

ONE BROMLEY

One Bromley Local Care Partnership Board

Date: Thursday 27 July 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	9:40
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:50
4.	Minutes of the meeting held on the 16 May 2023 For approval	Enc. 2	Chairmen	9:55
For Information and Noting				
5.	Partnership Report For information	Enc. 3	Dr Angela Bhan	10:05
6.	Winter Planning For information	Enc. 4	Jodie Adkin	10:15
7.	Finance Month 2 Update For information	Enc. 5	David Harris	10:30

Reports from Key Sub-Committees for Noting				
8.	Primary Care Group Report For noting	Enc. 6	Harvey Guntrip	10:40
9.	Contracts and Procurement Group Report For noting	Enc. 7	Sean Rafferty	10:50
10.	Performance, Quality and Safeguarding Group Report For noting	Enc. 8	Harvey Guntrip	11:00
Closing Business				
11.	Any Other Business • 'Right Care Right Person' model	Verbal	Dr Angela Bhan	11:15
Appendices				
12.	Appendix 1: Glossary of terms	Enc. 9	For Information	
Next Meeting:				
13.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 28 September 2023 and will start at 9:30am in Bromley Civic Centre, The Council Chamber or via Microsoft Teams.			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 12/07/2023

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

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of 12/07/2023

Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chair of One Bromley Local Care Partnership Board	Financial Interest	The practice is a member of the MDC PCN in Bromley.		
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Avril Baterip	South East London ICB	Corporate Governance Lead- Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	No interests declared			
Kim Carey	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer Committee Member representing voluntary sector	Non-Financial Professional Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			
Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			
Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 16 May 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
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
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
Members (Non- voting):		
Charlotte Bradford	Healthwatch	CB
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:		
Andrew Bland	Chief Executive Officer, South East London ICB	ABI
David Harris	Associate Director of Finance, NHS South East London	DH
James Postgate	Associate Director of Integrated Commissioning, NHS South East London	JP
Kelly Scanlon	Associate Director of Communications and Engagement, NHS South East London ICB	KS
David Sharif	Head of Performance and Planning, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	DSh
Elliott Ward	Resilience Programme Lead, One Bromley	EW
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa

Members of the public (1)

Apologies:

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

Richard Baldwin	Director of Children’s Services, London Borough of Bromley	RB
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
Helen Simmons	Chief Executive, St Christophers Hospice	HS

Members (Non-voting):

Helen Norris	Healthwatch	HN
Dr Ruth Tinson	Co-Chair, London wide LMCs and London wide Enterprise Ltd	RT

In Attendance:

Jodie Adkin	Associate Director - Discharge Commissioning, Urgent Care and Transfer of Care Bureau	JA
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Actioned by

1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Andrew Parson invited members to declare any interests in respect to the items on the agenda. No interests were declared.	
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 March 2023	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Actions for the Board	
5.1	The action log was reviewed, all actions were complete.	
5.2	The Committee NOTED the action log.	

6.	Partnership Report	
6.1	<p>Dr Angela Bhan took the Partnership Report as read and invited any comments and questions.</p> <p>David Walker updated that the Carers Charter was being co-developed following agreement from the One Bromley Executive. A lot of great work had been underway with the London Borough of Bromley on the Carers Strategy, this would be presented to the meeting in late June and work on the Carers Charter would continue alongside this.</p> <p>Iain Dimond notified that Oxleas had featured in the Sunday Times Best Places to work in the country. The organisation was featured in two categories; as a very large organisation and as a good place to work for people with a disability. Dr Parson gave his congratulations on this achievement.</p>	
6.2	The Committee NOTED the report.	
7.	Winter Review	
7.1	<p>Dr Bhan gave Jodie Adkin's apologies and wished her a speedy recovery. This report offered an update on the review of last winter and the planning for next winter. A workshop review took place with Bromley partners and SEL colleagues to consider how we could collectively improve our approach to helping people through the Urgent and Emergency Care pathway.</p> <p>As previously reported to the board there had been severe challenges both nationally and across South East London (SEL). Activity in general had returned to pre-pandemic levels, last winter had been particularly challenging. There was an increase in attendances of 6.3%, along with an increase in people with long lengths of stay in hospital over 21 days. This was largely due to people being so unwell.</p> <p>There were high levels of funding to support winter pressures last year which enabled an increase in capacity in the hospital, general practice, community services and in social care. This enabled better management of patients through discharge pathways. There were incremental additional monies throughout the winter which whilst welcome, led to there being sixty three additional winter schemes for the system to manage. This proved challenging for professionals on the ground to remember and understand. One of the learnings from last year was that simplification of additional winter schemes was key.</p> <p>A lot of resource was focused on support and discharge from the hospital, Bromley had adopted a 'home first' scheme whereby patients could be supported in their own homes with packages of care and services, where appropriate, ahead of an admission to residential care placement.</p> <p>There was an enhanced clinical response last year with the Clinical and Professional Advisory Group. Clinicians across the system took a leadership role in managing pressures. There had been additional pressures with the increase in Group A Streptococcus infections. There had been additional capacity added into the system to help manage the large volumes of children requiring assessment and treatment, this had been undertaken via the Bromley GP Alliance. Close working with partners and clinicians had allowed the system</p>	

	<p>to flex services to meet local needs.</p> <p>In reviewing last year, it was agreed that it would be beneficial for certain programmes/pathways to be maintained, including the 'Home First' approach. There were hopes of using the escalation pathways to ensure that people could spot pressures and respond appropriately. There would be a review undertaken of long length of stay patients where they had stayed for more than three weeks, to understand why they had come to hospital and what had caused long length of stay. There would be engagement with front line staff to inform winter planning.</p> <p>The virtual ward was a joint approach between the acute and community services to care for people at home. This service had gone from strength to strength, but capacity would need to be expanded going forward. Dr Bhan noted the current proposal in the press for hospitals to employ GPs or for acute clinicians to work in general practice. Dr Bhan noted that Bromley had been looking at this approach for some time, Dr Ur-Rub had been working in the hospital last winter to consider what more general practice could do to support. There had also been close working with community and third sector services.</p> <p>Dr Bhan noted that early proposals for winter would be brought to the next One Bromley Local Care Partnership Board in July.</p>	
7.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Parson noted that Dr Bhan had made some important points and asked if funding would arrive in a similar way to last year. Funding arriving in advance of winter would enable more time to plan. Dr Bhan responded that she hoped this would be more planned this year, discharge monies would be arriving earlier and SEL colleagues had written to the borough to outline what resources would be available. It was important to have plans in place in preparation for monies being released. • Dr Bhan noted that all partners work closely together in the Bromley system. An executive emergency care specialist had recently been appointed in the hospital to help with emergency care pathways, he had been impressed by the fact that patients requiring a package of care could be discharged the day they were declared medically fit. The system was cohesive and integrated, however challenges for the population and pathways continued. • Jacqui Scott noted that there was now a wider focus on supporting patients out of hospital and admissions avoidance rather than purely on discharging patients. Dr Bhan responded that there was a huge amount happening in the community, especially through community and primary care services, around admissions avoidance and supporting patients at home. A lot of the money received was specifically for discharge, and it was a shame that this money was not earmarked for both admissions avoidance and discharge. However, the focus would continue to be on admissions avoidance as well as discharge. It was noted that this was an interim report before plans for the coming year came to the committee. • Jacqui Scott asked what the plans were for engaging with frontline staff on winter plans. Dr Bhan agreed that we needed a better understanding of challenges through feedback from frontline staff, engagement with the workforce would be central to developing the plan. This process had not been undertaken in the same way in the past. 	

- Harvey Guntrip asked if there had been any evidence that the rising cost of heating and fuel bills had an impact on patients needing to have longer length of stay due to living in the cold. Dr Bhan responded that it was difficult to directly link the rising cost of living with ill health in a short timeframe. Dr Bhan felt this may have had an impact on likelihood of admission, however it would not have impacted on people returning home from hospital in light of the close working within the system to ensure people were well supported upon discharge.
- Dr Riley noted that as the winter funding arrived later in the season there were limitations on enhancing capacity and on setting up additional services. There were already challenges with capacity within primary care, which would only be exacerbated in the winter, there was thus a benefit in being able to pre-plan where possible. Dr Parson added that this was an important point, one of the difficulties was in understanding the impact on primary care at large. Primary care was overwhelmed in terms of demand over winter. Dr Bhan noted that these were very valid comments and that there was awareness of the huge pressure on primary care, there were hopes of pre-planning with BGPA to get these services up and running earlier where possible. Whilst there were plans for increased capacity through the BGPA, there were a number of elements which caused challenges last year including changes in extended access, this had an impact on the ability to stand things up and was a national issue. Dr Parson noted that some of these were chronic issues which were a challenge to address.
- Iain Dimond asked if there was anything Oxleas could add to the out of hospital offer, particularly around support for older people living with dementia. Dr Bhan agreed that this would be important and thanked Iain Dimond for the support of mental health services.
- Dr Ur-Rub noted that one of the challenges in Bromley was losing the workforce to other areas if good planning and specific measures were not in place early enough to secure staff. Dr Ur-Rub urged PCNs and the ICB to have these ready earlier in the year.
- Dr Ur-Rub recommended that the person appointed to strategically look at the hospital processes should link in with primary care colleagues, noting the importance of in-reach work and if there was some value in making this link.
- Dr Ur-Rub asked if we were looking to support the care homes themselves, where there was a particular challenge around workforce.
- Dr Bhan agreed that capacity was key and noted that there was a network of support for care homes through the local authority approaches and through the Bromleag Care Home Practice. If there was something more that we could do through the care home setting, Dr Bhan felt it should definitely be discussed.
- Dr Parson thanked colleagues for their comments, noting that there were some risks that were applicable to all boroughs including around out of borough patient discharges and asked where these were discussed at an ICB level. Dr Bhan responded that there was an infrastructure in place for the whole ICB via the SEL Urgent and Emergency Care Board. This was jointly chaired by Sarah Cottingham, Executive Director of Commissioning and Planning, SEL ICB and Ben Travis, Chief Executive at Lewisham and Greenwich NHS Trust. The bringing together of services and learning and sharing information across boroughs was central to this approach. There was oversight feeding up to NHSE via information templates for submission

	to enable a clear idea of what was happening on a wider scale.	
7.3	The Committee NOTED the report.	
8.	Hospital at Home – Update on the Service and Integration	
8.1	<p>Elliott Ward noted that this was a paper of two parts:</p> <ol style="list-style-type: none"> Update on the Hospital at Home Service in Bromley <p>Colleagues were reminded that the Hospital at Home service currently has four partners: Bromley Healthcare, Bromley GP Alliance, King’s – Princess Royal University Hospital (PRUH) and St Christopher’s. This was genuinely delivering acute services: patients seen by the service would otherwise have had to be treated in hospital. There had been close working with palliative care services and Bromleag Care Practice for care home patients. There was also close working with South East London colleagues, Dr Toby Garrood, Joint Medical Director for SEL ICB had put the project team in touch with the Health Innovation Network (HIN) for them to review what we were doing in Bromley for evaluation of efficacy and improvement and also to support comparison across SEL and to share learning and achievements. The draft report had been received, none of the recommendations were new or unexpected. Some recommendations were already being addressed and some would take slightly longer to action.</p> <p>The biggest challenge for this service was scaling, the planning guidance asks for 120 or so virtual beds for a population of Bromley’s size. The patients currently in the service were complex and other groups of patients who would benefit from the service needed to be identified – including GP direct referral and those discharged from the Rapid Response service.</p> <p>There was ongoing work around how technology is woven into the service, with a soft launch at the end of the month.</p> <p>There were also groups that were not being reached as effectively, work continued on this.</p> <p>The final element of note was patient feedback on the service. This had been astonishing so far, with some genuinely life changing interventions for some patients, enabling them to live well and to remain out of hospital.</p> <ol style="list-style-type: none"> What can we learn from developing this service in terms of how we may go about working together as different providers of services in the future. <p>Partnership working to deliver the service was key, the approach had been collaborative, with four organisations currently involved in care delivery and more in the programme. Challenges the programme has worked through included working jointly, being able to see information held by other organisations, and agreement on how liabilities were split between organisations and teams.</p> <p>The slides noted the approach taken by the service in Bromley:</p>	

	<p>Bromley opted for a Prime provider arrangement with sub-contracts with a collaboration agreement alongside as it emphasised providers, who are closer to the patient, working together in shaping and delivering the service and with shared liabilities. Sub-contracts allow the transfer of liabilities through the sub-contacts. Whilst the prime provider remains liable to the commissioner for the delivery of the services under the prime contract, the sub-contractor will be liable to the prime provider for i.e., any negligent acts or omissions under the sub-contact – effectively flowing down the liability from the prime contract to the sub-contractor in the sub-contract.</p> <p>Where there are multiple subcontractors to the prime contract, a collaboration agreement is put into place to deal with the arrangements between the subcontractors which supports the working of all the parties in the collaboration.</p> <p>The collaboration agreement incorporated a data sharing agreement, an agreement on splitting liabilities for shared pathways based on contract value and a bespoke version of the London Staff Movement Agreement (termed the Workforce Sharing Agreement).</p> <p>Hospital at Home offered an opportunity for learning to be shared for other One Bromley collaborative services. There were two main options:</p> <ol style="list-style-type: none"> 1. Use documents created for Hospital at Home for other collaborative services among partners in future. 2. Adapt the documents created for Hospital at Home to create an overall collaboration agreement between all One Bromley partners. Under this Agreement a schedule related to each service/collaboration could be appended. <p>One Bromley Executive had asked that further investigation be undertaken into option two – including speaking to other local care partnerships where this is in place.</p>	
8.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Parson gave thanks for the presentation, noting that this was an important project both in delivery of care to our population and in terms of the vast amounts of learning being developed. Dr Parson noted the quality of what was being delivered, and that there had been background discussions around clinical governance through contracting. • Elliott Ward responded that a lot of time had been spent on developing the clinical governance approach. This was undertaken through the contractual agreements and requirements for clinicians working in the service and also through the cross partner governance group which reviews quality, safety and efficacy of the service. From this there is a weekly working group where issues can be raised and responded to in real time. The service was still in development, so weekly contact with clinicians was key. • David Walker noted that it had been a challenging process to get the legal agreement together on shared working. There was a challenge in making this service mainstreamed for the patients that may need it. There had been some concern about awareness of what had been involved. David Walker asked what thought had been given to the wider communications strategy through other One Bromley organisations and engagement with specific patient groups and if the BTSE may be able to assist on this. 	

