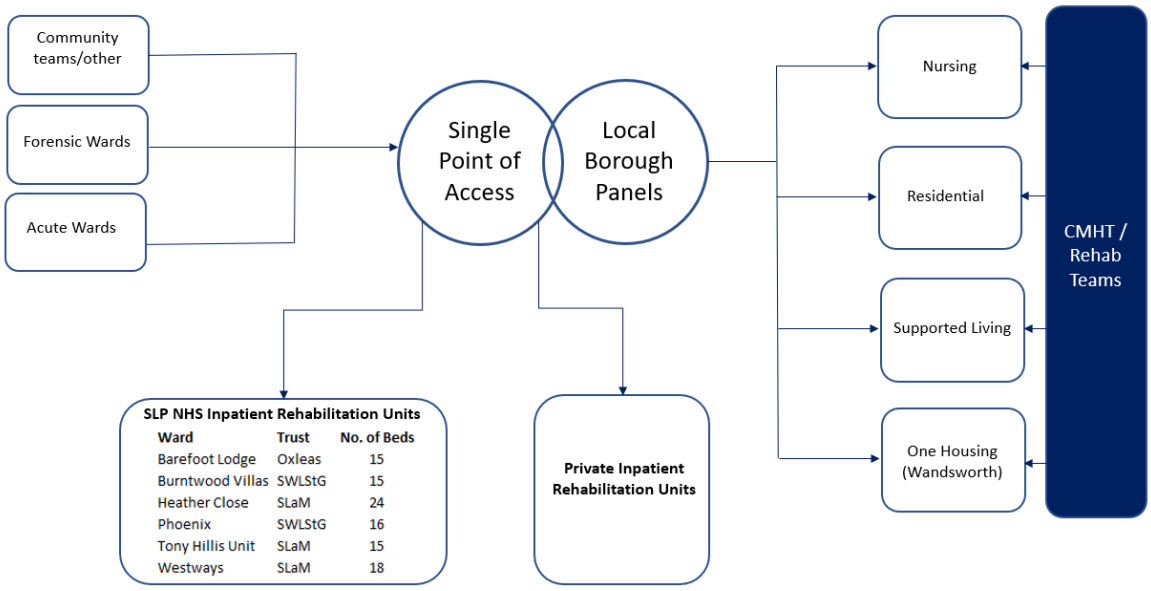
This would capitalise upon the unique position of the CCP of being able to use its knowledge of both working at scale and at a local level (in effect being integrated with each of the 3 MH Trusts) to strengthen health and social care partnerships to work more strategically to improve service user care in the longer term.

The case for change was compelling, with many people supported having poor outcomes, namely being placed too far from home, in over–restrictive settings (primarily in inpatient rehabilitation and residential care settings) and people remaining in placements for longer than necessary. Multiple CCGs commissioning individual spot placements resulted in an uncoordinated provider market, no consistency of tariff, and CCG spending was increasing year on year leading to poor value for money.

One proposed initiative to partly address the issues described above was the development of an SLP wide integrated community mental health rehabilitation service – a supported living service which would be provided in partnership with a voluntary and community sector (VCS) provider, with clinical in-reach (provided by the local MH Trust) from psychiatry, occupational therapy, psychology and substance use expertise. This would offer an alternative to inpatient admission where possible and bring people back into their home area. It would also strengthen the level of care and support for service users requiring rehabilitation after their discharge from hospital and would mean they would have lower levels of need when they stepped down into a more permanent placement.

3.2: The current rehabilitation system

The rehabilitation system spans both inpatient and community provision – with NICE Guidance recommending a rehabilitation pathway to support people in less restrictive settings as their recovery and independence increases. The current system is depicted in the figure below.



People access inpatient rehabilitation services (either to NHS provision or to the independent sector) via the SLP CCP Single Point of Access (SPA). This was developed by the Programme to ensure that consistent NICE recommended eligibility criteria, and good practice, was applied prior to referral to 100% health only funded placements.

People are generally referred to the SPA from acute or forensic services. If suitable for inpatient rehabilitation, the person is primarily referred to MH Trust provided block provision - of Tony Hillis Unit, Westways and Healther Close provided by SLAM, Barefoot Lodge provided by Oxleas, or Phoenix and Burntwood Villas provided by SWLSTGs. The private sector is only used when there are specific needs that cannot be met in the NHS units ie those who need specialist clnical intervention in relation to Emotional Unstable Personality Disorder (EUPD), those with a dual diagnosis of psychosis and autism who need a tailored therapeutic environment, those who would benefit from an alternative offer or where capacity in the NHS units is not available.

After a period of between 9-12 months, when the person has achieved their recovery goals and no longer needs to be within an inpatient setting, the person's care co-ordinator or social worker presents their care needs to the SPA or to a borough placement panel. If deemed eligible for S117 aftercare, dependent on their needs, options of discharge include referral to residential, nursing or supported living accommodation, an offer of a bespoke package of care, or if returning to independent accommodation the offer of floating support or a personal health budget. The provision in each borough differs, and is either purchased via a block arrangement or individual cost per case placements. There is only one integrated clinical /VCS housing offer across 2 units (one 13 bedded and the other 11 bedded unit) in Wandsworth for solely Wandsworth service users provided by One Housing Group- and hence it does not meet the demand required across S London. This provision has been factored in to all modelling activity and its current practice informs findings in this business case.

To provide consistency of care, people are supported throughout their journey by either a care co-ordinator from a community mental health team or in some boroughs dedicted rehabilitation community mental health teams. These teams provide clinical/social care and general support on

an individual basis – there is no consistent assertive VCS housing/clinical in-reach partnerships where there are joint ways of working or joint outcome measures in place.

Transformation to date

The Programme has already made a significant impact in transforming the current system to better meet the recovery outcomes of service users. Not only has it introduced the SPA as described above, it has:

- Coproduced a model of care for inpatient rehabilitation which meets NICE Guidance – and is currently commissioning substance use and peer support expertise to the NHS wards
- Begun to develop a bed management function across the 6 NHS inpatient rehab to maximise their capacity, and reduce the number of delayed transfers of care
- Implemented a trusted assessment process so that people are assessed within a 7 -8 day period for eligibility for inpatient care (which previously took 3 weeks)
- From 2020 begun to develop a personal health budget process to support people in a more personalized way
- Begun to put a more robust commissioning governance framework in place with 100% health funded independent providers via using the NHS standard contract. This is informed by knowledge of placements and tarrifs across the S London footprint which supports negotiation of quality and value for money
- Begun working in borough pilot sites of Kingston, Croydon and the evolving sites of Greenwich and Wandsworth to test whether the Programme can use its learning of working at scale to an individual borough level.

As a result, as of January 22, the Programme has been able to reduce the numbers of people in private inpatient rehabilitation services from 125 people in October 2019 to 56 individuals (a net reduction of 69 people). All those who remain have a personalized plan, which is reviewed regularly to support discharge at the earliest point. The averge length of stay in NHS inpatient provision is now 10 months, as opposed to 3 years.

However, despite the improvements above, there remains significant gaps particularly in the community offer – an offer which lacks coherence and ambition.

4: The case for change – Continued poor outcomes for service users.

4.1: People in over-restrictive settings:

Through the SPA, it has been identified that over 50 patients between April 20 and March 21 could avoid being admitted to inpatient rehabilitation if there was a high supported community alternative available. Others could step down at an earlier point from inpatient rehabilitation settings. As a result there are a significant number of people who stay in over-restrictive settings due to gap in community provision. Figures are shown in S.7.

Also the only option available for some people with complex mental heatlh needs, when ready for discharge is to placed in residential care setings or high cost supported living placements. Over 60 people could have benefited from an integrated mental health rehabilitation service from this cohort between April 20 – March 21.

Residential care settings often offer variable quality of supporting people in their active recovery as

many services are provided for people ie cooking, cleaning, budgeting, shopping etc which does not either incentivize the service user or the provider to encourage people to do these activities for themselves This results in people remaining there for extended periods and in some cases, this can lead to people losing skils that they previously had. There is also lack of financial incentive for private providers to support step down.

4.2: An unco-ordinated offer leading to people being placed far from home

As part of the borough pilot site process, the Programme has worked with MH Trust, Local Authority and CCG colleagues and co-ordinated the collection of a borough based databases – which collates all placement activity from each partner. There remain a large number of people not only being placed out of their home borough or mental health Trust footprint, but also outside of the SLP footprint.

Details of this is shown below. Only 45% of people are placed within their home borough, and only 67% placed in their MH Trust footprint.

100% & Shared Care	SEL no. of Placements	SWL no. of placements	Total no. of placements
Within Home Borough	201 (44%)	312 (46%)	513 (45%)
Within SLP, but not home Borough	190 (42%)	254 (37%)	444 (39%)
Outside SLP footprint	62 (14%)	118 (17%)	180 (16%)
Total Placements	**453**	**684**	**1137**

100% & Shared Care	Oxleas	SLaM	SWLStG	Total
Within Trust footprint	147 (69%)	283 (76%)	332 (60%)	762 (67%)
Within SLP, but not home Trust	29 (14%)	57 (15%)	109 (20%)	195 (17%)
Outside SLP footprint	38 (18%)	33 (9%)	109 (20%)	180 (16%)
Total Placements	**214**	**373**	**550**	**1137**

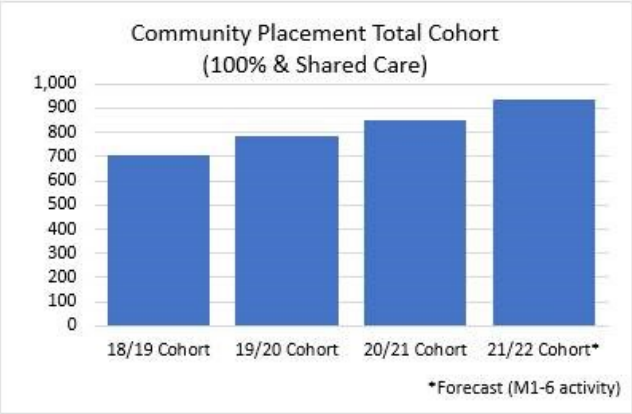
The use of these out of area spot placements result in service users:

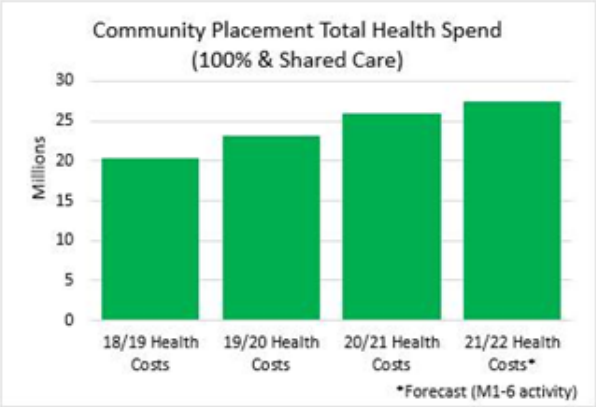
- not easily being able to remain in contact their friends and family
- losing contact with the previous services that they may have known ie local GP, support services etc
- receiving a disjointed offer– with their care co-ordinator often having to liaise with social care and housing providers- including pathways and processes which are unfamiliar to them.

