

One Bromley Local Care Partnership Board

Date: Thursday 9 May 2024

Time: 9.30am – 11.30am

Held: Virtually via Microsoft Teams online

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:40
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:50
4.	Minutes of the meeting held on the 28 March 2024 For approval	Enc. 2	Chairmen	10:00
5.	Matters arising – 'Right Care Right Person' Update	Verbal	Iain Dimond	10:10
6.	Actions for the Board For approval	Enc. 3	Chairmen	10:20
For Information and Noting				
7.	Partnership Report For information	Enc. 4	Dr Angela Bhan	10:30
8.	Communications and Engagement Activity Report For information	Enc. 5	Paulette Coogan	10:40

9.	Finance Month 12 Update For information	Enc. 6	David Harris	10:50
Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For noting	Verbal	Harvey Guntrip	11:00
11.	Contracts and Procurement Group Report For noting	Enc. 7	Sean Rafferty	11:10
12.	Performance, Quality and Safeguarding Group Report For noting	Verbal	Harvey Guntrip	11:20
Closing Business				
13.	Any Other Business	Verbal	All	11:25
Appendices				
14.	Appendix 1: Glossary of terms	Enc. 8	For information	
Next Meeting:				
15.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 25 July 2024 and will start at 9:30am in Bromley Civic Centre, the Council Chamber.			

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 advice 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 Diabetes. The practice is a member of BGPA , a GP federation in Bromley.	01/07/2022	
			Financial Interest	The Chislehurst Partnership is a member and shareholder of BGPA .	01/05/2023	

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Site Chief Executive, Princess Royal University Hospital	Financial Interest	Site Chief Executive, Princess Royal University Hospital and South Sites	01/09/2023	
				Works as an expert witness in midwifery claims - legacy cases only	01/03/2000	13/11/2023
Avril Baterip	South East London ICB	Corporate Governance Lead- Bromley	No interests declared			
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	

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 PCN. The practice is also a member and shareholder in BGPA	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

**One Bromley Local Care Partnership Board
Minutes of the meeting on 28 March 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
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Dr Claire Riley	Clinical Director, Orpington Primary Care Network	CR
Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Jacqui Scott	Chief Executive, Bromley Healthcare	JS
Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
Members (Non- voting):		
Helen Norris	Chair, Healthwatch Bromley	HN
Mark Cheung	One Bromley Integrated Care Programme Director, NHS South East London	MC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Hannah Josty	Vice-Chair, London wide LMCs and London wide Enterprise Ltd	HJ
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, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	JW
David Harris	Associate Director of Finance, NHS South East London	DH
Lynda Bartlett	Interim Designated Nurse Safeguarding Children and Young People (Bromley), NHS South East London	LB

Name	Title and organisation	[Initials]
Avril Baterip	Corporate Governance Lead – Bromley, NHS South East London	ABa
James Postgate	Associate Director of Integrated Commissioning, NHS South East London	JP
Members of the public	(1)	
Dr Zia Buckhoree	Clinical Director, Beckenham Primary Care Network	ZB
Matthew Bourne	Transfer of Care Lead, Princess Royal University Hospital, King's College Hospital NHS Foundation Trust	MB

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
Helen Simmons	Chief Executive, St Christophers Hospice	HS

		Actioned by
1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	Dr Andrew Parson invited members to declare any interests in respect to the items on the agenda. No additional interests were declared.	
3.	Public Questions	
3.1	No questions had been received in advance of the meeting. One member of the public attended the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 25 January 2024	
4.1	The minutes were taken as an accurate record of the previous meeting.	
5.	Matters Arising – “Right Care Right Person” (RCRP) Update	
5.1	Iain Dimond updated the board on the RCRP developments, the following points were noted:	

