

One Bromley Local Care Partnership Board

Date: Thursday 28 March 2024

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, The Council Chamber

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:35
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:40
4.	Minutes of the meeting held on the 25 January 2024 For approval	Enc. 2	Chairmen	9:45
5.	Matters arising – 'Right Care Right Person' Update	Verbal	Iain Dimond	9:50
6.	Actions for the Board For approval	Enc. 3	Chairmen	10:00
For Information and Noting				
7.	Partnership Report For information	Enc. 4	Dr Angela Bhan	10:10
8.	Report on Procurement: Adult Mental Health Recovery and Rehabilitation Support@Home Service For information	Enc. 5	James Postgate /Sean Rafferty	10:20

9.	End of Year Achievements 2023/24 For information	Enc. 6	Dr Angela Bhan	10:30
10.	Finance Month 10 Update For information	Enc. 7	David Harris	10:45
11.	SEL Joint Forward Plan Progress and Annual Refresh	Enc. 8	Elliott Ward	10.55
Reports from Key Sub-Committees for Noting				
12.	Primary Care Group Report For noting	Enc. 9	Harvey Guntrip	11:10
13.	Contracts and Procurement Group Report For noting	Enc. 10	Sean Rafferty	11:15
14.	Performance, Quality and Safeguarding Group Report For noting	Enc. 11	Harvey Guntrip	11:20
Closing Business				
15.	Any Other Business	Verbal	All	11:25
Appendices				
16.	Appendix 1: Glossary of terms	Enc. 12	For information	
Next Meeting:				
17.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 9 May 2024 and will start at 9:30am via Microsoft Teams online.			

Name	Who do you currently work for	Position/ Relationship with ICB	Declared Interest	Nature of interest	Valid From	Valid To
Dr Hasib Ur Rub	Bromley GP Alliance	Chair, Bromley GP Alliance Member of SEL ICB Committees	Non-Financial Professional Interest	Programme Director for GP Training in Bromley, Health Education England.	01/01/2007	
			Non-Financial Personal Interest	Trustee of World War Muslim Memorial Trust Charity	12/02/2021	
			Financial Interest	Bromley GP Alliance is a provider of some health care services across Bromley.	28/01/2015	
			Financial Interest	Self-employed General Practitioner.	01/01/2020	
Dr Angela Bhan	South East London ICB	Place Executive Lead for Bromley	Non-Financial Professional Interest	Undertake professional appraisals for UKHSA consultants in public health.	01/07/2022	
			Financial Interest	Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health.	01/07/2022	
			Non-Financial Professional Interest	Professional Public Health advise given to the London Borough of Bromley when required.	01/07/2022	

Andrew Bland	South East London ICB	Chief Executive Officer	Indirect Interest	Partner is a Primary Care Improvement Manager in North West London ICB (Ealing Place).	01/11/2011	
Councillor Colin Smith	London Borough of Bromley	Leader of the Council and Co-Chairman of One Bromley Local Care Partnership Board	All interests are declared on the London Borough of Bromley register of interests.			
Councillor Diane Smith	London Borough of Bromley	Portfolio Holder for Adult Care and Health	All interests are declared on the London Borough of Bromley register of interests.			
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is a GP partnership which holds an NHS PMS General Practice contract and is a member of the MDC PCN in Bromley. The practice holds a contract from Bromley Health Care for delivery of the Advanced Practitioner Care Practice in	01/07/2022	

				Diabetes. The practice is a member of BGPA , a GP federation in Bromley.		
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership is a member and shareholder of BGPA .	01/05/2023	
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Site Chief Executive, Princess Royal University Hospital	Financial Interest	Site Chief Executive, Princess Royal University Hospital and South Sites	01/09/2023	
				Works as an expert witness in midwifery claims - legacy cases only	01/03/2000	13/11/2023
Avril Baterip	South East London ICB	Corporate Governance Lead- Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems	No interests declared			

		Development, Bromley				
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Kim Carey	London Borough of Bromley	Director of Adult Services and Chair of the One Bromley Executive	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Non-Financial Professional Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
Jacqui Scott	Bromley Healthcare	Chief Executive Officer	No interests declared			

Sean Rafferty	London Borough of Bromley	Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group	No interests declared			
Helen Simmons	St Christopher's Hospice	Chief Executive Member of One Bromley Local Care Partnership Board	Indirect Interest	Husband is a Councillor in Southwark and works for Helen Hayes MP.		
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Charlotte Bradford	Healthwatch	Healthwatch Bromley representative	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			
Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director and GP	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington	01/01/2013	

				PCN. The practice is also a member and shareholder in BGPA		
			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 25 January 2024
Held in The Council Chamber,
Bromley Civic Centre**

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Clinical Lead (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Helen Simmons	Chief Executive, St Christophers Hospice	HS
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Jacqui Scott	Chief Executive, Bromley Healthcare	JS
Members (Non- voting):		
Helen Norris	Chair, Healthwatch Bromley	HN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Ruth Tinson	Co-Chair, London wide LMCs and London wide Enterprise Ltd	RT
In Attendance:		
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Elliott Ward	One Bromley Resilience Programmes Lead, NHS South East London	EW
James Watts	Site Director of Operations, PRUH and South Sites, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	JW
Jodie Adkin	Associate Director - Discharge Commissioning, Urgent Care and Transfer of Care Bureau, London Borough Bromley/ NHS South East London	JA
Claire Lewin-Farrell	Head of Safeguarding and Designated Nurse Safeguarding Adults (Bromley), NHS South East London	CL-F

Name	Title and organisation	[Initials]
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
Members of the public	(1)	

Apologies:

Members (Voting):

Angela Helleur	Site Chief Executive – Princess Royal University Hospital, King’s College Hospital NHS Foundation Trust	AH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Richard Baldwin	Director of Children’s Services, London Borough of Bromley	RB

Guests:

David Harris	Associate Director of Finance, NHS South East London	DH
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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 23 November 2023	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Matters Arising – “Right Care Right Person” (RCRP) Update	
5.1	Iain Dimond updated the board on the RCRP developments, the following points were noted: <ul style="list-style-type: none"> Overall, the RCRP implementation and rollout has gone relatively smoothly. There have been a small number of escalations across London. 	

<p>5.1</p>	<ul style="list-style-type: none"> In terms of data, there has been a reduction in calls to the Metropolitan Police. Following the introduction of the Section 136 Co-ordination Hubs, there has been an overall reduction in Section 136 detentions and a reduction in the use of ED as a health place based of safety (HBPOS). There is a far better use of dedicated HBPOS now. Work continues to further assist with the bedding-in of practices: <ol style="list-style-type: none"> Adult Mental Health AWOL/ Walk Outs from MH Units Policy has been operational since the 1st November 2023. Currently awaiting sign-off on the CAMHS AWOL Policy Training for both policies is due to be rolled out in February 2024 All-Age NHS Mental Health Providers' Welfare Checks Policy is due for completion by the end of February. A multi-agency group has been established to look at requests for welfare checks outside of mental health. This work is proceeding well and is due to be completed by the end of February. The London Ambulance Service (LAS) will be introducing Mental Health Ambulances for conveying mental health patients later in the year. The first cut of multi-agency data has been shared today at the London Programme Group and will hopefully also be available to wider stakeholders, to monitor implementation. Following Councillor Colin's Smith's update where he shared concerns on the RCRP model, Iain suggested a meeting off-line to better understand concerns and to feed this into the London Programme Group. Further updates on this work will come back to a future meeting. 	<p>ID</p>
<p>5.2</p>	<p>In considering the update, board members had the following comments:</p> <ul style="list-style-type: none"> Dr Andrew Parson thanked Iain for the helpful update. Dr Hasib Ur-Rub gave an example of a homeless person he saw in clinic recently who required assistance from the Police and LAS, however they did not respond in a timely manner. Dr Ur-Rub expressed concern that the RCRP changes will impact on everyone in healthcare. Dr Angela Bhan had two points to raise: <ol style="list-style-type: none"> Is there a surveillance system in place to pick up issues, such as Dr Ur-Rub's example? It would be helpful to have a discussion off-line if the Co-Chairman agrees, to work through the concerns raised and to help formulate the letter. In response to this, Iain expressed that the example given sounds very concerning. We have to ensure that there is alignment between the thresholds and the services requesting it. In relation to Dr Bhan's points, there is a real-time escalation process and the ability to do retrospective thematic analysis. Iain will take these points back to the Police as these processes may not be that well-understood outside of mental health and secondary care. Dr Parson enquired if healthcare staff will be receiving training on the RCRP changes and the new, accompanying policies, to help prevent harm. He also asked who is responsible for monitoring and responding to issues. In response to this, Iain noted that the approach taken was to include the different elements of RCRP in the guidance/policies for all partners which includes the rules of engagement between health and social care 	

5.2	<p>professionals, and the Metropolitan Police. The plan is for a training programme to be rolled out as policies are completed – the first training will be on the AWOL policy as this was signed off first. Iain noted that welfare checks are a more complex area and therefore that training must be on an ongoing basis. In relation to the point on monitoring and responding to issues, the responsibility lies with the Central London Programme Group, which Iain is a member of. The advantage is that colleagues in-borough will have a direct link and communications sent back to the Programme Group via Iain.</p> <ul style="list-style-type: none"> • Harvey Guntrip suggested that we think of these processes through the GP alerts/GP Bulletin and to have this raised in the Bromley Performance, Quality and Safeguarding Group. BHC raises alerts on Datix, Jacqui Scott agreed to collect the data on incidents and send to Iain for analysis. • Claire Lewin-Farrell notified the board that she is happy to share the agency escalation process with other healthcare professionals and BGPA. For information, there is a working group in Lewisham to discuss RCRP issues, which Bromley may wish to adopt. Claire noted the tragic cases in children involving welfare checks, including the children who are not under CAMHS provision, and she offered to be involved in those conversations from a safeguarding perspective. • Councillor Colin Smith thanked Iain and colleagues at Oxleas, on behalf of One Bromley’s Local Care Partnership Board, and was grateful for all their hard work and input in this matter. He reiterated that Bromley Council staff are under direct instruction to not take on additional responsibilities if they are uncomfortable or there is a danger to others. Councillor Smith does not believe the escalation process will be triggered instantly, which could result in delays being built into the system and this is concerning. Councillor Smith does not accept the responsibility shift from the Police to Bromley Council staff and would be happy to discuss this matter further, outside of this meeting. 	AB/CS
5.3	The Committee NOTED the update on the “Right Care Right Person” Model update.	
6.	Actions for the Board	
6.1	<p>The action log was reviewed. Mark Cheung provided a verbal response to the action in relation to Bromley’s unemployment figures, which will be circulated to members post-meeting.</p> <p>Councillor Colin Smith notified the board that the RCRP letter is in progress, there has been a rise in anecdotal cases across the country in relation to the RCRP measures and concerns are accelerating. There are health and safety concerns for all staff including Bromley Council and healthcare professionals, and it appears that there is a significant concern for members of the public.</p>	
6.2	The Committee NOTED the action log.	
7.	Partnership Report	
7.1	Dr Angela Bhan introduced the Partnership Report. The report was taken as read and Dr Bhan invited comments from partners.	

7.1	<p>Dr Claire Riley gave her congratulations to Oxleas for the awards mentioned in the report.</p> <p>David Walker noted the One Bromley vaccination campaign for covid and flu in the report, and asked how the uptake compared against target for vulnerable groups. In response to this, Dr Bhan noted that the covid booster data was extracted on the 18th December, the date the campaign had closed, but some clients were still booked in after that date, which is not reflected in this data-cut. Dr Bhan noted that uptake was lower than last year, which is disappointing, however the >65 cohort, which is the most vulnerable group, were very close to the target achieved in the previous year. For flu, the uptake is lower than previous years however the campaign is still running up until the end of February 2024, so the numbers should improve. It was noted that Bromley has the best rating for flu uptake in London for the >65 group, which is only 2-3% lower than the previous year.</p> <p>David Walker thanked Dr Bhan for the response and is pleased to work together with Bromley Well and Bromley Council to improve uptake. Feedback from carers so far has been very positive. Looking ahead for next year, David noted the learning and the cascading of information, and wished for this to be done earlier. Dr Bhan thanked David for his comments and updated that there will be a full review of the vaccination programme, which will inform the learning going forward.</p> <p>Dr Andrew Parson gave his congratulations to Bromley Healthcare’s Hospital at Home Children’s Teams, for their achievements noted in the report.</p>	
7.2	The Committee NOTED the Partnership Report.	
8.	Winter Update	
8.1	<p>Jodie Adkin introduced the report on Winter, which is a progress update on the Winter Plan, which was brought to the Board in September 2023. Slides were presented with the following points noted:</p> <p>Winter virus</p> <ul style="list-style-type: none"> • The challenge is that winter viruses occur at different times each year, which was evident in the graphs for influenza and RSV from 2017 to 2024. • It was noted that the RSV peak this year is the same as the previous year, however flu peaked later than last year. <p>System pressures</p> <ul style="list-style-type: none"> • The pressure seen across PRUH A&E has felt challenging throughout the whole period. The number of Type 1 attendees (high acuity/emergency) has remained consistent and there has been an increase in the number of ambulance conveyed patients compared to last year, however there has been a reduction in type 3 attendees, which have a lower acuity. • There has been an increase in the number of appointments available through GP surgeries. In addition, Winter illness hubs have been deployed seven days a week with double provision provided throughout 	

<p>8.1</p>	<p>the Christmas and new year period. The increase in GP appointments is likely the reason for the reduction in Type 3 activity.</p> <ul style="list-style-type: none"> • As was the plan, the Hospital@Home services have continued to grow throughout the winter period and are now accepting referrals direct from primary care to prevent patients from needing to go to hospital where possible. • The plan is to have a social care presence at the front door, recruitment for this position is in progress. It was noted that this is a difficult post to fill but one that is necessary. • Consultant connect – this is the system to enable GPs to seek advice or refer patients, to Same Day Emergency Care (SDEC) services in the hospital. Bromley is the highest user of Consultant connect, which now also includes paediatrics, enabling patients to bypass A&E where possible. <p>Adult Hospital at Home</p> <ul style="list-style-type: none"> • There continues to be a lot of effort across ONE Bromley partners into developing this service for both children and adults. • Whilst referrals continue to increase, with increases also being seen in the service supporting care home residents, feedback continues to be very positive and the impact can be seen in the community with direct admission avoidance evident. • It was noted that the adults H@H Service has delivered the equivalent of 30 beds to the system whilst the children’s H@H is providing the equivalent of 2-3 beds each month. • 14% of patients were discharged to hospital in December, suggesting appropriate risk-taking in referring to the service. • Learning to date on where best to deploy the adults H@H service is leading a strategy of needing more face to face provision for GP referrals stepping patients up into the service from the community to initiate acute level treatment, with a heavier virtual remote service to support hospital discharges where patients have completed their treatment but the service offers a safety netting and monitoring to able to quickly step patients up where they become unwell. 	
<p>8.1</p>	<p>Care Homes</p> <ul style="list-style-type: none"> • Care home residents are very vulnerable during the winter season. • BGPA delivered the full vaccination programme earlier in the year before winter began which resulted in a reduction in the numbers of covid and flu cases across all care homes. • A project to undertake comprehensive Geriatric Assessment and develop Advance Care Plans for care home residents most at risk of hospital attendance/admission is being delivered by a multiagency, multidisciplinary team to avoid hospital conveyance where this is not in the best interest of the resident. • Out of hours, care homes access local GP out of hours service rather than 111, which provided better clinical interventions and less conveyance to hospital. <p>Communication and Engagement</p>	

<p>8.1</p>	<p>Deaths</p> <ul style="list-style-type: none"> A targeted approach has been taken this year around key groups including leaflets on how to keep your child well over winter, which were delivered to all Bromley schools and Public Health provided training in every school in Bromley on winter illnesses. Voluntary sector colleagues have also shared the vaccination campaign communications with relevant stakeholders. <ul style="list-style-type: none"> So far, the excess deaths during winter has been lower than last year although there are some limitations to this data and it needs to be considered alongside a wider data set to draw specific conclusions. 	
<p>8.2</p>	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> Dr Andrew Parson thanked Jodie Adkin for the fantastic presentation and congratulated her on transforming this complex work into an understandable format, which is good to see how the system works together. Dr Parson noted that there is an opportunity to do a deep-dive for colleagues outside of the meeting into certain areas of interest. Jacqui Scott thanked Jodie for the excellent, competent report and asked if there is any intelligence of remote monitoring and hospital at home services being expanded into pathways. In response to this, Jodie explained that she suspects it is too early, but will keep an eye on this and review. Dr Hasib Ur-Rub had a question on the outcomes of the health of patients discharged earlier and wanted to understand if we are getting real value by introducing these initiatives. Helen Simmons noted that there was not any care home data in the report. The population management working group reviews LAS data on care homes and trends in calls, which are increasing month by month. Helen would like to see the care home data included within reporting to show the impact on other parts of the system. Dr Claire Riley thanked Jodie and was pleased to see the system working together to reduce pressures. She highlighted the work Dr Bhan and Angela Helleur are involved in, in relation to the primary/secondary care interface, to stop patients unnecessarily moving around from one part of the system to another and to improve the patient's journey. This should hopefully help with the pressures this year. Dr Riley noted that the earlier we can improve the primary/secondary care interface, the sooner the systems can work better together. In response to the questions raised, Jodie provided the following points: <ul style="list-style-type: none"> In relation to Dr Ur-Rub's question, the data is not sophisticated enough yet to track the impacts on 111, UEC and discharges, however the work on the primary/secondary care interface will be used anecdotally to help understand the patient's journey. In relation to care homes, Jodie noted that the health and care strategic group reviews care home data and this is being used to inform work across the system for example the ACP in care homes work that was mentioned. Access to records is a long-term issue between organisations. The UCP provides a good opportunity for a single plan that all 	

	<p>agencies can see. Improving the use and quality of UCPs is likely to be a longer term piece.</p> <ul style="list-style-type: none"> • Dr Angela Bhan thanked Jodie and all partners for their ongoing work to help one another and the patients we serve. She noted that it is important to track the patient's journey through individual services using data to support the work, which is what we will try to achieve going forward. The other point raised was in relation to different patterns of infection and outbreaks. There has been an increase in measles cases, whilst none confirmed in Bromley, 200 cases were confirmed in the Midlands and 120 cases, mostly in North West and South West London. There is a high uptake of measles vaccination in Bromley, supported by the work of partners. Bromley Council has helped with communications on vaccination, which are promoted online with supporting information for the public and parents. We will continue these collective endeavors, including the work on managing long-term conditions and prescribing. There is a significant piece of work for care homes going forward, including an offer of training and support. Other areas to note is the steer to take more transformative and strategic approaches to achieve A&E 4 hour performance, which is a proxy measure for how well the local urgent care system works. 	
8.3	The Committee NOTED the Winter Plan update.	
9.	Finance Month 8 Update Report	
9.1	<p>Mark Cheung presented the Month 8 2023/24 Finance Report on behalf of David Harris, the report was taken as read and the following points were noted:</p> <p><u>SEL ICB Month 8 Financial Position</u></p> <ul style="list-style-type: none"> • The SEL ICB financial allocation for the year as at Month 8 is £4,865,138k. • As at month 8, the SEL ICB is reporting a YTD underspend against plan of £5,550k, which reflects a forecast benefit of £6,400k being upheld on behalf of the system, as part of the re-forecasting of the financial position. As we are approaching key Month 9, the year to date position will be more finalised. • Also included within the ICB financial position are the favourable impacts and the ICB's financial recovery actions. • Overall, the ICB continues to be adversely impacted by overspends in prescribing and continuing healthcare, which are partially offset by underspends in other budgets. 	
9.1	<p><u>Bromley ICB/LCP Month 8 Financial Position</u></p> <ul style="list-style-type: none"> • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 8 is £245,312k. • As at Month 8 the year-to-date position was £479k overspent. The significant variances related to; prescribing £2,504k overspent, continuing healthcare £788k overspent and mental health services £361k overspent. • The overspend is to be mitigated by bringing the overall position to a break-even position. A schedule of internal meetings have taken place with SEL Chief Financial Officer (CFO) and borough colleagues, to bring the total controls to a manageable position. It is anticipated that Bromley should be meeting their target by year-end. 	