This can lead to reduced care co-ordinator contact, non-optimisation of recovery and hence an increase risk of relapse.

4.3: Financial strain

The use of restrictive settings, and high cost out of area placements, together with a growing number of people entering the system has put significant strain on the 100% health and shared care community placement budgets. The tables below show a 36% increase in the numbers of people being placed between 18/19- 21/22 – with a resultant 37% increase in expenditure.





Without a significant change towards a consistent, evidence based and co-ordinated pathway, and more focused intervention that can both support people in the least restrictive setting and close to home, the growth in placement numbers and resultant cost will continue to escalate. This will l lead to increased poor value for money to the CCG, LA and MH Trusts, and poor recovery outcomes for service users.

5: Policy Drivers

National and local evidence base is clear in its directive to support people in the least restrictive setting via a multi-disciplinary approach in collaboration with the voluntary and social care sector.

As stated, the Programme is in a unique position to capitalize on these relationships to develop a more robust infrastructure to maximise outcomes and reduce the revolving cycle of inpatient admissions and evictions that those with complex care needs often face.

NICE Guideline: Rehabilitation for adults with complex psychosis, August 2020

Recent NICE guidance states that “rehabilitation services for people with complex psychosis should be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway” including community rehabilitation housing and support services.

Although pockets of good practice exist, there is no consistent integrated clinical/ VCS housing offer that forms part of a co-ordinated pathway.

SLAM inpatient rehabilitation review (2020)

An extensive review of the three inpatient rehabilitation units at South London and Maudsley NHS Foundation Trust (SlaM) of Tony Hillis Unit (Lambeth), Westways (Croydon) and Heather Close (Lewisham) made a variety of recommendations for the future commissioning of complex care services. This was led by Implemental (a not for profit organisation originally set up by Maudsley International and Kings College)

Reviewers carried out an extensive analysis of the existing evidence base and engaged with over c60 people, including service users, staff within the rehabilitation units, VCS staff and commissioners.

It concluded that a more ‘stepped’ pathway approach was required, citing the need to develop an integrated community mental health rehabilitation service which would act as a ‘bridge’ between inpatient care and general housing support. Findings were seen as applicable across the three MH Trusts.

NHS Long Term Plan

The NHS Long Term Plan identifies the need to address health inequalities amongst people with serious mental illness, including reduced life expectancy and racial disparities. The plan promotes the development of new community-based services that can support people who have the most complex needs. New models must give people greater choice and control over their care and support them to live well in their communities.

The Long Term Plan also advocates that partnership working between the NHS, the voluntary sector, and local government is crucial to improving care and the wider determinants of health, which can impact upon demand for acute and crisis services.

The Community Mental Health Framework for Adults and Older Adults

In 2019, NHS England, NHS Improvement and the National Collaborating Central for Mental Health collaborated to develop the 'The Community Mental Health Framework for Adults and Older Adults' which, outlined a vision for a new community mental health model. This included 'joining' up care, developing services to support people to 'step up' or step down

based on need and complexity, and on the intensity of input and expertise required at a specific time. Support should also be delivered in a multi-disciplinary, collaborative approach with a full range of staff within each local community who deliver effective mental health care.

6. Proposed integrated community rehabilitation model

<u>The original proposal as outlined in the 2020 Business Case</u>

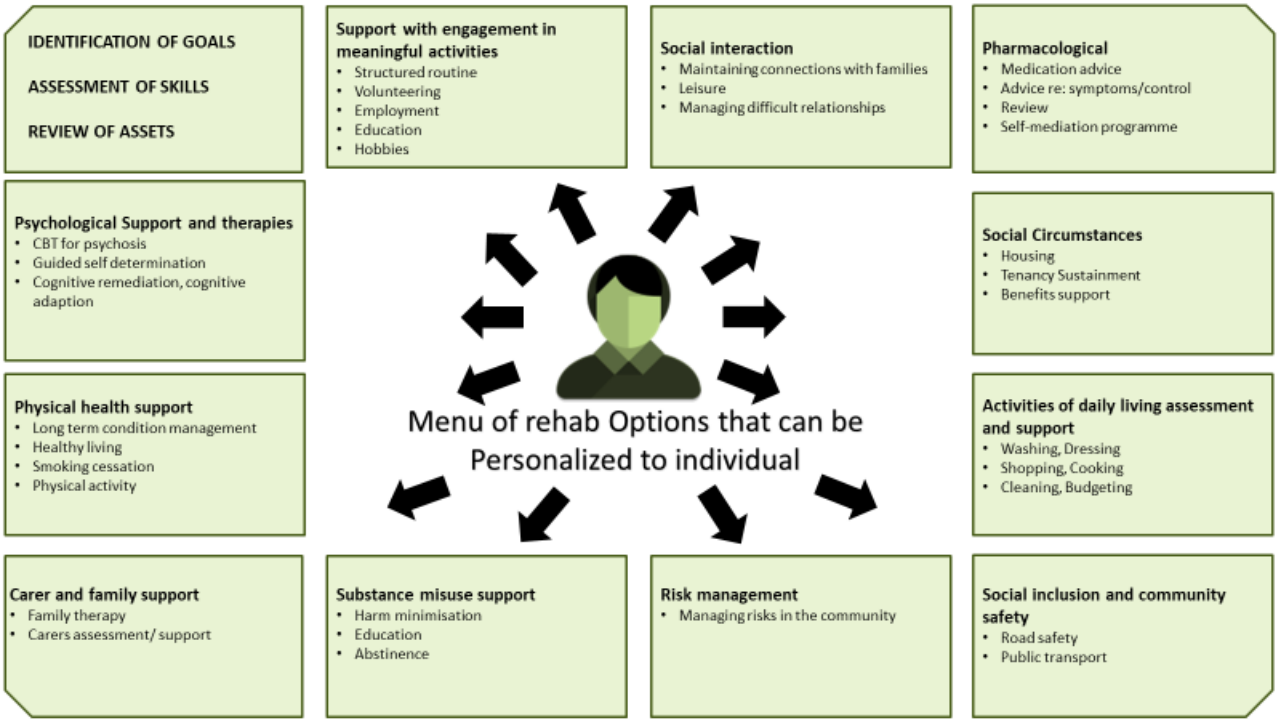
The 2020 Business case proposed that a 7 bedded community rehabilitation unit would be in place by September 22.The main aim of the service was to provide an integrated clinical/VCS/peer support offer involving specialist assessment, treatment and rehabilitation interventions to help people recover from their mental health problems and to regain the skills and confidence to live successfully in the community

After an options appraisal was undertaken, it was concluded that the work on the building, the existing planning permission and the length of contract that would need to be awarded did not offer value for money or the flexibility suitable. It was concluded in any tendering exercise, that providers would be asked to source a suitable property.

<u>Development of proposed model – since the Business Case (2020)</u>

This delay however has enabled the Programme to further improve the service model through conversations with clinicians, MH and social care staff, MH contract leads, VCS providers, CCG colleagues and service users.

It is proposed that the strengths of the newly developed inpatient model of care be married with the strengths of VCS, peer support with the opportunity to be based community. This model is seen below -and offers a menu of support that can be tailored to the individual.



The service commissioned would be classified an integrated community mental health rehabilitation service. It would be commissioned as a supported living model – whereby the person claims housing benefit, together with other entitled benefits to purchase food etc. This allows the individual to learn skills such as tenancy management, budget setting etc – and more importantly leads to a culture of independence.

To embed partnership working, the successful VCS provider would be involved in the whole rehabilitation pathway – attending the SPA and supporting in-reach to both the inpatient rehabilitation and acute wards to help identify people who could benefit. To support personalisation, the service would be integrated with the Programmes' Personal Health Budget process to give service users more choice and control over the care and support they receive.
Success of the service would be monitored via joint outcome measures on an outcomes based contract (outcomes to be determined)– which would drive integration and recovery.

Conversations with stakeholders has led to

- a revised LoS of 9 months as opposed to 6 months due to the growing complexity of those being referred.
- The contract award length being longer in nature, to develop a greater partnership approach – a 5 year period with possible 2 year extension, with 3 year break clause.

It is recognised that for those with particularly complex care needs, an enhanced offer is needed above a community rehabilitation team or CMHT. The service can provide daily support – which both enhances the rehabilitation experience for the service user, but also gives confidence to a VCS provider to support more challenging behaviour. This will be reinforced by psychology support to develop a therapeutically informed environment

The service would contribute to Programme outcomes by

- Supporting admission avoidance where appropriate to inpatient rehabilitation
- Supporting people to receive rehabilitation in the least restrictive environment
- Reducing length of stay in both inpatient rehabilitation services and the acute sector by offering a more intensive community offer that is not available at present

- Supporting the reduction of using residential care which is not recovery orientated
- Providing an offer within the person's MH Trust footprint – which is close to home and reduces the numbers of people currently placed either in a neighbouring Trust or outside the SLP footprint – with a clear pathway back to borough.
- Supporting people to develop and maintain their skills which will help them sustain their health in the community and reduce the need for hospital readmission.

7. Demand and resultant acceleration of transformation.

By operating the SPA, participating in borough placement panels, the programme is now in a more informed position to be able to model demand.

A revised modelling exercise was undertaken in September 21. CCP staff reviewed all those who had been presented to the SPA and where they had been party to discussions at the borough CCG/LA placement panels from April 20 to March 21. Each person was reviewed to identify whether they could have been considered for a community rehabilitation service if it was in operation. Where the person was presented to both panels – this was only recorded once (via SPA figures).

Note that these numbers will be an under-estimation of potential use – as SLP staff were not able to consider those who were a) either referred to LA /Trust block provision outside of the panel processes, or b) where staff were not familiar with the needs of the service users.