	<ul style="list-style-type: none"> • Elliott Ward responded that the focus had been on getting the service up and running over the last few months and ensuring effective communication with service users and testing patient leaflets with the patient co-design group. It would be great to work together going forward to develop further communications, in order to mainstream this as a good patient option. There could be implications for carers so there needed to be sensitivity to that as part of the campaign. • Councillor Diane Smith noted that there had been a focus on the clinical aspects of the service and asked what discussions had been had with adult social care, particularly in light of the patient demographic who may also be receiving support from domiciliary care. Elliott Ward responded that this had been very medically and clinically focused, what was being discovered was that there were a few patients where short term two to three day social care support may be needed. This was an emerging group, with additional information being gathered in order to continue conversations with adult social care colleagues over the summer. • Harvey Guntrip asked for clarification that this was the emergence of an eventual collaborative agreement between One Bromley partners in terms of delivering a unified and collective working model which could react faster than at present. Elliott Ward agreed that this is exactly what we are aiming for. It had taken fourteen months to get to this point, this agreement would allow for that infrastructure to be established and enable additional services to be docked into this model. Further consideration of liability would be needed, but the core structure would be there. • Dr Parson noted that updates would come back to a future meeting for further discussion and thanked all partners for their work on this important service for Bromley. 	
8.3	The Committee NOTED the update.	
9.	One Bromley Communications and Engagement Annual Report for 2022/23	
9.1	<p>Paulette Coogan reported to members. She explained that the report was a summary of the communications and engagement activity for One Bromley during 2022/23 and that it described how we work collaboratively to communicate and engage with our communities in a meaningful way.</p> <p>Kelly Scanlon joined the meeting online; she had pulled the report together on behalf of the One Bromley Communications and Engagement network and would also be able to answer questions.</p> <p>Paulette Coogan highlighted the One Bromley Communications and Engagement network meets monthly to plan communications and engagement for the borough and consider what is required to support One Bromley programmes. Stakeholders participated in a variety of ways depending upon the change or improvement being made and how much they could influence to ensure it was proportionate. Engagement methods include analysis of patient experience data, input from 200 patient network members, from community champions and through targeted outreach.</p> <p>Section 4.1 of the report described how we have communicated and engaged with Bromley people and communities to develop and deliver One Bromley programmes of integrated care during 2022/23. Some of these programmes</p>	

	<p>involved collaborating with other multi-disciplinary teams and programme leads across the Bromley system. Examples included the Hospital at Home project.</p> <p>Section 4.2 gave examples of how Bromley organisations had worked together in partnership to help promote campaigns, health programmes and initiatives to support local people. Examples included the childhood vaccinations campaign and the Bromley transition day.</p> <p>Section 4.3 gave examples of how One Bromley organisations engaged with people and communities in Bromley to shape, inform and influence their own services. One Bromley colleagues routinely capture outcomes from community engagement undertaken by individual organisations and share this across the Bromley system so that we understand what we are hearing from our residents and avoid duplication.</p> <p>Section 5 outlined how we encourage people to get involved in our work in Bromley.</p> <p>Section 6 noted that in June 2023, the One Bromley Local Care Partnership would publish a five year strategy setting out the priority areas for improvement and development. Communications and engagement work will focus on supporting delivery of these priority areas and ensuring Bromley people and communities were able to inform, influence and shape high quality, proactive and integrated care.</p>	
9.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Parson thanked Paulette Coogan and Kelly Scanlon and noted that this was a comprehensive report. • Kelly Scanlon added that the commitment in Bromley was for us to be transparent in our reporting on engagement with local people and what we have done with feedback received, this report supported that. • The mid-year report goes to the One Bromley Executive, whilst this more detailed annual report goes to the meeting in public. • Dr Parson noted that we are all working well together as part of a complex system. 	
9.3	<p>The Committee NOTED the One Bromley Communications and Engagement Annual Report for 2022/23.</p>	
10.	<p>Finance Month 12 Update</p>	
10.1	<p>David Harris reported to the committee. The following points were noted:</p> <p>SEL ICB Financial Position</p> <ul style="list-style-type: none"> • As at Month 12, SEL ICB delivered a £16k surplus against its total allocation. • In reporting this Month 12 position, the ICB has delivered all of its financial duties: <ul style="list-style-type: none"> ○ Surplus positions against its overall Resource Limit (£16k) and Running Cost Allowance (£748k). ○ 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 	

	<ul style="list-style-type: none"> ○ Delivered the month-end cash position, well within the target cash balance. ● The Audit had started and was going well, final accounts would be submitted on 30 June. <p>Bromley ICB/LCP Month 12 Financial Position</p> <ul style="list-style-type: none"> ● As at Month 12 the year end position was £1,911k overspent. The significant variances related to: prescribing £2,980k overspent, continuing healthcare £804k underspent and corporate budgets £330k underspent. ● The 2023/24 budget setting process had been completed and the Bromley place start budget for the year was £233,570k. ● The key risk in 2023/24 related to prescribing, as the pressures experienced during 2022/23 had not been fully funded as part of the budget setting process. A paper on this would come to the July One Bromley Local Care Partnership Board. Boroughs were expected to manage this risk locally and make savings where required to manage the position. 	
10.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> ● Jacqui Scott congratulated David Harris and colleagues on achieving all financial duties for the ICB. ● Jacqui Scott asked for further detail on the £6.2m savings target for 23/24 and asked for the report to explicitly set out where the savings are due to be made and the process they had been through for assessment in regard to quality, to ensure these savings were being made in the right places. ● David Harris responded that within the figures quoted for 23/24, some of the savings relate to the 1.1% efficiency target included within the national uplift. This would be applied to almost all contracts factored into budgets. Convergence adjustment where the ICB received over capitation has also been included. This leaves 2-2.5% of savings to be found within budgets. A starting point for this was a budget review, the overall savings target had not yet been resolved, the plan would come to the next board meeting. ● There was no reduction in services which David Harris was pleased to report. ● David Harris noted that any savings on mental health were reinvested into services as part of the Mental Health Investment Standard. ● Dr Parson thanked David Harris and colleagues for the report. 	
10.3	<p>The Committee NOTED the Finance Month 12 update.</p>	
11.	<p>SEL Joint Forward Plan and One Bromley Strategy</p>	
11.1	<p>Dr Angela Bhan noted that what was described in the paper were two pieces of work which were interlinked. The SEL Strategy was published in March 2023 with the draft SEL Joint Forward Plan (SEL JFP) shared in April 2023. Alongside this was the One Bromley Five Year Strategy which incorporated Bromley's chapter of the SEL JFP and took account of the emerging health and wellbeing strategy for Bromley.</p> <p>The five key priorities for SEL were noted:</p> <ul style="list-style-type: none"> ● Become better at preventing ill health and helping people in south east London to live healthier lives ● Ensuring parents, children and families receive the most effective 	

support before and during childbirth and in early years

- Ensuring that children and young people receive early and effective support for common mental health challenges
- Ensuring that adults in south east London receive early and effective support for common mental health challenges
- Ensuring that people, including those with continuing health needs, can conveniently access high quality primary care services.

The SEL JFP set out medium term objectives and plans, at both a borough level and from the perspective of key care pathways and enablers, to ensure the ICB was developing a service offer to residents that:

- Meets the needs of our population.
- Demonstrates and makes tangible progress in addressing the core purpose of our wider integrated care system – improving outcomes in health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money, and helping the NHS support broader social and economic development.
- Delivers national Long Term Plan and wider priorities, all of which resonate from a SEL population health perspective.
- Meets the statutory requirements of our Integrated Care Board.

The Joint Forward Plan provided the following:

- A strategic overview of our key priorities and objectives for the medium term.
- A high level summary of the short term actions that we will take, working with partners, to ensure the key milestones that support us in meeting these medium term objectives are secured, with further underpinning detail included in our 2023/24 and subsequent operational plans.

This is the first Joint Forward Plan and it will be refreshed annually to:

- Take account of implementation and outcomes over the previous year, including any learning to be applied to our future plans.
- Reflect any changes required due to new or emerging issues or requirements, be they related to population health, feedback from our communities and service users or service delivery issues and opportunities.

The full document included 250 slides which were available to view on the SEL ICS website.

Elliott Ward and Sean Rafferty presented on how we take this work into the One Bromley Five Year Strategy, more specifically focused on the population of Bromley. Sean Rafferty gave a brief introduction and noted that the local plan had started to be drafted in June last year and had been through numerous iterations since then. Support had been received from the King's Fund to facilitate discussions during development of the strategy.

The request of the report was for the strategy to be agreed today, there would then be an engagement event on 22nd May. This would involve discussing next steps with community stakeholders and what the strategy meant to them. The

	<p>plan would then be taken on to the Health and Wellbeing Board at the end of June for comments and final sign off. This had been a long and detailed process of development with involvement from many colleagues. This document consolidated both existing and new workstreams.</p> <p>Elliott Ward drew attention to a key element regarding what we are trying to achieve with this work. The strategy outlined three priorities for One Bromley for 2023-2028:</p> <ol style="list-style-type: none"> 1. Improve population health and wellbeing through prevention and personalised care. 2. High quality care closer to home delivered through our neighbourhoods. 3. Good access to urgent and unscheduled care and support to meet people's needs. <p>In considering how things would be different in five years' time, the slide noted the following:</p> <ul style="list-style-type: none"> • Bromley residents live longer lives in better health. • Frail, elderly and other people at risk of deterioration get more proactive support – reducing need for urgent care. • Patient's same day health and care needs are better met in the community. • People needing mental health support are helped earlier and closer to home. • Children and young people access more joined up health and care support. • We work seamlessly across organisational boundaries. <p>The SEL plan was in draft for engagement including from members of the public and governance bodies across SEL. Key points on which SEL were seeking views were:</p> <ul style="list-style-type: none"> • Does the level of medium term ambition and the vision feel right given our core purpose as an ICB? • Do we need to think further about relative and overall priorities/prioritisation, especially of short term actions? • How should the ICB better equip and support our enabler programmes to deliver the supporting actions identified? • How do we ensure we are progressing the ways of working, culture and behaviour change, necessary to support the delivery of our plans? • Is there key learning from the year 1 JFP outputs to inform our annual refresh, the first of which will take place in 2023/24 for end March 2024? <p>Elliott welcomed any comments or questions.</p>	
11.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Parson thanked Dr Bhan, Sean Rafferty and Elliott Ward for taking the board through the detail of the strategy. An important document had been published last week regarding recovering access to primary care, there would be some expectation that those challenges would be tackled as part of our strategy. • Dr Parson asked colleagues what feedback was needed – Elliott Ward 	

read out the five key questions noted above.