	<ul style="list-style-type: none"> Budget setting meetings have been arranged with the directors of finance and with budget-holders, to plan ahead for next year. A savings programme will also be developed for the next financial year. 	
9.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> Dr Andrew Parson thanked Mark Cheung for the report, which demonstrates the planning and huge amount of work to ensure that the finances are used appropriately. Councillor Colin Smith thanked Mark and the team for their discipline in managing the budgets. There is slight concern that Bromley underspends year on year and the impact this may have on the future funding allocation for the borough. In response to this, Mark agreed with Councillor Smith's points and acknowledged that delivering our financial duties and underspending should not have a detrimental impact for the borough. Bromley will need its fair share of funding for this year and we will endeavor to secure as much budget as possible for the delegated areas. In response to a question, Mark noted that the reporting for the Pharmacy First scheme on prescribing budgets is currently being awaited. The plan is to have a much more phased rollout, to assure the metrics and the impact on prescribing budgets. Dr Parson thanked Mark and partners for their input into the finances, which is good for the board to have oversight and tight, effective control of the spend. 	
9.3	The Committee NOTED the Month 8 2023/24 Finance Report.	
10.	Primary Care Group Report	
10.1	<p>Harvey Guntrip reported to the committee. The report was taken as read. Harvey notified that the Primary Care Group discussed the progress of Bromley's Health and Wellbeing Centre and were happy to support the direction of travel.</p> <p>There were no questions or comments from members.</p>	
10.2	The Committee NOTED the Primary Care Group update.	
11.	Contracts and Procurement Group Report	
11.1	<p>Sean Rafferty reported to the committee. The report was taken as read.</p> <p>Sean updated that the Provider Selector Regime guidance has been received and is currently being worked through.</p> <p>There were no questions or comments from members.</p>	
11.2	The Committee NOTED the Contracts and Procurement Group Report.	
12.	Performance, Quality and Safeguarding Group Report	
12.1	<p>Harvey Guntrip reported to the committee. The report was taken as read.</p> <p>Harvey updated that the group discussed the EPIC implementation at the last meeting. An item on RCRP changes will also be added to the forward planner for this meeting.</p> <p>There were no questions or comments from members.</p>	

12.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
13.	Any Other Business	
13.1	There was no further business raised.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
15.	Date of Next Meeting: Thursday 28 th March 2024 at 09.30am	

Draft

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
24.	8.2 – <i>Population Health Management</i> – MC to update Cllr Smith on Bromley’s unemployment figures outside of the meeting.	28.09.2023	Mark Cheung	28.03.2024	Closed	<p>Update 25.01.24 – MC provided a verbal response to the board, the written response is below:</p> <p>The information used in the presentation was based on work carried out with public health team looking at Primary Care Network profiles across Bromley. The figures used were from the 2011 census, modelled to the PCN registered population. This is census data that categorises people into socio-economic position indicating those who never worked or were long term unemployed. We used this as an additional indicator of deprivation in the area and it does not capture the more fluid element of unemployment or unemployment in its entirety. Real time monthly data is available on unemployment (job seekers allowance), but small monthly fluctuations do not affect the overall conclusions drawn as part of the PCN profiles.</p> <p>Action complete.</p>
29.	5.2 – <i>“Right Care Right Person” Update</i> – AB, ID and CS to meet and discuss the issues off-line	25.01.2024	Dr Angela Bhan /Iain Dimond	28.03.2024	Open	

One Bromley Local Care Partnership Board

DATE: 28 March 2024

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

Partnership Report – March 2024

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1. One Bromley Local Care Partnership Programmes

GP Access

GP Access improvements continue across Bromley. Key recent developments include:

- **Improving the telephone experience** – every GP practice has now switched on, or is in the process of switching on, a digital telephony system. This will enable a better patient experience, including through call queuing, call backs when at peak times and more sophisticated call management through integration with clinical systems.
- **Improving the online consultation experience** – following the ICS-wide tender process, February marked the start of GP practices transitioning to a simpler online consultation tool which integrates with the NHS App, offers online appointment booking, provides appointment reminders and enables the issue of health questionnaires to support patient care. Around one-quarter of Bromley practices have already turned on the new tool and begun embedding this new system.
- **Improving initial triage and navigation** – through a consistent assessment tool online, by phone or in person, more practices are introducing triage by clinical need to better determine the right clinician for the patient’s condition or signpost to the right service, ensuring appointments are best utilised according to need.
- **Improving the use of community pharmacy** – nearly every community pharmacy in Bromley started offering the Pharmacy First service from 31st January, giving patients

access to health advice and medicines where appropriate for common minor ailments and health conditions, avoiding the need to visit the GP practice.

MMR Vaccination

Ensuring that Children and Young People are immunised against preventable diseases is identified as a key objective in the SEL 2023/24 Joint Forward Plan. The ICP Integrated Care Strategy for 2023/24 to 2027/28 also identifies early years and ensuring that children have the best start to life as one of its key priorities.

There has been a notable recent rise in the number measles cases in London (mostly NW London) and an increase in cases in SEL. At the moment, there have been no identified cases in Bromley.

As a requirement of their contract, GP practices are participating in a national vaccination and immunisation catch-up campaign, focussing on MMR. A national call/recall campaign for 6 to 25 yr olds is currently in progress. This campaign uses primary care records to indicate whether children and young people are un- or under-vaccinated for MMR. Parents/guardians/young people will receive a nationally generated invitation. The phases of the work are as follows:

- From November 2023 to March 2024 – practices have been undertaking local call and recall for eligible individuals aged 12 months up to and including 5 years.
- From January 2024 to March 2024 – practices are asked to support requests for vaccination from individuals aged 6 years up to and including 25 years.

The following tables (latest COVER data) provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position. The World Health Organisation (WHO) has a target of 95% coverage for all childhood immunisation programmes. These targets are not being achieved at an ICB, regional or national level. RAG ratings are based on comparing local performance to England.

Latest COVER DATA – MMR Uptake:



Childhood immunisations



		Q2 - 23/24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	86.6%	91.6%	87.2%	83.3%	86.6%	85.7%	86.9%	82.9%	89.4%
		Q2 - 23/24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	91.4%	92.5%	86.7%	87.8%	87.0%	87.3%	88.8%	85.6%	92.3%
		Q2 - 23/24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	84.0%	86.6%	77.2%	79.0%	79.3%	78.1%	80.8%	72.8%	83.8%
Trend since last report	↑	↑	↓	↑	↓	↑	↑	↓	↓

1

Immunisation Update – Covid uptake

The January update covered the autumn Covid vaccination campaign.

Work is underway to prepare for the Spring Covid Vaccination Campaign. Fewer people are eligible for the upcoming campaign, which will be restricted to those aged 75 years and over, residents in care homes for older adults and individuals aged 6 months and over who are immunosuppressed. Vaccinations will start with Older People's Care Home vaccinations on 15th April and other eligible cohorts on 22nd April. Delivery will be mainly through PCN sites and community pharmacies across the borough, with pop up clinics planned for communities with low uptake.

Integrated Urgent Care Service Update

SEL is working on a new model for integrated urgent care that will include the re-procurement of the 111 service. Working with other boroughs, Bromley has made significant progress in defining the local model for the new 111 service due to go live in September 2025. Stakeholder engagement is taking place across SEL and we will be drawing on learning from national and local pilots. The Bromley ICB team is working with partners to finalise the delivery framework, but there remains some essential work still to be done. Specifically, the focus is on balancing the current demand for the service with the financial resources available. We need to ensure that we can effectively meet the needs of the community within the allocated budget. To achieve this, Bromley is aligning this local model with broader transformation efforts including Pharmacy First and the significant primary care transformation activity aimed at delivering a healthcare system easier to navigate, and reducing the overall demand on the 111 service. This strategic approach reflects a commitment to improving access and efficiency in healthcare delivery while ensuring the sustainability of the new 111 service model.

Winter Update

- After a further increase at the end of January, levels of influenza and Covid seem to have peaked and are coming down again.
- An increase in GP appointments were available through the winter, with a higher proportion available the same day.
- The winter Hubs are reporting a reduction in available appointments in the last 2 weeks (as planned), with lower use across most PCNs and fewer referrals on to hospital. This seems to reflect a similar pattern across primary care.
- Activity at the PRUH is high with high ambulance and type 1 attendances - above last year's level, but type 3 attendances are holding at about the same level
- After a positive downward trend in the number of patients staying over 21 days since a peak at the end of December, this has increased again very recently

- Supported discharges increased in January to 282 from 270 in December with a small increase being seen in Pathway 1 and 2 and a reduction in Pathway 3 patients
- Overall in January supported discharges were 5% lower than the same period last year.
- H@H capacity and use of virtual monitoring are both increasing
- 'Consultant Connect' use was slightly lower in December but was back up for January.

The winter management programme is now moving into the evaluation phase using the same methodology as previous years. This includes financial and outcome impact analysis and a broader Winter Wash-up event hosted by the A&E Delivery Board. It is expected that key learning and recommendations will be provided to One Bromley Executive at the end of April.

A final update on the winter vaccination programmes will also be available after the end of March 2024.

2. Princess Royal University Hospital and South Sites

PRUH Site Chief Executive Update

The impact of industrial action continues to reduce our ability to address patients experiencing long waiting times. The British Medical Association (BMA) has today (9 February) confirmed that further strike action by junior doctors will be taking place from 7am on Saturday 24 February until 11.59pm on Wednesday 28 February. As with previous industrial actions, we will cancel all elective work and prioritise patients with suspected cancers and emergency care needs.

At the start of this financial year (April 2023), the Trust committed to not overspend its planned budget by £49 million by the end of March 2024 (~2.8% of the total budget). The Trust will miss this target position because of a range of factors including industrial action costs, unfunded pay awards and inflation, savings target shortfalls and cost pressures arising from outsourcing, international recruitment and mental health stays. This is a serious issue and we have taken immediate steps to reduce the deficit as much as possible by year-end (March 2024) whilst keeping our patients safe, and to develop a recovery plan that will make us financially sustainable in the longer-term.

Between 19 December 2023 and 10 February 2024, referrals to our 18-week pathways, to the PRUH and South Sites have increased by 1,620. In total, we have 38,498 patients referred to our 18-week pathways. Although the PRUH has managed this pressure and has zero patients waiting over 104 weeks (as of 19 February 2024), there are 51 patients who have waited 78 weeks or more.

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Patients continue to access their own health information through the MyChart app and as of 19 February 2024, over 170,000 patients have signed up (up from 150,000 on 14 December 2023).

During December and January respectively, 11,175 and 11,348 patients attended ED and the Urgency Care Centre (broadly the same level as the same period last year and the highest months of the year so far). Despite this pressure, our emergency access performance for ED improved for a fourth consecutive month. Our all type of attendance for January was 62.59% although our 12-hour Decision-To-Admit breaches during December and January reached record levels for the year at 1,018 and 991 respectively.

Pressures continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted January performance against the national threshold of 39.86% across both sites (against the 1% threshold). The number of 6+ waiters has increased by 2,551 to 10,617 patients waiting 6+ weeks at the end of January and whilst the non-compliance is higher than December (at 34.83%) it appears to mark a stabilisation in performance.

The largest increases were seen in non-obstetric ultrasound, which rose by 1,572, followed by both Cardiology – echocardiography and Neurophysiology - peripheral neurophysiology, which increased by 495 and 435 respectively. To support a return to pre-Epic levels, the Trust is engaging external validation additional support and changing some ordering processes to make it easier for clinicians to log requests accurately.

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

- At the rear of the site where we are developing the new Endoscopy Unit, we have found asbestos in the ground. This may add time to the programme and cost for its specialist removal. We have also informed the Environment Agency.
- The NICU environment remains on track for completion at the end of Q4 following a previously reported delay in the supply of pendants.
- The provision for 16 new beds and expanded HDU provision will complete by March 2024 (previously delayed by fire compartmentation issues identified when the infrastructure was stripped back).
- The new MRI scanner arrives on site on 17 March to be fitted and tested.

Off-site we have secured £0.5m funding from Macmillan to complete a Cancer Information Centre in the Glades shopping centre, Bromley. The Cancer Team is progressing a design.

In senior leadership changes, Charles Alexander, joint Chair of the Trust along with Guy's and St Thomas' FT since December 2022, has stepped down. Jane Bailey, Deputy Chair and Non-Executive Director, has been Acting Chair since 1 February 2024. Lorcan Woods, Chief Financial Officer also left the Trust in early February 2024. Arthur Vaughan, Deputy Chief Financial Officer, has taken on the role of Acting Chief Financial Officer since 12 February.

To further local partnership working our leadership team met with Bromley Healthcare and Primary Care on 23 January 2024. A further meeting with clinical directors is being arranged for later in the month.

3. Bromley Council Adult Social Care

Demand has remained high but services have managed to keep pace. A large amount of work has been carried out to streamline the process for D2A which was resulting in an increase in demand for the Council whilst ensuring that discharges from hospital remained timely. This work is now beginning to deliver and the increased financial pressures this has created are beginning to reduce. This work has reinforced the need to look at the entire system when introducing changes so that unintended consequences can be avoided.

The Council continues to develop its transformation programme, having successfully delivered all Transformation targets within Adult Social Care for the financial year. Members are currently considering the proposals for future transformation with the Social Care Institute for Excellence (SCIE), with whom we have been developing our digital agenda.

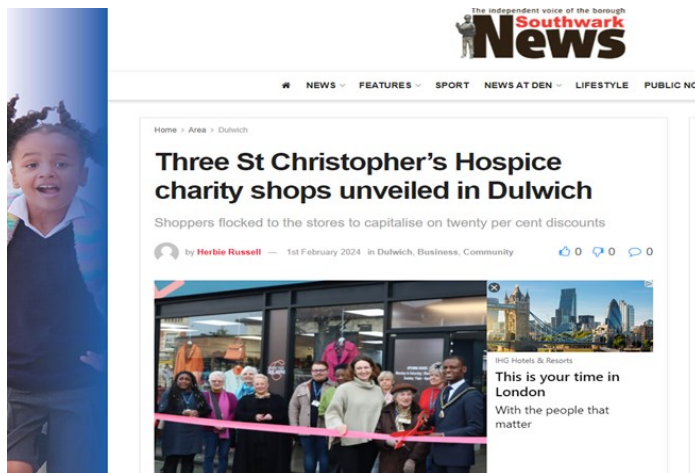
The Council was very pleased to have its work recognised at the IESi Awards ceremony held on the 6th March at which Bromley Council were awarded two awards; Silver for the work carried out by the Public Health Department on support to people who are Homeless and Gold for the work on the Loneliness Programme, led by the Corporate Transformation team under the leadership of Naheed Chaudhry. Both programmes have received excellent political leadership, and were celebrated at the Full Council meeting on the 11th March.

4. St Christopher’s Hospice

Since November there have been a number of highlights and lowlights to note. Firstly, we paid tribute to Colin Murray Parkes (26th March 1928 – 13th Jan 2024) who will always be an icon for people all over the world in the field of Bereavement. Colin worked for many years with Dame Cicely and influenced our services enormously during that time.

In January we gathered to think about a long term (10-15 years) care strategy and how that might inform a premises review. We reflected on a talk by Chris Whitty on long term trends affecting hospices and related them to St Christopher’s services and workforce.

We have been successfully rolling out the new branding, which has certainly given the shops a real facelift and an excuse for celebration and we opened a new store in Dulwich.



Our staff did a tremendous job managing the symptoms for a gentleman who wished to shorten his life and who died on the IPU (inpatient unit) having stopped eating and drinking. There was a narrow ethical tightrope to walk in order to respect the gentleman's wishes, whilst protecting our staff, and supporting the whole family, which was achieved.

It has been an exceptionally busy period with increasing referrals and deaths. It is good to see more referrals from boroughs that were less represented in our patient mix, reducing inequalities, but it also means we have more pressure to expand our community staff teams.

It is therefore highly relevant that the APPG (All Party Parliamentary Group) report on hospice care was recently published and that we were quoted. We must now hope that this will influence the Health and Social care plans in all party manifestos we can expect to see as the general election draws closer (let's be optimistic!).

Suicide Policy

Dr Ross and others have been working to review and update our policy on the management of suicide. As part of this development, sessions were held with the wider team via the Wednesday Learning Forum, in addition to smaller focus groups. This policy remains particularly relevant given the increasing numbers of people presenting for care demonstrating suicidal ideation.