In total in 20/21 112 people were identified as being able to benefit from an integrated community mental health rehabilitation service. This far exceeds the numbers originally envisaged in the 2020 business case of being able to benefit 14 people across the SLP pa.

Modelling suggests that there is sufficient demand in each of the MH Trusts for one service and this is expected to continue year on year.

This modelling excludes any referrals made to One Housing Group (a supported living Wandsworth service commissioned from SWLSTGs). People from Wandsworth would remain eligble for the service as the new service offers a more intensive offer over a shorter timeframe – rather than that offered via care co-ordination and CMHT input.

<u>People identified through SPA and borough panels as being able to benefit from an integrated community mental health rehabilitation Service April 20 to March 21</u>

Trust	People presented to **SPA** who could be considered for a community rehabilitation service rather than inpatient rehabilitation	People who entered a residential care facility (**agreed at borough panels)** who could have been considered for a community rehab facility.	People who entered a supported living facility (**agreed at borough panels)** who could have been considered for a community rehab facility.	**Total**
Oxleas	16	2	9	27
SlaM	21	11	15	47
SWLStG	14	7	17	38
Total	**51**	**20**	**41**	**112**

Stakeholder consultation with the 11 Heads of Social Care by the two social leads within the Programme endorse both demand and need, and welcome additional resources and rehabilitation

expertise. Also, this service development was endorsed through the development of commissioning intentions through discussions facilitated by the Interim Head of SLP Commissioning and Contracting, at a CCP Board Away Day held on 12.10. 21.

8. Market analysis

8.1 Market interest

HACT (Housing Associations' Charitable Trust) facilitated a market warming event on 29.3.21. An initial 10 VCS organisations were approached to participate, and all expressed an interest in participating and potentially bidding for the service.

Further interest was expressed within a CCP Provider Forum held on 19.10 21. Three independent inpatient providers expressed a wish to participate in any future market warming events, wishing to expand their remit to a more community approach.

8.2 Confidence of market pricing

Financial modelling has been based on

a) an estimated cost of each service – which include estimation of VCS and clinical staffing costs, and cost comparison with a similarly SLP staffed service -Mariposa House
b) an average cost of residential care and high supported placement data

Cost of VCS provision

VCS Providers at the market warming event, have reported that the optimum number of bed spaces to achieve value for money is a minimum of 10 -14. Two VCS providers independently costed running such a service and a mid-point was calculated £664,262. This included 3 staff on shift in the day, 2 in the evening, 2 waking nights, a manager and deputy and the provision of peer support.

This cost comparison is in the same region to the cost of an existing forensic SLP women's facility 'Mariposa House' provided by Langley House Trust – a 10 bedded community service – at a cost of £672k. This service is used to support people to be discharged from forensic inpatient care.

Indicative cost of clinical provision

NHS clinical staff per service is estimated to be £160,569 and is based on the compliment below:

Staff Group	Band	Weighting	Wte	Budget
Consultant Psychiatrist	Medical	Inner London	0.40	£ 52,194
Occupational Therapist	B6 mid	Inner London	1.00	£ 51,546
Psychologist	B7 mid	Inner London	0.50	£ 31,057
Subs Misuse Nurse	B6 mid	Inner London	0.50	£ 25,773
			2.40	**£ 160,569**

Nursing input is not required. The person will maintain their existing care co-ordinator so that the person keeps their local connections and can move back to their home borough without change of support network.

Resultant service cost

A 10% overhead on NHS pay costs is added, plus a small contingency/non-pay budget of 2.5% giving a cost per bed pa of £61,565 and an OBD (cost per day) of £175.

No capital costs are estimated – as per VCS , any additional costs can be recouped via housing benefit. There will be no costs to the NHS.

Costing for 14 bedded Unit

VSC Cost	£ 664,262
Clinical Staffing	£ 160,569
NHS Overhead @ 10%	£ 16,057
Contingency @ 2.5%	£ 21,022
Total Cost	**£ 861,910**

Unit Costs

Cost per bed	£	61,565
OBD cost @ 96.5% occ.	**£**	**175**
Cost per 9 month admission	£	47,884

Residential and supported living costs.

These costs are modelled in order to give an estimation of the opportunity to avoid the need for residential care, but to also estimate potential step down costs over a 3 year period (See S 10).

Existing average tariffs for residential and supported living were calculated on admissions between October 2020 to September 2021 and broken down as follows. Tier 1 is the average cost of 24 hour high support, Teir 2 an average of medium support ie. 9-5 support and less.

Type of Accommodation	Average Daily Tariff
Residential Care	£176
Supported Living - Tier 1 (HIGH)	£150
Supported Living - Tier 2 (MED)	£100

9 Assessment of benefits

ID	Benefit description	Measure (How will the benefit be quantified?)	Monetary Value	Timescales for realisation
1	Increased numbers of people being able to benefit from community rehabilitation services.	Trajectory	Yes	Monthly
2	Service user recovery outcomes-based measure evidencing improvement in recovery and satisfaction with service provision	PROM survey	Nil	Quarterly
4	Reduction in number of placements in a locked independent rehabiliation placement	Trajectory	Yes	Monthly
5	Reduction in number of placements in a residential home placement or high supported living facility	Trajectory	Yes	Monthly

All metrics will be reported via the monthly CCP Dashboard.

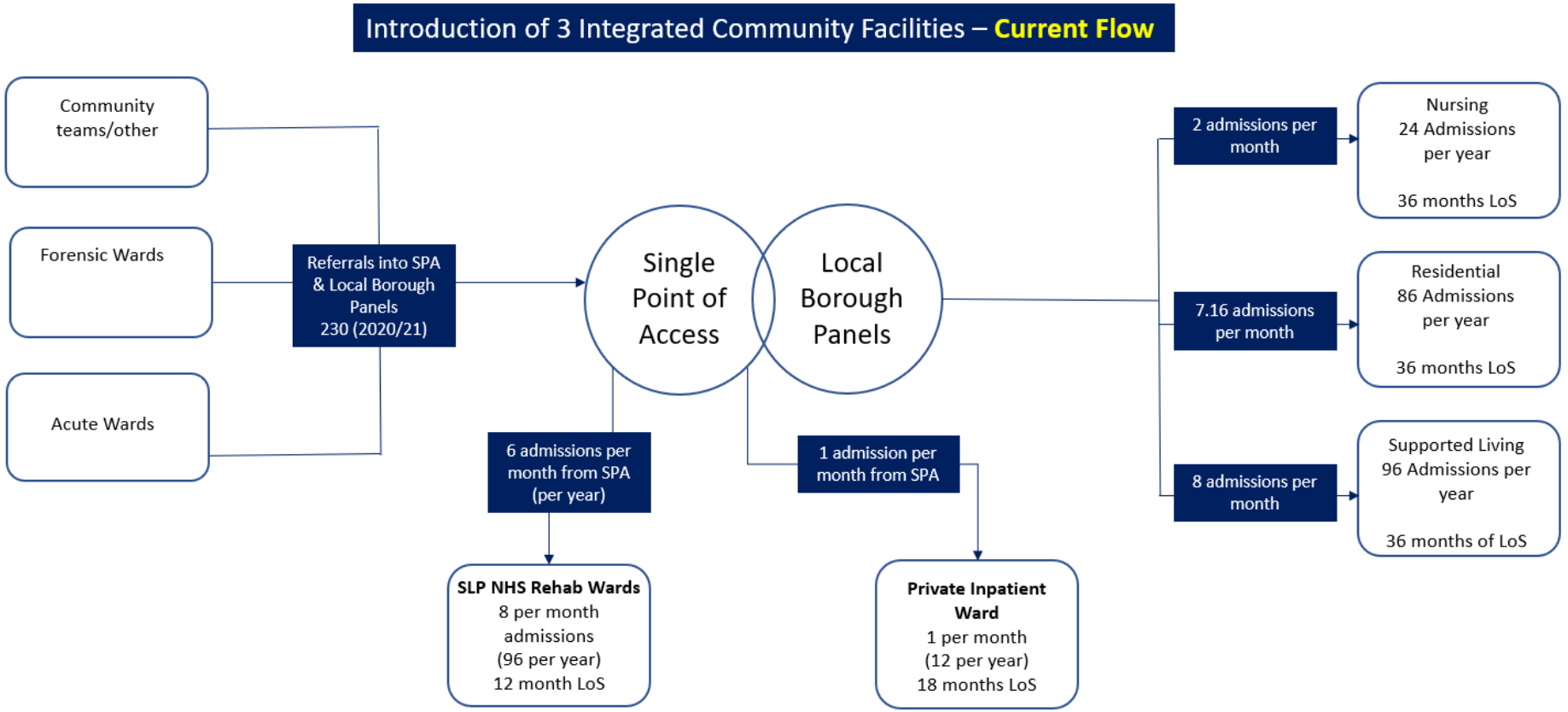
10. Modelling and impact

10.1; Existing system flow:

Existing system flow can be seen in the figure below. In total the SPA received 230 referrals in 20/21 from a range of sources, but predominantly from acute and forensic settings. 96 people were admitted to NHS inpatient rehabilitation settings, and 12 to private inpatient settings, 12 to 'other' placements including TILT and community placements, 47 given advice, 29 people were out of scope, 7 individuals were invited to SPA but did not attend and 27 redirected to borough panels.

In total, via the SPA and borough panels, 24 people were placed in nursing provision, 86 to residential care settings and 96 to supported living facilities.

All 100% Local Authority placements and all block community funded placements are excluded as the full data is not known by the Programme outside of borough pilot sites.



10.2: Modelling assumptions

10.2.1 System Assumptions

The following assumptions have been made taking into consideration demand for the service, and are based on the commissioning of three services, each with capacity to support 14 people at any one time – 42 in total.

No.	Assumption
1	54 people will benefit from the service per year as each will have a 9 month LoS
2	24 people will be referred to the SPA, would have previously entered inpatient rehabilitation settings but can now be admitted to a community alternative. This releases indirect savings and efficiency saving. The SPA will be able to in-reach to the acute and forensic wards to identify 'unmet need' of those who require inpatient rehabilitation and there will now be capacity within the NHS inpatient rehab units to accommodate this.
3	24 people, instead of being discharged to residential care facilities, either from acute care or inpatient rehabilitaiton will now be able to benefit from the community rehabiltation service. They will then step down to medium supported living services. This will release cash releashing savings.
4	6 people, instead of being discharged to high supported living services, can be refered to the rehabilitation faciitly and then be stepped down to medium supported living placements. This will release cash releashing savings.