- Dr Parson invited Andrew Bland to comment on this item, noting that there had been workshops where those questions had been discussed.
- Andrew Bland thanked colleagues for having him in attendance, commended the work and said that the SEL questions were to be working points for each borough. There was a good dialogue between SEL and borough colleagues. Andrew Bland again commended the work in Bromley, noting the high standard.
- Andrew Bland raised the issue of scale and ambition whether within the local plan or in the SEL plan and the importance of optimal scale of delivery being tested. We are in a contractual and financial environment with no opportunity for slack and there needed to be assurance that we are investing at the right scale in terms of return on investment. In large part this referred to enablers including estates, digital and how larger organisations may help smaller organisations. There was an opportunity for partners to work together and be more than the sum of their parts.
- Dr Parson thanked Andrew Bland for his comments and noted that the challenge was well made. Regarding the development and support of general practice, we had initiated a response to Fuller, with the intention to bring the partnership to bear on some of those challenges. This was an area to explore how we can work together to make primary care better.
- Harvey Guntrip noted that the Bromley Strategy/Operating Plan had been discussed at both the Bromley Primary Care Group and the Bromley Performance, Quality and Safeguarding Group, in order to consider what can be measured, targets and ensuring clarity about who was delivering what for each element. This was about ensuring good oversight as part of governance processes.
- Dr Ur-Rub noted the importance of defining outcomes and how we measure them, in order to consider areas of work which did not achieve them. Dr Parson noted that the conversation around business intelligence support came up frequently in terms of how we work with the SEL team to produce the data required.
- Dr Riley noted concern from primary care and PCNs around enablers, particularly workforce. It was stated that if we push too far too fast, we could end up losing more staff. The significant increase in staffing [Additional Roles Reimbursement Scheme roles] mentioned in the recovery plan has a drain on existing staff who have to supervise and support the additional postholders before they could work independently. If there was too much pressure on primary care to increase capacity and enable plans, we could lose well-trained experienced staff who could support and make these plans successful.
- Dr Parson thanked Dr Riley for her comments and noted the national drive to improve capacity in primary care, noting this was not to be at the expense of doctors, who take a long time to train.
- Paulette Coogan updated that a King's Fund workshop was scheduled for later this month, one of the areas being discussed was programme areas of focus and the enablers needed to provide this and at what scale.
- Jacqui Scott agreed with Dr Ur-Rub's point about outcomes and the importance of a feedback loop to understand how plans were being

	<p>implemented. Estates were not fit for purpose across community or primary care services within Bromley and some investment would be needed to bring these up to standard.</p> <ul style="list-style-type: none"> • Jacqui Scott noted the good work undertaken by the ICB on the diabetes dashboard and a wider diffusion of this was needed. • Dr Ur-Rub noted the huge charges from NHS Property Services (NHSPS) which made it increasingly difficult to find suitable sites and deliver services. Dr Ur-Rub agreed on the estates issue. • Jacqui Scott noted that some of the contracts across SEL used the same providers and asked if there was anything we can do at scale to reduce costs of contracts overall. • Mark Cheung picked up Dr Ur-Rub's point around the charges from NHSPS and updated that he had escalated this to SEL estates colleagues. • Dr Bhan noted the amount of detail under the strategy and that we are all actively engaged. In terms of next steps, the SEL Strategy and Forward Plan was already being delivered against, the delivery plan was being worked on, with a lot of engagement undertaken to ensure we get this right. In terms of the One Bromley Strategy, we are doing further work on delivery, we do not want this to be a strategy that sits on the shelf but one that will be real and evolving. We need to further work on how we will deliver plans, especially around the enabling elements and being clear on outcomes. Dr Bhan noted that the governance of what we are doing would also need to be considered across all organisations, to ensure we are achieving what we need to and ensure value for money. This work would continue to evolve and to be discussed at future meetings. • Andrew Bland was happy to pick up points of escalation and would like a future discussion about how organisations within a borough could assist each other in terms of void space and the chance to maximise recruitment and retainment of staff. • Dr Parson thanked Andrew Bland for joining and for his comments. 	
11.3	The Committee APPROVED the One Bromley 5 Year Strategy.	
12.	Primary Care Group Report	
12.1	<p>Harvey Guntrip reported to the committee. The following points were noted:</p> <ul style="list-style-type: none"> • The meeting took place last week with discussion of the One Bromley Strategy and Operating plan, GP Access, PCN Development and the Prescribing Improvement Scheme. The minutes would be available for the next meeting of this board. 	
12.	The Committee NOTED the Primary Care Group update.	
13.	Contracts and Procurement Group Report	
13.1	Sean Rafferty updated that one contract award had been made at the last meeting for the Community Anticoagulation Service and the report summarised the next steps on a series of procurements.	
13.2	The Committee NOTED the Contracts and Procurement Group Report.	
14.	Performance, Quality and Safeguarding Group Report	
14.1	Harvey Guntrip reported to the committee that the first meeting had taken place. Assurance was given that this would not be about duplicating work in	

	<p>other areas, but about adding value and enabling this committee to receive assurance that we are delivering.</p> <p>Dr Parson noted that if there were any particular issues to highlight with the board this could be done via the report.</p>	
14.2	The Committee NOTED the Performance, Quality and Safeguarding Group Report.	
15.	Any Other Business	
15.1	<p>Councillor Colin Smith notified the Committee that Bromley Council had now bought the Direct Line Building opposite Bromley Police Station. The completion date for the sale was early June. Councillor Smith was delighted that it had been confirmed that the Bromley Health and Wellbeing Centre would now be joining that site. This was an exciting opportunity for enhancing and growing this flourishing partnership model, perhaps even faster than expected. There would be some PR coming out on this over the course of the coming hours. Updates on this work would come to future meetings.</p> <p>There was no further business raised.</p>	
16.	Appendix 1: Glossary of Terms	
16.1	The glossary of terms was noted.	
17.	Date of Next Meeting: Thursday 27 th July 2023 at 09.30am	



One Bromley Local Care Partnership Board

DATE: 27 July 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 – July 2023

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1. One Bromley Local Care Partnership Programmes

Bromley Children’s Health Integrated Partnership (B-CHIP)

The Children and Young People’s integrated health model, locally referred to as B CHIP- (Bromley Children’s Health Integrated Partnership), was launched in April in two PCN areas; Beckenham and The Crays. The team are delighted to have progressed to the implementation stage and recognise the value to patients and staff of building closer relationships, improved communication and of more responsive/prompt care closer to home for patients. The model comprises of weekly paediatric virtual triage sessions, together with face-to-face consultations.

The team will now focus on coverage of another 100,000 Bromley residents in Q3/4 2023, and aims for borough wide implementation in Q2 2024. Work is also ongoing to resolve issues around data sharing and developing monitoring and performance arrangements. The teams have also been working across South East London ICB on future sustainable funding models for the programme.

The Bromley team has been asked to present this work at the Institute for Healthcare Improvement London wide Babies, Children and Young People Event on the 20th July to share the learning and future ideas for implementation.

The programme has reached the current implementation stage through the hard work of the local team, which includes Dr Shahid Karim (PRUH), Cait Lewis (BHC), Dr Bhumika Mittal (SE London ICB/GP Lead), Dr Andrew Parson (SE London ICB/GP Lead), Tony Parker (Bromley Council/SE London ICB) and Gemma Robinson (BHC).

Update on the Spring Covid booster campaign

The Spring Covid boosters campaign came to an end on 30 June. This campaign was open to people aged 75 and older, resident in a care home setting or with specific immunosuppressed conditions. The uptake in Bromley* is as follows:

Bromley registered patients aged 75 and older	72.5%
Bromley registered eligible patients who are housebound	74.8%
People resident in Bromley care homes	79.5%
Bromley registered patients who are eligible due to immunosuppressed-related conditions	35.6%

*Data source: EMIS extract, 25/06/23

The campaign has been supported by the long-running One Bromley Vaccinations Taskforce convened by the ICB. All care homes were visited at least once during the programme. Partners have worked collaboratively to ensure maximum uptake despite significant challenges presented by irregular timings and volumes of vaccine deliveries over the course of the campaign. Partners on this campaign have included 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 has also received regular input from Public Health colleagues. Outreach activities have taken place to improve uptake amongst communities in Biggin Hill and Mottingham.

NHS England has requested that a Covid vaccination offer is now made available to children aged 6 months to 4 years with certain immunosuppressed conditions. Approximately 390 children registered in Bromley are expected to be eligible. Families are being offered clinics in children's hospital settings, Orpington and Bromley over the July.

Strategy Public Engagement Event

Stakeholder engagement on the One Bromley 5 Year Strategy and the SEL ICS Joint Forward Plan commenced on 22 May 2023 with an event held at Community House. Invitees represented Bromley community services, voluntary organisations, faith groups, community champions, libraries, leisure, and health services. Fifty people signed up and thirty-five attended. The event focussed on sharing Bromley's plans; discussing delivery of the plans through neighbourhood working, and how Bromley can work together to reach and engage with communities, using the relationships, knowledge and community assets available to them.

Key learnings from the event were:

- the scale of community assets and volunteers do not necessary align geographically or numerically with population needs;
- over-reliance on GPs as the referral route into medical services rather than self or other health professional referral;

- agreement on neighbourhoods and more personalised care as set out in the One Bromley strategy;
- willingness to work collaboratively together to help reach and engage with communities and build community assets.

Another benefit from the session was identifying potential new stakeholders to work with Bromley to engage with communities – supporting in various ways from sharing information to co-production. A post event report is being shared with all those who signed up and the view is to stay connected with them to support in delivering Bromley’s plans together.

Children and young people’s mental health and wellbeing

Recent months have seen a welcome reduction in waiting times for Bromley CAMHS. Whilst these waiting times remain very high, additional investment and new early intervention projects are supporting improvements in these services over the coming year. New services that are commencing at this time include a mental health practitioner for children and young people based in Primary Care Networks (PCNs), a new early intervention project around children and young people with eating disorders, which is run jointly between South London and Maudsley NHS Foundation Trust and Bromley Y, and support for parents with the Empowering Parents, Empowering Communities (EPEC) initiative. We also remain on track to open the new integrated Single Point of Access (iSPA) between Bromley CAMHS and Bromley Y in October 2023. This new service is the next step for our innovative partnership between a voluntary sector and NHS organisation in Bromley, establishing a single model of joined-up support for children and young people with mental health and wellbeing challenges.

Adults mental health and wellbeing

We will shortly be celebrating three years since the opening of the Bromley Mental Health Hub – a joint endeavour between BLG Mind and Oxleas NHS Foundation Trust. The Hub provides early intervention and support for adults with mental health challenges, with strong links to GP Practices. The celebration event will be an opportunity for staff and stakeholders to come together to recognise how far we have come with this critical service, and to thank the hard work and dedication of those who have helped make it a success. Work also continues with Bromley Council and Oxleas to transform mental health supported housing.

2. Princess Royal University Hospital and South Sites

Significant strides have been made towards returning waiting lists to pre-Covid levels and reducing long waits, particularly for surgery and other planned interventions.

Eight patients are currently waiting +78 weeks, all on an admitted pathway; seven in Orthopaedics and one in Bariatric surgery. The bariatric patient has an operation date for later in July, as do two of the Orthopaedic patients. Senior level discussions are taking place to determine what actions are required to bring forward operation dates to reduce the remaining

wait times. The PRUH is currently refreshing much of their imaging assets and with an additional CT scanner on site currently, affording a unique opportunity to perform more local scanning in a shorter period.

Additional capacity has been critical to reducing the total waiting list and more is needed and planned, particularly in surgery where we have known pressures in our patient tracking list. The PRUH continues to work with partners to reduce the 1,024 patients waiting over 52 weeks for either a procedure or outpatient appointment (as at 10 July 2023).

Inevitably, the next junior doctors' strike action will put pressure on existing services and delay to planned care. Between 13 March and 7 April, 90 planned elective sessions were lost due to the junior doctors' strike and between 13 and 15 March, 219 patients' operations were cancelled. The Epic implementation for the 5 October 2023 remains on track and this too will reduce activity capacity in the short to medium term.

The long nature of this week's junior doctor strike (July) is unprecedented. In response to the future strikes by senior and junior doctors and radiographer staff, the PRUH will continue to enact escalation plans with a heightened incident command and control structure. The PRUH will continue to increase staffing levels at critical locations, undertake more frequent and more widespread senior communications and repurpose areas to create more capacity to quickly turnaround ambulances. In balancing the risk to patients under our care during these strikes, we have reluctantly postponed some non-urgent patient appointments, but continued life-saving operations throughout.

The hospital's investments to improve internal patient flow within the hospital is beginning to pay dividends. The 12-hour Decision-To-Admit breaches, whilst still too high at 111 instances during June, have reduced significantly (from a peak of 903 in December 2022). We have focussed on all aspects to improve flow, from escalating and communicating issues more freely across the site and professions, to better use of information, to addressing many contributory aspects such as the long lengths of stay for some of our patients. Primary care partners are also playing their part. Most recently to clarify, via the Clinical Lead for Urgent & Emergency Care SEL One Bromley, the vast majority of patients making their own way into hospital from Primary Care for the attention of a specialty team do not now need to be routed via the Urgent Treatment Centre or ED. Of course, ED will remain the primary source of care for where there are very serious concerns regarding their clinical status.

The PRUH also continues to outperform the national (DM01) threshold for diagnostic compliance, achieving 0.83% for May-23 (well below the 1% threshold and improvement from the 1.74% in Mar-23). Breaches decreased from 38 breaches in April to 48 in May with the main increase in Cystoscopy-Urology which rose to 49 cases.

A variety of new projects have commenced this quarter including:

- a project to improve services for people with heart failure in Bromley and Croydon in addition to developing outpatient services such as diuretic and iron infusions on site to avoid people having to attend hospital outpatient services.
- working to develop the Virtual Ward offer in Bromley.
- developing a service for those living with homelessness in Bromley

Colleagues may have seen across social media, the extensive fundraising activities that have been happening to support the charity. It is important for St Christopher's to raise significant funds each year to support 65% of our running costs. We have held a staff organised Fashion Show in addition to a Fun Day and Wedding Fayre. A Match Fund even on the weekend of the 25th June saw us raise in excess of £600,000 which was a major achievement.