5.1	<ul style="list-style-type: none"> RCRP implementation began on 1st November 23, from a mental health provider perspective, the work to complete the pan-London policies to guide NHS Mental Health (MH) Trusts has been completed. The remaining policies on Welfare Checks for MH Trusts and AWOL (absent without leave) Child & Adolescent Mental Health Service (CAMHS) will be implemented from 1st April 24. The framework for welfare checks for the wider system (outside of mental health) continues, led by Jane Simmons from the London Adult Director of Social Services (ADASS) Programme Group, which is due for completion in the next month. Finally, around policy changes in relation to Acute Trusts and walk-outs from ED (Emergency Department), they have requested more direction in this area, and they are looking to create a pan-London policy for walk-outs from ED. ID was mindful that there remain concerns about the RCRP model and potential risks from the wider system, he has fed back to the Programme Board and suggested another push around communications and data, to reassure colleagues. ID would be happy to meet with Councillor Colin Smith and Dr Angela Bhan to discuss concerns further outside of this meeting. 	
5.2	<p>In considering the update, board members had the following comments:</p> <ul style="list-style-type: none"> Councillor Colin Smith thanked Iain for the update and welcomed the suggestion of a meeting off-line. Cllr Smith asked if front-line staff, both in the NHS and Social Care are picking up non-attendance by the Police. If we do hold concerns, are these recorded on the corporate risk register for London Borough of Bromley (LBB) and the Integrated Care Board (ICB)? In response to the questions raised, Dr Bhan noted that the RCRP model is not on Bromley's risk register as this is not a Bromley-specific issue, but we have taken an approach to raise these issues. Dr Bhan will flag this with SEL colleagues to consider recording on SEL's risk register and other NHS partners may wish to do the same. Given the ongoing concerns and degree of communications, Dr Bhan will formulate an initial draft of a letter to be shared with the Chairman. Kim Carey thanked the Chairman for the questions and noted that there has not been an obvious impact on Adult Social Care from the RCRP changes and thus it is not recorded on their risk register. They are monitoring the situation with regular updates from the Safeguarding Boards. Similarly, Richard Baldwin confirmed that for Children's Services, the RCRP model is not recorded on the risk register however they work closely with the Safeguarding Boards and are monitoring the situation, there has not been any impact evident yet. Jacqui Scott noted that they are monitoring the situation in Bromley Healthcare however there has been no impact yet. Lynda Bartlett noted the update on the guidance being reviewed for children and wondered how this will align with the Children's Act. She asked how this information will be shared with staff on the front-line? In response to this, ID explained that the Metropolitan Police agreed to always having a lower threshold criteria in relation to children, because of the child policies. The Child Welfare Checks policy work is ongoing 	AB

	<p>and there has been good involvement with Safeguarding Leads. ID will continue to feed back to the local Safeguarding Boards.</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Iain and colleagues for their input into this discussion. 	
5.3	The Committee NOTED the update on the “Right Care Right Person” Model update.	
6.	Actions for the Board	
6.1	The action log was reviewed. There is one open action in relation to the RCRP changes and a meeting off-line to discuss issues further.	AB/ID
6.2	The Committee NOTED the action log.	
7.	Partnership Report	
7.1	<p>Dr Angela Bhan introduced the Partnership Report. The report was taken as read and Dr Bhan highlighted the huge amount of work undertaken in Bromley to transform services, manage winter and ensure the finances are used appropriately.</p> <p>Dr Bhan invited comments and questions from members.</p>	
7.2	<p>In considering the report, board members had the following comments:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked all partners for their contributions to the report, which was an interesting read. • Jacqui Scott highlighted Bromley Healthcare’s Staff Survey and the positive results received. There have been improvements against all areas of the nine ‘People’s Promise’ domain, Jacqui was particularly proud of two areas – Values and Strategy. • Helen Norris raised the use of acronyms in the Partnership Report and requested that full terms are provided or included in the glossary. 	ABa
7.3	The Committee NOTED the Partnership Report.	
8.	Report on Procurement: Adult Mental Health Recovery and Rehabilitation Support@Home Service	
8.1	<p>Sean Rafferty and James Postgate reported to the Committee on the Procurement for Adult Mental Health Recovery and Rehabilitation Support@Home Service, the following points were noted:</p> <ul style="list-style-type: none"> • This report concludes the procurement of mental health arrangements in place for nearly two years’ now. • The London Borough of Bromley (LBB) Executive Committee agreed to the contract award yesterday (Wednesday 27th March 2024) with a cooling-off period to commence. • These services are part of our full statutory duties for mental health crisis services which includes accommodation and support for two years (a dual response). • The new model benefits from a fully integrated service, there are 150 people being supported in special accommodation and in their own homes. • Support provided includes support with skills, recovery and health and 	