New model of working

The Care Directorate reviewed the pathways of care through the organisation late in Quarter 2 23/24 and realised that people referred to us could have an improved experience at the beginning of their journey under the care and support of St Christopher's. To these ends, the Senior Care Directorate worked up a new Front Door model to our service. In mid-December the Single Point of Contact morphed into the Referrals and Admissions Team. Referrals are now triaged immediately if they are made by a third party, with a same day call from a Senior Nurse in the Community Team to the patient or family. A brief risk assessment is undertaken and between the nurse and the patient, an agreed date for a community visit is made.

The next piece of work is to work up an Urgent, Same Day response service that is dynamic and flexible in its approach. The proposed approach will hopefully address some of the themes arising from complaints made. This is the focus of the work in the Care Directorate during Quarter 4.

Research

- The clinical team are participating in a variety of pieces of active research (two are at the application stage). These include;
- The CHELsea2 study (University of Surrey) – a cluster randomised trial of clinically-assisted hydration in patients in the last days of life where 80 research sites across the UK are recruiting participants who have an estimated prognosis of ≤ 1 week who are unable to maintain sufficient oral fluid intake. The outcome is to understand if providing clinically assisted hydration improves their outcomes. We recognise that this study may attract some media scrutiny.

- Our work continues with the University of Hull to Evaluate Outcomes data (IPOS) to inform clinical practice and identify gaps in care where more could be done. We are comparing our data with others to enable effective benchmarking to take place.
- PROFRAIL – PROMS and PREMS; Frailty; This builds on the previous work from the University of Surrey on frailty
- PalliatheartSynthesis II; Optimising delivery of integrated palliative care and heart failure services with Queens University in Belfast. This is a NIHR (National Institute for Health and Care Research) funded study where the Stage 2 application is in progress. This study will take an ethnographic approach to look at models of integration of heart failure and palliative care services building on our recent work in heart failure.
- Developing effective service models for palliative and end of life care for adults with a learning disability; this is a NIHR funded study that is in the application stage. Taking an ethnographic approach, the study will look at models of palliative care for people with a diagnosed learning disability and is based on the Ambitions Framework.
- We are currently hosting a PhD student in her research at Goldsmiths University who is examining spiritual experiences at the end of life and for those experiencing terminal delirium. Her research is considering the psychological / spiritual care we provide in the last days and hours of life.
- A Community Action researcher, in addition to one of our Consultant doctors and Community Action Lead, are exploring community conversations around assisted dying.

Service provision

- In total in Q3 2023-2024 our split of cancer vs non-cancer diagnoses (54%:43%) at presentation has changed significantly from Q2 (46%:48%)
- The total unique count of patients on our community and inpatient caseloads have increased by 8% in the quarter when compared to Q2 2023-2024. The caseloads across our community teams have increased by approximately 100 patients in the last month. Overall there has been a 19% increase in accepted referrals in Q3 (1078) against those in Q2 (893) and an 8% increase in referrals when compared to the same quarter last financial year.
- There has been an increase in referrals from GPs this quarter (Q3 24% of all referrals: Q2 16%) and a decrease in hospital referrals of 6%. This may be a positive shift but may also reflect the impact of the Junior Doctors strikes throughout this quarter.
- There has been a 1% increase in referrals from the London Ambulance service (Q3 – received 35 referrals when compared to 22 referrals in Q2)
- The IPU received more referrals in Q3 when compared to Q2 and there was an 18% increase in total IPU referrals when compared to the same quarter last year.
- Significantly more people were discharged from the IPU when comparing this quarter's data to that last year with occupancy decreasing from 87% in Q1 of the 2023-2024 year to 78%. This is however an increase on the occupancy rates of 75% last year Q3.
- The mean length of stay remains at 14 days with the median remaining consistent with the last quarter at 10 days.

- 6% more appointments were attended this quarter when compared to last quarter and there has been a small increase of 5% of activity in the out of hours period when compared to last quarter.
- Deaths supported by St Christopher's at home remain consistent with last quarter however people who have died in hospital while under our care has dropped from 1:4 to 1:5.

5. Bromley Healthcare

Celebrating Hollybank's 'Good' rating in Latest Ofsted Report

Bromley Healthcare's Hollybank Children's Short Break Service has been awarded a 'good' rating in a recent Ofsted review. The service was praised for its effective support, including the overall experiences and progress of children and young people, their protection, and the strong leadership and management demonstrated.

- **Read our press release:** [Hollybank Children's Short Break Service commended in Ofsted Report - Bromley Healthcare](#)
- **Read the report:** [Ofsted SC474543](#)

The team at Hollybank organised a small celebration event for staff, parents, carers and our local stakeholders. We were delighted to welcome the Deputy Mayor of Bromley, Cllr Keith Onslow, and Deputy Mayoress, Sara Onslow to the centre, along with Cllr Kate Lymer, who holds the children's portfolio, and Cllr Tony Owen, the local councillor for the Petts Wood area. Guests received a tour of the centre.



Developing our Clinical and Quality Strategy

We are in the final stages of developing our Clinical and Quality Strategy. This strategy is being shaped by engagement with our staff and service users to identify key clinical priorities. In late February, our divisions – Adults' Services, Children and Young People's Services, and Urgent Community Response – conducted workshops to formulate action plans and Key Performance Indicators (KPIs) against the strategy.

Recognising that the healthcare landscape and people's needs are ever evolving, we will make sure that we are reviewing our action plans regularly. We aim to share the strategy and key action plans with stakeholders and communities in April 2024. We plan to hold detailed follow-up workshops to gather feedback, ensuring our plans are aligned with patient-centred care and meet the evolving needs of the people we serve.

Building our Lived Experience Advisory Group

Bromley Healthcare is building a new [Lived Experience Advisory Group \(LEAG\)](#), which will be embedded into our decision-making framework. The group is open to service users, parents, carers, who will collaborate with our clinical staff and leaders, including the Chief Executive and service Directors, to shape our healthcare decisions by providing insights and feedback on strategic areas of work within the organisation, such as service performance, major transformations and meeting our organisational goals.

There are specific roles within the group for Patient Safety Partner, and an Equality, Diversity and Inclusion partner. These roles will sit across other areas of the organisation, including our patient safety committee and in our activity to address health inequalities. The group's chairs (who will also be people with lived experience) will report back to the Bromley Healthcare Board twice a year.

Recruitment for the LEAG closed on 11 March. We have recruited 17 local people with lived experience to the group. Members will undertake training focussing on building knowledge and understanding about the organisation, local healthcare system and operations. They will also have access to further training and development. The group will meet roughly eight times between April 2024 and April 2025. These two-hour meetings will be held online and at our Orpington office.

We are looking forward to progressing the LEAG.

Find out more: [Poster](#) / [Application pack](#).

Bromley Health Visiting Forum

The Bromley Health Visiting Team recently hosted a forum focusing on our work to support families and young people Special Educational Needs and Disabilities (SEND). The forum, held in late January, featured speakers from the Local Authority, the Sensory Support Service, Bromley IASS, Beyond Autism, and Community Paediatrics from Bromley Healthcare. The emphasis was on early identification and intervention for SEND, support for families, and appropriate referral pathways.

The team also conducted a SENSory Workshop. Through various activities, participants gained insights into the daily challenges faced by children with additional needs or disabilities. These activities explored different sensory experiences, including tactile, vestibular, olfactory, auditory, and proprioceptive play, promoting understanding and empathy.



Industrial Action

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

6. Oxleas

Junior Doctor industrial action

We continue to respond to junior doctor industrial action and have had to cancel non-emergency clinical work. In case of emergencies, patients have been provided with emergency contact numbers and we are trying not to cancel appointments for the same patients wherever possible.

NHS Staff Survey

Oxleas is pleased that in this year's NHS Staff Survey, staff feedback has continued to improve. We had a high response rate at 56% and comparisons against the previous year and with similar organisations are positive. Compared with Oxleas' results last year, staff were more positive in 37% of questions and no areas had become worse. When compared to similar organisations, Oxleas staff were more positive in 50% of the questions, had similar views in 44% of questions and were less positive in 6% of questions.

Recommending Oxleas was particularly high with 75% recommending Oxleas as a place to work and 72% recommending it for treatment and care. This is significantly higher than similar organisations.

Developments in Child and Adolescent Mental Health Services

The waiting time for initial assessment by Bromley CAMHS continues to reduce with greater capacity available through the recruitment of additional clinical staff. Work is focused on reducing the maximum wait for initial assessment to within 44 weeks by April 2024. Oxleas are publishing average assessment waiting times for Bromley CAMHS on our website: Oxleas NHS Foundation Trust - Bromley CAMHS. In February 2024, our average waiting times per care pathway are:

- Adolescent: 2 weeks (a reduction of 1 week since December)
- Generic: 18 weeks (a reduction of 2 weeks since December)
- Looked After and Adopted Children: 1 week (a reduction of 2 weeks since December)
- Neurodevelopmental and Learning Disability: 37 weeks (an increase of 1 week since December)

Work also continues in Bromley CAMHS to review and improve the clinical pathways and further develop the support offered to children, young people and their families while waiting for assessment or treatment. Work with our partners at Bromley Y to implement an integrated single point of access (iSPA) as the front door through which children, young people and their families access mental health and wellbeing services in Bromley has reached the final stages of testing and mobilisation. Unfortunately the launch date has been delayed slightly from February to March 2024 (revised launch date TBC).

Bromley CAMHS are working with colleagues in the ICB and at Bromley Healthcare to review the ASD/ADHD Diagnostic Pathway and move towards a single provider model. Work to design the new model commenced in January 2024 and includes finalisation of interim arrangements to address current waiting list backlogs.

Adult Mental Health Services

Community Mental Health

The Oxleas ADHD diagnostic and treatment service is based in Bromley, but covers the boroughs of Bromley, Bexley and Greenwich. The service has been undergoing a process of rapid development to meet changing needs and increased referrals to the service. Across the UK there has been a steep rise in referrals to Adult ADHD (Attention deficit hyperactivity disorder) services. There has also been a national supply problem with ADHD medication with the situation changing on a weekly basis.

The Oxleas team have been proactive in our efforts to address these needs. The team members are highly motivated and committed and have significantly increased capacity. In part this has been achieved by embracing new technology to reduce the administrative burden.

While waiting lists are increasing in many areas, the team have reduced the waiting time for new assessments to below two years. The team has worked closely with local pharmacies where particular medications are hard to obtain, and have sent comprehensive advice to GPs and service users about alternatives.

The team are also developing non-medical interventions, and will soon be starting a psychoeducation group. Team members are also visiting local community groups to provide information and advice about ADHD and are training members of staff to be ADHD coaches.

7. Bromley Third Sector Enterprise (BTSE)

Current Service Update

This is the second year for the Bromley Well service under the 2022-27 PSIS contract. The Bromley Well Service has continued to deliver high quality and consistent services.

Last quarter saw 3750 referrals for 2916 individual clients. Since the start of the year to end February, we have had 1662 referrals from 1335 clients.

The new online referral form has proved to be successful with 790 professional and 641 self-referrals since June 2023, which has simplified admin and data collection. With significant work between BTSE and SPA colleagues we now have a SPA NHS email address. This will greatly simplify referrals from NHS/Health partners.

We have developed a referral dashboard which details where Bromley Well Referrals come from, in the last quarter October-December 2023, 3750 referrals were received from 2916 clients. Of those clients, 1757 (60%) were resident self-referral, 13% Bromley Well Partner Charity, 3% Family, Friend Neighbour, 2% Bromley Healthcare, 2% GP, 5.5% Adult Social Services, 1% Social Prescribers, 14.5% PRUH, 1.5% Oxleas, 0.3% Schools.

Service Issues

Cost of Living continues to be a significant concern across all services. This has increased significantly the number of queries on cost of living, added pressure to Forms Completion Service and impacted on all services with disability and carers support all reporting increased concern and anxiety from service users, as well as a further increase in demand for foodbank vouchers and advice on housing.

We've seen an increasing number of housing/homelessness issues relating to people with learning disabilities and physical disabilities. Over 50% of enquiries at Learning Disability drop-in service are housing related – of 223 clients who received support last quarter, 122 were for Housing.

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

We are pleased to have been awarded Innovation Fund (IF) support to train 80 staff and volunteers (including 20% non-Bromley Well volunteers to meet IF criteria) as certified Mental Health First Aiders (MHFA) supported by a community of practice - with the focus on those pathways giving advice and guidance or benefit support.

Bromley Well held a well attended Carers Rights Event on 29 February with Speakers from Carers Trust, SE London Mind and a local law firm. We have also engaged in SEL ICS project about improving carers digital access to information advice and support.

8. Primary Care Networks (PCN)

Reducing Bureaucracy at the Primary Care Secondary Care Interface

Two Bromley PCN CDs are co-chairing a new Primary and Secondary Care Task and Finish Group, comprised of system leaders at the PRUH and from primary care. The Task & Finish Group has been set up to implement solutions to a specific set of identified interface issues between general practice and the PRUH, starting with onward referrals. The aim is for Consultants to make relevant onward referrals directly, avoiding a need to send patients back to their GP when a new referral is required, reducing delay and avoiding confusion for the patients. The Consultant/GP Exchange scheme has also begun with two GPs visiting the Emergency Department and the Medical Ambulatory Unit at the PRUH and it is hoped that Consultants will visit general practices to develop a deeper understanding of issues experienced by patients and staff. These examples of collaboration and joint working between health partners are working towards the goal of improving patient experience and the quality of care across Bromley.

Achieving the Impact and Investment Fund priorities

Bromley PCNs have continued to monitor achievement and support activity across Bromley practices working towards the five Impact and Investment Fund targets. For 2023/24, these focussed on increasing uptake of flu vaccinations amongst the most vulnerable groups, increasing the uptake of the annual health checks offer for patients with learning disabilities, ensuring suspected lower GI cancer patients are referred with FIT test results and providing appointments within 2 weeks of booking. The Bromley Learning Disabilities Co-ordinator is making good progress in the targeted support to practices to increase the number of health checks completed. These initiatives and efforts by Bromley practices means that Bromley PCNs are set to successfully achieve almost all target thresholds by the end of the financial year.

ARRS recruitment challenges

PCNs have shared with the ICB the barriers that have prevented 100% utilisation of ARRS (Additional Roles Reimbursement Scheme) funding during this financial year. Difficulties remain with the initial recruitment of ARRS staff, the time required for GP clinical supervision and ongoing restrictions caused by pressure on estates and lack of dedicated national funding for PCN IT. In addition, the absence of future funding information provided during the current year prevents effective forward planning, resulting in some PCNs remaining below full spend in order to avoid potentially overspending in the following year.

PCNs Development

Bromley PCN Clinical Directors held an Away Day, facilitated by an external primary care expert, to discuss Bromley PCNs development in 2024/25 to enable a better, more collaborative way of working. Funding support proposals have been shared with the ICB to explore how Bromley PCNs might further work towards achieving these aims.

New GP Contract for 2024/25

Following the end of the five year contract framework, PCNs are preparing for significant changes as a result of the 24/25 GP contract changes announced by NHSE, including Impact and Investment Fund targets being reduced to two indicators, new rules being introduced with regards to the Additional Roles Reimbursement Scheme, changes to the capacity and access funding and streamlining of Direct Enhanced Service specifications. NHSE have also announced plans to digitally extract digital telephony system data.

9. Bromley Public Health

Community engagement projects

Our Public Health team are organising several community engagement activities over the next few months in Bromley. Due to the recent spotlight on the increase in measles in London, there is a renewed effort to increase uptake of childhood immunisations in Bromley where they have fallen below the 95% target set by the World Health Organisation (WHO), needed to eliminate these diseases. There are particular areas of the borough where we know that vaccination uptake is lower: in Penge, Mottingham and the Crays, and the community engagement work will focus on these three areas.

In collaboration with the local Primary Care Networks, we are planning three Family Health and Wellbeing events and one Youth Health and Wellbeing event taking place between March and May. The focus of these community engagement events is to improve the health of the population and partners from One Bromley have been invited to join these events to engage this group in conversation about their organisation and what services they provide. Our nurses from Bromley Public Health team will be speaking to parents about vaccinations, answering questions or reservations they might have, while NHS Staff will be present to help people with booking their appointments on the day. There will be Blood pressure checks, information about healthy lifestyles, smoking and alcohol advice, mental health advice and more, provided by other organisations in attendance.

See link to LBB website and posters below for details of these events:

[Family health and wellbeing events – London Borough of Bromley](#)



FAMILY HEALTH & WELLBEING EVENTS

<p>Wed 27 March</p> <p>ST EDWARDS CHURCH 35 St Keverne Road, Mottingham, SE9 4AQ</p> <p>11am to 3pm</p>	<p>Fri 19 April</p> <p>ANERLEY TOWN HALL Anerley Town Hall, Anerley Road, SE20 8BD</p> <p>11am to 3pm</p>	<p>Tue 7 May</p> <p>TEMPLE URC CHURCH Temple URC Church, 179 High Street, Orpington, BR5 4AX</p> <p>11am to 3pm</p>
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JOIN US!
Families, parents, and carers are invited to drop by our Family Health and Wellbeing events from March to May 2024. No booking, just drop by to gain more information about managing your own and your family's health and wellbeing with information and support from Bromley's Public Health team and other partnership health organisations who operate in the borough.

Just drop by, no booking required!

Free children's activities and refreshments!

Services: Mental health advice, tips and support; Vaccinations advice and booking help; Blood pressure checks

www.bromley.gov.uk/health



YOUTH HEALTH & WELLBEING EVENT

Wed 20 March

Link Youth Centre, 122 Midfield Way, BR5 2QL
Wednesday 20 March 2024 (6:30pm to 9pm)

JOIN US!
Young people in Bromley aged 13 to 19 are invited to drop by our Youth Health and Wellbeing event on Wednesday 20 March 2024. No booking needed, just come along and speak to health professionals about managing your own health. There will be stalls with various health information, free activities, and refreshments provided.

How to get to Link Youth Centre: Buses that stop outside (R1, R11, B14); Nearest train stations (St Mary Cray, Orpington)

Services: Mental health advice, tips and support; Vaccinations advice and booking help; Blood pressure checks

www.bromley.gov.uk/health

10. Bromley GP Alliance (BGPA)

Winter Illness Hubs

BGPA Winter Illness finished on Wednesday 6th March. The hubs have provided same-day access to GPs for patients presenting with acute problems that required same day treatment. We're pleased that this has been a successful service that has provided over 10,000 face to face GP appointments to patients across the Bromley borough, offering 730 appointments in 1 week at our peak. The service offered 80 appointments a day with 93% utilisation Monday-Saturday and 44% utilisation for the Sunday 111 service.