In addition to its exciting professional learning offer, St Christopher's CARE continues to deliver a large conference agenda including:

- Frailty, opportunities and challenges
- Care Homes; a major investment opportunity
- A celebration of nursing around the world
- Shaping end of life with a focus on dementia
- Bereavement and loss; new frontiers

5. Bromley Healthcare

Bromley Hospital at Home

Hospital at Home is a collaboration between One Bromley partners: Bromley Healthcare; Princess Royal University Hospital; St Christopher's; and Bromley GP Alliance. It is led by the Bromley Healthcare Urgent Community Response teams.

Recently, the Health Innovation Network (HIN) has published a comprehensive report on Bromley Hospital at Home for adults. This report serves as an acknowledgement of the service's impact on the health and wellbeing of the patients we serve. It provides a detailed mapping and analysis of our virtual pathways, showcasing how we've been able to optimise healthcare delivery in our community.

You can view the full report here: <https://healthinnovationnetwork.com/report/mapping-of-bromley-virtual-ward-pathways/>

Dr Lynette Linkson who has worked as Respiratory Consultant at the PRUH since 2018 joins Bromley Healthcare as the Clinical Director of Hospital at Home. Lynette has been an integral part of the Hospital at Home team from its conception via her work at the PRUH, and will provide the team with dedicated leadership and support to drive forward the development of the service.

The team have already received some fantastic feedback for the Hospital at Home team:

“... they are all superb. The service is superb you cannot fault it they make sure you understand everything that is going on they tell you what the plan is, and ask if you need any more medication to make sure you don't run out. The service covers everything. I can't fault it.”

“... the whole service - I was extremely happy they were all excellent, gentle, understanding, calm, and reassuring. You couldn't have done anything better, nothing would have made it better.”

Changes to the board

Andy Naish, who has been a non-executive director with Bromley Healthcare for over 9 years, has sadly come to the end of his tenure. Andy provided excellent support to the organisation's evolution as the Deputy Chairman and Chair of the Strategy, Investment and Development Committee. Simon Russell has joined our non-executive board of directors in Andy's place. Simon has over 30 years' experience in retail, focusing on strategy, digital, and operational leadership. He spent 30 years at John Lewis as Director of Operational Development, and has held senior roles at Amazon. Simon has a strong passion for people, encompassing both colleagues and the communities we serve. He currently wears a number of hats, including a role as Chairman of Lewisham College, and a long-term director and advisor for Common Purpose; a leadership development charity that connects senior leaders from diverse sectors, showcasing his dedication to fostering collaboration across different fields.

Clinical Supervision Application

Bromley Healthcare has rolled out a new digital application to enable registered clinical staff to quickly and simply record evidence of formal and informal clinical supervision. Accessible on both mobile phones and desktop computers, the new app has enabled clinicians to capture the important conversations and reflections that allow them to explore and manage the personal and emotional demands of their work.

Learning from complex safeguarding cases awareness week

The BHC Safeguarding team are supporting the Bromley SAB in running a series of online luncheon sessions to raise awareness of learning from complex safeguarding cases from 10 to 14 July 2023.

Health and well-being

As part of our Health and Well-being initiatives, colleagues took part in our annual walking challenge for 6 weeks; the ambition was to walk from London to Rome. The winning team walked over 2,203 miles! The organisation also held a summer tea party to celebrate the NHS 75th birthday.

6. Oxleas NHS Foundation Trust

Creating a new service user/carer shadow committee

Building on the success of our Staff Shadow Executive approach, we are setting up a group of people who have experience of our services to influence and assist in decision-making at the committees of our Board of Directors. The service user and carer shadow committee will review issues being considered at the committees and feed into discussions that then take place. More information is available in this film: <https://vimeo.com/833738467>

The role would last for one year and committee members will be given support and training and paid for their time. To apply to join, people need to have used Oxleas services within the past five years or cared for someone who has.

To find out more and for an application form, contact the Involve Team by emailing: oxl-tr.involved@nhs.net

Funding available for co-production projects

We are extending the deadline for applications to the Oxleas NHS 75 Improve Fund which is offering grants of up to £750 to support projects to improve patient experience. Colleagues, service users and carers now have until 31 July 2023 to apply for funding to take forward ideas to improve patient experience that are jointly developed by members of staff and people using our services. Ideas for projects include celebrations of seasonal or cultural events, wellbeing activities or equipment for sports or craft activities.

The scheme has been set up to put Oxleas Charity funds into use to improve patient experience. "Working together to improve patient and carer experience is vital in health services," said Neil Springham, Director of Therapies. "This new fund is just one of the ways at Oxleas that we are increasing patient and carer involvement and spreading co-design and co-production across the organisation."

If you have a query about the fund, please email: oxl-tr.involved@nhs.net



Learning disability awareness week celebrations

June's Learning Disability Week was a huge success with events for staff and service users and opportunities to showcase the fantastic learning disability work being done across our services.

Events included a fun and fitness day where service users and staff were able to enjoy a host of activities outdoors, a Let's talk about sexuality discussion group and wellbeing activities.

View our film: <https://vimeo.com/oxleasnhs/aldweek2023>

Developments in Child and Adolescent Mental Health Services (CAMHS)

CAMHS Waiting Times

Bromley CAMHS continue to monitor waiting times across all teams. Positively, overall waiting lists have seen a reduction in the last two months despite an increased rate of referrals. There has also been a slight improvement in recruitment to clinical posts although vacancy rates are still above target. The service is on track to meet the South East London waiting time target of eliminating all 52+ week assessment waits by October 2023.

CAMHS Transformation

The re-design of Bromley CAMHS pathways to align to the nationally recognised iTHRIVE principles continues. A CAMHS universal pathway has also been developed to underpin this work and reduce variation across different teams and boroughs.

Bromley CAMHS and Bromley Y continue to work in partnership to design and implement a new Integrated Single Point of Access (iSPA). This will enhance our existing joint working and will further embed the NHS/VCS partnership through a combined referral triage/management team. The iSPA will be the single point in which children, young people and their families access mental health and wellbeing services in Bromley. The integrated service is due to be implemented in October 2023.

Community mental health services

Launch of Oxleas Rough Sleeping Mental Health Team

The London Mayor's 'plan of action' for rough sleeping in 2018 concluded that there was a lack of adequate support for people sleeping rough with mental health problems. It found people faced significant barriers with many people excluded by referral criteria, or their itinerant status.

The Rough Sleeping and Mental Health Programme (RAMHP) is designed to help people take a vital step towards a better quality of life by supporting access to mental health services and we are pleased to launch our service across Bromley, Bexley, and Greenwich. The team will be working in partnership with Thames Reach and will take referrals directly from them when they identify people who are likely to have mental health needs, with variations in complexity, with or without concurrent substance misuse and who have difficulty maintaining contact with other health services or are resistant to contact owing to the nature of their illness or previous negative experiences.

Top Performing Oxleas Early Intervention Psychosis Team

Bromley Early Intervention in Psychosis Team (a specialised service providing prompt assessment and evidence-based treatments to people with first-episode psychosis) since 2018 has been measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved along with other teams across England and Wales. This year the National Clinical Audit of Psychosis (NCAP) showed that they were one of the top performing teams along with our colleagues in Bexley and Greenwich for standards including supported employment and education programmes, physical health screening, physical health interventions and outcome measures.

The team aims to improve the health outcomes for people who are rough sleeping and equally as important build on developing collaborative relationships with local stakeholders who together with the Oxleas team we can make a difference.

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 Primary and Secondary Intervention Service (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 (I&A) services.

This has significantly increased the number of SPA and I&A queries on cost of living, added pressure to the 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 the 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, supported by the One Bromley partnership, to provide further accessible outreach to local residents. Significant work in recent months has moved this closer to being realised by the Autumn.

Service Delivery

Highlights of the service for the first quarter 2023/24 include:

Bromley Well SPA received 2,216 calls, 2,387 emails 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.

Benefits, debt, employment and particularly housing were the largest categories of advice. Both ILAG, Elderly I&A and Forms Completion Service had very strong outcomes for both lump sums and ongoing benefits and awards. Total client income generated this quarter has put £1,092,714 into the pockets of vulnerable, elderly and disabled Bromley residents at a time of the worst cost of living crisis in over 50 years.

Our Hospital Aftercare Services continue to have high demand. Take Home and Settle service have supported 261 clients to transition from hospital to home safely and efficiently. The newly configured sitting service received 24 referrals and supported 21 clients with very positive feedback. We have worked closely with commissioning colleagues to ensure awareness is raised and capacity utilised as part of Winter planning. Handy Person Service completed 322 jobs which is significantly higher than the previous quarter.

Learning Disability demand remains high. The service supported 200 clients with 71 new referrals received. Physical Disability supported 260 clients this quarter with 85 new referrals. 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 8,583 hours of support this quarter with 186 active volunteers - equivalent to 46 hours each or approximately 3.5 hours per week, though many do much more than this.

Carers

The CEO attended and spoke on carers at the Bromley Loneliness Summit on 19 June to outline the impact of loneliness on carers and services available to support them. He also presented at Bromley Council's Adult Health and Care Committee where the new Carers Plan was agreed – a strong example of partnership working. One Bromley Executive has agreed to support an all-age Carers Charter, which BTSE is leading with consultation in progress. A number of discussions have been held with Bromley Council; and primary and secondary care colleagues. A webinar on Carers Services, Plan and Charter to Bromley GPs on 6 July was well received. Consultation with carers on the Carers Charter is underway with the intention of producing the charter in the Autumn.

Communications- Raising Awareness and Campaigns

The new online referral form for partner organisations has proved to be successful with some 200 professional referrals, which has 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 some 60 self-referrals this quarter without promoting as a route. This has helped manage SPA demand, reducing pressure on the phone and email service.

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

8. Primary Care Networks (PCN)

Recovering Access to Primary Care: PCN Capacity and Access Improvement Plans

In May 2023, NHS England published the 'Delivery Plan for Recovering Access to Primary Care' which aims to tackle the '8am rush' and make it easier and quicker for patients to get the help they need from primary care. Each Bromley PCN has worked with their member practices to design and submit their proposed Capacity and Access Improvement Plans which details how they will implement 'Modern General Practice Access', as defined by NHS England, including the use of online tools, digital telephony, care navigation training and transformation support.

Improving capacity and access will form a major pillar of work for PCNs over the coming year, with some PCNs developing hub models of working to increase capacity for patients and ease workload on practices. In the month of April 2023, there were a total of 18,115 (40 per 1,000 patients) online consultations across Bromley and this figure is expected to rise in line with the new contractual expectations. The 20 Bromley practices using analogue telephone systems are expected to switch to cloud-based telephony systems by the end of March 2024 if funding becomes available. Patient engagement surveys will also play a key part to ensure improvements bring a positive impact on patient experience of contact.

Developing Integrated Neighbourhood Teams

A B-CHIP (Bromley Children's Integrated Project) project was recently launched in two PCNs which aims to ensure children are seen quicker, reduce the number of referrals and help improve the pathway between primary and secondary care. There are weekly triage meetings where cases that would otherwise have been referred to General Paediatrics are directed to a triage meeting. The MDT, comprising of a nurse, GP, Paediatrician, a Bromley Healthcare representative and a PCN administrator, gives advice on further action - or books the child into a face to face clinic. Feedback so far has been excellent with positive outcomes including providing management plans and preventing unnecessary hospital clinic waits and delays for the patient. There is direct consultant to consultant referral for specialist tertiary review, which would otherwise have been delayed. In addition, the discussion of cases and the approach provides a good learning experience for both primary and secondary care colleagues and upskills the workforce.

Developing care closer to home

The BP@Home pilot continues to flourish in Bromley Connect and Crays PCNs where Care Coordinators contact patients on the hypertension register to offer a practice-provided blood pressure machine, provide training on how to use the monitor, make weekly contact to record the blood pressure readings, share health advice on lifestyle choices and liaise with the GP who monitors high readings and checks medication.

Bromley Council is supporting on the community engagement side, through work of the vaccine inequalities group to reach underserved communities, through outreach at Children and Family Centres, local events and working together with community groups and organisations.

Care Settings Champions training programme

We have developed a network of Health Protection and Care Champions in the various care settings (Care Homes, Assisted living etc). These champions have volunteered to maintain a high standard of infection prevention and control (IPC) in their care setting, by acting as advocates for the residents they care for and role models to their colleagues; sharing knowledge and skills, ensuring standards are implemented and facilitating change within their workplace.

The Champions' Network has been reviewed and updated this year as new champions have joined and we have developed a new programme of training for the next year, due to commence this summer.

Our aim is to strengthen the network and to continually train and upskill champions to be the experts on IPC in their settings and be able to share knowledge and skills with their colleagues.

We are working in partnership with Bromley Council's Adult Social Care and SEL ICS IPC team to maintain the network and deliver this educational programme.