10.2.2: Individual comparative pathway costs.

In order to understand the financial impact of the above assumptions – a pathway approach is taken whereby pathways based on the existing activity flow (S5.1) are compared against a redirected pathway with the introduction of the new three community rehabilitation services.
Pathway a) -c) in the table below, details the current pathways that people are taking who are in the complex care cohort. Pathway d) shows an alternative with the commissioning of the new community rehab service. Costs are calculated on basis described in S 3.2.

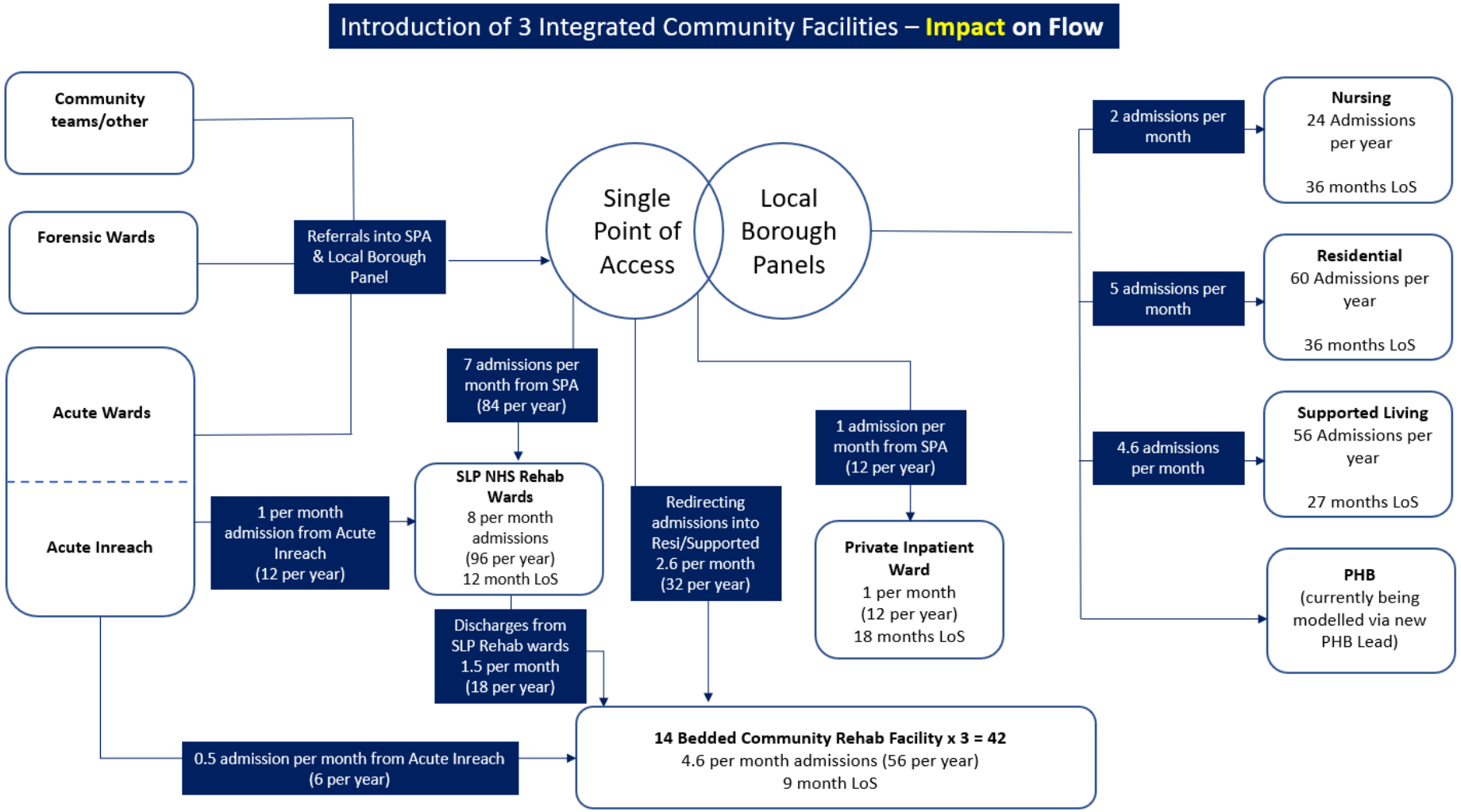
	Total Days	***Average Tariff***	**System Costs**	**Funder**		
				100% Health	**Shared Health**	**Shared LA**
a) Existing Inpatient Rehab Pathway	*1,095*	*£236*	£258,420	£146,730	£55,845	£55,845
b) Existing Residential Care Pathway	*1,095*	*£180*	£197,100	£-	£98,550	£98,550
c) Existing Supporting Living Pathway	*1,095*	*£153*	£167,535	£-	£83,768	£83,768
d) New Community Rehab Pathway	*1,095*	*£120*	£131,765	£48,125	£41,820	£41,820

a) This pathway is a 12 month stay in an NHS inpatient rehab ward, followed by step into 2 years of supported living (high needs). This is by far the most resource intensive option due to the large number of NHS inpatient bed days.
b) This pathway involves a service user who stays in a residential care setting for three years. This is a lower cost option, but the impact on the shared care budget is higher because the service users are sent to borough placement panels still with high levels of need.
c) This pathway involves a service user who stays in supported living (high needs) for three years. As per b) above, these service users are also impacting heavily on shared care budgets and have high levels of need.

d) **This pathway is the one that should be achievable with the introduction of the new community rehab units. It is almost half the cost of pathway a), and compared to b) & c) it allows the Programme to invest which reduces the impact on the shared care budgets.**

10.2.3: Resultant redirection of flow

In line with the modelling assumptions, the diagram below outlines the resultant redirected flow – the numbers affected – highlighted in blue.



10.2.4: Financial implications

The savings to the system delivered via the new community rehabilitation pathway (as outlined in Option D) over a three year period is modelled to be £1,313,880.

	Year 1 Costs	*Year 2 Costs*	*Year 3 Costs*
a) Existing Inpatient Rehab Pathway	£-	(£1,340,280)	(£1,340,280)
b) Existing Residential Care Pathway	(£1,576,800)	(£1,576,800)	(£1,576,800)
c) Existing Supporting Living Pathway	(£335,070)	(£335,070)	(£335,070)
d) New Community Rehab Pathway	£3,081,450	£2,010,420	£2,010,420
	£1,169,580	**(£1,241,730)**	**(£1,241,730)**
	(£1,313,880)		

This allows the Programme to invest £2,585,730 in a health related activity, to achieve a saving within the shared health budget of £1,949,805, and the same amount in the 100% Local Autority budget. This investment not only promotes greater recovery outcomes and delivers care to people in the least restrictive setting, it also supports the direction of travel for the Programme in understanding the impact it can make 'at place'.

	100% Health			Shared Health			Shared LA		
	Year 1 Costs	*Year 2 Costs*	*Year 3 Costs*	*Year 1 Costs*	*Year 2 Costs*	*Year 3 Costs*	*Year 1 Costs*	*Year 2 Costs*	*Year 3 Costs*
a) Existing Inpatient Rehab Pathway	£-	£-	£-	£-	(£670,140)	(£670,140)	£-	(£670,140)	(£670,140)
b) Existing Residential Care Pathway	£-	£-	£-	(£788,400)	(£788,400)	(£788,400)	(£788,400)	(£788,400)	(£788,400)
c) Existing Supporting Living Pathway	£-	£-	£-	(£167,535)	(£167,535)	(£167,535)	(£167,535)	(£167,535)	(£167,535)
d) New Community Rehab Pathway	£2,585,730	£-	£-	£247,860	£1,005,210	£1,005,210	£247,860	£1,005,210	£1,005,210
	£2,585,730	**£-**	**£-**	**(£708,075)**	**(£620,865)**	**(£620,865)**	**(£708,075)**	**(£620,865)**	**(£620,865)**
	£2,585,730			**(£1,949,805)**			**(£1,949,805)**		

In terms of 5 year savings, it is expected that this will release savings to the system of £2,585,730- as can be seen in the breakdown below.

100% Health	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
Cohort 1	£2,585,730	£-	£-	£-	£-	
Cohort 2	£-	£2,585,730	£-	£-	£-	
Cohort 3	£-	£-	£2,585,730	£-	£-	
Cohort 4	£-	£-	£-	£2,585,730	£-	
Cohort 5	£-	£-	£-	£-	£2,585,730	
Cost / (Saving)	**£2,585,730**	**£2,585,730**	**£2,585,730**	**£2,585,730**	**£2,585,730**	**£12,928,651**

Shared Health	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
Cohort 1	(£708,075)	(£620,865)	(£620,865)	£-	£-	
Cohort 2	£-	(£708,075)	(£620,865)	(£620,865)	£-	
Cohort 3	£-	£-	(£708,075)	(£620,865)	(£620,865)	
Cohort 4	£-	£-	£-	(£708,075)	(£620,865)	
Cohort 5	£-	£-	£-	£-	(£708,075)	
Cost / (Saving)	**(£708,075)**	**(£1,328,940)**	**(£1,949,805)**	**(£1,949,805)**	**(£1,949,805)**	**(£7,886,430)**

Shared LA	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
Cohort 1	(£708,075)	(£620,865)	(£620,865)	£-	£-	
Cohort 2	£-	(£708,075)	(£620,865)	(£620,865)	£-	
Cohort 3	£-	£-	(£708,075)	(£620,865)	(£620,865)	
Cohort 4	£-	£-	£-	(£708,075)	(£620,865)	
Cohort 5	£-	£-	£-	£-	(£708,075)	
Cost / (Saving)	**(£708,075)**	**(£1,328,940)**	**(£1,949,805)**	**(£1,949,805)**	**(£1,949,805)**	**(£7,886,430)**

Systemwide	**£1,169,580**	**(£72,150)**	**(£1,313,880)**	**(£1,313,880)**	**(£1,313,880)**	**(£2,844,209)**

10.3: Stress Test

There are three key variables that drive the financial benefits within the service model. These are listed below along with the resultant financial impact.

A. **The annual admission rate into the units is lower than the planned level of 54:** This could be due to lower occupancy levels, or by lengths of stay being greater than the 9 months built into the assumptions. The table below outlines the impact over 5 years, showing what impact a 20% reduction on admissions per year. This variable would have no impact on 100% health costs, but it would decrease the total savings for shared care by £2.8m in total. The overall system wide impact would be break even.