We are now in the process of evaluating the service for presentation at A&E Delivery board.

Bromleag Care Practice

Preparing for Spring COVID booster programme for care homes. To commence on Monday 15th April. The care practice is also set to resume their annual care home visits. These ensure that collaboration between the homes and the practice continue to strengthen, where issues can be resolved and the health and the wellbeing of all care home residents remains at a high standard.

Over the past few months, Bromleag Care Practice has increased workforce and MDT roles including GP, Practice Nurse. It has already been shown that their particular skills and experience are proving to be very beneficial to the team, allowing the care practice to boost their quality of care provided to this vulnerable cohort.

Homeless Health Service

The Homeless Health Team continue to be busy with supporting the homeless community and those at risk of homelessness in Bromley with medical advice and treatment. The service is set to welcome clients to have an eye test and can be offered glasses if they need them. A Mental Health Nurse started with the service at the beginning of the year and is available to clients for a session every Thursday. This is an opportunity for clients to speak with someone if they are struggling with daily life and need a friendly face to talk to about their issues. Sarah Jackson, the Nurse Practitioner, gave a talk during the Safeguarding Academic Half Day, which allowed many clinicians across the borough to learn more about the service and what it provides to the community. Moving forward, the service is in the process of designing new posters and flyers for patients and surgeries. They are also looking at how they can move forward and work closely with practices and the PCNs to establish a strong relationship for 2024.

We're delighted to share that the Bromley Homeless Health Project won **Silver** at the national **iESE Public Sector Transformation Awards 2024** in the **Working Together** category held on Wednesday 6th March.

Community Phlebotomy

BGPA is aware that Synovis has announced the go live date for the move to the Blackfriars Hub in June. BGPA is awaiting communication with Synovis to understand the impact to the current community service, in particular the transport arrangements which are currently provided by BGPA's own courier service.

Enhanced Access

BGPA will be providing Hayeswick, Crays, MDC and Orpington (5 out of 10 practices) with their Enhanced Access service from April 2024.

One Bromley Local Care Partnership Board

DATE: 28 March 2024

Title	Adult Mental Health Recovery and Rehabilitation support @ home service – outcome of joint competitive tender with London Borough of Bromley
This paper is for information	
Executive Summary	<p>The Bromley Mental Health and Wellbeing Strategy (BMHWS) 2020-25 was jointly developed by the London Borough of Bromley and (the then) NHS Bromley Clinical Commissioning Group (CCG) in partnership with Oxleas NHS Foundation Trust and other key partners. A major part of the strategy is improved “step down” services for adults with long-term mental health conditions. The strategy places a greater emphasis on people recovering from a mental health crisis being helped to overcome individual problems, to build resilience and to live as independently as possible.</p> <p>In response to this element of the strategy, in November 2022, the London Borough of Bromley (LBB) and South-East London Integrated Care Board (ICB) agreed to come together to develop a new service model for people with long-term mental health challenges. The service was co-designed with service users who joined commissioners for a series of workshops to help design and shape the new service.</p> <p>The new mental health support@home model is:</p> <ul style="list-style-type: none"> • a holistic offer of accommodation and support in Bromley for adults with mental health challenges, so that they can remain living in their own communities. • will see 80 units of specialist housing receive much-needed repair and improvement works, supporting individuals in these units to live in quality housing. • for the first time, ensures that people with mental health challenges in these services can take up their own tenancies – with all of the rights and responsibilities associated with this. • provides continuous support for people for a time after they move into their own home, to prevent tenancy breakdown or homelessness. <p>The new service replaces two existing LBB services and one ICB one. The new integrated model will end duplication between LBB and the ICB. It also provides a long-term sustainable delivery model for these services into the future.</p>

	<p>The new integrated mental health support@home contract will commence on 1st October 2024 for a period of 5 years with the option to extend for two further periods of up to two years each. The value of the contract is £2.66m per annum which will be jointly funded by LBB and the ICB on a 50:50 basis. The service is expected to support between approximately 135 and 150 people per week.</p> <p>LBB and the ICB agreed to undertake a competitive tender exercise together. This exercise was led by LBB and has now been completed (see Appendix A).</p> <p>On 27th March, the London Borough of Bromley' Executive committee will make a decision on the outcome of the procurement.</p> <p>At the Local Care Partnership Board there will be an update from the LBB Executive decision.</p>	
Recommended action for the Committee	<p>The ICB agreed in November 2022 to enter into joint arrangements with the London Borough of Bromley to develop and procure the new mental health support@home model. At that time, the ICB agreed that LBB would lead the procurement exercise on behalf of both partners.</p> <p>The Bromley Local Care Partnership Board are asked to note the outcome of the competitive tender.</p>	
Potential Conflicts of Interest	N/A	
Impacts of this proposal	Key risks & mitigations	This was set out in the November 2022 report.
	Equality impact	This was set out in the November 2022 report.
	Financial impact	£2.66m per annum / £1.33m net of ICB contribution
Wider support for this proposal	Public Engagement	There has been extensive public engagement in the development of the new service model. The Bromley mental health support@home service was co-produced with service users.
	One Bromley Stakeholder Discussions	The Bromley Mental Health Partnership Board led work on the development of this new service.
Author:	James Postgate, Associate Director of Integrated Commissioning, NHS South-East London Integrated Care Board (Bromley)	
Clinical Lead:	Prof Ihtesham Sabri, Clinical Lead – Mental Health	

Executive Sponsor:	Sean Rafferty, Director of Integrated Commissioning, NHS South-East London Integrated Care Board (Bromley) / Assistant Director of Integrated Commissioning, London Borough of Bromley

Decision Maker: EXECUTIVE

**With pre-decision scrutiny from Adult Care & Health Policy
Development and Scrutiny Committee**

Date: 27 March 2024

Decision Type: Non-Urgent Executive Key

Title: GATEWAY 2 AWARD - ADULT MENTAL HEALTH RECOVERY AND
REHABILITATION SUPPORT @ HOME SERVICE REPORT

Contact Officer: David Powell (NHS South East London ICB)

E-mail: David.powell@selondonics.nhs.uk

Chief Officer: Kim Carey, Director of Adult Social Care

Ward: All

1. REASON FOR REPORT

- 1.1. Mental Health recovery and rehabilitation accommodation-based support and floating support services aim to support mental health service users away from reliance on hospital and residential provision towards enabling and cost-effective services such as supported accommodation, support in the community and targeted support towards independent living.
- 1.2. The LBB Mental Health Flexible Support Service contract expires on 30th September 2024. The current contract has been in place since 1st October 2019 and has no further options to extend.
- 1.3. The South East London Integrated Care Board (SELICB) Adult Mental Health Residential and Supported Accommodation Services contract expires on 30th September 2024. The current contract has been in place since 1 April 2019 and has an estimated value of £1,432k per annum. The contract has no further extension options remaining and has a cumulative value of approximately £6,963k over the 5-year term.
- 1.4. In addition to the block contracted services, LBB holds individual placement contracts for clients placed into SELICB contracted provision. In 2021/22 the combined annual value of

these placements is estimated to be approximately £1.12m per annum. In total these two services have an estimated combined value more than £2.94m per annum.

- 1.5. The Gateway 0 report ACH22-018, presented to Executive on 29th June 2022, advised members on the procurement options for future housing support mental health services in Bromley and gained approval to replace the existing service model with a new joint adult mental health recovery and rehabilitation Support@Home service contract in 2024, underpinned by the section 75 agreement between LBB and SELICB, and with a combined total contract value estimated at £2.66m per annum, split 50:50 between LBB and SELICB.
 - 1.6. The Gateway 1 report ACH22-035, presented on 30th November 2022, sought and obtained Executive approval to commence the procurement of the service in accordance with the arrangements set out in the report with the intent to commence the new service on 1st October 2024 with LBB acting as the contracting authority.
 - 1.7. This report seeks Executive approval to award the Support@Home service contract in accordance with the arrangements set out in this report and the accompanying Part 2 report to commence the new service on 1 October 2024.
-

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health Policy Development and Scrutiny Committee are asked to review this report and the accompanying Part 2 report and provide any comment prior to the report proceeding to Executive for decision.
- 2.2 Executive is recommended to:
 - i. Approve award of contract for the Support@Home service contract as detailed in this report and the accompanying Part 2 report:
 - for an initial period of 5 years from 01 October 2024 to 30 September 2029
 - with two options to extend for a further period of 2 years from 01 October 2029 to 30 September 2031 and 1 October 2031 to 30 September 2033
 - at an estimated total contract value as set out in Part 2 of this report; and
 - ii. Delegate authority to the Chief Officer, subject to Agreement with the Assistant Director Governance & Contracts, the Director of Corporate Services, the Director of Finance and the Portfolio Holder for Adult, Care & Health, to approve the contract extension period(s) for up to four years on satisfactory achievement of the contract performance indicators.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To move mental health service users away from reliance on hospital and residential provision towards more enabling and cost-effective services such as supported accommodation, support in the community and targeted support towards independent living.
-

Transformation Policy

1. Policy Status: Existing Policy:
 2. Making Bromley Even Better Priority:
 - (1) For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
 - (2) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
 - (3) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost set out in Part 2
 2. Ongoing costs: Recurring Cost set out in Part 2
 5. Source of funding: Existing revenue budget, ICB funding (Section 75)
-

Personnel

1. Number of staff (current and additional): TBA
 2. If from existing staff resources, number of staff hours: TBA
-

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Applicable
-

Procurement

1. Summary of Procurement Implications: This report seeks Approval of the award of a contract for a joint mental health support service. The contract will commence on 1st October 2024 for a period of 5 years with the option to extend for two further periods of up to two years each. The procurement has been conducted in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules.
-

Property

1. Summary of Property Implications: N/A
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A

Customer Impact

1. Estimated number of users or customers (current and projected): 140 current service users / up to 227 projected beneficiaries utilising existing recovery & rehabilitation services.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1. The Bromley Mental Health and Wellbeing Strategy (BMHWS) 2020-25 was jointly developed by the London Borough of Bromley and (the then) NHS Bromley Clinical Commissioning Group (CCG) in partnership with Oxleas NHS Foundation Trust. A major part of the strategy is improved “step down” services for adults with long-term conditions and a greater emphasis on service users moving to independence. This service contributes to that part of the Strategy.
- 3.2. The SELICB commissioned Adult Mental Health Residential and Supported Accommodation Services is made up of six registered residential care homes and three supported living/shared housing services. The LBB Mental Health Flexible Support Service contract provides 300 individual floating support hours per week.
- 3.3. The new joint service specification will consist of one residential care home, eight supported living/shared housing services, and a similar number of floating support hours as at present and providing the same level of support/care. This change from the specification set out in the Gateway 1 report, which recommended that no residential care services should remain, has been agreed following consultation with Oxleas NHS Foundation Trust. This arrangement will be reviewed after an agreed period to ensure that current and future needs are met appropriately.
- 3.4. From the service commencement date, the service will be delivered from a block element of 2280 hours per week over the whole contract. There is also provision for up to 7 sleep-ins per week, with a supplement of 100 hours per week available subject to need.
- 3.5. The provider will be responsible for deploying the commissioned hours across the identified properties to ensure suitable on-site support provision in line with the relevant registration and the individual’s care plan.
- 3.6. The allocation and delivery of commissioned hours to identified properties will be sufficient to provide 24-hour waking support, where individuals residing within identified properties require that provision. It will also take into consideration individual preference and the practical requirements of meeting the person’s needs. The balance of commissioned hours will be provided across the Service based on individual need and demand.
- 3.7. In total, the Service is expected to support between approximately 135 and 150 people per week.
- 3.8. Work to remodel the existing residential care home provision within the SELICB contract and convert these services to a supported living model by the end of the current contract term on 30 September 2024 is well under way.

3.9. Access to the Service

The Provider will:

- Offer preventative measures to enable people to live in their existing home.
- Enable individuals to develop skills required for independent living and their broader needs by enabling access to other relevant services, improve quality of life and promote or maintain independent living.

- Deliver a range of structured and diverse support functions through an individual's care and support plans aimed at maintaining the person's mental wellbeing with the aim of living independently in the community, preventing readmissions to hospital or residential care and homelessness.
- Enable people who access the Service to make good use of mental health services and relevant services available either as part of their care plan or as residents of Bromley.
- Assist individuals to minimise substance misuse and implement harm reduction strategies where appropriate, including working with people classed as having "dual diagnosis" needs.
- Support people who access the Service with serious mental illness and within the Criminal Justice system to decrease use of crisis or emergency services, including avoidance of hospital admissions and criminal justice system involvement.

3.10 Referral to the Service

Referrals to the Service will be agreed by the Mental Health Practice Review Group and/or Joint Funding Panel (The Panel); and will be subject to an assessment of need and a care plan.

The timescales for commencing the Service will be agreed and established in partnership with the person, their Care Coordinator/Clinical Practitioner and the Provider

The Provider will engage with people who have been referred to the Service within a maximum of two weeks (10 business days) of referral.

The individual's care plan will be reviewed within six to eight weeks of commencing with the Service.

The Panel will agree the level of service required. The service cannot commence until it has been authorised by the Panel.

Any proposed change to the level of service must be agreed through the individual's Care Coordinator/Clinical Practitioner and authorised by the Panel.

Incumbent service provider transformation activity and a program of service user review and reassessment will ensure that all existing service users are either supported to become tenants in the associated properties, move-on to appropriate step-down provision, or be re-provided with alternative residential provision where there is an assessed need for this type of provision.

The services referred to in this report relate to the provision of care and support across the accommodation-based and floating support services. Commissioned hours relating to the provision will be utilised flexibly across the contract and tailored to client needs independent from the accommodation in which they live.

Some hours are expected to be delivered collectively within shared accommodation or utilised to provide shared care and support (for example, the provision of sleep-in or waking night staff) where clients living in shared accommodation require enhanced support. Tenants living in shared accommodation will also have the option to purchase their own personal support hours from a different provider via a Direct Payment, should they not wish to utilise the contracted service provider.

Support hours will not be fixed to a particular property, enabling the service to adapt with changing demographic or client needs. Where properties are no longer required or suitable to meet the identified needs, support hours will be able to be redirected to alternative provision or sites as required, enabling properties to be adapted, acquired or disposed of in line with changing needs and priorities.

Following the Gateway 1 report, the procurement approach for the support@home service was further refined. This is set out in more detail in section 4 of the Part 2 report.

4: CONTRACT AWARD RECOMMENDATION

4.1 Recommended Provider(s): Please refer to the Part 2 Report

4.2 Estimated Contract Value (Annual and whole life value): Please refer to the Part 2 Report

4.3 Other Associated Costs: Please refer to the Part 2 Report

4.4 Proposed Contract Period: 5 years commencing 1st October 24 with the option to extend for two further periods of 2 years (5+2+2)

4.5 Tender Summary:

- 4.5.1 The tender process was undertaken in accordance with the recommendations set out in the Gateway Report agreed by Executive on 30th November 2022. Several consultation sessions were held with all relevant stakeholders and a market engagement event was held. These events were all well attended. The consultation and engagement process has informed the procurement intentions.
- 4.5.2 The tender was undertaken electronically using the ProContract portal with bidders being required to submit both stage 1 (Selection Questionnaire) and Stage 2 responses together, in accordance with the Public Contract Regulations 2015 (Light Touch Regime).
- 4.5.3 A total of 123 providers expressed an interest, with 101 not responding and 15 opted out of the tender process. An analysis of the Expressions of Interest is attached as Appendix 1 of the Part 2 Report. Seven providers submitted bids with 4 providers failing to meet the requirements of the Selection Questionnaire and were therefore eliminated from the tender process.
- 4.5.4 The remaining 3 providers' stage 2 responses were evaluated using the Council's standard 40% quality and 60% price ratios. The results were then input into the Council's evaluation matrix.
- 4.5.5 The evaluation of the bidder's response to the quality questions was undertaken against the following criteria and weightings:

Question	Criteria	Weightings
3.1	Financial Resources & Contract Affordability	5%
3.2	General Data Protection Regulations (GDPR) & Information Governance	5%
3.3	Safeguarding	15%

3.4	Social Value, Engagement & Co-production	15%
3.5	Organisational Oversight & Service Management	15%
3.6	Aims & Objectives of the Service	20%
3.7	Safe & Decent Homes	10%
3.8	Service Mobilisation & Implementation	15%
TOTAL:		100%

4.5.6 The tender was evaluated on the response to questions in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules. The evaluation panel consisted of two representatives from the South East London Integrated Care Commissioning team, two members of the Council's Adult Social Care Commissioning Team and one member of the Council's Contract Compliance Team. The results of the evaluation process are detailed in Appendix 2 of the Part 2 Report.

4.5.7 The Contract specification sets out the requirements upon the provider and the intended outcomes for users of the service. Contract performance and service user outcomes will be robustly measured by the Contract Compliance Team in conjunction with the Commissioning Team.

4.6 Key performance Indicators:

Outcomes will be measured through Key Performance Indicators. A draft set of indicators are attached as Appendix 1 at the end of this report. The final KPI's for the contract will be agreed between the Provider and Commissioners during the mobilisation period and reviewed regularly.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

5.1 The remodelling of mental health and rehabilitation support services provides economic and social value by employing local staff, accessing local amenities and sharing knowledge across key stakeholder and wider integrated care system.

5.2 This contract is also aligned with the national approach set out in the NHS Long Term Plan published in January 2019 which focuses on improving outcomes through a joined-up approach across primary, social care, community and secondary mental health services and the ongoing work of the NHS Southeast London ICS to foster common approaches across borough boundaries and the NHS England 10 years strategy which focuses on:

- preventing people from developing mental health problems where possible.
- improving access to support for everyone who needs it.
- supporting people to recover and live well in the community.
- tackling inequality.

6. TRANSFORMATION/POLICY IMPLICATIONS

- 6.1 See Part 2 for projected annual efficiency savings to the Council and SELICB.
- 6.2 The contract and its outcomes will support LBB's strategic objectives of increasing independence and reducing dependence on residential care settings thus having the additional effect of making savings on high cost placements.