10. Bromley GP Alliance (BGPA)

Community Anticoagulation Service

Bromley GP Alliance has been awarded the contract for Community Anticoagulation Service which commenced 1st June 2023 with the aim of building upon the community anticoagulation service that has been established in Bromley over the past 10 years, offering a high quality, patient-centred approach.

The service provides general management advice, blood monitoring, dose guidance and review and initiation of warfarin or Direct Oral Anticoagulants (DOACs) for patients with Atrial Fibrillation and Venous Thromboembolism.

The service is led by a senior clinical pharmacist and her team comprising of clinical pharmacist, HCA and an administrator. The team brings with them ten years of experience and a reputation of providing exceptional care to our patients. The service is based at Beckenham Clinic offering satellite clinics at various sites across Bromley and a domiciliary service to those patients who need it.

Homeless Service

The service which started in March continues to develop and is working closely with key partners to raise awareness and ensure services are available to this vulnerable group of patients. To date we have seen:

- 62 patients referred into the service

- 27 of which were self-referrals
- 30 patients have accepted a care plan
- 11 patients were signposted to other services
- 17 patients were referred onto a speciality (includes 2 x 2 week wait for cancer diagnosis)
- 46 patients were registered with a GP practice
- A further 16 patients (26%) accepted support with registering with a GP practice (zero patients declined)
- A total of 89 attendances

A recent HSJ article suggests that two thirds of GPs (from a sample of 100 in London) refused to register a patient without an address, contrary to national rules which are supposed to ensure that the homeless can access healthcare services in the same way as everyone else. From the data above, percentage sign up to a GP practice in Bromley is higher (74%), we hope that our team can further improve this statistic to ensure equal access to all services across Bromley.

Clinical Assessment Service (CAS)

BGPA continue to run this service from PRUH Outpatients on a Sunday and bank holidays offering GP led appointments to NHS111 and urgent care. The service is well utilised with the BGPA receptionist being able to push and pull patients as required from urgent care. The service is due to finish at the end of August with future activity being determined as part of winter planning. To date, approximately 80% of patients seen are discharged, approximately 10% are referred to urgent care (for minor injury) and the remaining comprise of other onward referral routes and non-attenders (DNA).

Hospital at Home

BGPA continues working with Bromley Healthcare and key partners by providing GPs to work within the service. Current referrals into the service are averaging at 48 per month with excellent feedback from patients. The plan is to expand to a 7 day service with full out of hours cover. BGPA is keen to establish substantive contracts with GP's currently working in the service.

Community Phlebotomy Service

BGPA is pleased to confirm new sites opening across the borough including:

- Stock Hill Medical Practice
- Broomwood Road Surgery
- Summercroft Surgery (additional clinics)
- Ballater Surgery (additional clinics)

We are also a test site for the new indexor transport system, currently being piloted the Orpington Health and Wellbeing and Beckenham Clinic sites. The pilot is being run by the Kings lab with the aim to make testing of samples more efficient. The kit uses a scanner for barcodes on blood tests which links to the lab.

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

LinkedIn: BROMLEY GP ALLIANCE LIMITED



One Bromley Local Care Partnership Board

DATE: 27 July 2023

<p>Title</p>	<p>ONE Bromley Winter Plan 2023-24</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The ONE Bromley system develops a Winter Plan each year which describes how seasonal pressures will be mitigated and managed locally. The Winter Plan builds on learning from previous years, responds to any new national policy change and responds to local system changes since the previous plan.</p> <p>The 2023-24 Joint Winter Plan describes how health and care services across Bromley will work together throughout the winter period ensuring local residents are able to access the services they need and stay well throughout winter. The Plan is set out in two sections</p> <p>Section 1 describes the work that will take place before winter to reduce risk to vulnerable residents</p> <p>Section 2 describes, under the 3 pillars of winter planning, the activity that will take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.</p> <p>The co-ordination and delivery of a joint Winter Plan places Bromley in a strong position to respond effectively to the changeable position through winter. Winter is a period of increased health and social care demand, driven by exacerbations of chronic conditions and the circulation of seasonal pathogens with stochastic spikes, intensified by workforce sickness.</p> <p>Our joint plan sets out how local services will be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this we will support our residents to make the most cost-effective and sustainable use of our joint resources, while enabling better outcomes and ensuring we are able to provide services for our most vulnerable.</p>

ONE BROMLEY

Recommended action for the Committee	The LCP is asked to note and endorse the ONE Bromley Winter Plan 2023-24	
Potential Conflicts of Interest	None noted	
Impacts of this proposal	Key risks & mitigations	<p>NHSE non-recurrent winter funding focuses on additional bed capacity in a system that is currently running close to full capacity in both the acute and community. This will be mitigated through working across boundaries and with external providers for support in mobilising closed capacity or capacity within the private sector.</p> <p>Adequate staffing resource to deliver the capacity required. Mitigated through ongoing robust recruitment strategies from system partners, well managed staff banks, with strong agency links for short term absences or vacancies and a One Bromley commitment to support and develop staff and priorities their health and wellbeing.</p> <p>Management and oversight of the funding distribution, tracking of impact and outcomes. The winter intelligence hub will be relaunched to manage intelligence and oversee the deployment of the Winter Plan including funding. Reports on impact will be done through the A&E Delivery board with funding reallocated where there is additional pressure or is unable to be spent.</p>
	Equality impact	The EQIA identified no barriers or impact identified, therefore confirm the recommendation to proceed
	Financial impact	Winter funding, provided as part of the Better Care Fund, is used to increase community health provider and social care activity throughout the period. All increased activity is managed within the winter budget. Kings College Hospital receive funding as part of their core contract to manage seasonal demands on the Trust.

ONE BROMLEY

		Budget monitoring, impact and activity reporting is undertaken throughout the period to ensure spend remains within the financial envelope and monies are fully utilised.
Wider support for this proposal	Public Engagement	Public engagement has not been undertaken on the plan directly, however user feedback from groups vulnerable to winter exacerbations are taking into account when developing the Winter Plan.
	Other Committee Discussion/ Internal Engagement	<p>Engagement with a wide range of stakeholders has taken place to inform the plan with specific, special-interest working groups set up around key themes to develop the plans in these areas.</p> <p>Workforce engagement has taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.</p> <p>Endorsement of clinical pathway development has been given by Clinical and Professional Advisory Group (CPAG) on the 13 July 2023</p> <p>ONE Bromley Executive have agreed the Plan on 20 July 2023</p> <p>The Bromley A&E Delivery Board have endorsed the Plan on 25 July 2023</p>
Author:	Jodie Adkin – AD, Urgent Care, Hospital Discharge and Transfers of Care	
Clinical lead:	Dr Puja Patel – GP Clinical Lead, UEC Dr Lucia Anthonypillai - GP Clinical Lead, UEC	
Executive sponsor:	Dr Angela Bhan – Placed Based Director	



ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Outline Winter Plan 2023/24

Winter Plan Pillars

1. Increasing System Capacity

- Supporting same day access in Primary and community care avoiding admissions
- Hospital Discharge and recovering well in the community

2. Managing Seasonal pressures

- Respiratory conditions
- Paediatrics and children's conditions
- Effective management over Christmas and New Year

3. Information Sharing and Escalation

- Winter Intelligence Hub
- System Escalation
- Winter Communications and Engagement Campaign

System commitments

As a system, we commit to working together to ensure same day care is accessible, sustainable and high quality. This will achieve the best outcomes for residents and positive working environment for staff.

This includes

- Develop out of hospital services to our full capacity to prevent the need for anyone to attend hospital where they don't need to, with a particular focus on care home residents, frail residents, people with respiratory conditions and children
- Managing LAS Hand over delays through the new robust escalation process
- Protecting SDEC and Frailty Assessment unit at all costs
- Ensure Consultant connect is fully working to provide a strong interface between primary and secondary care
- Maintain timely and early discharge to ensure all patients that need an acute bed can be moved out of ED in a timely way, and patients can start their recovery, as early as possible out of hospital
- Provide as much access in primary care for same day/urgent appointments as possible preventing the need for patients to go elsewhere to be seen
- Social Care will continue to be a key provider ensuring eligible care and support needs are met, carers are well supported and providing urgent access to care and support for people in crisis
- All organisations will prioritise workforce wellbeing and ensure the workforce are fully supported to do their jobs throughout winter
- All providers will respect one another, problem solve together and ensure residents best interests are put first, managing risk together

Pre-Winter activity to reduce risk

1

Prevention through Covid-19 and Flu vaccination



A full vaccination programme is being delivered locally to all required residents.

1

2

Ensuring Universal Care Plans are in place and accessed for all patients at risk of deterioration



Ensure Advance Care Plans (ACPs) or crisis plans are in place and available on the UCP platform for

- People with mental health conditions at risk of crisis
- Carer breakdown plans for people dependent on a vulnerable carer
- All care home residents at high risk of deterioration
- All patients under specialist palliative care teams
- Frail patients at high risk of deterioration, not for hospital treatment

Training for all health care providers on accessing and using UCPs. Access will be monitored to ensure access goes up

2

3

Ensuring effective planning for all patients with a respiratory presentation



- All patients with a respiratory condition receive a diagnosis through Spirometry access
- Ensure all patients with a respiratory diagnosis have an up-to-date management plan, medication and rescue packs available
- Pulmonary rehab for all patients who would benefit

3

1. Increase System Capacity to meet seasonal demand

Increasing System Capacity

Supporting same day access in Primary and community care avoiding admissions

Proposed winter offer for primary care

- Additional Same Day GP appointments – scalable and responsive to seasonal demand
- Increased Rapid Response capacity to support GP home visiting
- Direct Access to children's and adults Hospital @Home including adult virtual monitoring service for primary care, including care homes
- Full and consistent consultant connect, SDEC and direct to specialty referral process (ambulatory, frailty, paediatrics, ENT, surgery, Gynae)
- Same day social care access



See

WCPD01: Increasing System Capacity – primary and community care

WCP02: Increasing System Capacity: Hospital at Home Plan

Increasing System Capacity

Hospital Discharge and recovering well in the community

Proposed winter offer for Hospital Discharge

- Increase in all hospital discharge services and staffing capacity (including rehab, reablement, AT, ECH, equipment, VCS, LBB) to mitigate against staff sickness and maintain maximum service provision



Wider Strategic programmes that will launch by winter 2023 and will support safe and timely discharge

- Maintaining D2A and Home First for all patients requiring new care and support at discharge managed through the integrated hospital discharge arrangements locally
- H@H in-reach to maximise utilisation of all available interventions, including virtual monitoring for early supported discharge
- Developing complex care pathway for patients with complex care and support needs including interface with Proactive Care Pathways and delirium pathway
- Providing case management for the transition of patients from hospital to home at high risk of readmission

2. Managing Seasonal pressures

2.1 Managing Seasonal Demand



Respiratory conditions



1. **Current HIN 'hublets'** (expansion/ gaps/ capacity- can we do more?)
2. **PR capacity** (waiting lists good justification/ will need to get people trained)
3. **Rescue pack** (ensure they are issued, inc as part of referral to resp)
4. **EMIS searches** (proactive for asthma/ COPD)
5. **Respiratory hubs** (could do it on urgent/ non urgent including some reviews)
6. **H@H** (monitoring nebs, loan of nebs. Direct GP referral)
7. **ROP** (getting this on/ referrals from GPs)



See **WCP04: Respiratory**



Paediatrics and children



1. Direct Access to **specialist paediatric advice, guidance and referral** (Consultant Connect) for GPs
2. **Increased GP appointments** during outbreaks to see children face to face
3. Step up to **Children's Hospital @Home** from primary care
4. Robust **UTC triaging** of children attending hospital
5. Clarity on **community pharmacy** offer for children'
6. Library of **communication material** for looking after children when they are unwell