Stress Test A		**Total**	**5 Yr Impact**
Lower annual caseload within the 42 beds	Health 100%	**£12,928,651**	*£-*
eg. 80% occupancy, or 12 month LoS	Shared Health	**(£6,463,670)**	*£1,422,760*
	LA	**(£6,463,670)**	*£1,422,760*
	Total	**£1,311**	

B. **The costs of providing the new sevice are materially higher:** This could be due to under-estimating the resources needed to operate the unit, or inflationary cost pressures & pay rates driving up the VCS provider costs who partner SLP in the service providion. The table below outlines the impact of a 20% increase in costs for the new units and the result has no impact on shared care costs, but does lead to a £2.6m cost increase on the 100% healthcare budget.

Stress Test B		**Total**	**5 Yr Impact**
New service costs 20% higher than plan	Health 100%	**£15,514,382**	*£2,585,730*
	Shared Health	**(£7,886,430)**	*£-*
	LA	**(£7,886,430)**	*£-*
	Total	**(£258,478)**	

C. **The placement costs are higher for patients discharged from the new units**: The placement costs of patients stepping down form the new units could be higher if their average level of need is higher than plan, and therefore the costs are higher. The table below models the impact of that step down cost being 20% higher than plan i.e. £122 per day rather than £102 per day. The table below shows the impact of this and it would change the finances into one that had a £0.5m net deficit on the system over the 5 year period. Whilst it is reduced, the shared care budgets would still a combined saving of £12.5m.

Stress Test C		**Total**	**5 Yr Impact**
Patients stepping down from Comm Rehab	Health 100%	**£12,928,651**	*£-*
have Tier one needs that cost 20% more	Shared Health	**(£6,231,276)**	*£1,655,154*
than the plan	LA	**(£6,231,276)**	*£1,655,154*
	Total	**£466,099**	

11 Option appraisal – Recommended option:

No	Option	Benefits Analysis	Risks Analysis
1	Do nothing	No benefits identified	People remain in over-restrictive settings for longer than necessary – in inpatient rehabilitation, acute and residential care.

			People are not able to access community rehabilitation support, and hence placed in residential care where there is less opportunity to develop skills in cooking, shopping, budgeting etc. Continued increased expenditure on shared care placement budgets
2	Commissioning of one facility as per described in Nov 20 Business Case	Improvements in 14 people per annum being supported in least restrictive setting. System savings of £0.95m over 5 years. Existing stakeholder sign up as this was endorsed in the 2020 Business Case. Learning and initial impact can be proven prior to further roll out. Meeting of business case objectives in commissioning one service.	One facility will not meet expected demand across the SLP. One facility across the SLP footprint will result in some people not being close to home as if there were 3 facilities. Maximization of saving benefit not achieved – saving is only 33% of the potential
3	SLP to partner with Local Authorities to commission service.	One facilty at place will support people closer to home. Greater integration with social care.	Programme unable to afford service in each borough. Will be difficult to recruit clinical staff. Would need to involve contribution of additional resources from social care.
4	Use of spot contracting to develop model	Service procured when needed – with possible support via personal health budgets.	Difficulty in allocating bespoke clinical package of care on a spot purchase basis. Inconsistency of provision. Development of partnerships more difficult to sustain. More resources required to monitor model of provision and maintain LoS. More expensive due to lack of economies of scale
5	Transform 3 existing housing and support services to new model.	Known providers. May lead to a shorter identification and procurement period as provider will have existing property, will have staff	Level of transformation and culture change required to rehabilitation recovery model which is outcomes based is not thought possible with existing providers. This will affect recovery outcomes and LoS.

		and some processes in place. Building adaptions/works however may still be required. Will meet more of the identified demand.	Decanting/move on of existing service users in accommodation required which may delay mobilisation and cause disruption. This option will also remove provision from the existing pathway with potentially increase in cost per case placements.
6	Commissioning of three facilities.	Acceleration and increased recovery outcomes for 54 people per annum being supported in the least restrictive setting. Achievement of system savings totalling £2.85m over 5 years Will enable the Programme to maintain its reduction of use of private inpatient facilities -which are often far from home. Greater opportunities to realise economies of scale if one provider tenders for more than one service. Potential impact tobe determined by procurement process Procurement of three services will enable a more joined up pathway with local MH Trust inpatient rehab units. Expert clinical knowledge more easily recruited at MH Trust level. 3 units will be able to be anchored within MH Trust operational structures. Equity of access for people across all boroughs – ensuring meeting of need as required Partnership more easily developed – with establishment of a consistent evidence based approach. We can develop local step down pathways with CCG/LA colleagues (this is being developed via pilot sites)	Capacity of the Programme to commission three services at the same time – this will be mitigated by a Programme Manager being employed from January 22. It is also expected that actual mobilisation will be phased due to building availability/adaptation. The tendering exercise is also farily consistent in comparison to commissioning procurement exercises currently being undertaken: for example in Croydon,between 32-47 beds. The Programme is supported by SLAM Procurement and GSTT Sourcing Team who have significant experience in leading such procurement exercises. Greater risks of not being able to recruit staff

Recommended option

The following table summarises the high-level risks of each option (as highlighted in the table above) against a calculation **of likelihood**- (0 low to 5 high) multiplied by **severity** (0 low to 5 high). The matrix identifies a recommended Option 3 – procurement of 3 services with a risk profile of 23/125.

No.	Risk	Option 1 Do Nothing	Option 2 Procurement of one service	Option 3 Partnering with Local Authorities	Option 4: Use of spot provision	Option 5 Contract variation of 3 existing providers	Option 6 Procurement of 3 services
R1	A risk that service users continue to be have a longer length of stay than necessary in over-restrictive settings.	5x5= 25	3x5 = 15	1x5 =5	1x5=5	2x5 = 10	1x5 =5
R2	Continued increased expenditure of shared care budgets - affordability.	5x5 = 25	3x5 = 10	5x5 = 25	5x5 =25	2x5 = 10	1x5= 5
R3	Not obtaining the transformation required within the Programme	5x4= 20	2 x4 =8	1x4=4	4x4=16	3x4=12	1 x4 =4
R4	Increasing use of private provision in light of new programme initiatives.	5x5 =25	3 x 5 =15	1 x 5=5	1x5 =5	2 x 5=10	1 x 5 =5
R5	Service users being placed within the SLP footprint but not within their MH Trust areas (close to home)	4x4 = 16	3x4 = 12	1x4 =4	1x4=4	1x4 = 4	1x4=4
R6	Staff (VCS and clinical) not able to be recruited	0 x 4 =0	1x 4=4	4 x 4 = 16	1 x 4	2 x 4 =8	3 x 4=12
R7	Risk of overstretch of procuring 3 services at once	0 x 2 = 0	1 x2 =2	4 x 2 =8	4 x 2 =8	2 x 2 = 4	3 x 2 =6
Total Risk Score		**111**	**66**	**67**	**67**	**56**	**41**

The preferred option is Option 6 – procurement of 3 services.

12. Key assumptions and dependencies

Area	Assumption
Demand	There continues to be sufficient demand of people who can benefit from the three community rehabilitation services
LoS	The integrated team within the service supports the development of recovery outcomes within an average LoS of 9 months.
Eligibility	The Provider and the SPA work in a seamless manner and agree on the eligibility of service users – and the Provider does not reject referrals that the SPA deem suitable.
Care Pathway	The provider works with care co-ordinators to support people to be moved on in a timely manner so that LoS is not extended – thereby impacting on the numbers of those who could benefit.
Local Authority 'buy in' ability to work together in line with LA commissioning strategies	There is a protocol/agreement in place between Local Authorities, facilitated by the Programme to ensure that people return to their host borough after intervention at the facility (and do not move into the borough of location of the service – thereby adding to the numbers of people eligible for housing). A recent ruling has suggested that the person remains the responsibility of their placing borough (TBC). The Programme is also able to work with Local Authorites in line with their market commissioning strategies.
Health arrangements.	There are arrangements with local services that if relapse occurs, that people are admitted to wards allocated to their 'home' borough. The person's existing home CMHT and care co-ordinator remain responsible for their care.
Funding	Costs and funding will morror NHS generic inflation rates – including associated efficiency savings.
Costs of rennovation	Any capital costs associated with renovation will be recouped via Housing Benefit. No capital outlay will be required from the MH Trusts.

No.	Dependency
1	There are providers who wish and have the skills to bid for the service
2	The VCS provider and local MHT are able to recruit and maintain sufficient numbers of staff to provide the service – due to lack of people available to recruit i.e. due to Brexit or due to any future COVID pandemic impact.
3	The service can be mobilised within the expected timetable
4	There is sufficient resources within the programme to continually invest in these services
5	The acute in-reach function and Provider is able to identify people suitable for rehabilitation support

13 Quality Impact Assessment Summary

See Appendix A

14. Equality Impact Assessment Summary

See Appendix B

15. Delivery Plan – to change as required – with potential procurement to begin from 1st April 22

ACTIVITY	Light touch process TBC	COMMENTS
Liaison with Local Authority DASS colleagues	Jan-Feb 22	For further consultation on the specification and to agree a plan in how to support service users to return to their home borough after intervention and not assumre 'ordinary residency' in the host borough..
Market warming event – re-issue specification and consult on outcomes and ways to achieve these	March	To also include further discussion with service users.
Sign-off specification	18th April	Amended as per market warming findings.
Sign-off tender docs	25 April	
Invitation to tender- ITT issued Issue tender / publish notice	25 April Let go for. 26 April	Upload on atamis and ensure known existing providers commissioned by the Programme are aware.
Issue of selection questionnaire (SQ)	26 April	
Selection questionnaire (SQ) Submission	3rd May	
Selection questionnaire (SQ) Scoring Supplier shortlisting	Week of 9th May	
Tender period start	16th May	
Supplier site visits	TBC	
Deadline for the receipt of clarification questions	6th June	
Target date for responses to clarification questions	10th June	
Tender closing date/distribute responses	20th June	
Interviews	TBC	
Individual evaluation	11th July	
Send individual evaluations to procurement	11th July	

Consensus meeting	13th July	
Further process for review/clarification and final BAFO submission - may include supplier meetings	24h August	Exact process around this to be defined but the intention is to include a phase to ensure any innovation is included in final proposals.
Closing date for BAFO	24th August	
Further evaluation	31st August	
Final consensus meeting	7th Sept	
Preferred supplier confirmation meeting	14th Sept	
Write ratification document	21 Sept	
Sign-off ratification document	28th Sept	
Issue standstill letters	5th Oct	
Standstill period close	12 Oct	
Write contract	19 Oct	
Award contract	26th Oct	
Sign contract	9th Nov	
Mobilisation	16th Nov	
Contract start	TBC	Will be dependent on site available, need for refurbishment etc. Process for sign off TBC

16 Comments / Issues

The introduction of three community mental health rehabilitation services will support the overall strategic direction of the Programme to support people in the least restrictive setting, close to home.