7. IT AND GDPR CONSIDERATIONS

- 7.1 None

8. STRATEGIC PROPERTY CONSIDERATIONS

- 8.1 None

9. PROCUREMENT CONSIDERATIONS

- 9.1 This report seeks to award a contract for the provision of the Adult Mental Health Recovery & Rehabilitation Support at Home Service to the Provider detailed in the Part 2 Report. The Contract will commence on 1st October 2024 for a period of five (5) years expiring on 30th September 2029, with the option to extend for two further periods of up to two years each from 1st October 2029 until 30th September 2031, then 30th September 2031 until 30th September 2033 (9 years in total). The estimated annual and whole life values of the Service are detailed in the Part 2 Report.
- 9.2 This is a Service contract and is covered by Schedule 2 of the Public Contract Regulations 2015, and thus the procurement was undertaken in accordance with the 'Light Touch Regime' (LTR) of these Regulations. A summary of the consensus scores against the quality criteria are set out in Appendix 2 of the Part 2 Report.
- 9.3 An Open tender process was carried out in line with the requirements of the Public Contract Regulations 2015, and the Council's Contract Procedure rule 8.2.1.
- 9.4 The requirements for authorising an award of contract are covered in Contract Procedure Rule 16. For a Contract of the value set out in the Part 2 Report, the Approval of Executive is required, following Agreement by the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services.
- 9.5 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.
- 9.6 Following the decision, a Find A Tender Notice will be issued, and as the Contract value is over £30,000, an Award Notice will be published on Contracts Finder.
- 9.7 A statutory Standstill Period will be observed in accordance with the Public Contract Regulations 2015.
- 9.8 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their current content.
- 9.9 From January 2024, new procurement legislation known as the Provider Selection Regime was introduced. This service comes under the new legislation. However, transitional

arrangements confirm that procedures commenced prior to the introduction of the Provider Selection Regime must be completed under the Public Contracts Regulations 2015. This award is in compliance with those transitional arrangements.

10. FINANCIAL CONSIDERATIONS

10.1 See Part 2

11. PERSONNEL CONSIDERATIONS

11.1 See Part 2

12. LEGAL CONSIDERATIONS

- 12.1 This report seeks approval to award the Support@Home service contract in accordance with the arrangements set out in this report for an initial period of 5 years from 01 October 2024 to 30 September 2029, with two options to extend for a further period of 2 years from 01 October 2029 to 30 September 2031 and 1 October 2031 to 30 September 2033 at an estimated total contract value as set out in Part 2 of this report. The background to this report is set out in report ACH22-035.
- 12.2 The provision of adult mental health recovery and rehabilitation services collectively meets a number of NHS and local authority duties in accordance with the Care Act 2014, Mental Health Act 1983 and Housing Act 1996.
- 12.3 These services are health services and, as such, they are regulated under Schedule 3 of the Public Contract Regulations 2015. The rules of procedure governing the procurement of such services are set out in Regulations 74 to 76.
- 12.4 Procurement colleagues have confirmed an Open tender process was carried out in line with the requirements of the Public Contract Regulations 2015, and the Council's Contract Procedure rule 8.2.1.
- 12.5 The requirements for authorising an award of contract are covered in Contract Procedure Rule 16. For a Contract of this value the Approval of Executive, following Agreement by the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services.
- 12.6 Procurement colleagues have confirmed the actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their current content.

Non-Applicable Headings:	
Background Documents: (Access via Contact Officer)	Gateway 0 report ACH22-018 'Housing Support Mental Health Services' Gateway 1 report ACH22-035 'Adult Mental Health Recovery and Rehabilitation Support @ Home Service'.

Part 1 Appendix 1

Measure	Baseline	Indicator Target	Monitoring method
% of referrals accepted and support offered	Number of referrals received	100%	Quarterly return
% of people who have a needs assessment within 14 days of acceptance	Number of people accepted	100%	Quarterly return
% of people who have a care and support plan within 14 days of acceptance	Number of people accepted	100%	Quarterly return
% of people who have an up-to-date care and support plan	Total number of people supported by the service	100%	Quarterly return
% of people who have had an NHS SMI Physical Health Check within the previous 12 months	Total number of people supported by the service	>80%	Quarterly return
% of people engaged in physical health check intervention/ program as a result of attending a physical health check. E.g. <ul style="list-style-type: none"> Smoking cessation program Weight management program Physical activity program 	Number of people who have an identified physical health intervention as a result of attending a physical health check. E.g. <ul style="list-style-type: none"> Smoking cessation Weight management Increased physical activity / exercise 	>80%	Quarterly return
% of people who are readmitted to inpatient care	Total number of people who access the service	<10%	Quarterly contract monitoring
% of people who move-on from the service due to a deterioration in their mental health or increased level of need	Number of people who have moved on from the service	<10%	Quarterly return
% of people who access the service who are engaged in employment, education or training activities	Number of people who are in receipt of support	Trend	Quarterly return
% of people in paid employment	Number of people who are engaged in employment, education or training activities	Trend	Quarterly return
% of people in voluntary employment	Number of people who are engaged in employment education or training	Trend	Quarterly return
% of people engaging in education or training activities	Number of people who are engaged in employment, education or training	Trend	Quarterly return
% of people supported to move-on from shared accommodation (identified properties) to independent accommodation (with or without support)	Number of who have moved-on from an identified property	Trend	Quarterly return
% of people who have been supported to step-down to a lower support setting	Number of people who have stepped down or move-on	>90%	Quarterly return
% of people who have sustained their move-on or step-down for more than 6 months	Number of people who have moved on or stepped down	>90%	Quarterly return

% of people living in identified properties or temporary housing who have a move-on plan in place	Number of people who live in identified properties or temporary housing	100%	Quarterly return
% of people identified for move-on within 2 years who have registered with the Council's Housing service	Number of people identified as ready for move-on or step down within 2 years	100%	Quarterly return
% of people who receive an exit interview undertaken by the provider	Number of people exiting the service	100%	Quarterly return
% of safeguarding and serious incidents that are reported within 24 hours to the Contract Compliance Team	Number of safeguarding and serious incidents	100% Mandatory	Quarterly return
% of safeguarding and serious incidents that are reported in accordance with National and Local guidance	Number of safeguarding and serious incidents	100% Mandatory	Quarterly return
% of complaints resolved to the satisfaction of the complainant	Number of complaints	95%	Quarterly return
% of staff who undertake mandatory and refresher training	Number of staff	100%	Quarterly return
% of staff appropriately trained and assessed as competent to meet the health and medication needs of those who access the service	Number of staff	100%	Quarterly return
% of hours delivered by temporary staff (agency/relief)	Number of staff	<20%	Quarterly return

One Bromley Local Care Partnership Board

DATE: 28 March 2024

Title	End of year achievements 2023-24	
This paper is for information .		
Executive Summary	This presentation highlights some of the many achievements and improvements that have been made across Bromley services over the last few years. It focuses on areas which we haven't reported on in detail previously and which are making a difference to service provision, experiences and outcomes.	
Recommended action for the Committee	To note	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	The presentation shares information on schemes aimed at reducing health inequalities.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Many of the improvements undertaken across Bromley are informed and shaped by people's views and experiences of care.
	Other Committee Discussion/ Internal Engagement	One Bromley Executive and Bromley Senior Management Team meetings.
Author:	Kelly Scanlon, Assistant Director for C&E, NHS South East London	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Director, NHS South East London	

Our Year 2023/24

Working together to improve the health and wellbeing of Bromley people and communities

Managing winter

Delivering the Bromley Winter Plan



What we did

- Robust winter planning with additional capacity, out-of-hospital services, clear escalation processes, and integrated supported discharges to manage pressures.
- Events for GPs and other community staff to encourage uptake of urgent and emergency care pathways.
- Social care admission avoidance.
- GPs able to directly refer to a range of specialist services to help avoid hospital admissions.
- Additional primary care appointments are provided through the winter health hub.
- Urgent community response services continued to offer a 2-hour response service for around 15 patients a day who need to be seen urgently.
- Piloted multi-disciplinary, multi-organisational review of care and nursing home residents most at risk of hospital admission and updated patient universal care plans used by London Ambulance Service and others.
- Further embedded use of Consultant Connect to improve the interface between primary and secondary care: highest call rates of all South East London boroughs.. Paediatrics was added in addition to medical ambulatory, frailty, and surgical ambulatory.
- Information widely promoted on using the right service (also available in Easy Read) and managing winter ailments in children.

Impact

- Bromley had the highest usage in SEL for same-day emergency care pathway usage.
- An average of 18 hospital admissions were avoided each month through a social care intervention.
- Over 9,000 additional GP appointments for people needing same-day care. 45% same-day GP appointments compared to 40% last year.
- A&E attendances averaged around 350 per day compared to 375 last year. Reduction is seen in attendance for minor illnesses and injuries.
- A strong discharge system meant minimal residents were delayed in the hospital.
- Positive feedback on the winter information materials, especially those for families which were well received by schools.
- Consultant connect was well used and extended to same-day paediatric emergency care. The advice was accessed directly from a hospital doctor, and patients booked in avoided A&E.

Frailty

Supporting vulnerable people



What we did

- New anticipatory care dashboard which helps to identify those at greatest risk of hospitalisation and put proactive interventions in place.
- Acute Frailty Assessment unit at the PRUH expanded to take direct referrals from local community providers and London Ambulance alongside the Emergency Department. The 12-person assessment unit provides care for frail patients who present with acute medical needs
- Across Bromley we have also piloted a multi-disciplinary, multi-organisational review process for care and nursing home residents most at risk of admission to hospital.
- A case management pilot helped to identify and support patients who need additional care for a short time after assessment.

Impact

- Individuals are assessed in the acute frailty assessment unit before discharge home with a care plan or transferred to the relevant medical service for further treatment.
- The care and nursing home review approach has enabled the updating of patient universal care plans used by London Ambulance Service and others so our health and care system can better ensure appropriate care and treatment for some of our most vulnerable residents.
- Some preliminary data since case management started last March is that patients' wellbeing scores have improved because of care provided by Community Matrons and others:
 - 83% of patients improved on their well-being score
 - 17% stayed the same
 - 0% reduced in wellbeing score

Winter vaccinations

Ensuring vulnerable people are protected

What we did

- Comprehensive approach to offering winter vaccinations with wide range of partners including local and mass vaccination sites, GP practices, and 20 Community Pharmacies.
- Vaccination centre open 6 days a week at the One Bromley Health Hub in the Glades Shopping Centre.
- 12 additional clinics held at Orpington Health and Wellbeing Centre.
- Outreach promotional events supported by One Bromley Community champions.
- Co-administered Covid and Flu vaccinations delivered to housebound patients.
- Pop-up clinics held in areas of lower uptake including two special education needs and disabilities (SEND) school events.
- Paid for social media advertising to reach at-risk groups with lower uptake.
- Regular Homeless Health clinics.

Impact

- Highest uptake for both Covid and Flu in South-East London:
 - COVID BOOSTER
 - 50.6% of eligible patients
 - 74.9% of housebound patients
 - 84% of care home residents
 - FLU
 - 59.7% of eligible patients
 - 75.8% of over 65s
 - 69.98% of those aged 65-74 not at risk
 - 48% of 2- to 3-year-olds

Source: SEL Power BI Covid and Flu Vaccinations Dashboard March 12th 2024



Integrated supported discharge

Enabling vulnerable residents to be safely discharged from hospital

What we did

- Integrated Transfer of Care Bureau managing all supported discharges from the Princess Royal University Hospital.
- Integrated supported discharges from the PRUH account for around a third of all discharges.
- They enable individuals to leave hospital when medically fit and continue their recovery in the community with support from an integrated team.
- The national award winning One Bromley discharge single point of access (SPA) evolved over the latter half of the year to include adult social care, reablement and brokerage services, complimenting the existing therapists and nurses.
- The enhanced support team was established to support the most complex of discharges with a focus on keeping people at home, preventing readmissions and promoting recovery. The team are made up of senior nurses, mental health advanced practitioner, the voluntary sector and a dedicated social worker
- A dedicated homeless worker joined the integrated discharge team.

Impact

- 75% of those requiring supported discharge and were discharged within 24 hours of being medically fit.
- Promotes a holistic service that prioritises recovery in the community with appropriate support and reduces the likelihood of readmission.
- More patients were discharged into pathways promoting recovery and reducing dependency.
- Reduction in homeless people reattending hospital
- Reduction in the most complex discharges failing
- Improved relationship between care homes and the hospital.



Homeless Healthcare Clinics

Reducing health inequalities

What we did

- Homeless population face health inequalities and have high and complex needs.
- Local authority led needs assessment informed the One Bromley Homeless population programme which aims to improve the health and wellbeing of the homeless and address inequalities in accessing care.
- Collaborative Bromley approach including the funding of homeless healthcare clinics all year round.
- Clinics led by Bromley GP Alliance offer a range of treatments including vaccinations, mental health and drug and alcohol services.
- Range of information collected on those who attend including accommodation status and lifestyle.



Impact

- Winner of the national Homeless Project of the Year at the Affordable Housing Awards and Silver Award for Working Together at the iESE Transformation Awards.
- Increased number of clients helped to register with a GPs, have vaccinations, signposted to services, issued with required prescriptions.
- Case studies showing impact including:
 - One man sleeping rough with persistent cough. Diagnosed with chest infection and review of his notes showed an underlying cardiology issue. GP appointment arranged to review health and medication; urgent appointment arranged with the hospital. Client now housed and on benefits and the right medication for his heart.
- Data collected is being broadened.
- Additional pathways between services and the homeless.
- More health audits to be undertaken.
- Expand to provide more bespoke services.

Improving access to and care for people with mental health conditions

What we did

- New single point of access for children's mental health and wellbeing and additional investment and new early intervention projects to help reduce waiting times for CAMHS.
- Mental health practitioners in primary care, early intervention project for those with eating disorders, and support for parents through the Empowering Parents Empowering Communities initiative.
- New Bromley Adult Mental Health Hub provides a single point of access to tailored support including psychology, voluntary services, and employment support.

Impact

- In Bromley we have seen a significant drop in waiting times for children and young people, with an aim to have no long waits for an assessment by CAMHS by mid-2024.
- We have seen a significant increase in the number of people with mental health challenges having a health check. This is leading to improved physical health and well-being for these people.
- The Bromley Adult Mental Health Hub was a pilot project which, due to its success, will now be made a permanent service. The Hub will become the single front door into adult mental health and wellbeing services in Bromley.





What we did

- Demand for care continues to be extremely high, and practices now have access to analytics software which allows them to better identify where peaks of demand exist and determine how to best deploy available capacity.
- Growing the range of roles embedded in primary care teams to better meet the primary care needs of patients.
- Dedicated programme of improvement initiatives to improve patient access, experience, and satisfaction.
- Directed funding for addressing resilience risks, maximising the opportunities from quality improvement and digital technology.
- Introduced remote monitoring in primary care to help patients better manage long-term conditions in collaboration with their GP practice team.
- Established a wider offer of access options to primary care including self-referral, online consultations, evening and Saturday appointments (enhanced access), and through the NHS App.
- During winter when demand is higher, additional same-day GP appointments were made available through winter illness hubs.

Impact

- Bromley registered patients are amongst the highest users of the NHS App in London.
- New digital telephony means all GP practices in Bromley can provide a quicker and easier experience over the telephone, with clearer patient messages, automated options, call queuing, and callback functions.
- New websites for Bromley GP practices provide a better online experience, with an improved layout, updated information, and more online tools. The new websites are fully compliant with accessibility standards. Patients can use the website to find and choose self-referral services, and access online consultations and other useful information, reducing the need to contact the practice.
- By improving the access routes for patients to practices, expanding the primary care team, and extending the times of availability, patients are offered more flexibility around how and when they access services.
- The establishment of remote monitoring for blood pressure is empowering patients to manage their long-term conditions without having to visit the GP practice which enables more efficient use of clinical time.

Integrated community care for children and young people

Delivering more care close to home



What we did

- Introduced a community-based model of care in 5 of 8 Primary Care Networks (PCNs) in Bromley, diverting activity away from the hospital with a multidisciplinary team (MDT) model (Local Children's Health Teams) of care for children and families closer to home.
- Final 3 PCNs set to join the model during 2024, with a sustainable model planned for the end of 2024.
- New way of providing care at a very local level rather than in a hospital managed through the Bromley Child Health Integrated Partnership (BCHIP).
- Network of services drawing in the many health, care, and support services families and children need, facilitated by a multi-disciplinary team.
- Referred children are assessed by the team who then provide or signpost to appropriate care.

Impact

- Fewer children attending hospital as they are seen by paediatricians in a community clinic.
- In the first two PCN areas 75% of children avoided referral to the community-delivered clinic or direct hospital referral and were seen closer to home, approximately 20 weeks faster than under the traditional model of outpatient referral.
- Further cohesion, trust and delivery between primary care, community health services and paediatric consultants.
- Feedback from families has been very positive. *"A long enough appointment to explain a complicated history. Seeing a specialist at our GP surgery rather than the hospital was a much nicer environment". "The paediatrician was caring, thorough and really listened"*.



Medicines optimisation

Optimising medicines use at a patient level



What we did?

- Medicines continue to be the main intervention for most patients, medicines optimisation meetings occur in all GP practices providing educational and guideline updates alongside benchmarking data.
- Commissioned a prescribing support dietetic service to support patients in the community with nutritional needs.
- A programme of work is in place to reduce overprescribing and minimise medicines waste, including educational packages to strengthen shared decision-making with patients, community outreach events.
- Continuous programme of work around medicines safety including high risk drugs, adverse effects, antimicrobial stewardship.
- Developing the community pharmacy workforce, introducing Community Pharmacy Neighbourhood Leads to link with Primary Care Networks; a pharmacy cross-sector networking evening.
- Successfully introduced the national Pharmacy First scheme in Bromley pharmacies.

Impact

- Implementation of south east London guidelines on new medicines and updated treatment pathways in GP practice, improving access for patients.
- Patients reviewed and treated with appropriate nutritional support focussing on the elderly and very young in line with guidelines.
- Improved understanding and quality of discussions between healthcare professionals and patients around their medicines, reducing medicines waste.
- Improved safety of valproate prescribing in women of child-bearing; reduced inappropriate prescribing of antibiotics thereby reducing resistance and risk of adverse effects.
- Improved integration of pharmacy services across primary care, hospital and community pharmacy.
- Pharmacy First enables pharmacists to assess and treat patients for certain conditions without the need for patients to see their GP. 52 pharmacies are delivering this service across Bromley, 47 pharmacies are providing a blood pressure service.