See **WCP05:Paediatrics**



Effective management over Christmas and New Year



Blueprint from 22-23 carried forward
Detailed plans worked up in November



Prevention through Covid-19 and Flu vaccination

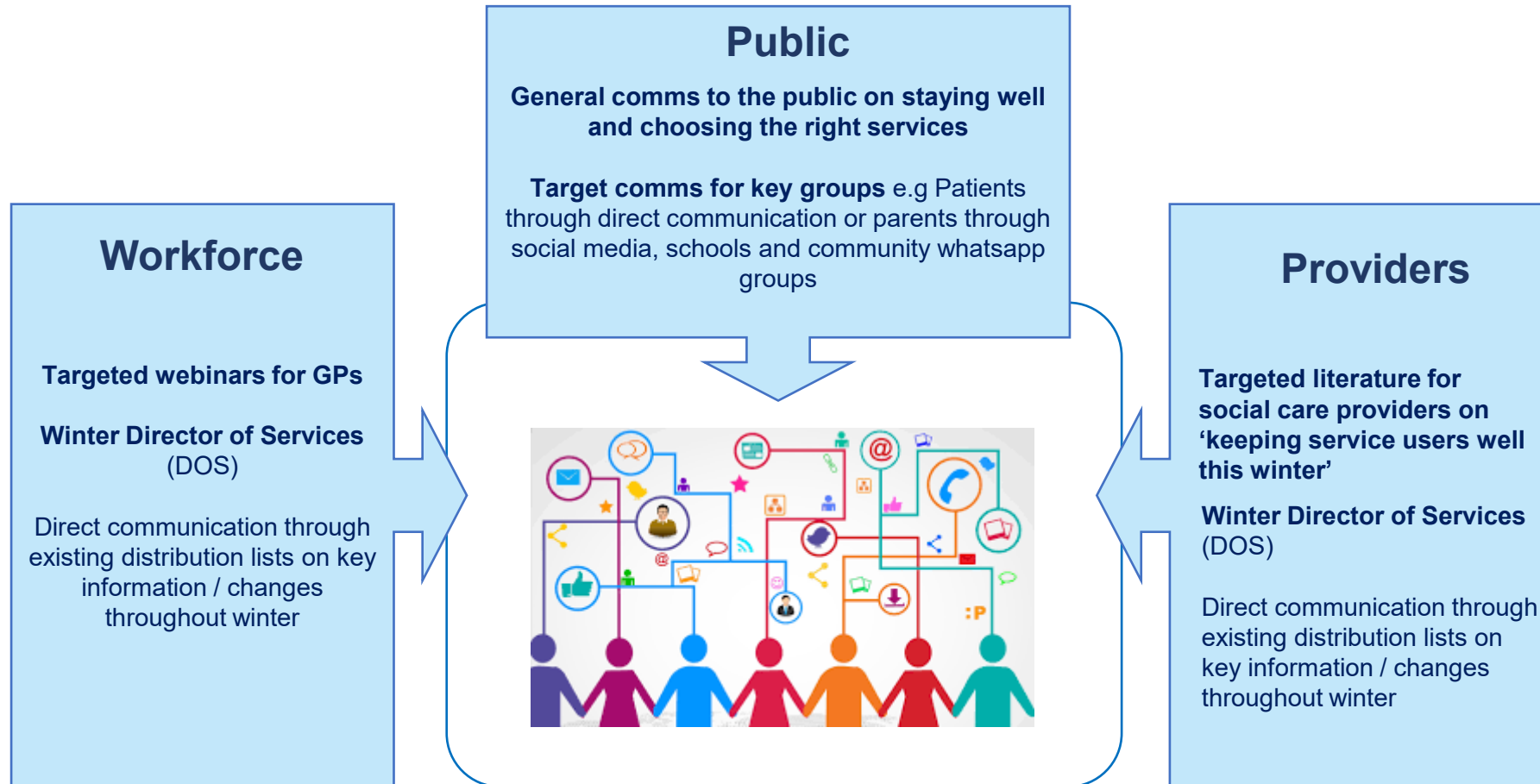


Detailed plans being worked up inc approach for housebound residents, care homes and marginalised groups

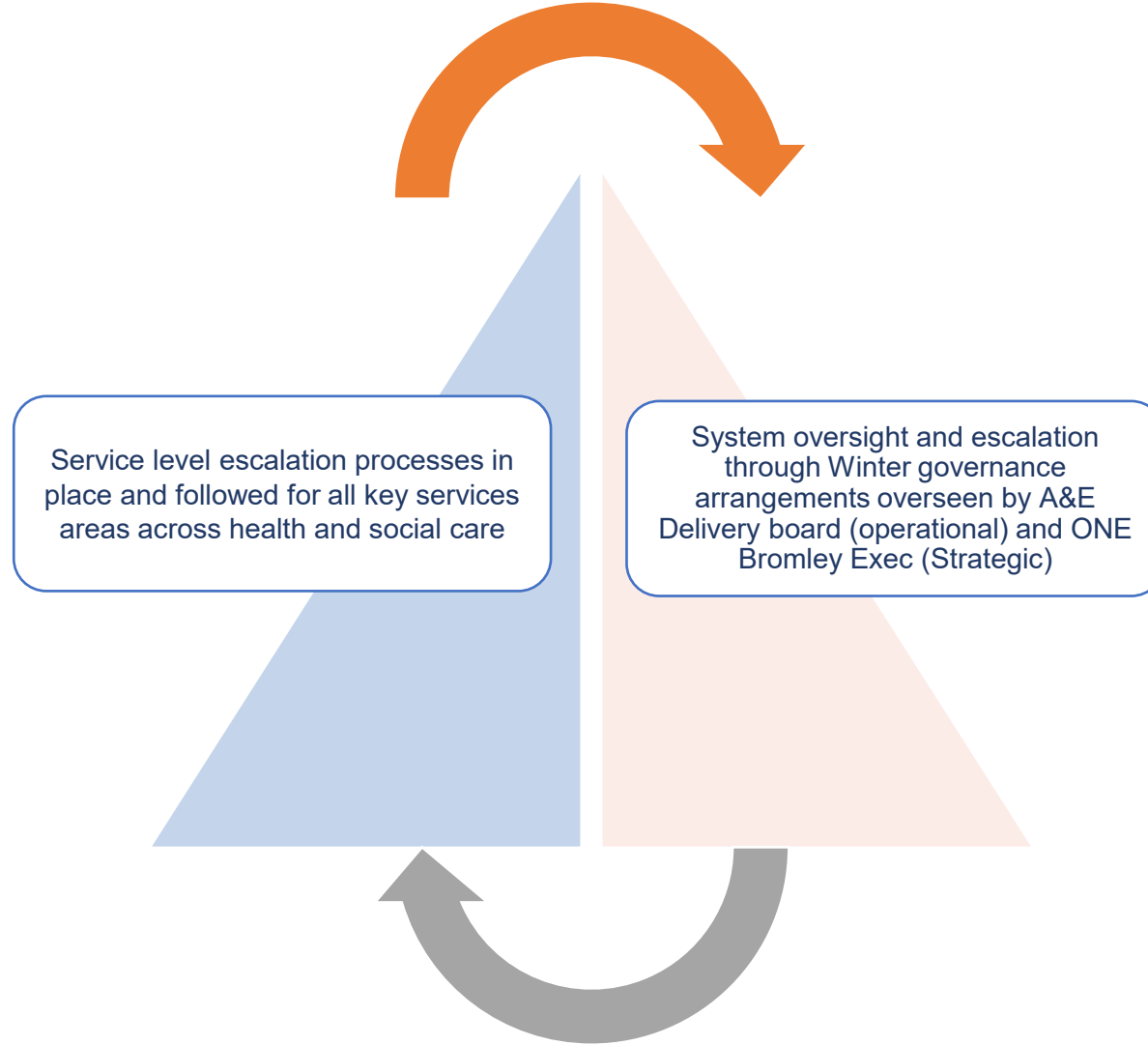
3. Information Sharing and Escalation

3.1 Winter Communication Plan

Targeted communications approach for winter issues
Getting the right information to the right people in the right way



3.2 System Escalation Management





One Bromley Local Care Partnership Board

DATE: 27 July 2023

<p>Title</p>	<p>Month 2 2023/24 SEL ICB Finance Report</p>
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<ul style="list-style-type: none"> • The SEL ICB financial allocation for the year as at Month 2 is £4,195,188k. • As at Month 2, the SEL ICB is reporting a year to date overspend against plan of £962k which is driven by an adverse movement in prescribing expenditure (£838k) for the last 2 months of 22/23. The ICB is reporting breakeven against plan for the FOT as it is planned that the position will be recovered in year. • In reporting the Month 2 position, the SEL ICB has delivered the following financial duties: <ul style="list-style-type: none"> • 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. • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 2 is £233,177k. • 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.

Recommended action for the Committee	The Board is asked to NOTE the financial position.	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

27 July 2023

Month 2 2023/24, SEL ICB Finance Report

1. Key highlights
2. SEL ICB Month 2 Financial Summary – risks & savings
3. Bromley ICB/LCP - Month 2 Financial Position
4. Bromley ICB/LCP – Prescribing update (1)
5. Bromley ICB/LCP – Prescribing update (2)

Appendix 1 – M2 SEL ICB Finance Report

- The SEL ICB financial allocation for the year as at Month 2 is **£4,195,188k**.
- As at Month 2, the SEL ICB is reporting a year to date overspend against plan of **£962k** which is driven by an **adverse movement in prescribing expenditure (£838k) for the last 2 months of 22/23**. The ICB is reporting **breakeven** against plan for the FOT as it is planned that the position will be recovered in year.
- In reporting the Month 2 position, 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.
- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 2 is **£233,177k**.
- 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**.

Financial Position – Risks and savings

Key risks

- There are 2 key risks within the ICB financial position which relate to the **prescribing** budget and the **CHC** budget. Both have been recorded as significant risks in the month 2 reporting to NHS England. Prescribing data is received two months in arrears, so the latest information we have relates to March 2023. The overspend in 22/23 was driven by both activity and price pressures. The ICB is being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set; this is expected to continue into 23/24. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. The second area of risk relates to Continuing Healthcare where 23/24 prices 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. 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 2, saving schemes with a full year value of £21.1m had been identified, leaving a current gap still to be identified of £8.4m (28%). Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 3 report.
- At Month 2, delivery (£5.7m) is £2.4m behind plan. Places are identifying and implementing recovery actions to improve savings run-rate and eliminate this variance. At this 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.

3. Month 2 Bromley ICB/LCP Financial Position

M2 position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	1,119	1,125	(6)	6,715	6,715	0
Community Health Services	13,445	13,458	(13)	80,671	80,671	0
Mental Health Services	2,352	2,469	(117)	14,112	14,112	0
Continuing Care Services	4,132	4,093	39	24,795	24,795	0
Prescribing	7,649	7,902	(254)	45,891	45,891	0
Other Primary Care Services	487	487	0	2,922	2,922	0
Other Programme Services	15	15	0	87	87	0
Delegated Primary Care Services	9,593	9,593	0	57,559	57,559	0
Corporate Budgets	737	662	75	4,424	4,424	0
Total	39,529	39,805	(276)	237,177	237,177	0

- The borough is reporting an overspend of £276k at Month 2 and is forecasting a breakeven position at year end.
- The Mental Health budget is £117k overspent. The number of section 117 cost per case placements increased during 22/23 and this pressure is impacting upon the 23/24 position.
- The Continuing Healthcare budget is £39k underspent. An accrual is included in the position in relation to 23/24 inflation as not all CHC uplifts have been agreed at this time. This represents a risk to the overall CHC position. The 1% borough CHC reserve which is held centrally has not been applied to the M2 position.
- The Prescribing budget is £254k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The position is being tightly monitored and additional savings schemes are being developed to mitigate the position. The 1% borough prescribing reserve which is held centrally has not been applied to the position at M2.
- The Corporate budgets are £75k underspent due to vacancies. The SEL ICB running costs budget was not increased to fund the 23/24 pay award so the vacancy factor has been increased and is now £-450k. The position includes an accrual for the 23/24 pay award.
- 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 2 annual savings of £4,164k have been identified and are on track to deliver in full. Within this figure prescribing savings total £458k and the savings position for this area has been reported as breakeven though actual figures for April and May have not been received as prescribing information is received 2 months in arrears.
- The year end forecast position is breakeven as it is too early in the year to accurately assess the year end position. The risks relating to prescribing category M/NCSO pressures and CHC inflation have been raised with NHSE though it is unlikely that ICBs will receive additional funding and will be expected to manage the risk within their overall position.

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

2022/23 Outturn

The table shows the final out-turn position for 2022/23 prescribing. The total SEL ICB overspend position was £16.1m, with Cat M and NCSO representing £9.8m of this total. It is accepted that there is little if anything which can be done to influence the Cat M and NCSO issue and it appears that these issues will continue in 2023/24.

However, the balance of the overspend which is £6.3m has different drivers such as increased demand post Covid, people are sicker, growth, new drugs, how hospitals prescribe etc.

The Bromley overspend was £3.868m which in percentage terms is 8.85% or 4.00% if Cat M/NCSO expenditure is excluded.

	Budget (NHSBSA)	Actual less CatM & NCSO	CatM & NCSO	Total spend	Variance - (under)/over	% overspend inc CatM & NCSO	% overspend exc CatM & NCSO
<u>Borough</u>	£'000	£'000	£'000	£'000	£'000		
Bexley	31,592	32,792	1,586	34,378	2,786	8.82%	3.80%
Bromley	43,711	45,460	2,119	47,579	3,868	8.85%	4.00%
Greenwich	31,280	32,678	1,583	34,260	2,980	9.53%	4.47%
Lambeth	36,533	37,059	1,584	38,643	2,110	5.78%	1.44%
Lewisham	36,093	37,199	1,603	38,802	2,708	7.50%	3.06%
Southwark	30,098	30,457	1,368	31,825	1,727	5.74%	1.19%
South East London	0	17	0	17	17		
Total	209,307	215,662	9,842	225,504	16,197	7.74%	3.04%

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

2023/24

- The 2023/24 QIPP/Savings target is 4.5%.
- Medicines Management Teams across the 6 South East London Boroughs have been working closely together to identify QIPP opportunities.
- 4.5% applied to the 23/24 Bromley prescribing budget is £2,085k.
- A plan for £1,982k has been identified, as set out in the table. This equates to approx. 4.3%, leaving a further 0.2% to be identified.
- It is too early in the year to assess the actual performance against the plan as prescribing information is received 2 months in arrears.