It will benefit not only the recovery outcomes for individuals, but support greater value for money for the MH Trusts, CCG and Local Authority colleagues,

This development is possible due to the unique position of the CCP of being able to use its knowledge of both working at scale and at a local level (in effect being integrated with each of the 3 MH Trusts) to strengthen health and social care partnerships to work more strategically to improve service user care in the longer term

Contract monitoring of these services will take place via the SLP Head of Contracting and Commissioning, Programme Director and MH Trust Contract Leads, and overall progress reported via the CCP monthly dashboard. This will allow not only the outcomes of the community rehabilitation services to be seen, but also their impact on other elements of the system ie inpatient rehabilitation bed use, use of residential

care and supported living.

The key issues to consider are those assumptions and dependencies as detailed in S12 – the most important of which is the need for the Programme to work continually alongside CCG and LA colleagues within their commissioning strategies so that there is a joint approach to market development.

It is acknowledged that services may be mobilised at various intervals, due to possible variation in buildings available, recruitment of staff. This shall be asked in the tender response documentation so that planning can take place.

Appendix A: Quality Impact Assessment

Risk Assessment (5 high -0 low)

Quality Risk Area	Mitigation of quality concern	Prior to mitigation			After mitigation		
		Impact	Likelihood	P*I	Impact	Likelihood	P*I
Clinical staff employed by the MH Trust and VCS provider staff are not able to work together to support optimum recovery outcomes and meet contract requirements.	All contract documentation will be coproduced with MH Trust staff, some of who will participate in the selection of a provider. This will help define processes of working and help determine a partnership approach of applicants. Use of outcomes-based contract incentivises for provider to work in an integrated manner. MH Trust staff and provider will carry out joint assessments via SPA to agree suitability of referrals.	5	3	15	5	1	5
Lack of 'buy in' with Local Authority to support repatriation back to their home borough.	Protocols to be developed to support person to return to home borough. LA colleague's agreement prior to placement in facility so that onward planning can commence on entry. Successful provider incentivised to support individuals to maintain contacts with their home borough to support ease of transition back home.	5	3	12	5	1	5
Full recruitment of staffing to both clinical and VCS provision	Assurance on staffing levels will be a component of the tender – with the provider explaining how they will recruit and sustain employment. Clinical staff reconfiguration as required to meet needs of service.	5	3	15	5	2	10

	Some VCS providers already recruit clinical staff – which will be explored if needed – although appropriate governance arrangements will need to be in place.						
Impact of potential COVID -19 surge/ Restrictions which may result in; - Staff sickness - Service users having to isolate - Further restrictions in i.e. colleges/resources closing.	The programme has been able to adapt its way of working by using Teams to support/review service users Possible use of personal health budgets to support person in their recovery within any restrictions imposed – i.e. purchasing of laptops, use of services that use virtual reality to support ongoing employment opportunities i.e. First Step Trust Virtual Reality Garage Courses. Regular contract monitoring of provider to identify impact and support with mitigating actions.	5	4	20	5	2	10
Lack of ability of care co-ordinators to identify onward placements which result in long LoS.	A pre-requisite of entry is for care co-ordinator to continue to support care and agree step down options. SLP CAT staff to support where needed. The Programme's ongoing work with boroughs 'at place' will enable them to know what accommodation and support options are available. A housing directory is now in place which is built on the knowledge of the CAT. Programme presence at borough panels will help ensure funding discussions take place in a timely manner. Possible use of personal health budgets to support bespoke package of care approach.	4	3	12	4	1	4
				74			34

Total quality score after mitigation: 34/125

Appendix B: Equality Impact Assessment

Title of policy or service:	The commissioning of 3 community rehabilitation facilities by the SLP Complex Care Programme.	
Name and role of officer/s completing the assessment:	Christina Kyriakidou – CCP Clinical Director Sue Field – CCP Programme Director	
Date of assessment:	5th January 2022	
Type of EIA completed:	**Initial EIA 'Screening' for service development**	

1. Outline	
Give a brief summary of your policy or service including partners, national or regional	The CCP wish to commission three community supported living rehabilitation facilities, one in each MH Trust footprint. Each service will be an integrated partnership between clinicians (psychiatry, psychology, occupational therapy and substance use expertise provided by the local Trust) and the voluntary sector and offer specialist rehabilitation intervention. It is expected that the VCS provider will further develop partnerships with peer support, employment, leisure facilities to promote people to engage fully in their communities. The services will be able to support 54 people per year (14 beds in each unit with an average LoS of up to 9 months). These services will firstly enable people to avoid inpatient rehabilitation admission when appropriate and receive a community alternative, and secondly give greater choice for people being discharged from hospital who need a period of community rehabilitation. This will reduce the need for people to be admitted to high cost placements ie residential or very high supported accommodation- which are often out of area. As some people will no longer need inpatient rehabilitation admission, this will release capacity on these wards to be able to support more people from acute wards and thereby support acute flow. Financially, via reduction of high cost placements, this has a significant net saving for the ICS's of £2.8m over a 3 year period, and allows the Programme to invest in community options which will deliver savings in the shared care budget for the CCG and LA. Partners will include the 3 MH Trusts, 2 CCGs and 11 Local Authority Social Care colleagues.

What Outcomes do you want to achieve?	• Improvement in service user **experience and recovery outcomes** • Enabling service users to receive community rehabilitation support rather than an inpatient one where possible – thereby supporting **inpatient rehabilitation admission avoidance and supporting people in the least restrictive setting** • Enabling service users to step down from inpatient acute and rehabilitation services at an earlier point due to a higher level of clinical and housing support being available – **thereby reducing LoS** • **Reducing the numbers of people with delayed transfers of care** (DTOCs) • Enabling some service users to **avoid the need for residential care on discharge from hospital** • Through a community rehabilitation approach, support sustainability of health, **reducing hospital readmission rates**
Give details of evidence, data or research used to inform the analysis of impact	**National evidence base** • Mental Health Five Year Forward View (2016)- This requires commissioners to significantly increase the availability and quality of care and treatment for people with mental health problems • NICE Guideline: Rehabilitation for adults with complex psychosis (August 2020)- this guidance states that "rehabilitation services for people with complex psychosis should be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the development of a rehabilitation pathway". • NHS Long Term Plan The plan promotes the development of new community-based services that can support people who have the most complex needs. New models must give people greater choice and control over their care and support them to live well in their communities. The Long Term Plan also advocates that partnership working between the NHS, the voluntary sector, and local government is crucial to improving care and the wider determinants of health, which can impact upon demand for acute and crisis services. • The Community Mental Health Framework for Adults and Older Adults (2019) advocates the development of a person centred operational framework delivered in collaboration with local stakeholders and based upon an evidence-based biopsychosocial model **Local evidence base** • The SLAM inpatient rehabilitation review (2020) recommended commissioning a community mental health rehabilitation supported living service to create a pathway of care to support earlier step down from inpatient rehabilitation services. • Working 'at place' – Via complex care staff attending local borough funding panels, and via working in its pilot sites (Croydon, Kingston and an evolving site of Greenwich), it has ben identified that for those with complex care needs, often services are unco-ordinated, out of area and not strategically developed. This has contributed to an ongoing increase in spend on high cost placements in the shared care budget.

Activity data modelling re: demand

- During April 20-March 21, the complex care team reviewed all of those who were presented to the Single Point of Access (SPA) and to borough panels. They identified that 112 people could have been considered for a supported living community rehabilitation service. For a fuller breakdown please refer to the table below.

Trust	SPA Referrals (that could benefit Community Rehab)	Residential Care (Admissions that could benefit Community Rehab)	Supported Accommodation (Admissions that could benefit Community Rehab)	Total
Oxleas	16	2	9	27
SLaM	21	11	15	47
SWLStG	14	7	17	38
Total	**51**	**20**	**41**	**112**

- This is expected to be an underestimation of demand as some people are referred to block CCG and LA provision outside of the panel process.

<u>Financial Modelling</u>

Existing system flow of people travelling from acute, forensic services through the SPA, local borough panels to inpatient rehabilitation and community placements (residential care and supported living services) has been mapped and can be seen in the full business case.

In introducing the three community rehabilitation services, it is modelled that:

- 54 people can benefit from the services pa
- 24 people would be admitted to the facilities from the acute sector who would have previously been admitted to inpatient rehabilitation services
- 24 people would be admitted who previously would have been discharged from acute services to residential care
- 6 people would be admitted who would have previously entered high cost supported living placements.

Costs of each service were modelled on initial conversations with 2 VCS organisations at a cost of £861,901pa (an OBD cost of £175). An average cost of residential care and supported living were calculated based on the master-data collated from both 100% health only and shared care placements which have been validated by CCG and LA colleagues.

	In estimating the redirected flow, this would create a financial impact of a significant net saving for the ICS's of £2.8m over a 3 year period – For full details please refer to Full Business Case.
Give details of all consultation and engagement activities used to inform the analysis of impact	To inform the model of care the following stakeholders were consulted: <u>Consultation with VCS providers</u> • A market warming event was facilitated by HACT (Housing Associations' Charitable Trust) on 29th March 21. An initial 10 VCS organisations were approached to participate, and all expressed an interest in participating and potentially bidding for the service. This event was followed up by the offer of 1-1 interviews. All providers contributed to the development of the model of care- with particular reference to length of stay, contract length, numbers of people to be supported in the property to offer value for money, staffing required and estimated cost of provision, layout of any building to support maximum independence. • Discussion at Provider Forum on 19th October 21 further influenced the model- notably in informing how a community rehabiliation model could interface with the independent sector. <u>Consultation with Social Care Colleagues</u> • At the 12th October Board Away Time, the two social care colleagues employed by the programme, after speaking to each of the 11 Heads of Social Care (excluding Lambeth) across the footprint reported the need for a bespoke community rehabilitation service. • The services have been discussed and welcomed by the Heads of Social Care in each of the pilot sites of Kingston, Croydon and Greenwich (dependent on local agreements being in place to support people to return after intervention to their host borough). <u>Consultation with MH Trust Staff</u> • The model has been informed by colleagues in both the community and inpatient work streams. • Over 60 staff/VCS/service users were consulted as part of the SLAM Inpatient Rehabilitation Review (2020) in conversations as to how to enhance the rehabilitation pathway. <u>Consultation at CCP Board</u> • The development of these services were identified as a commissioning priority throughout August – September 21 at both the Board and with joint commissioners across the SE and SW CCGs. • This initiative has also been informed by discussions at the 9th November and 14th December 21 Complex Care Board.