	<p>care recovery plans.</p> <ul style="list-style-type: none"> As the contract has been awarded, for governance purposes this item was brought to the Local Care Partnership Board for noting only. 	
8.2	<p>In considering the report, members raised the following points:</p> <ul style="list-style-type: none"> Councillor Colin Smith noted that this paper went through the London Borough of Bromley (LBB) Executive Committee with favourable responses from officers including the Portfolio Holder, it was recognized that this is a great step forward for both partnerships. Iain Dimond was pleased that we have reached this point, from an Oxleas perspective, they are looking forward to working with providers and this initiative will be good for service users and the financial system, to offer more support through this route. James Postgate updated that he has spoken to GPs about the lengthy development process and offered to communicate more as we mobilize the providers. Part of the aim of these services is to link in with primary care and move away from mental health. Dr Claire Riley noted there is a lot of linking with the third sector transition, primary care mental health practitioners can be more involved. Dr Andrew Parson thanked Sean Rafferty and James Postgate for the report and noted the huge amount of work that has gone into this procurement, which will benefit a lot of people in Bromley. 	
8.3	The Committee NOTED the report.	
9.	End of Year Achievements 2023/24	
9.1	<p>An End of Year Achievements 2023-24 report was presented to the board which highlighted some of the many achievements and improvements that have been made across Bromley services over the last few years.</p> <p>Councillor Diane Smith introduced the item and had good news to share with the Board. The London Borough of Bromley (LBB) was shortlisted for two national awards in the Public Sector. Bromley Council received a Gold award for the <i>Community and Customer Focus category</i> in recognition of its multi-agency Tackling Loneliness strategy. In addition, along with health partners, they also received a Silver award in the <i>Working Together category</i> for the Bromley Homeless Health Project. These are two really good, innovative partnership working strategies that we have put together to benefit the population of Bromley.</p> <p>Three areas of end of year achievements were selected for presentation to the board – Frailty, Integrated Supported Discharge and Workforce.</p> <p>1) Frailty</p> <p>Dr Zia Buckhoree and Mark Cheung shared slides on Frailty, the following points were noted:</p> <ul style="list-style-type: none"> This is an update on services provided to our frail patients in Bromley. Frailty is defined as a group of patients at a high risk of adverse outcomes, often linked to ageing and social deprivation. In Bromley we have the second largest elderly population in London with pockets of deprivation in the borough. In the Princess Royal University Hospital (PRUH), the highest attendees 	

<p>9.1</p>	<p>fall in the 70-90 year bracket, the largest driver being patients with frailty.</p> <ul style="list-style-type: none"> • Patients with frailty sit at the top of the population pyramid with a lot of interventions targeted to those with complex needs and high risks. • Frailty – Vision and Strategy <ul style="list-style-type: none"> ○ Five years ago and in conjunction with King’s College Hospital, the vision and key intention was to deliver a world-class service for Frailty patients. ○ This requires partnership working including all Bromley strategies i.e. the Integrated Care Network and Bromley Council’s strategies, to provide holistic care for our patients. • A refreshed integrated frailty model has been developed which reflects the changes over the past few years. Proactive pathway work includes working in a multi-agency way in geographical locations, which had already begun even before the Fuller report recommendations. • In the Acute sector of the PRUH, a Frailty Unit has been introduced to see 15 patients a day. Work continues to provide referrals and GP advice/guidance for the service. • The teams are looking to continue to improve and look at priorities and whilst there is data, there is a need to identify and create the capacity needed to undertake the analysis. • There are a number of pilots underway to help manage patients when they come off the Frailty pathway, a key element being the evaluation of these pilots. • Pilots currently in operation include: <ul style="list-style-type: none"> ○ Fuller Pilot – Anticipatory Care Team (ACT) ○ Advanced Care Plans Multi-Disciplinary Team (MDT) Care Home Pilot 	
<p>9.1</p>	<ul style="list-style-type: none"> • Advanced Care Plans (ACP)s by BGPA (Bromley General Practice Alliance) are undertaken in a multi-disciplinary approach which includes patients, families and care homes. ACPs records detailed conversations around how patients care should be planned in the event of a crisis with GPs, hospital consultants and clinical pharmacists involved. • Anticipatory Care Dashboard has been developed on patient cohorts to help identify frail patients using nationally agreed cohorts and includes patients with multiple long-term conditions, high frailty index, potential health inequalities and unplanned care needs. • Other initiatives include Case Management in Orpington Primary Care Network and Hospital@Home services for frail patients. • Next steps for the service include: <ul style="list-style-type: none"> ○ A review of the pilots and apply the learning. ○ Development of a Delirium pathway (acute discharge pathway) ○ Focus on the lower end of the population pyramid including preventative measures to safeguard; the social determinants of health, keeping people active and collaboration with ICB Service Leads and St Christopher’s Hospice to advance with the care plans. <p>In considering the presentation, members raised the following points:</p> <ul style="list-style-type: none"> • David Walker noted that Bromley Well fits into the lower end of the population pyramid and asked how the team are engaging with this cohort, which most carers and families would also fit into, to help 	