Hospital at Home

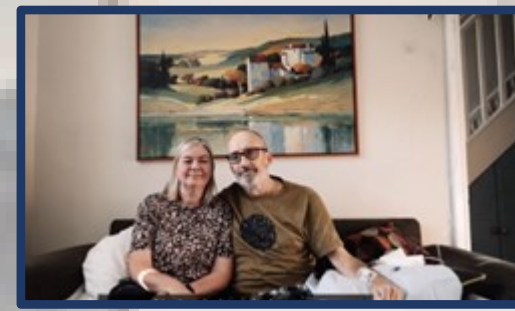
Providing more care closer to home

What we did

- The Bromley Hospital at Home services (for both children and adults) help to prevent avoidable hospital admissions and support early discharge.
- The adult service doubled its capacity this year and expanded its scope – seeing more patients with more variety of needs.
- Visit from NHS England to see how the Bromley services operate and adult services presented at the national Hospital at Home conference.
- Types of services offered include respiratory, heart failure, frailty, rapid palliative care, remote monitoring and intravenous fluids, frusemide, and antibiotics.
- Children’s service was shortlisted for a Health Service Journal Award and won a LaingBussion award for the children’s hospital at-home community nursing team.

Impact

- Based on external analysis, compared to a control group the services save 300 A&E attendances, 200 admissions, and 400 bed days through earlier discharge from the hospital.
- The services continue to expand and now provide an additional ward of acute capacity to the Bromley system while delivering holistic, patient-centred care with point-of-care testing and remote monitoring technology.
- The services have received exceptionally positive user feedback.
- *“What a difference. Nurses had time to discuss treatment, were kind and gentle, and my wife instantly improved. The treatment at home was the same as the hospital but more personal.”*
- *“I was very pleasantly surprised – they did full observations, turned up on time, and were concerned about how I was feeling. Every care was taken and there was good hygiene, I couldn’t have asked for more.”*



Recruitment Campaign

Building the Bromley Workforce



I started as a band 5 nurse and through my hard work I have progressed to a band 8. I really enjoy empowering nurses, equipping them with the skills and training to deliver excellent services to patients.

Find out more about Bromley health and care careers at www.selondonics.org/OneBromleyCareers

#OneBromleyCareers

WORK with us

What we did

- A 'Work with us in Bromley' recruitment campaign developed and delivered through the voices of staff.
- One Bromley 'Work with us' web pages developed on existing ICS website which include links to partners recruitment pages, info on why to work and live in Bromley, staff quotes and videos, valuing our staff and supporting future careers in health and care.
- New assets developed to promote the campaign featuring different staff and roles. Included videos, animations, social media posts, adverts, posters, bookmarks and business cards.
- Met with and supported work coaches at the Department for Work and Pensions and held joint recruitment fairs.
- Promoted through two focused activity phases using social media, poster, and video distribution, driving people to new website pages to find more information and links to available jobs. Second phase included paid-for social media advertising targeting commuters in Kent.
- The campaign has been shared across south east London to support the SEL Work with Us recruitment hub and assets are being used as business as usual.

Impact

- **Phase 1** – A six-week campaign in May/June saw 1,593 user visits to the website pages and over 40,000 social media impressions from the core accounts (the number of times the campaign appeared in a social media feed).
- **Phase 2** – a four-week campaign in September with over 105,000 impressions from paid adverts on Facebook and nearly 30,000 views on YouTube adverts.
- One Bromley's joint recruitment fair with the DWP in November 2023 received great feedback and there is evidence that individuals have secured paid employment since the event.
- The campaign has helped to raise the profile of One Bromley, highlight the careers available within partner organisations, support current recruitment and address our workforce challenges while encouraging local people into local jobs.

→ Read more

Who we are and our current job and career opportunities

Health, care and voluntary services working together as One Bromley

→ Read more

Why live and work in Bromley?

Voted the best place to live in London, find out what Bromley has to offer

→ Read more

What do our staff say?

What is it really like working in our organisations?

→ Read more

Valuing and supporting our staff

Meet our award winning staff

→ Read more

Supporting future careers in Health and Care

Find out about our careers programmes

#OneBromleyCareers

One Bromley Cadets programme

Building the Bromley Workforce

What we did

- Aimed at young people aged 16-19 who are interested in a career in health and care.
- Each cohort has up to 24 places.
- Schools have been encouraged to promote the programme to students who have started to explore a career in health and care and who are less likely to secure the opportunity to gain insight into such careers or work experience.
- Sessions are held for up to 2 hours after school and provide careers advice, tips on applications, and the opportunity for first-hand immersive experiences in a variety of Bromley services. This includes community, primary care, and hospital services.

“I thought the programme was great! I really enjoyed it, especially since it's really hard to obtain work experience; you guys gave us a great opportunity - thank you.” (Student)

Impact

- Since 2022, there have been 5 cohorts with 100 students completing the programme, from 8 different local schools. The programme has been extended over time to include more schools, home schooled individuals and young carers. It's proving to be so popular that it is now often oversubscribed.
- One Bromley partners have committed to run 2 cohorts per academic year.
- Excellent feedback has been received from the cadets and their schools, with the programme receiving an average rating of 3.7 out of 4 (4 being excellent).
- 100% of the Cadets either agreed or strongly agreed that they would recommend the Cadets programme to future students interested in a health and care career. Students also indicated that they had increased their understanding and knowledge of careers in both health and care.
- A pilot session focused on Medical Careers for years 11/12 is being developed and will be open to more students.
- Following the Medical Careers pilot will explore focused sessions for other professions.



“Our students won't stop talking about the amazing experience they're having on your One Bromley programme and it's wonderful to see them so enthusiastic about healthcare, so thank you.”



Reduce Health Inequalities

What we did

- One Bromley Health Hub in the Glades Shopping Centre has operated as a vaccination centre since 2022.
- Vaccinations offered include flu, COVID-19 and polio
- From April 2024, the hub will house a range of services to help residents manage their health, keep well and reduce the five main causes of poor health which can lead to long term conditions developing. This includes:
 - Vital 5 checks and lifestyle support
 - Vaccinations and pulse checks
 - Women's health
 - Bromley Well services – including Citizen's Advice
 - Public health information

Impact

- Accessible and convenient venue to have a vaccination.
- Help to reduce health inequalities and empower local people to live healthier lifestyles by:
 - Detecting Vital 5 risks and signposting and referring where appropriate to other services.
 - Bringing together health, care, and voluntary services to work together in a joined-up way for local people.
 - Offering care, advice, and support in an accessible and convenient location.

Vital 5

High blood pressure
Obesity
Smoking
Common mental health conditions
Alcohol



Other developments

- Developed the One Bromley 5 Year Strategy with an ambition to improve the wellness of Bromley people and communities. It prioritises prevention, people living with long term conditions, those at risk of emergency admission to hospital, frailty and reducing health inequalities. The plan takes a population health approach with three key priority areas:
 - Improving population health and wellbeing through prevention and personalised care.
 - High quality care closer to home delivered through neighbourhood services.
 - Good access to urgent and unscheduled care and support.
- Mobilised new urgent treatment centre contract across two sites in Bromley with key targets now being met, meaning better access to urgent care for Bromley residents.
- Embedding of health inequalities-funded neighbourhood working connecting people with others in similar situations, statutory and voluntary services; alongside trial of a 'one stop shop' model in a wellbeing hub.
- Hospital based paediatric epilepsy services for children attending special schools were moved out of hospital and into the two special schools to enable more integrated working with current community services and to make the service more accessible to parents and their children.
- Further development of the Community Health Champions scheme, made up of volunteers working with services to reach Bromley people and communities to increase understanding of what is available and signpost to appropriate care.



ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Better Health, Better Care in Bromley

The One Bromley Local Care Partnership brings health, care, and voluntary services together to deliver joined-up care in Bromley. Our **Better Health, Better Care** five-year plan sets out how we will work in partnership, and with Bromley people and communities to improve health, care, wellbeing, experiences, and outcomes over the next five years.

Working with Bromley people and communities
If you want to know more about the One Bromley Local Care Partnership, please visit www.selondonics.org/OneBromley or follow us on Twitter @OneBromley

The banner features the One Bromley logo at the top, a row of partner logos including NHS, King's College Hospital, Bromley HealthCare, Oryx, StChristopher's, BJS, and others. Below the logo is the main title 'Better Health, Better Care in Bromley'. The central text describes the partnership's goals. At the bottom, there is a call to action box with a photo of an elderly woman and a smaller photo of two younger people.

One Bromley Local Care Partnership Board

DATE: 28 March 2024

Title	Month 10 2023/24 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none"> The SEL ICB financial allocation for the year as at Month 10 is £4,888,485k. As at month 10 the SEL ICB is forecasting a break-even position against plan for the 23/24 financial year. The 2023/24 Bromley ICB/LCP place budget for the year as at Month 10 is £245,621k. Bromley ICB/LCP Month 10 financial Position. As at Month 10 the year-to-date position was £304k overspent. The significant variances related to; prescribing £3,159k overspent, continuing healthcare £415k overspent and mental health services £379k overspent. 2024/25 budget setting is underway and the Bromley ICB/LCP start budget is £249,485k. 	
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

28 March 2024

Month 10 2023/24, SEL ICB Finance Report

- 1. Key highlights – SEL ICB & Bromley ICB/LCP**
- 2. Bromley ICB/LCP - Month 10 Financial Position**
- 3. Bromley ICB/LCP – 2024/25 Budget setting update**

Appendix 1 – M10 SEL ICB Finance Report

- The SEL ICB financial allocation for the year as at Month 10 is **£4,888,485k**.
- As at month 10, the ICB is reporting a year to date (YTD) overspend against plan of £6,038k and an **underspend against its revenue resource limit (RRL) of £8,023k**. This position reflects an **ICB forecast benefit of £7,917k** being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 11. Also included within the ICB financial position are the favourable impacts of independent sector **ERF (£6,925k)** and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£18,373k) and continuing healthcare (CHC) (£5,156k)**.
- In reporting this month 10 position, the ICB has delivered the following financial duties:
 - Underspending (**£3,003k**) 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 10, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even against the RRL**.
- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 10 is **£245,621k**.
- Bromley ICB/LCP Month 10 financial Position. As at Month 10 the year-to-date position was **£304k overspent**. The significant variances related to; prescribing £3,159k overspent, continuing healthcare £415k overspent and mental health services £379k overspent.

2. Month 10 Bromley ICB/LCP Financial Position

M10 position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	5,717	5,678	39	6,861	6,814	47
Community Health Services	69,678	69,040	638	83,614	82,828	786
Mental Health Services	12,076	12,455	(379)	14,491	14,914	(423)
Continuing Care Services	20,868	21,283	(415)	25,042	25,540	(498)
Prescribing	38,741	42,385	(3,644)	46,343	50,768	(4,425)
Prescribing - Reserves	485	-	485	728	-	728
Other Primary Care Services	2,834	2,694	140	3,401	3,233	168
Other Programme Services	1,629	(737)	2,366	1,954	(996)	2,950
Delegated Primary Care Services	49,053	48,878	175	58,866	58,656	210
Corporate Budgets	3,601	3,310	291	4,321	3,945	376
Total	204,682	204,987	(304)	245,621	245,702	(81)

- The borough is reporting an overspend of £304k at Month 10 and is forecasting a £81k overspend at year end. The variances stated in the report relate to the year-to-date position.
- The Prescribing budget is £3,159k overspent after factoring in the additional funding that was received in month 8 and represents a continuation of the activity and price pressures that have been occurring all year. These are due to NCSO price pressures, NICE implementation and an increase in overall activity.
- The Continuing Healthcare budget is £415k overspent. Since the beginning of the year the number of FNC [funded nursing care] clients has increased by approximately 15% and a piece of work is underway to identify the impact of this increase in both 2023/24 and 2024/25. Bromley have a significant number of new Care Home beds that have recently opened as well as homes that will be opening in the next two years. The annual cost of each FNC client is over £11k per annum. As this cohort's health deteriorates, they will often become eligible for CHC, causing additional financial pressure on the budget.
- The Mental Health budget is £379k overspent. The number of section 117 cost per case (CPC) placements has increased in year and is impacting upon the 2023/24 financial position. The growth in S117 activity is due to more cases coming to joint funding panels and more clients being identified as partially health funded. This trend has continued over the last few months.
- The 2023/24 borough savings requirement is £7,429k. The forecast year end position is a £5k shortfall. £1.35m of the savings are non-recurrent so for 2024/25 these schemes will need to be reviewed and made permanent or additional recurrent savings will need to be identified.
- The forecast overspend is £81k and is consistent with the position agreed as part of the financial focus meetings that were held in December 2023. This position is very challenging due to the level of the overspends in the Prescribing, CHC and Mental Health Directorates. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

3. Bromley ICB/LCP 2024/25 budget setting update

- Interim 2024/25 financial planning guidance has been received and budgets will be updated when final guidance is received. The national tariff/cost uplift factor increase is 0.8% and is set out in the table below.

COST	ESTIMATE	COST WEIGHT	WEIGHTED ESTIMATE
PAY	2.1%	69.3%	1.4%
DRUGS	0.6%	2.4%	0.0%
CAPITAL	1.7%	7.6%	0.1%
UNALLOCATED CNST	0.6%	2.2%	0.0%
OTHER	1.7%	18.4%	0.3%
TOTAL			1.9%
EMBEDDED EFFICIENCY			-1.1%
NET TARIFF UPLIFT			0.8%

- 2024/25 budget setting is progressing well and budget holder sign off is expected to be achieved by the 22nd March 2024 deadline.
- The savings target for 2024/25 is 4% and work is underway to identify schemes to deliver this target.
- The prescribing budget will form the biggest financial challenge to Bromley ICB/LCP in 2024/25. The 2023/24 budget has been increased as prescribing budgets across SEL ICB were significantly overspend, however the increase is not sufficient to fully fund outturn.
- The draft 2024/25 Bromley ICB/LCP budgets are summarised in the table below:

Bromley	Total 24/25 budget
	£000s
Local Acute Services	7,694
Community Health Services	87,084
Mental Health Services	11,140
Continuing Healthcare Services	27,128
Prescribing	50,836
Other Primary Care Services	1,312
Other Programme Services	105
Delegated Primary Care Services	60,840
Corporate Budgets	3,345
Total	249,485

SEL ICB Finance Report

Month 10 2023/24

- 1. Executive Summary**
- 2. Revenue Resource Limit**
- 3. Key Financial Indicators**
- 4. Budget Overview**
- 5. Prescribing**
- 6. NHS Continuing Healthcare**
- 7. Provider Position**
- 8. ICB Efficiency Schemes**
- 9. Corporate Costs**
- 10. Cash Position**
- 11. MHIS performance**

- This report sets out the month 10 financial position of the ICB. As agreed with NHSE colleagues and local providers, the ICB plan for 2023/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. There is no net impact upon the ICB nor the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process and which is reflected in the month 09 accounts onwards.
- The ICB's financial allocation as at month 10 is **£4,888,485k**. In month, the ICB has received an additional £12,411k of allocations, which included legacy primary care balances (£4,977k), additional pension costs (£2,259k), ERF funding (£1,928k), primary care access recovery plan (£1,407k), ED BVV testing (£875k) plus some smaller allocations.
- As at month 10, the ICB is reporting a year to date (YTD) overspend against plan of £6,038k and an **underspend against its revenue resource limit (RRL) of £8,023k**. This position reflects an **ICB forecast benefit of £7,917k** being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 11. Also included within the ICB financial position are the favourable impacts of independent sector **ERF (£6,925k)** and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£18,373k) and continuing healthcare (CHC) (£5,156k)**.
- At present there are eight months **prescribing data** available as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As described in this report, efficiency savings schemes are in place which are mitigating this overspend.
- The overspend on CHC relates partially to the impact of 2023/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- Second Focus meetings with all 6 boroughs were held in December to review recovery actions and de-risk financial positions. Forecast year-end positions have been agreed with each borough. 5 out of 6 boroughs are forecasting to deliver an underspend position at year end with 3 of the 6 boroughs reporting a surplus position at month 10.
- In reporting this month 10 position, the ICB has delivered the following financial duties:
 - Underspending (**£3,003k**) 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 10, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even against the RRL**.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	65,867
M2 Budget	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	467,001
M3 Budget	138,285	239,101	169,807	206,221	161,248	160,198	3,587,329	4,662,189
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	75,987
M4 Budget	138,488	239,305	170,020	206,564	161,599	160,495	3,661,706	4,738,176
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	33,221
M5 Budget	139,118	239,910	170,611	207,124	162,062	160,900	3,691,729	4,771,454
M6 Internal Adjustments	393	1,812	895	383	338	312	(4,133)	-
M6 Allocations	-	-	-	-	-	-	1,353	1,353
M6 Budget	139,511	241,722	171,506	207,507	162,400	161,212	3,688,949	4,772,807
M7 Internal Adjustments	1,256	97	516	(357)	105	149	(1,765)	-
M7 Allocations	580	819	753	1,213	874	889	7,133	12,261
M7 Budget	141,346	242,638	172,775	208,363	163,379	162,250	3,694,317	4,785,068
M8 Internal Adjustments	2,604	2,641	2,574	3,045	2,532	1,977	(15,373)	-
M8 Allocations	107	34	170	63	292	46	79,358	80,070
M8 Budget	144,057	245,312	175,519	211,471	166,203	164,273	3,758,302	4,865,138
M9 Internal Adjustments	307	109	134	(392)	109	51	(317)	-
M9 Allocations							10,936	10,936
M9 Budget	144,364	245,421	175,653	211,079	166,312	164,324	3,768,921	4,876,074
M10 Internal Adjustments								
Virtual Wards additional funding	81	70	91		70		(312)	-
Community Violence	16	16	64	80	23	64	(263)	-
Other		115	60				(175)	-
M10 Allocations								
Legacy Primary Care balances							4,977	4,977
Additional Pension Costs 6.3%							2,259	2,259
ERF Funding							1,928	1,928
PCT Primary Care Access Recovery Plan							1,407	1,407
ED BBV testing							965	965
Other				32			843	875
M10 Budget	144,461	245,622	175,868	211,191	166,405	164,388	3,780,550	4,888,485