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.

2. Gathering of Information
This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

<table>
<tr><th rowspan="2">(Please complete each area)</th><th colspan="3">What key impact have you identified?</th><th colspan="2">For impact identified (either positive or negative) give details below:</th></tr>
<tr><th>Positive Impact</th><th>Neutral impact</th><th>Negative impact</th><th>How does this impact and what action, if any, do you need to take to address these issues?</th><th>What difference will this make?</th></tr>
<tr><td>Human rights</td><td>☐</td><td></td><td></td><td>Creation of opportunity to be supported in a less restrictive environment than an inpatient setting.</td><td>Greater opportunity to carry out activities in the community to increase independence ie cooking, cleaning etc.</td></tr>
<tr><td>Age</td><td>☐</td><td></td><td></td><td>Example of positive impact:
There are a large number of people in the Programme who are of adult working age. See below.

<table>
<tr><th colspan="7">Age Group - 100% Health</th></tr>
<tr><th>Type of Accommodation</th><th>18-29</th><th>30-39</th><th>40-49</th><th>50-64</th><th>65+</th><th>Total</th></tr>
<tr><td>Locked Inpatient</td><td>32</td><td>24</td><td>19</td><td>54</td><td>14</td><td>143</td></tr>
<tr><td>Residential/Nursing Home</td><td>6</td><td>11</td><td>17</td><td>35</td><td>19</td><td>88</td></tr>
<tr><td>Supported Housing</td><td>10</td><td>24</td><td>30</td><td>32</td><td>9</td><td>105</td></tr>
<tr><td>Total</td><td>48</td><td>59</td><td>66</td><td>121</td><td>42</td><td>336</td></tr>
</table>

<table>
<tr><th colspan="7">Age Group - Shared Care</th></tr>
<tr><th>Type of Accommodation</th><th>18-29</th><th>30-39</th><th>40-49</th><th>50-64</th><th>65+</th><th>Total</th></tr>
<tr><td>Locked Inpatient</td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr>
<tr><td>Residential/Nursing Home</td><td>32</td><td>46</td><td>65</td><td>161</td><td>153</td><td>457</td></tr>
<tr><td>Supported Housing</td><td>68</td><td>79</td><td>78</td><td>81</td><td>20</td><td>326</td></tr>
<tr><td>Total</td><td>100</td><td>125</td><td>143</td><td>242</td><td>173</td><td>783</td></tr>
</table>

It is expected that within the community rehabilitation facilities, the VCS provider will develop links with employment /training agencies to support people to engage in work preparation.

When further analysing the age profile of those who have been identified as being able to benefit from the service, again the majority are within the adult working age range.
<table>
<tr><th colspan="8">Age Group</th></tr>
<tr><th>Trust</th><th>18-29</th><th>20-29</th><th>30-39</th><th>40-49</th><th>50-64</th><th>65+</th><th>Total</th></tr>
<tr><td>Oxleas</td><td>3</td><td></td><td>9</td><td>10</td><td>4</td><td>1</td><td>27</td></tr>
<tr><td>SLaM</td><td>11</td><td>1</td><td>13</td><td>12</td><td>9</td><td>1</td><td>47</td></tr>
<tr><td>SWLStG</td><td>4</td><td></td><td>12</td><td>13</td><td>8</td><td>1</td><td>38</td></tr>
<tr><td>Total</td><td>18</td><td>1</td><td>34</td><td>35</td><td>21</td><td>3</td><td>112</td></tr>
</table>
</td><td>Greater menu of options for people to be able to engage in their interests with people of similar ages as appropriate (particularly known importance of this in relation to 25-35 age range)

Greater number of work opportunities for particularly working age adults.

Those transitioning from CAMHS services will be considered for support thereby increasing choice.</td></tr>
</table>

<table>
<tr><td>Carers</td><td>☐</td><td></td><td></td><td>Greater ability to visit and engage with family members, as not restricted by visiting hours.</td><td>Greater ongoing relationships to be able to be maintained.</td></tr>
<tr><td>Disability (please consider disability such as physical, hearing, visual impairment, mental health etc.)</td><td>☐</td><td></td><td></td><td><u>Example of positive impact:</u>
The provider will be expected to support individuals with disabilities and evidence this in the support planning process- this being particularly required due to reduced life expectancy of those with complex mental health needs (reduction of c20 years)
This will be supported by appropriate training from the provider which can also be augmented by clinical staff attached to the service.
There will be a greater choice in how people can be supported in their disability. This will be endorsed by access to personal health budgets.</td><td>People will be able to access community health and support groups more easily due to being in an environment with less restrictions and have greater choice of support.

Clinical services on site for additional support.</td></tr>
<tr><td>Sex</td><td>☐</td><td></td><td></td><td><u>Example of positive impact</u>
The current breakdown of male/females supported by the Programme in both 100%.and shared care funding can be seen below (65% male,35% female)

<table>
<tr><th colspan="4">Gender - 100% Health</th></tr>
<tr><th>Type of Accommodation</th><th>Female</th><th>Male</th><th>Total</th></tr>
<tr><td>Locked Inpatient</td><td>57</td><td>86</td><td>143</td></tr>
<tr><td>Residential/Nursing Home</td><td>27</td><td>61</td><td>88</td></tr>
<tr><td>Supported Housing</td><td>31</td><td>74</td><td>105</td></tr>
<tr><td>Total</td><td>115</td><td>221</td><td>336</td></tr>
</table>

<table>
<tr><th colspan="4">Gender - Shared Care</th></tr>
<tr><th>Type of Accommodation</th><th>Female</th><th>Male</th><th>Total</th></tr>
<tr><td>Locked Inpatient</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Residential/Nursing Home</td><td>189</td><td>268</td><td>457</td></tr>
<tr><td>Supported Housing</td><td>85</td><td>241</td><td>326</td></tr>
<tr><td>Total</td><td>274</td><td>509</td><td>783</td></tr>
</table>

In further breaking down the gender of those who could benefit and be considered for the newly commissioned services, it can be seen that a slightly higher ratio (74%) of women could be considered.

<table>
<tr><th colspan="4">Gender</th></tr>
<tr><th>Trust</th><th>F</th><th>M</th><th>Total</th></tr>
<tr><td>Oxleas</td><td>8</td><td>19</td><td>27</td></tr>
<tr><td>SLaM</td><td>12</td><td>35</td><td>47</td></tr>
<tr><td>SWLStG</td><td>9</td><td>29</td><td>38</td></tr>
<tr><td>Total</td><td>29</td><td>83</td><td>112</td></tr>
</table>
</td><td>Increased opportunity for women to access community rehabilitation support.</td></tr>
</table>

Race	☐			<u>Example of positive impact</u> There is an over-representation of particularly young men of Black African or Caribbean descent in inpatient rehabilitation settings – and evidence suggests that throughout the mental health pathway, this group is often overly represented in being detained under restrictions of the MHA. This is mirrored in the pathway with the majority of referrals to the Programme being received from acute and forensic wards. The table below outlines a breakdown of ethnicity of those supported by both the 100% health budget and shared care budget. **Ethinicity - 100% Health Funded** **Type of Accommodation** / **Any Other Group** / **Asian or Asian British** / **Black or Black British** / **Mixed** / **Not Known** / **Other Ethnic Groups** / **White** / **Total** Locked Inpatient: 2 / 6 / 54 / 5 / / 5 / 71 / 143 Residential/Nursing Home: 2 / 4 / 19 / 4 / 1 / 1 / 57 / 88 Supported Housing: 1 / 10 / 38 / 7 / / 4 / 45 / 105 **Total: 5 / 20 / 111 / 16 / 1 / 10 / 173 / 336** **Ethinicity - Shared Care** **Type of Accommodation** / **Any Other Group** / **Asian or Asian British** / **Black or Black British** / **Mixed** / **Not Known** / **Other Ethnic Groups** / **White** / **Total** Locked Inpatient: / / / / / / / / 0 Residential/Nursing Home: 5 / 29 / 109 / 13 / 1 / 12 / 288 / 457 Supported Housing: 11 / 21 / 101 / 19 / / 13 / 161 / 326 **Total: 16 / 50 / 210 / 32 / 1 / 25 / 449 / 783** Ethnicity was further broken down in the modelling activity – where CCP staff identified those who could benefit from these services. Results as highlighted below, identify the high numbers of people from various ethnicities who could benefit. **Ethnicity** **Trust** / **Asian or Asian British** / **Black or Black British** / **Mixed** / **White** / **Total** Oxleas: 1 / 11 / 1 / 14 / 27 SLaM: 1 / 28 / 1 / 17 / 47 SWLStG: 3 / 7 / 3 / 25 / 38 **Total: 5 / 46 / 5 / 56 / 112**	More people from BAME communities will be able to be supported in a community setting.

<table>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Religion or belief</td><td></td><td>☐</td><td></td><td>The Programme has no current information on a person’s religion or belief outside of individualised record keeping.</td><td></td></tr>
<tr><td>Sexual orientation</td><td></td><td>☐</td><td></td><td>As above.</td><td></td></tr>
<tr><td>Gender reassignment</td><td>☐</td><td></td><td></td><td>There is evidence that there is a poorer experience of care in the MH system reported by Trans service users
The service will benefit those from the trans community who are often disadvantaged in not being able to stay in a ward/location of their choice due to this being gender specific.</td><td>More inclusive services for those from the trans community.</td></tr>
<tr><td>Pregnancy and maternity</td><td></td><td>☐</td><td></td><td>No impact</td><td>No impact</td></tr>
<tr><td>Marriage and civil partnership (only eliminating discrimination)</td><td></td><td>☐</td><td></td><td>No impact</td><td>No impact</td></tr>
<tr><td>Other relevant groups</td><td>☐</td><td></td><td></td><td><u>People with co-occurring substance use and mental health needs.</u>

The services will employ dedicated substance use support to enable those with co-occurring mental health and substance use to be supported in a community setting.