	£'000	£'000	£'000
Core QIPP			
Self care/OTC	80		
Cyanocobalamin	40		
Low priority prescribing	62		
Unlicenssed specials	25		
Adults ONS	80		
Paediatric CMA	20		
SMBG	44		
NHSE recommendation (ketones, lancets)	4		
		356	
Branded generics			
Metformin	25		
Oxycodone	12		
Buprenorphine Patches	115		
Quetiapine/Seroqeul	19		
		172	
Local opportunities			
Optimise Rx	499		
SMR	23		
Rebate income	129		
Other rebate inc. DOAC	306		
		957	
Generic medicines			
Sitagliptin	264		
Apixaban	233		
		497	
Total			1,982

SEL ICB Finance Report

Month 2 2023/24

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South East London

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7. Provider Position
8. ICB Efficiency Schemes
9. Cash Position
10. MHIS performance

- This report sets out the Month 02 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12 month financial period which makes planning and reporting much simpler.
- The ICB's financial allocation for the year as at month 2 is **£4,195,188k**. In month, the ICB received additional allocations in respect of pay awards and inflation. As at Month 02, the ICB is reporting a year to date overspend against plan of **£962k** which is driven by an **adverse movement in prescribing expenditure (£838k) for the last 2 months of 22/23**. The ICB is reporting **breakeven** against plan for the FOT as it is planned that the position will be recovered in year. At present there is no prescribing data available for 23/24 as it is produced 2 months in arrears.
- There are 2 key risks within the ICB financial position which relate to the **prescribing** budget and the **CHC** budget. Both have been recorded as significant risks in the month 2 reporting to NHS England. Prescribing data is received two months in arrears, so the latest information we have relates to March 2023. The overspend in 22/23 was driven by both activity and price pressures. The ICB is being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set; this is expected to continue into 23/24. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. The second area of risk relates to Continuing Healthcare where 23/24 prices 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. 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.
- In reporting this Month 02 position, the 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.
- As at Month 02, and noting the risks outlined in this report, the ICB is forecasting a **breakeven** position for the 2023/24 financial year.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
<i>M2 Internal Adjustments</i>								
Mental Health CYP	175	576	280	402	349	336	(2,118)	-
Mental Health Adult community	805	1,426	1,701	18			(3,950)	-
Mental Health Schools team		1,191		154		798	(2,143)	-
Long Covid	328	425	328		178		(1,259)	-
<i>M2 Allocations</i>								
Pay Award							54,663	54,663
Inflation							11,204	11,204
M2 Budget	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188

- The table sets out the Revenue Resource Limit at Month 02. The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 02, internal adjustments were actioned to put the allocations in the correct agreed budgets – this had no overall impact on the allocation.
- In month, the ICB has received an additional £65,867k of allocations, giving the ICB a total allocation of **£4,195,188k** at Month 02. The additional allocations were in respect of the staff pay award and additional inflation.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overspent position (**£962k**) as at Month 02 due to the prescribing pressure carried forward from the previous year.
- All other financial duties have been delivered for the year to Month 02 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	699,279	700,241	4,195,188	4,195,188	
Operating Under Resource Revenue Limit	688,595	689,556	4,131,088	4,131,088	
Not to exceed Running Cost Allowance	5,882	5,619	35,293	35,283	
Month End Cash Position (expected to be below target)	3,875	3,423	3,875	3,423	
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	96.4%	95.0%	96.4%	
Mental Health Investment Standard (Annual)	433,938	434,212	433,938	434,212	

4. Budget Overview



South East London

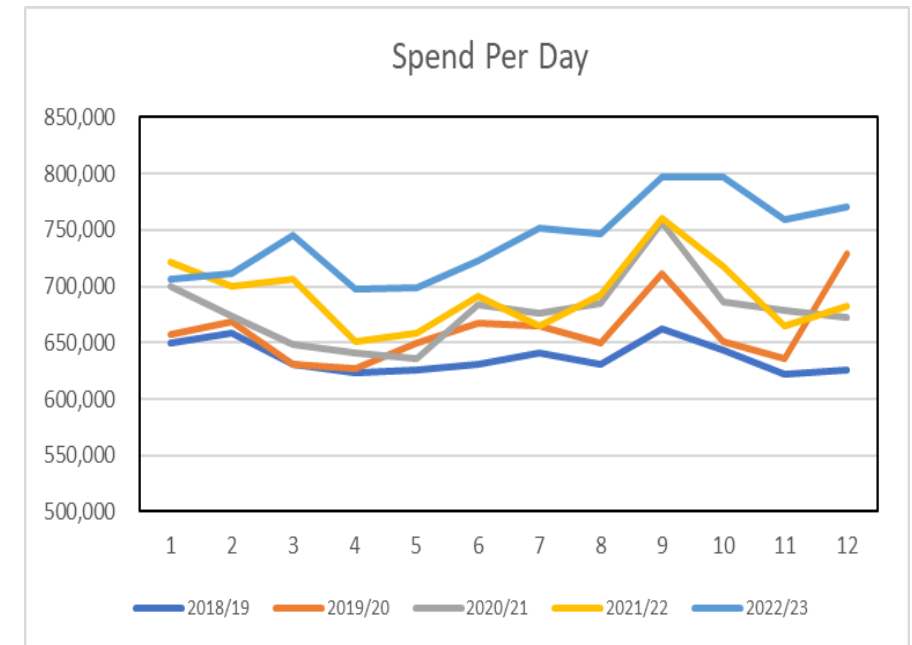
	M02 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	792	1,119	1,156	198	291	92	350,236	353,886
Community Health Services	2,945	13,445	5,665	4,038	4,381	5,171	38,452	74,096
Mental Health Services	1,680	2,352	1,511	3,483	1,162	1,233	78,938	90,358
Continuing Care Services	4,145	4,132	4,528	5,275	3,466	3,248	-	24,794
Prescribing	5,584	7,649	5,485	6,381	6,472	5,286	107	36,964
Other Primary Care Services	462	487	438	496	248	73	3,314	5,519
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,230	1,285
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	557	737	817	936	685	746	5,214	9,692
Total Year to Date Budget	22,828	39,529	28,114	33,929	26,560	26,397	511,237	688,596
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	792	1,125	1,111	92	281	92	350,236	353,731
Community Health Services	2,944	13,458	5,682	4,013	4,381	5,171	38,452	74,102
Mental Health Services	1,655	2,469	1,493	3,369	1,162	1,505	78,938	90,591
Continuing Care Services	4,122	4,093	4,753	5,577	3,481	3,258	-	25,284
Prescribing	5,876	7,902	5,714	6,384	6,413	5,405	107	37,802
Other Primary Care Services	462	487	438	496	248	73	3,299	5,503
Other Programme Services	10	15	36	44	69	27	985	1,185
PROGRAMME WIDE PROJECTS	-	-	-	-	4	50	1,159	1,214
Delegated Primary Care Services	6,654	9,593	8,479	13,077	9,783	10,471	(183)	57,874
Delegated Primary Care Services DPO	-	-	-	-	-	-	32,943	32,943
Corporate Budgets	503	662	820	878	687	663	5,114	9,328
Total Year to Date Actual	23,019	39,805	28,525	33,930	26,510	26,716	511,051	689,556
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	0	(6)	45	106	10	0	0	155
Community Health Services	1	(13)	(17)	26	(1)	(1)	(0)	(6)
Mental Health Services	25	(117)	18	114	0	(272)	0	(233)
Continuing Care Services	23	39	(225)	(302)	(15)	(10)	-	(490)
Prescribing	(292)	(254)	(229)	(3)	58	(119)	-	(838)
Other Primary Care Services	-	-	0	-	-	-	15	15
Other Programme Services	-	0	0	-	(0)	-	0	0
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	71	71
Delegated Primary Care Services	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets	53	75	(3)	59	(3)	83	100	365
Total Year to Date Variance	(191)	(276)	(411)	(0)	50	(318)	186	(961)

- At Month 02, the ICB is reporting a YTD overspend of **£962k** due to the impact of the final 22/23 prescribing position. The ICB is reporting a breakeven FOT position against its 23/24 budgets as this is the best information available at this point in the year. Main financial risks for the delegated borough budgets relate to prescribing and continuing care and these have been flagged as significant risks in our financial return to NHS England.
- The ICB is reporting a **£838k overspend** against its **prescribing year to date position**. As highlighted above, this reflects the impact of the final prescribing position for 22/23, given the ICB had to estimate expenditure for Months 11 and 12 in its year-end accounts. The actual spend for these periods was higher than could have been anticipated. No prescribing information is available yet for 23/24.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £233k 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 **£490k 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. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The underspend of **£365k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 02 prescribing position is based upon M01-12 22/23 data as the information is provided two months in arrears. The ICB is showing a **£838k overspend** year to date (YTD), relating to the final prescribing position for 22/23. The overspend is in Bexley (**£292k**), Bromley (**£254k**), Greenwich (**£229k**) and Southwark (**£119k**). No information is yet available for 23/24. When a comparison is made using 22/23 activity to the same period for 21/22, there has been an **increase in items of around 4.7%**. On a borough basis, the increase ranges from Lewisham (4.0%) to Bexley (6.4%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	81,568	12,703	13,561	13,883	14,403	11,880	12,568	15,659	16,526	10,799	11,467	12,647	13,037
November	79,855	81,572	12,873	13,588	14,021	14,297	12,078	12,449	16,371	16,824	11,556	11,508	12,954	12,896
December	86,720	85,116	14,383	13,823	15,281	14,746	13,320	13,299	17,350	16,840	12,483	12,063	13,901	14,336
January	84,291	85,274	13,212	13,955	14,616	14,641	13,411	13,131	17,282	17,436	11,912	11,883	13,857	14,213
February	77,645	81,015	12,554	13,157	13,099	13,855	12,187	12,752	15,778	16,410	11,196	11,375	12,829	13,454
March	78,664	81,401	12,442	13,206	13,660	13,873	12,163	12,771	16,019	16,744	11,399	11,643	12,981	13,157
Average	79,298	81,722	12,704	13,283	13,719	14,131	12,303	12,685	16,187	16,636	11,324	11,554	13,059	13,427
YTD Average Comparison	78,032	81,722	12,482	13,283	13,497	14,131	12,070	12,685	15,977	16,636	11,112	11,554	12,892	13,427



- Within our reporting to NHS England, we are flagging prescribing as a significant risk of potentially circa £20m full year. This is in the mainly due to the national cost pressures around Cat M & NCSO and reflects the run-rate seen at the end of 22/23.
- The position is differential per borough and is largely determined by local demographics including care homes and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions were agreed.

6. NHS Continuing Healthcare - Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).
- The overall CHC financial position at Month 02 is an **overspend of £489k**. Lewisham, Southwark, Lambeth and Greenwich are reporting overspends of £15k, £10k, £302k and £225k, respectively. The overspend on Greenwich is driven by fully funded LD clients and Lambeth is due to fully funded PD clients. Both borough teams are actively looking at this area and identifying potential savings where appropriate and other ways of containing costs.
- This month boroughs are experiencing a reduction in activity; this is however being offset by higher than anticipated package price pressures. The price negotiations with providers are on-going and CHC teams are seeing higher than expected price inflation requests from providers and so it is likely 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 boroughs are forecasting breakeven positions at the year-end, albeit with significant levels of efficiencies required to deliver this position.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	295	6,018	339	4,818	255	7,857	333	7,060	220	7,100	237	6,263
Month 2	313	5,650	221	6,561	278	8,263	319	7,659	230	6,778	212	6,982
Month 3												
Month 4												
Month 5												
Month 6												
Month 7												
Month 8												
Month 9												
Month 10												
Month 11												
Month 12												

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month 2	71	62	87	126	68	70
Month 5						
Month 6						
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for 2 months ending 31 May 2023; this also includes high-cost numbers for March 2023.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The table shows that whilst Bexley has the highest number of clients (but lower ratio of high-cost clients), the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions. The reduction in high-cost packages compared to March 2023 shows that the savings programme implemented by boroughs are beginning to deliver.
- Lambeth has identified a list of priority cases for review; however, the reviews have been delayed by one or two weeks due to resource issues.
- All boroughs have produced savings plan and are implementing and monitoring them actively.