- The table sets out the Revenue Resource Limit at month 10.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 10, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to virtual ward funding and community violence funding.
- In month, the ICB has received an additional **£12,411k** of allocations, giving the ICB a total allocation of **£4,888,485k** at month 10. The additional allocations included legacy primary care balances (**£4,977k**), additional pension costs (**£2,259k**), ERF funding (**£1,928k**), primary care access recovery plan (**£1,407k**), ED BVV testing (**£875k**) plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above in the Executive Summary, the ICB is reporting a year to date (YTD) overspend against plan of £6,038k and an **underspend against the revenue resource limit (RRL) of £8,023k**. This position reflects an ICB forecast benefit of £7.917m being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 11. **This position is consistent with the November 2023 plan re-submission for the ICS.**
- All other financial duties have been delivered for the year to month 10 period.
- A **break-even position** against the RRL 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	4,060,915	4,066,954	4,922,231	4,929,478
Operating Under Resource Revenue Limit	4,046,855	4,052,894	4,905,358	4,912,605
Not to exceed Running Cost Allowance	32,861	29,858	39,433	33,101
Month End Cash Position (expected to be below target)	5,688	358		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	98.4%		
Mental Health Investment Standard (Annual)			439,075	439,841

4. Budget Overview

	M10 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	4,042	5,717	5,780	1,000	877	461	2,244,637	2,262,515
Community Health Services	16,942	69,678	29,723	21,379	20,565	27,178	202,806	388,271
Mental Health Services	8,711	12,076	7,661	17,612	5,846	6,324	419,234	477,463
Continuing Care Services	20,930	20,868	22,861	26,634	17,502	16,406	-	125,201
Prescribing	28,638	39,226	28,129	32,726	32,834	27,111	1,248	189,912
Other Primary Care Services	2,584	2,834	2,190	2,892	1,563	795	20,964	33,824
Other Programme Services	1,608	1,629	2,569	2,207	5,945	1,362	9,118	24,438
PROGRAMME WIDE PROJECTS	-	-	-	-	21	250	26,322	26,594
Delegated Primary Care Services	33,977	49,053	43,312	66,698	50,027	53,426	(1,800)	294,693
Delegated Primary Care Services DPO	-	-	-	-	-	-	171,210	171,210
Corporate Budgets	2,950	3,601	4,357	4,842	3,489	3,676	29,821	52,736
Total Year to Date Budget	120,383	204,682	146,582	175,990	138,669	136,989	3,123,561	4,046,855
Year to Date Actual								
Acute Services	3,984	5,678	5,672	676	804	89	2,237,653	2,254,556
Community Health Services	15,978	69,040	29,489	19,935	19,124	26,042	202,893	382,500
Mental Health Services	8,258	12,455	7,224	17,411	5,475	7,565	418,177	476,566
Continuing Care Services	21,920	21,283	23,692	27,505	20,300	15,655	-	130,356
Prescribing	31,724	42,385	31,941	35,466	36,377	29,777	615	208,284
Other Primary Care Services	2,125	2,694	1,825	2,755	1,410	750	21,154	32,714
Other Programme Services	41	(737)	178	213	149	170	26,961	26,975
PROGRAMME WIDE PROJECTS	-	-	-	-	21	250	27,352	27,623
Delegated Primary Care Services	33,977	48,878	43,145	66,698	50,027	53,426	(1,800)	294,351
Delegated Primary Care Services DPO	-	-	-	-	-	-	169,562	169,562
Corporate Budgets	2,491	3,310	3,762	4,180	3,258	3,198	29,206	49,407
Total Year to Date Actual	120,498	204,987	146,928	174,839	136,947	136,923	3,131,773	4,052,894
Year to Date Variance								
Acute Services	58	39	108	324	73	372	6,984	7,959
Community Health Services	965	638	235	1,444	1,441	1,136	(87)	5,771
Mental Health Services	453	(379)	436	202	371	(1,241)	1,057	898
Continuing Care Services	(990)	(415)	(832)	(871)	(2,799)	750	-	(5,156)
Prescribing	(3,086)	(3,159)	(3,812)	(2,740)	(3,543)	(2,666)	633	(18,373)
Other Primary Care Services	459	140	366	137	152	45	(190)	1,110
Other Programme Services	1,567	2,366	2,391	1,994	5,796	1,192	(17,843)	(2,537)
PROGRAMME WIDE PROJECTS	-	-	-	-	-	0	(1,029)	(1,029)
Delegated Primary Care Services	-	175	167	-	0	0	-	342
Delegated Primary Care Services DPO	-	-	-	-	-	-	1,648	1,648
Corporate Budgets	458	291	594	662	231	478	615	3,329
Total Year to Date Variance	(115)	(304)	(346)	1,151	1,722	66	(8,212)	(6,038)

- At month 10, the ICB is reporting a year to date (YTD) overspend against plan of £6,038k and an **underspend against RRL of £8,023k**. This position reflects an ICB forecast benefit of £7,917k being held on behalf of the system as part of the re-forecasting of the financial position. This is a holding position and will be reviewed again at month 11. This position includes prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£18,373k overspend** against its **prescribing year to date position**. This is based on eight months data and savings schemes are impacting, there remains growth the impact of which is differential across boroughs. The prescribing reserves are now reflected in Place financial positions.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure but overall Mental Health budgets are slightly underspent again this month. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£5,156k overspent** and the underlying pressures are variable across the boroughs with only Southwark showing an underspend. The full impact of 2023/24 bed prices are now fully reflected in the financial position. Lewisham is continuing to see the largest financial pressures. The improvement in the Lambeth position has been maintained in month. Benchmarking of activity and price differentials for each borough are set out later in this report.
- The acute services position includes an underspend in relation to Elective Recovery Fund (ERF) for Independent Sector Providers (**£6,925k**), in line with relevant reporting guidance from NHS England.
- The underspend of **£3,329k** against corporate budgets, reflects vacancies in ICB staff establishments across all areas.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Overview

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 10 prescribing position is based upon M08 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£18,612k overspend** year to date (YTD). This is after 10 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £240k giving an **overall overspend of £18,372k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£20,468k.**

M10 Prescribing	Total PMD (Excluding Cat M & NCSO)				PY (Benefit) /Cost		Difference between PMD & IPP Report	YTD PPA Budget (Includes 1% Risk Reserve budget)	Annual Budget (Includes Flu Income & Annual FOT Actual (S/L)		YTD Variance - 1% Risk Reserve (over)/under budget)	FOT Actual (S/L)	FOT Variance - (over)/under
	Cat M & NCSO	Central Drugs	Flu Income	Pressure	QIPP Savings	Total PPA YTD Spend			YTD Variance - 1% Risk Reserve (over)/under budget)	FOT Actual (S/L)			
BEXLEY	29,830,245	1,064,814	1,019,537	(249,681)	(34,988)	86,654	31,716,580	28,599,280	(3,117,300)	34,319,141	37,903,240	(3,584,099)	
BROMLEY	40,004,456	1,328,019	1,363,972	(341,282)	(23,718)	116,498	42,447,946	39,268,237	(3,179,709)	47,121,897	50,839,326	(3,717,429)	
GREENWICH	29,716,325	1,184,645	1,019,732	(109,149)	(79,790)	86,433	31,818,197	28,000,525	(3,817,672)	33,600,653	38,176,413	(4,575,760)	
LAMBETH	33,441,791	1,107,866	1,140,139	(126,951)	(116,496)	97,016	35,543,364	32,794,455	(2,748,910)	39,353,371	42,633,897	(3,280,526)	
LEWISHAM	33,727,249	1,165,122	1,151,448	(107,630)	(42,378)	96,461	35,990,273	32,439,035	(3,551,238)	38,926,856	43,173,333	(4,246,477)	
SOUTHWARK	27,792,686	999,938	950,157	(112,900)	(122,341)	80,799	29,588,338	26,757,828	(2,830,511)	32,109,399	35,496,989	(3,387,590)	
SOUTH EAST LONDON	0					(633,114)	(633,114)	-	633,114		(2,323,617)	2,323,617	
Grand Total	194,512,752	6,850,404	6,644,984	(1,047,593)	(419,711)	(633,114)	206,471,584	187,859,359	(18,612,226)	225,431,316	245,899,581	(20,468,265)	

- The table above shows that of the YTD overspend, approximately **£6,850k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£11,762k** relates to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine.
- Of the overall annual forecast outturn pressure of circa £20,468k, around **£8,497k** relates to **national Cat M and NCSO factors.**
- The financial position is differential per borough and is determined by local demographics and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed for in-year implementation.

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

M10 Prescribing	Total QIPP (Sept 23) – with £750k rebate released to									
	boroughs	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD Total
	£	£	£	£	£	£	£	£	£	£
BEXLEY	1,002,206	50,580	45,912	44,664	73,576	73,505	70,925	130,060	122,734	611,859
BROMLEY	1,675,386	120,176	101,026	96,247	162,883	176,082	199,562	254,800	269,970	1,380,745
GREENWICH	1,108,485	57,386	55,323	51,765	90,385	85,586	100,262	134,125	129,386	704,219
LAMBETH	1,436,894	79,277	65,667	61,215	119,870	114,587	126,404	153,503	161,469	881,990
LEWISHAM	1,916,572	147,013	104,117	108,027	142,558	147,124	158,415	191,605	167,382	1,166,242
SOUTHWARK	1,241,709	62,364	53,963	61,915	103,051	92,262	99,278	137,937	136,667	747,436
SEL	8,381,253	516,796	426,008	423,833	692,323	689,146	754,846	1,002,030	987,608	5,492,489

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

- Total prescribing savings have been identified to a value of **£8,381k** (3.8% of 23/24 budget).
- We have phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. The ICB Medicines Optimisation teams continue to support the implementation of the Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. 3 boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
- The generic medicines (sitagliptin and apixaban) savings started to be realised in July, with additional savings expected in the second half of the year.
- The Medicines Optimisation teams have completed all practice visits and continue to use the prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
- Total prescribing savings delivered for the April to November period is **£5,492k**.

6. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 10 **is an overspend of £5,156k**, which is a £160k adverse movement in month **and an improved run rate position compared to earlier in the year**. This is largely due to **an improvements in the Bromley and Lambeth positions**. Except for Southwark, all boroughs are reporting YTD overspends. This month the Lewisham position has remained more stable which is positive. Boroughs are overspending on Fully Funded, Palliative, Joint Funded and FNC care settings. The borough teams have fully identified savings plans and are working collaboratively to identify replacement savings for any slippages. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 care, transition arrangements and communications with clients and their relatives with regards to managing care expectations. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs, except for Southwark, are forecasting overspend positions at year-end which are estimated to total £6,184k which is an improvement on last month's position.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads and each borough is now taking this work forward, specifically where their borough is an outlier.
- This month we have seen an overall reduction in active client numbers. Greenwich, Lambeth, and Lewisham have the highest number of high-cost packages and highest average package costs. This is reflected in their financial performance. The ICB has had 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. This process has now been concluded as providers have reached an agreement with ICB regarding uplifts. However, we are now starting to receive uplift requests for next financial year. The YTD and forecast position reflect current year price uplifts for providers.
- The results of the analysis of CHC expenditure across the boroughs on a price and activity basis is set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	295	£6,018	339	£4,818	255	£7,857	333	£7,060	220	£7,100	237	£6,263
Month 2	313	£5,650	221	£6,561	248	£9,079	319	£7,659	230	£6,778	212	£6,982
Month 3	342	£5,203	251	£5,923	268	£8,731	351	£7,127	240	£6,604	233	£6,137
Month 4	387	£4,693	298	£5,208	277	£8,593	375	£6,714	265	£6,059	251	£5,814
Month 5	438	£4,308	332	£4,665	281	£8,568	403	£6,230	289	£5,838	268	£5,359
Month 6	467	£4,024	368	£4,224	284	£8,417	417	£5,955	309	£5,554	283	£5,115
Month 7	509	£3,710	399	£3,943	296	£8,239	440	£5,583	340	£5,231	304	£4,680
Month8	542	£3,483	443	£3,587	305	£7,873	464	£5,285	364	£5,021	323	£4,320
Month9	568	£3,321	469	£3,388	311	£7,737	475	£5,073	382	£4,858	336	£4,169
Month10	606	£3,130	518	£3,014	318	£7,634	504	£4,758	404	£4,623	356	£3,922
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7	83	65	98	113	84	69
Month 8	85	66	100	110	90	69
Month 9	80	62	104	113	93	67
Month 10	77	63	110	114	90	67
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 10 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. **The first table shows that, for all boroughs, the average prices show a downward trend this year.** Even though Lambeth average price has significantly reduced, the Lambeth and particularly the Greenwich average prices remain the highest.
- **All boroughs are showing an increase in the number of high-cost packages compared to the end of the last financial year.** Lewisham shows a steady monthly increase in high-cost package numbers starting from month 2, which is a factor in its worsening position. The increase in high-cost packages is being reviewed by the local CHC team and is discussed further on page 26.
- Reasons for the overall increase in high-cost packages include acuity and an inability to place these clients in AQP beds. This may link to earlier discharges from hospital due to periods of industrial action but also changing demographics/genuine increases in activity. Boroughs continue to review high-cost clients on a regular basis.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process. Currently all boroughs are reporting delivery against their savings plans.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

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

Short Term

- Completion of a checklist to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of Any Qualified Provider (AQP) beds, specific approval of packages above AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist have been collated and an update was provided at the CHC Summit in February, which showed some improvement but there remains more work to do.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance. This report has been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variations to see how these can be addressed.

Longer Term

- 5 Task and Finish Groups have met and reported back to the last CHC Summit. It was decided that the 2 main areas for review are (1) high-cost LD clients, transition between childrens and adults CHC and (2) communications. Further to a meeting of the Task and Finish group, it was decided to explore further the communication piece which is currently on pause due to capacity issues, delayed discharge, legal costs and consistency in PHBs across the 6 boroughs. An update on this work was reported at the CHC Summit in February, which showed that for some areas greater engagement is needed.
- Market management work – following a meeting with London ICB CFOs at the end of September, it was agreed to pause the market management work identified by the working group, as there was a need to refocus on financial recovery. It was agreed to repurpose the working group, with the initial focus being on the AQP price review and alignment with the local authority uplift process.

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,461,280k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£940,338k**
 - Kings College Hospital **£917,191k**
 - Lewisham and Greenwich **£653,636k**
 - South London and the Maudsley **£315,033k**
 - Oxleas **£231,940k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.
- An **underspend of £6,925k** is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

8. ICB Efficiency Schemes

South East London ICB Place - Efficiency Savings

	Full Year 2023/24				Month 10			Month 9
	Annual	Identified	Unidentified	Unidentified	Plan YTD	Actual YTD	Variance	Variance
	Requirement	Month 10	Month 10	Month 9				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,899	0	0	3,484	3,485	1	(2)
Bromley	7,429	7,429	0	0	5,678	5,793	115	47
Greenwich	4,857	4,857	0	0	4,048	4,001	(47)	(71)
Lambeth	4,690	5,770	1,080	1,080	4,710	5,006	296	487
Lewisham	4,208	4,208	0	0	3,439	3,596	157	(84)
Southwark	3,967	4,095	128	128	3,172	2,956	(216)	(176)
Total	29,050	30,258	1,208	1,208	24,531	24,837	306	201

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 10 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. The most significant areas for Place efficiency schemes are prescribing and CHC. The target is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 10, saving schemes above the overall target have been identified.
- At month 10, actual delivery (£24.84m) is slightly ahead of plan. Places are continuing to identify and implement actions to improve savings run-rates, especially for prescribing and CHC expenditure. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit with a degree of risk.
- Planning for the 24/25 ICB efficiency plan will continue during Q4.