<u>People with a mental health and EUPD or ASD diagnosis.</u>

The number of people being referred to the Programme who have a diagnosis of ASD or EUPD is increasing. See below:
.
<table><tr><th>LoS</th><th>Diagnosis Group</th><th>Male</th><th>Female</th><th>Total No. of Placements</th></tr><tr><td>5 Years +</td><td>Legacy Cohort</td><td>7</td><td>0</td><td>7</td></tr><tr><td rowspan="3">Less than 2 Years</td><td>Legacy Cohort</td><td>7</td><td>7</td><td>14</td></tr><tr><td>EUPD with Comorbitities</td><td>0</td><td>7</td><td>7</td></tr><tr><td>ASD & Developmental Condition</td><td>1</td><td>0</td><td>1</td></tr></table></td><td>An increased choice of placement and increased recovery outcomes.

Bespoke packages of care to be offered within mainstream community setting. This will increase choice, inclusion and recovery outcomes.</td></tr>
</table>

				The services will not exclude people with this diagnosis and be able to access personal health budgets to support more bespoke recovery solutions via the Single Point of Access The effect of COVID Pandemic on those with mental health needs. Restrictions placed as a result of COVID have a greater impact on those supported by the Programme.	Provider to develop plan to support any impact. To include access to IT to support access to healthcare, community connections etc.
HR Policies only:	☐	☐	☐		

IMPORTANT NOTE: *If any of the above results in '**negative'** impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer these to the action plan below.

3. Action plan

Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
1. There is a need to ensure the provider addresses equality areas (notably age, disability, race, religion/belief, sexual orientation, gender re-asignment) to promote satisfaction and optimum recovery outcomes.	Provider to collect PROMS in relation to each area and present action plan to commissioner as required.	Quarterly contract monitoring meetings.	On contract award.	Sue Field, Simon Wylie
2. The need to ensure positive representation of those from BAME communities, women, those with a diagnosis of EUPD and ASD.	Provider to monitor number and protected characteristics of those referred to ensure positive impact on disadvantaged groups or where there is less choice of placement.	As above.	On contract award	Sue Field, Simon Wylie
3. Ability to better meet recovery needs of those with protected characteristics in relation to sexual orientation, religion /belief.	This information to be collated at the SPA. PROMS to be segregated as per No 1.	Percentage of completed data fields in relation to sexual orientation religion/belief.	On contract award – although this will be placed on all SPA referral	Simon Wylie

			documentation from Jan 22.	
4. The need to ensure that there is not a greater negative impact on the health of those with MH needs during COVID pandemic.	Scrutiny of provider plan to combat and manage the impact of COVID pandemic, ensuring the recovery outcomes of service users are maximised.	Monitoring via quarterly contract meeting. Monitoring of provider against plan.	Plan to be requested at procurement stage. Ongoing monitoring on contract award.	Sue Field, Rabia Alexander.

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	**Lead / Reviewing Officer:**		**Date of next Review:**	

Equality Lead signature: **Date:**	

ENCLOSURE: 10
AGENDA ITEM: 13

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Bromley Primary Care Group: September 2023 report**
This paper is for **information**	
Executive Summary	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. The following substantive items were considered at the September 2023 meeting of this group: **a) General Practice Workforce: trends and development** The PCG looked at the workforce trends for Bromley regarding GP, nursing and wider roles in general practice. This data indicates a considerable number of staff are approaching retirement age. It also set out the significant rise in staff within the category of the fifteen new 'Additional Roles' as part of the national scheme to expand the practice team (these include clinical pharmacists, social prescribing link workers, care navigators, paramedics, nursing associates, amongst others). The Bromley Education and Training Hub (BETH) outlined the initiatives undertaken in response to the issues identified and where further actions were in development. It was noted that recruiting and retaining a highly skilled workforce remains one of the greatest challenges for primary care capacity and quality. It was further noted that work to maximise the opportunity presented by the Additional Roles Reimbursement Scheme was being undertaken by a number of different organisations and the ICB would bring together a group to determine how to better coordinate and collaborate in this area. **b) Healthwatch Q1 Patient Experience Report and Social Prescribing Report** Healthwatch presented the Quarter 1 2023/24 report. It was noted that the attitudes of healthcare professionals received a considerable volume of

	positive feedback. The experience of getting through on the telephone was a particular issue of concern. The PCG invited Healthwatch to provide anonymised information where patients reported very poor experiences in order to work with those practices as appropriate. Healthwatch also presented the report following a research study to investigate how social prescribing is working in Bromley. The ICB has provided a formal response to the recommendations as a result of the Healthwatch survey. As employers of the Social Prescribing Link Worker roles, PCNs were invited to take account of the survey's findings and recommendations. **c) Primary Care Quality update** The PCG received the second update from the Quality team relating to Infection, Prevention and Control (IPC), Quality Alerts raised by Bromley GP practices and Quality Alerts relating to Bromley. PCG members were advised that the technical issues affecting access to the Primary Care Quality Dashboard will be investigated. It was agreed that the deep dive exercise regarding the primary/secondary care interface issues would be led through Bromley's quality group. PCG has invited a briefing on quality in primary care at the next meeting. **d) System Development Fund for Primary Care: 2022/23 and 2023/24** The System Development Fund for Primary Care Transformation (SDF) is a national, non-recurrent funding stream from NHS England digital transformation, PCN development and practice resilience. The PCG received an update on progress with use of the 2022/23 funds allocated to Bromley primary care, the allocation from south east London to Bromley for 2023/24 and intentions for this discretionary pot to support resilience, improve services and further develop at scale services. **e) Contractual non-compliance in relation to providing travel vaccinations** The Group approved a recommendation to proceed to contractual action as a result of non-delivery of essential services (namely travel vaccinations) under the core GP contract. The background and circumstances of the non-compliance were outlined and provided satisfactory evidence to support the recommendation. The Group noted the work underway by the ICB with the support of the Bromley Education and Training Hub (BETH) to ensure practices had the requisite capacity and competencies to provide travel vaccinations so that all Bromley

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	practices are confidently in a position to meet their contractual obligation in the future. This action will be taken forward by the ICB. **f) Summary of Officers' Decisions: Contract Extension for the Care Homes Primary Care Service** The Group was formally notified of the decision to enact the extension of the contract, following recommendation by the Contracts and Procurement Group. This contract will be extended for a further five years, from 1 April 2024 until 31 March 2029. The service is provided by Bromley GP Alliance.	
Recommended action for the Committee	The Local Care Partnership Board is asked to: • Note the work and undertaken by the Primary Care Group • The decision to approve a recommendation to proceed to contractual action for non-delivery of essential services • The officers' decision to enact an extension to the contract for primary care service for care homes.	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services, however, on this occasion no members declared a conflict of interest relating to the decision taken at the September 2023 Primary Care Group.	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

ENCLOSURE: 11
AGENDA ITEM: 14

One Bromley Local Care Partnership Board

DATE: 28 September 2023

Title	**Bromley Procurement & Contracts Group – July / August 2023 update**
This paper is for **information**	
Executive Summary	Following the establishment of the Bromley Procurement & Contracts group to support of the management and oversight of delegated budgets in terms of compliance with procurement and contract management, the following items were discussed and agreed at the groups on 26th July and 25th August groups. The next group will take place on 29th September 2023. **Contract Award** • **GP enhanced Services** – There was agreement to award GP Enhanced Services contract to the Bromley GP practices for a period of 1 year until 31st March 2025, with the option to extend for 1 year. This award is in-line with the schedule of matters delegated to officers where the contract value is expected to be under £25k. • **Bromley All-Age Continuing Care (AACC) Partnership Delivery Service (PDS)** – The group received the Contract Award Report which recommended awarding the contract to the preferred bidder. Although the recommendation was agreed in principle, the tender process cannot be finalised until SEL ICB conclude deliberations over the future structure of Continuing Healthcare. **Contract Extensions** • **Primary Care for Care Homes APMS Contract - Extension** – There was agreement to extend the current contract by five years, implementing the revised service specification, KPIs and financial model. This extension results in the new contract expiry date for the service of 31st March 2029. **Procurements** The following updates were noted: - • **Identification and Referral to Improve Safety (IRIS)** – tender exercise for this service was published on 19th July 23 and remained open until 7th September 23. • **Denosumab** – A request for a quotation process is planned to now take place in September / October for this contract. • **Mental Health Joint Strategic Needs Assessment (JSNA)** – following a market engagement event that took place on 4th September, with 30 interested parties joining the event, a procurement opportunity will be published in September. The project is being jointly overseen by LBB LD and ICB LD/MH commissioning teams, as well as by public health leads.

ONE BROMLEY

	Outline findings of the work are due to go to Integrated Commissioning Board in November 2023. **<u>Other key areas of discussion to note</u>** • **Provider Selection Regime (PSR)** - PSR is expected to be published in September, and enacted in April 2024. Once the final PSR has been published there will be a need to review the procurement pipeline to identify whether the new regulations change any decisions on the procurement timeline and to consider implications for current workload. • **Community Cardiology Diagnostics Service** – Following the pre-tender work which was undertaken with stakeholders including a market engagement opportunity that closed on 14th July 23, a further review in terms of community diagnostics is to be undertaken. The outcome of this work will impact on the procurement options regarding the community cardiology diagnostic service. • **CMHS Prevention and Early Intervention** – Advice is being sought regarding contract options for the following contracts that are due to expire 31st March 24; Talking Therapies, Recovery Works individual placement support, Mindful Mums & Bromley Mental Health Hub and current providers will be informed of the outcome of these discussions as soon as practicable. • **Hospice contract** – a paper recommending the extension of the current hospice contract for 1 year until 31st March 2025, under schedule 1C of the NHS Standard Contract has been submitted to SEL ICB Executives. • **Cardiac Rehab (exercise referral programme)** – Contract is due to expire September 2024, pre-procurement work is being undertaken with a view that the tender exercise will be published.	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts group.	
Potential Conflicts of Interest	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. 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.	
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

ENCLOSURE: 11
AGENDA ITEM: 14

Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Director	

ENCLOSURE: 12
AGENDA ITEM: 17

Appendix 1: Glossary of Terms

Glossary

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

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