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£2,815,419k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£651,496k**
 - Kings College Hospital **£698,836k**
 - Lewisham and Greenwich **£590,714k**
 - South London and the Maudsley **£294,932k**
 - Oxleas **£226,661k**
- 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 ICB Place - Efficiency Savings						
	Full Year 2023/24			Month 2		
	Requirement	Identified	Unidentified	Plan YTD	Actual YTD	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	2,504	1,395	2,545	2,195	(350)
Bromley	7,429	4,164	3,265	1,757	941	(816)
Greenwich	4,857	3,882	975	1,101	857	(244)
Lambeth	5,159	5,159	-	1,103	820	(283)
Lewisham	4,208	2,512	1,696	957	532	(425)
Southwark	3,967	2,881	1,086	610	339	(271)
Total	29,519	21,102	8,417	8,073	5,684	(2,389)

Commentary

- The above table sets out the position of the ICB efficiency schemes for both Month 2 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 2, saving schemes with a full year value of £21.1m had been identified, leaving a current gap still to be identified of £8.4m (28%). Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 3 report.
- At Month 2, delivery (£5.7m) is £2.4m behind plan. Places are identifying and implementing recovery actions to improve savings run-rate and eliminate this variance. At this 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. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 02, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,481k**.
- As at month 02, the ICB had drawn down 16.4% of the available cash compared to the budget cash figure of 16.7%. In May, there was no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The 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 02 was **£3,423k**, well within the target set by NHSE.
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full at the end of the year.

ICB	2023/24 AP2 - MAY 23	2023/24 AP1 - APR 23	2023/24 Month on month movement
Annual Cash Drawdown Requirement for 2022/23	£000s	£000s	£000s
ICB ACDR (M4-12)	4,163,890	4,101,207	62,683
Capital allocation	0	0	0
Less:			
Cash drawn down	(635,000)	(325,000)	(310,000)
Prescription Pricing Authority	(39,909)	(21,101)	(18,808)
HOT	(386)	(195)	(190)
POD	(7,675)		(7,675)
Pension uplift 6.3%			0
PCSE POD charges adjustments			0
Q1 Cash Drawdown c/fwd			
Remaining Cash limit	3,480,921	3,754,911	(273,991)

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		3,963		
Jul-22							
Aug-22							
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	937,000	15,000					

10. MENTAL HEALTH INVESTMENT STANDARD (MHIS)

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 7.02%**. 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 3 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M02. The ICB is forecasting that it will deliver the target value of **£433,938k** with a forecast of **£434,212k** (£274k over delivery). Within this position, learning disabilities services are forecast to underspend by £1.5m against plan because of a change in the profile of spend from 22/23 outturn on which the plan was based. This will be kept under review. At this stage in the financial year we are showing a breakeven forecast outturn position on prescribing, consistent with the position on the overall prescribing budget and will be using BSA data for forecasts from M03 onwards.
- Please note that as an early year position this is likely to be subject to change.
- Slide 4 sets out the position by ICB budgetary area.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see an increase in spend in some boroughs on mental health, for example on S117 placements.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there is significant and increasing independent sector spend against 22/23 outturn position of £1.6m. A task and finish group has been set up to consider how best to manage demand, support the delivery of sustainable local services and ensure equity of access.
- 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.



One Bromley Local Care Partnership Board

DATE: 27 July 2023

Title	Bromley Primary Care Group: July 2023 report
This paper is for information	
Executive Summary	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following substantive items were considered at the July 2023 meeting of this group:</p> <p>a) PCN Capacity & Access Improvement Plans</p> <p>The PCG was briefed on the national initiative to improve patient experience and the role required of PCNs to support this improvement over the coming year. The PCG was provided with the eight draft PCN plans developed to deliver this priority, in line with the national guidance. Achievement of improvements in patient experience will be used as a basis for the 'Local Capacity & Access Improvement Payments' to be made following an assessment by the ICB after April 2024.</p> <p>ICBs are required to sign-off the PCN plans. In south east London, this has been delegated to Place and therefore to the Local Care Partnership Boards. In order to provide this function a panel of PCG members was proposed to complete the sign-off process by the national deadline of 31 July 2023. The PCG agreed this approach, noting that conflicts of interest will be monitored and managed for any individual associated with a particular PCN.</p> <p>The final plans will be incorporated into the system-level access improvement plan which is due to be reported to the ICB Board later in autumn. Progress updates on the Bromley plans will be provided to the Primary Care Group through the course of the year.</p>

b) Healthwatch Q4 Patient Experience Report and Annual Report

Healthwatch presented the Quarter 4 2022/23 report, highlighting improving trends since the last quarter. PCG was advised that further work is planned where feedback is both positive and negative in support of applying learnings from the insights captured via Healthwatch. The PCG enquired as to whether it would be possible for Healthwatch to provide anonymised information where patients reported very poor experiences in order to work with those practices as appropriate.

Healthwatch also presented the Annual Report for 2022/23. The ICB Primary Care Team has requested that registration difficulties or other access issues brought to Healthwatch's attention are passed to the ICB for assistance and to ensure advice is correct and suitable.

c) Primary Care Quality update

The PCG received an update from the Quality team relating to Infection, Prevention and Control (IPC), development work underway to establish the Primary Care dashboard, CQC changes, Quality Alerts relating to Bromley and quality incidents during the last quarter.

PCG members welcomed that an item on Quality has been provided to this meeting and requested details of the Bromley IPC audits and themes of Quality Alerts raised about Bromley practices for the next meeting. Clinicians on the Group raised the time-consuming nature of generating Quality Alerts and that this is resulting in under-reporting of certain issues. The PCG asked for an audit or deep dive exercise be conducted with a small number of local practices to gather a more representative picture of the quality issues general practice is experiencing.

d) Medicines Optimisation 2022/23 Annual Report and Financial Report

The PCG was provided with a report setting out the achievements relating to improving medicines safety, medicines value, quality improvement and community pharmacy integration. The cost pressures outlined indicated the national influence on local prescribing spend and the reports also set out the commissioning initiatives planned for the forthcoming year.

e) Chair's action

The ICB outlined the Chelsfield Surgery new lease request which was approved separately as a Chair's Action on 21 June 2023. This scheme supports the release of funding from the Bromley Primary Care delegated

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	<p>budget to reimburse the additional lease costs as a result of the new landlord's decision to increase the annual rent for the GP practice.</p> <p>This decision was required as a Chair's Action due to the time critical nature of the decision. The recommendation to increase the rental reimbursement was supported by the completion of a Current Market Rent assessment and was in line with the 2013 Premises Costs Directions, Part 5.</p> <p>f) Part 2 item: Care Homes GP Practice contract review</p> <p>Due to commercial sensitivity, the ICB's review of the contract for the care homes GP practice was discussed under Part 2 of the Primary Care Group. This review has been undertaken in order to inform the upcoming decision about whether to enact an extension of the existing contract, which is due to conclude 31 March 2024. An extension is permissible under the terms of the APMS agreement as a 'five year plus five year' arrangement.</p> <p>The decision about enacting the extension of the contract will be taken to the Contracts and Procurement Group and reported to the LCP Board in due course.</p>	
<p>Recommended action for the Committee</p>	<p>The Local Care Partnership Board is asked to note the work undertaken by the Primary Care Group, in particular the assurance process being undertaken on behalf of the LCP Board on PCN Capacity & Access Improvement Plans under delegation from the ICB Board.</p>	
<p>Potential Conflicts of Interest</p>	<p>Some members of the LCP are providers of primary care services, and may benefit from decisions taken by the Primary Care Group.</p> <p>This paper notes that one decision with financial implications for the Delegated Primary Care Budget was taken as a Chair's Action due to the urgency of the matter. This decision was taken by voting members only and GP members were exempt from the decision.</p>	
<p>Impacts of this proposal</p>	<p>Key risks & mitigations</p>	<p>The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.</p>
	<p>Equality impact</p>	<p>The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.</p>
	<p>Financial impact</p>	<p>N/A</p>

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



One Bromley Local Care Partnership Board

DATE: 27 July 2023

Title	Bromley Procurement & Contracts Group – May / June 2023 update
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This paper is for **information**.

Executive Summary	<p>The Bromley Procurement & Contracts Group sub-committee supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management. The following items were discussed and agreed at the May and June meetings. The next group will take place on 26th July 2023.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> • Tailored Dispensing Service (TDS) – a VEAT (voluntary ex ante transparency) notice was published indicating the intention to award a contract to South East London Pharmacy Alliance for a period of 3 years with the option to extend for 2 years. No challenge was made during the 30-day VEAT notice period and the ICB is working on contract commencement anticipated October 2023. <p><u>Contract Extensions</u></p> <ul style="list-style-type: none"> • No contracts were noted for extension under the contractual terms of the NHS Standard contract at the May and June groups. <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> • All age Continuing Health Care Partnership Delivery Service - The tender opportunity closed on 19th May 23. Tender submissions were evaluated in June / July and the outcome will be taken to the July group. • Identification and Referral to Improve Safety (IRIS) – tender exercise for this service will be published 19th July 23. • Community Cardiology Diagnostics Service – Pre-tender work is ongoing with stakeholders including a market engagement opportunity that closes on 14th July 23. It is anticipated the tender exercise will be published in September 23. • Denosumab – A request for a quotation process will take place in July / August for this contract. <p><u>Potential Future Procurements</u></p> <p>The group reviewed the Procurement Pipeline and discussion took place on the following contracts: -</p>
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	<ul style="list-style-type: none"> • Mental Health Joint Strategic Needs Assessment (JSNA) – Procurement options are still being reviewed for a suitable organisation to undertake the Mental Health JSNA. • CMHS Prevention and Early Intervention – Discussions are still ongoing 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. • 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	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this committee to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership and GP Clinical Lead	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	



One Bromley Local Care Partnership Board

DATE: 27 July 2023

<p>Title</p>	<p>One Bromley Performance, Quality and Safeguarding Group: June 2023 Report</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The second One Bromley Performance, Quality and Safeguarding Group was held on 15 June 2023, chaired by the Harvey Guntrip, the Bromley Borough Lay member and attended by leads from across the One Bromley Partnership Organisations.</p> <p>The role of the group is to bring together LCP partners to undertake assurance and oversight on behalf of One Bromley Local Care Partnership for the identification, monitoring and escalation of quality, safeguarding and operational performance issues and concerns across Bromley alongside the identification and sharing of best practice.</p> <p>The group provides One Bromley Local Care Partnership with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services.</p> <p>The group will work in a collaborative way across all One Bromley partners to provide support for each other in enabling the delivery of quality services for the Borough.</p> <p>Terms of Reference</p> <p>Amendments previously discussed were agreed and these will be reviewed again later on the year, recognising the evolving development of the group. The terms of reference were adopted with a review to take place later in the year as the group and work plan develop.</p> <p>Bromley Performance Report</p> <p>The Bromley Borough performance report produced by the South East London assurance team was presented and discussed. The Borough has seen improvement across many of the areas reported on, including continuing healthcare. The Borough had met its target for Learning Disability Health Checks seen its highest level of SMI Health Checks, just short of the 60% target. Discussion took place around how the identification of LD patients could improve and how those patients not</p>

seen could be reached. Work will continue through the LD task and finish group.

One Bromley Partners had been invited to share their own performance dashboards and Bromley Healthcare presented their performance report. The presentation included the process of reporting as well as metrics in a number of areas including nursing and quality, patient experience, people and access. The presentation was appreciated by the group, giving an valuable insight around the organisation. There were further discussions around the reporting of quality and how this was monitored and governed, which will be reported back at a future committee.

Quality Report

Updates from the SEL ICB Quality Group and the Quality and Performance Committee were presented to the Group. There was a specific discussion about the Healthcare Safety Investigation Branch report on care delivery with community mental health teams and the lessons learned.

Key themes from the quality dashboard were drawn out from the never events and quality alerts raised. Further work will take place, working with the Clinical Lead for Quality on any issues identified. One case raised and investigated around the DNR status of a patient in the system was reviewed and will be taken forward through the End of Life Steering Group.

The importance of sharing the learning from quality alerts was agreed and that these should be wider communicated across the partnership.

Safeguarding

The safeguarding leads presented two papers. The first around the NHS England support for ICBs in to enable them to deliver their statutory functions and achieve key elements of the Safeguarding Assurance and Accountability Framework (SAAF).

Further discussion took place around two Safeguarding Adult Reviews completed in Q4 2022/23. Details of the cases were discussed and any learning from the reports.

Bromley Risk Register

The latest Bromley Borough Risk register was presented to the group, which is part of the wider SEL ICB risk management framework.

Currently four risks are being reported on the Bromley Borough risk register, with two new risks since the last report:

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	<ul style="list-style-type: none"> • Risk 438 – High level of vacancies in key roles, currently rated at 9 • Risk 451 – Prescribing budget overspend, currently rated at 12 <p>Closed risks – Risk 331 had closed in relation to Bromley borough’s financial balance in 2022-23. The reason for this risk closing is because the period to which it related to has finished.</p> <p>Risk score movement – the risk scores remain unchanged for all risks.</p> <ul style="list-style-type: none"> • Risk 306, Continuing Health Care (CHC) risk is currently rated at 6 with a target score of 4. • Risk 438 in relation to a high level of vacancies in the CHC team is currently rated at 12 with a target score of 9. <p>The risk scores for both these risks are likely to reduce once the provider partnership is in place from November 2023.</p> <p>Future Work Schedule These were identified through the meeting, including quality alerts and assurance.</p>	
Recommended action for the Committee	The One Bromley LCP are asked to note this update	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required
	Financial impact	Not applicable
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	

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Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB
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Appendix 1: Glossary of Terms

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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
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		