9. Corporate Costs – Programme and Running Costs

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£3,329k**, which consists of an **£326k** underspend on programme costs and an underspend of **£3,003k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. Vacant posts are key driver for the underspend. The RCA is **£39,433k** for the year, an increase of £2,259k in-month for additional pension costs. The current run-rate is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL								
Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s		£000s	£000s	£000s
	PROGRAMME							
929002	ACUTE SERVICES B	0	46	(46)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	372	1,343	(971)		446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	3,031	2,359	672		3,637	2,889	748
929173	MEDICINES MANAGEMENT - CLINICAL	3,768	3,274	494		4,522	3,881	641
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	3,853	3,988	(136)		4,623	4,785	(162)
929219	PRIMARY CARE TRANSFORMATION	0	71	(71)		0	85	(85)
929245	SAFEGUARDING	2,548	2,314	234		3,058	2,797	261
929248	NURSING AND QUALITY PROGRAMME	2,123	1,795	329		2,548	2,122	426
929249	CLINICAL LEADS	4,244	3,314	930		5,093	3,984	1,109
929272	PROGRAMME WIDE PROJECTS	(793)	441	(1,234)		(952)	440	(1,391)
929273	PROGRAMME ADMINISTRATIVE COSTS	729	604	125		875	490	385
	PROGRAMME TOTAL	19,875	19,549	326		23,850	23,027	823
	ADMIN							
929561	ADMINISTRATION & BUSINESS SUPPORT	712	710	2		854	859	(5)
929562	ASSURANCE	437	423	14		525	507	17
929563	BUSINESS DEVELOPMENT	393	331	62		471	397	74
929564	BUSINESS INFORMATICS	3,093	2,649	444		3,712	3,207	505
929565	CEO/ BOARD OFFICE	0	25	(25)		0	0	0
929566	CHAIR AND NON EXECs	224	205	19		269	260	9
929570	PRIMARY CARE SUPPORT	818	887	(68)		982	1,052	(71)
929571	COMMISSIONING	5,517	5,020	497		6,620	6,042	579
929572	COMMUNICATIONS & PR	1,552	1,491	62		1,863	1,789	74
929574	CONTRACT MANAGEMENT	846	629	217		1,015	765	250
929575	CORPORATE COSTS & SERVICES	1,523	1,245	279		1,828	1,489	339
929576	CORPORATE GOVERNANCE	4,451	3,971	480		5,341	4,751	590
929578	EMERGENCY PLANNING	455	382	73		546	459	86
929580	ESTATES AND FACILITIES	2,434	2,295	138		2,921	2,750	171
929581	FINANCE	(362)	(1,033)	671		(435)	(1,163)	728
929585	IM&T	1,054	398	656		1,265	509	756
929586	IM&T PROJECTS	851	851	(0)		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	431	435	(3)		517	496	21
929593	PERFORMANCE	688	617	71		825	723	102
929599	STRATEGY & DEVELOPMENT	5,810	4,438	1,372		6,972	5,217	1,755
929600	ADMIN PROJECTS	(1,585)	(1)	(1,585)		(1,902)	48	(1,950)
929601	SERVICE PLANNING & REFORM	105	104	1		127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	1,533	1,531	2		1,840	1,795	44
929669	CORPORATE - FINANCE	1,883	2,259	(376)		2,259	0	2,259
	ADMIN TOTAL	32,861	29,858	3,003		39,433	33,101	6,332
	CORPORATE TOTAL	52,736	49,407	3,329		63,283	56,128	7,155

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 10 was **£4,855,678k**. The maximum cash drawdown (MCD) available as at month 10, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£847,277k**.
- As at month 10 the ICB had drawn down 82.6% of the available cash compared to the budget cash figure of 83.3%. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 1 due to high volumes of year end creditors to be paid and again in October due to the re-phasing of the ICS plan together the uncertainty around the timing of income from local councils. In December supplementary funding was required to pay providers for the impact of Industrial Action as part of the national H2 planning process. No supplementary funding requests have made for January or February.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 10 was **£358k**, well within the target set by NHSE (**£5,588k**). **The ICB expects to utilise its cash limit in full by the year end**. The ICB's cash position for the remainder of the financial year is tight, primarily due to the overspend on prescribing and the clearance of creditor balances in anticipation of the implementation of ISFE2. This will require careful cash management in February and March.
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2023/24 AP10 - JAN 24	2023/24 AP9 - DEC 23	2023/24 Month on month movement
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s
ICB ACDR	4,855,678	4,843,267	12,411
Capital allocation	0		0
Less:			
Cash drawn down	(3,705,000)	(3,250,000)	(455,000)
Prescription Pricing Authority	(223,571)	(200,682)	(22,889)
HOT	(2,129)	(1,946)	(183)
POD	(71,657)	(63,185)	(8,472)
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(2,053)	(2,053)	0
Pension Uplift	(2,259)		(2,259)
Remaining Cash limit	847,277	1,323,669	(476,392)

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-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
Dec-23	370,000	15,000	3,250,000	72.70%	4,625	927	0.25%
Jan-24	455,000	0	3,705,000	82.60%	5,688	358	0.08%
Feb-24	395,000	0	4,100,000		4,938		
Mar-24							
	4,055,000	45,000					

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

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%**. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M10. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,841** (£766k, 0.17% over delivery). This over-delivery is partly the result of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting however that we are seeing a reduction in spend as the year progresses, driven by a reduction in the price of some antidepressant drugs.
- Slide 3 sets out the position by ICB budget area.

Risks to delivery

- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans to mitigate this include improving joint funding panel arrangements and developing new services and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there is significant and increasing independent sector spend with a forecast outturn of £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is reviewing provider pathways to maximise resources and capacity. Pan-London work is underway to develop best practice principles for ADHD assessment and treatment. ADHD along with ASD waits for both adults and CYP are a key priority for 2024/25 operational planning.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 because of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to November 2023) is £10.5m.

One Bromley Local Care Partnership Board

DATE: 28 March 2024

<p>Title</p>	<p>SEL Joint Forward Plan Progress and Annual Refresh</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The SEL Joint Forward Plan incorporates the One Bromley 5 Year Strategy and was first published in June 2023. There is a requirement for the Integrated Care System to refresh the plan at the start of each financial year. This paper provides the committee with the draft updated plan as it simultaneously is presented to the ICB Board for sign off.</p> <p>The changes to the plan are relatively limited meaning it retains much of the content and structure from last year. It continues to provide a strategic overview of our key priorities and objectives for the medium term through borough, pathway and enabler programmes. It also offers a high-level summary of short-term actions we are taking, working with partners, to ensure delivery of key milestones in meeting the medium-term objectives.</p> <p>This refreshed plan takes account of implementation and outcomes over the previous year – including learning to apply to our plans. It also reflects changes due to new and emerging issues such as population health, feedback from communities, and delivery issues and opportunities. This includes an increasingly challenging context with our system facing significant underlying financial, population and performance challenges.</p> <p>Bromley has taken the opportunity of the annual refresh to note our key achievements in delivery of the plan in 2023/24 and update our expected deliverables for 2024/25. The Bromley section starts on page 33 of the attached paper.</p> <p>Successes have been documented elsewhere on today’s agenda.</p> <p>Challenges to delivery of our plans include:</p> <ol style="list-style-type: none"> 1) securing linked data to support our proactive prevention and personalised care actions – and identifying the impact for individuals. 2) organisational capacity and capability for change given the underlying financial challenges outlined above. 3) making best use of our community assets in neighbourhood working supporting the design, implementation and self-sustaining of work.

	<p>This led us to learning which we are implementing for 2024/25 and beyond, including:</p> <ol style="list-style-type: none"> 1) Governance to support neighbourhood development – providing strategic oversight, challenge and support as well as a shared approach to evaluation. 2) Implications for integrated urgent and emergency care model to seamlessly dovetail with 111 model procured in SEL. 3) Further collaborative development of our sustainable Primary Care model. 4) Doing more ‘once’ for One Bromley recognising the availability of expertise and resources for business as usual and change. 	
Recommended action for the Committee	<p>The Committee is asked to note the updated plan and endorse the updates to the One Bromley 5 Year Strategy as included in pages 33-43 of the SEL Joint Forward Plan.</p>	
Potential Conflicts of Interest	<p>All partners were asked to work in the interests of the population of Bromley in supporting the development of the One Bromley Five Year Strategy.</p>	
Impacts of this proposal	Key risks & mitigations	<p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise business as usual avenues where possible to facilitate delivery. Operating plan includes a mix of business as usual and change initiatives. Change initiatives monitored in year through One Bromley Executive for decision making on continued delivery or plan amendment.</p>
	Equality impact	<p>Reducing health inequalities is threaded through the plans, with particular focus on health inequalities through neighbourhood working and anticipatory care.</p>
	Financial impact	<p>The plans themselves are not costed, but are to be delivered within agreed financial envelopes and transformational funding inline with the SEL medium term financial strategy.</p>
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> • Public engagement in Bromley across the preceding two – three years has been taken into account in the drafting of the One Bromley Strategy.

		<ul style="list-style-type: none"> • A public engagement event took place in May 2023 on the plans and discussing how best to work with local communities in achieving our ambitions. • There were two online events to promote the SEL JFP at the same time. • Ongoing engagement is at a project and programme level.
	Other Committee Discussion/ Internal Engagement	This updated plan has been reviewed by correspondence by Local Care Partnership Board, One Bromley Executive and the Bromley Health and Wellbeing Board members.
Author:	Elliott Ward, Resilience Programmes Lead, One Bromley Sean Rafferty, Director of Integrated Commissioning, ICB and Assistant Director for Integrated Commissioning, London Borough of Bromley	
Clinical lead:	Dr Andrew Parson, GP Clinical Lead - Bromley, South East London Integrated Care Board	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead, South East London Integrated Care Board	

One Bromley Local Care Partnership Board

DATE: 28 March 2024

Title	Bromley Primary Care Group: March 2024 report
<p>This paper is for information</p>	
<p>Executive Summary</p>	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following items were considered at the March 2024 meeting of this group:</p> <p>a) Review of Enhanced Access services</p> <p>The PCG received a report on the Enhanced Access services provided by Primary Care Networks (PCNs), as set out in the Network Contract Directed Enhanced Service, a national specification for this service which has been operational since October 2022.</p> <p>Enhanced Access requires PCNs to provide primary care appointments on weekday evenings and on Saturdays for all patients registered with practices within that PCN. Bromley PCNs receive around £2.5 million per year via NHS England to provide at least 332 hours of additional appointments per week. 2023/24 has been the first full financial year of operation.</p> <p>PCG was advised that activity data indicates that PCNs are providing more than the minimum number of hours. The review identified there are some opportunities for improvement, in particular to reduce the volume of non-attended appointments.</p> <p>PCG will receive a further report with the full 2023/24 activity, benchmarked with SEL in order to provide assurance of delivery and achievement against the national specification.</p> <p>b) Access update</p> <p>The PCG was provided with Bromley GP access data benchmarked against a London access dashboard.</p>

PCG was advised that the data indicates that Bromley has more GP and face-to-face appointments compared to other parts of London, potentially reflecting that more Bromley practices are following a traditional model. Bromley appears to offer fewer same-day appointments compared to other areas in London. Fewer Bromley practice appointments are with non-GP/nurse staff (ie with other healthcare professionals working in general practice), which may be due to the lower rates of staff employed under the Additional Roles Reimbursement Scheme in Bromley. This may be having a consequential effect on demand and availability of appointments with GPs.

The data also indicates that Friends and Family Test (FFT) results showed a high percentage of positive responses for Bromley GP practices compared to other areas.

c) BETH achievements and ARRS

PCG was provided with a report by Bromley Education and Training Hub (BETH) on the schemes to maintain a skilled primary care workforce in Bromley alongside initiatives to attract new staff into the profession. This is identified as critical for Bromley due to the greater proportion of GPs and practice nurses approaching retirement age compared to other parts of London.

PCG requested a further report from BETH setting out 2024/25 plans reflecting the strategic priorities for Bromley.

PCG was updated on the continued One Bromley work underway to improve the operational issues identified with the recruitment and retention of ARRS staff. ARRS funding is currently not being utilised in full, which represents further opportunity to improve primary care access in Bromley.

d) Approval to extend SEL Special Allocation Service contract

PCG received a report seeking endorsement for the extension of the existing Special Allocation Service (SAS), a SEL-wide contract to provide GP services to patients removed from routine general practice providers due to incidents requiring police involvement. Each borough is asked to approve the extension in order to enact this option in the contract. The report set out the contractual arrangements enabling an extension, the status of the current service and the proposed administrative arrangements within SEL.

PCG approved the extension on behalf of Bromley.

e) Update on transition to a new online consultation tool for general practice

PCG was updated on the Bromley mobilisation work underway to support the successful transition to a new online consultation tool for general practice.

Following a formal procurement process led by SEL ICB's Digital Team, a contract was awarded in December 2023 to fund an online consultation tool called Accurx Patient Triage. Mobilisation commenced in January 2024 and PCG was advised on the support rapidly established in Bromley to assist with as smooth a transition as possible. It was noted to PCG that eight Bromley GP Practices have elected not to switch to the new tool and have decided to offer a different online consultation system to their patients.

Feedback from practices to date has indicated the change to the new tool has been positive, with improved integration with existing systems, and positive feedback from patients due to the simplified form. PCG noted that the changes will take time to embed and further work continues accordingly.

f) Update on Asylum Seekers & Refugees Group

PCG was provided with an update from the group established to focus on the health needs for asylum seekers and refugees placed in local accommodation. PCG was advised that a modest pot of non-recurrent NHSE funding for asylum seekers in this type of accommodation has been obtained for Bromley. This funding will be used for additional clinical resource to undertake the primary care-led assessments required for these individuals.

g) Medicines Optimisation Update

Approval of the 24/25 Prescribing Improvement Scheme

PCG was presented with the 2024/25 Prescribing Improvement Scheme (PIS), an annual initiative which is designed to assist practices in improving the quality and cost-effectiveness of prescribing. The proposed scheme is aligned to national and SEL priorities, and was presented for final approval to PCG.

PCG approved the 24/25 PIS, with the caveat that queries about disproportionate impact on practices due to patient demographics is considered further.

Medicines Implementation Group

PCG noted the minutes of the Medicines Implementation Group.

		<p>h) Summary of Officers’ Decisions</p> <p>G84029 CQC Inspection response PCG noted the full and active engagement by Robin Hood Surgery to complete the actions requested by CQC since the December 2023 inspection resulting in an overall Requires Improvement outcome. PCG was advised of the progress and completion of recommended actions so far, and that PCG will continue to receive updates to assure progress remains at pace.</p> <p>G84040 temporary list suspension extension PCG noted the officers’ decision to extend the temporary list suspension for Ballater Surgery in order to maintain safe patient care, and the measures underway to support the practice to alleviate the pressures being experienced. It was noted that a formal process will be initiated if the practice is not deemed ready to re-open its list to new patient registrations by mid-April 2024.</p>
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group • The approval to extend the SEL Special Allocation Service contract on behalf of Bromley • The 24/25 Prescribing Improvement Scheme is approved 	
Potential Conflicts of Interest	<p>Some members of the LCP and its sub-groups are providers of primary care services. However there were no decisions or recommendations deemed to represent a substantive conflict of interest at this meeting.</p>	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	

Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB
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One Bromley Local Care Partnership Board

DATE: 28 March 2024

Title	Bromley Procurement & Contracts Group – January / February 2024 update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management. The following items were discussed and agreed at the group’s meeting on 24th January and 26th February 2024. The next Bromley Procurement & Contracts group is scheduled for 25th March 2024.</p> <p><u>Contract Award</u></p> <p>No contract awards requests were brought to the group.</p> <p><u>Contract Extensions</u></p> <p>No contract extensions were proposed to be enacted at the December group.</p> <p><u>Contract Variations</u></p> <p>A request was made to the group to vary the current contract between SEL ICB (Bromley) and BGL Mind to include a one year pilot for Bexley Mindful Mums. The group agreed to the variation and the pilot will be included in the contract from 1st April 2024 – 30th March 2025.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <p>IRIS – Following the failed tender process the ICB continues to have direct dialog with a preferred provider. The expectation is that agreement can be made for the service to commence October 2024.</p> <p>Cardiology Diagnostics - Discussions are still ongoing regarding the scope of the contract, discussions are taking place at One Bromley in February linked with CVD strategy and planning which will inform any work of commissioned services and the contract. It is expected that a procurement process will be undertake in early 2024/25.</p> <p>Primary Care Enhanced Services – Under PSR Direct Award C is being proposed for the continuation of the following services (Phlebotomy, Gonadorelin, DMARD, ADHD, Gender Dysphoria, Safeguarding and SMI Health Checks), these are currently contracted via Bromley GPs on NHS standard contract. The Procurement Hub is currently reviewing the evidence to support direct award C and will issue the relevant transparency notice. New contracts will commence on 1st April 2024 for a 1 year with the option to extend for a further year.</p> <p><u>Other key areas of discussion to note</u></p>

	<ul style="list-style-type: none"> Provider Selection Regime (PSR) - PSR came into force from 1st January 2024. SEL ICB is formulating relevant internal governance, guidance and protocols. 	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts group.	
Potential Conflicts of Interest	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this committee to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

One Bromley Local Care Partnership Board

DATE: 28 March 2024

<p>Title</p>	<p>One Bromley Performance, Quality and Safeguarding Group: March 2024 Report</p>
<p>This paper is for information.</p>	
<p>Executive Summary</p>	<p>The One Bromley Performance, Quality and Safeguarding Group met on 5th March, chaired by Harvey Guntrip, Bromley Borough lay member and attended by leads from across One Bromley</p> <p>The group was established a year ago and this was an opportunity to review the terms of reference of the group and how business was conducted learning from lessons over the past year. It was agreed that more opportunity would be provided in the next meeting to review the workings of the group, including agenda planning for the next year and ensuring areas of focus were agreed and given sufficient time for scrutiny.</p> <p>Bromley Performance</p> <p>There was particular focus in this meeting Borough performance on health checks for patients with severe mental illness (SMI) and learning disabilities (LD)</p> <p>For SMI physical health checks, performance data was presented comparing with previous years and targets for 2023/24. There has been continued improvement compared to previous year, but the Borough it is expected would just be short of the 60% target. The team set out the actions being taken to overcome challenges to meet that target, including capacity and also the reaching out to the community to optimise the uptake.</p> <p>For LD health checks, the performance showed an improving trajectory and currently forecast to meet the 75% target for 2023/24. The team presented the work undertaken in this area, of note was the impact of the LD Annual Health Check co-ordinator, funded by the ICB and employed by the BGPA to work directly with PCNs and practices.</p> <p>The Bromley performance report, produced by the SEL ICB assurance team was presented to the meeting. Key areas of discussion were around performance around talking therapies and the veteran friendly practice toolkit for GP practices. Both these areas are to be discussed further at a future meeting.</p>

Quality Update

The quality report was presented and discussed. The key areas were around:

The NHS Patient Safety Incident Response Framework (PSIRF) which was developed in 2019.

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS' approach to developing and maintaining effective systems and processes for responding to incidents for the purpose of learning and improving patient safety. PSIRF was launched in 2022 and was intended for full implementation by Autumn 2023.

The strategy is evolving over time to ensure it is supporting the NHS to meet its current challenges and priorities, remains relevant and can impact on the areas where need is greatest.

The National Patient Safety Team are supporting the NHS to achieve the strategy's aims through a series of programmes and areas of work. This relates to the strategy's foundations of 'patient safety culture' and 'patient safety systems,' and the three strategic aims 'insight,' 'involvement' and 'improvement.'

PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, ophthalmology, and community healthcare providers. This includes maternity and all specialised services. Primary care providers may also wish to adopt PSIRF, but it is not a requirement at this stage.

An update from the SEL System Quality Group was provided, where the Bromley Healthcare deep dive into community paediatric services had been presented. This will be discussed in more detail at the local PQS meeting.

The proposed changes from Synnovis were discussed and these will be examined in more detail at the Clinical and Professional Advisory Group on 21 March and fed back to this group.

GP Practice CQC Inspections

The changes to the CQC inspection framework for GP practices were presented and how the Borough team would approach the process to respond to these. The local Borough Primary and Community Care Team would lead the new process around inspections, with input from other subject matter experts from other teams within the borough and SEL as needed. The One Bromley Quality Clinical Lead was asked to provide assurance of action plans to ensure these were robust and that the ICB

	<p>had the correct input required. The inspected practice signed up to the plan and was key in developing it. The risks around capacity were noted.</p> <p>It was agreed to review how these arrangements were working at future meeting.</p> <p>Bromley Risk Register</p> <p>The risk register has been discussed at Bromley senior management team with a plan to review risks for next year. An update will follow at a future meeting.</p>	
Recommended action for the Committee	The One Bromley LCP are asked to note this update	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required
	Financial impact	Not applicable
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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