<p>9.1</p>	<p>identify carers – for example for vaccinations and wider support, hospital discharges and Handyman services.</p> <ul style="list-style-type: none"> • Dr Ur-Rub gave his thanks for the presentation and noted the development of individual services are dependent on the evaluation component. This should go beyond key performance indicators (KPIs) and should also look at long-term objectives, which are important. • Harvey Guntrip gave his praise for the wonderful work presented and knew people locally through these services, which have made a real positive impact on families, friends and distressed individuals. It would be good to measure the success and add this to the benefits of the service. • Dr Andrew Parson noted the great comments received for the service and the benefits to people’s lives, Bromley Well, the evaluation aspect and the positive impact on families and friends. • In response to the comments and questions, Mark Cheung noted that the next steps for the service include: <ul style="list-style-type: none"> ○ Joining up with the One Bromley Population Health Group which Mark Elson and Age UK are also a part of. ○ Evaluation – this has to be right, there is a lot of data and a need for time and capacity to do the work effectively. ○ Rollouts – Bromley was the first borough to develop the Anticipatory Care Dashboard in conjunction with the Business Intelligence (BI) team and we will use those findings to further develop the process. • Jacqui Scott had feedback on outcomes from Bromley Healthcare for areas they either led on or delivered, communications received on rehabilitation beds and pathways indicated that there had been a lower length of stay (LOS) as a result of these initiatives. Jacqui had shadowed the Hospital@Home team which is another good example of partnership working with organisations including St. Christopher’s Hospice, Bromley General Practice Alliance (BGPA) and Bromley Healthcare. • Dr Claire Riley noted the number of projects in Primary Care Networks (PCNs) which demonstrate partnership working, for example the Integrated Care Network (ICN) which includes the voluntary sector. Strong evaluation is needed to benefit other priority areas and inter-dependencies. 	
<p>9.1</p>	<p>2) Integrated Supported Discharge</p> <p>Matthew Bourne, Transfer of Care Lead for the Princess Royal University Hospital shared slides on this item, the following points were noted:</p> <ul style="list-style-type: none"> • Supported discharges comprise a third of all discharges from the PRUH, amounting to 15 to 32 discharges each day on average. • Supported discharges include Bromley Well input and packages of care, St Christophers’ Hospice are also a huge part of supported discharges. • The national award winning One Bromley discharge single point of access (SPA) team help to manage discharges of the most vulnerable population. • An integrated model of working includes Bromley Council adult social care, reablement and brokerage services moving into the SPA to 	

<p>9.1</p>	<p>support with robust discharges.</p> <ul style="list-style-type: none"> • Success has been fantastic with 75% of those seen being discharged within 48 hours of being medically fit. • The Transfer of Care Bureau and the SPA work together in a multi-agency approach including Oxleas, St Christopher's Hospice, Bromley Well and London Borough of Bromley (LBB) Adult Social Care. • The next phase for the service include: <ul style="list-style-type: none"> ○ Having a more integrated Home first approach. ○ Risk stratification matrix – to identify the most vulnerable with high risks and loneliness issues, using multiple services. ○ Reaching out to care homes, community services and enhanced care teams to identify patients with multiple outpatient appointments and social prescribing to help prevent disruption to the patient's pathway. This has been working well with less patients presenting to urgent care. ○ Winter engagement events for care homes and hospitals, which will also be extended to all One Bromley organisations to help improve relationships and share learning. ○ Winter funding for a homeless worker has been secured for one year hosted by Guys and St Thomas Hospital with the impact of seeing 25% less attendees in urgent care centres. 	
<p>9.1</p>	<p>In considering the presentation, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Matthew for the presentation which draws in multiple partners, and he gave his congratulations to all teams. • Councillor Diane Smith referred to the earlier comment on the preference to manage patients at home rather than in a hospital and asked if this model is sustainable and whether the discharge funding income is adding value for money. • Dr Angela Bhan noted these are important questions and we have to maximise the collective use of our resources. We will continue to secure discharge funding (a national directive) and use our resources and money differently to transform services, however we must think about outcomes and how to demonstrate this – for example reduced muscle mass, this needs to be thought through and measured. • Dr Andrew Parson noted the work on discharges continues when the patient is discharged to primary care with actions and risks transferred to other agencies, he asked if this is being picked up? • Kim Carey raised a concern on the instances of frail people making quick decisions which could lead to an increase in potential complaints, the offer needs to be considered with a balanced approach and suggested that we look at the number of re-admissions and the nuances. • Jacqui Scott has a similar query in relation to ensuring the model is sustainable in community and primary care settings and asked how the impact is being measured, as it is difficult to move resources from hospitals to the community. • In response to the comments and queries, Matthew noted that length of stay depends on the specific part of the discharge pathway. A dashboard is in development which will not only look at the impact on re-admissions, but will also capture feedback from providers, care homes and interactions with other services (for example bladder and 	

<p>9.1</p>	<p>bowel specialist clinics; district nursing services and GP input).</p> <ul style="list-style-type: none"> • Dr Claire Riley noted the number of primary care interactions where patients have complex needs and require optimisation in the community, which are passed on to primary care without funding. This needs to be recognised in the context with district nursing and rapid response teams. • Dr Angela Bhan agreed that more evaluation is required with figures produced to enable comparisons across the system, which could become more challenging if patients deteriorate. • Dr Andrew Parson thanked Matthew for the great presentation which has also given us some challenge and thoughts to take away. <p>3) a. Workforce – Recruitment Campaign</p> <p>Paulette Coogan shared slides, both of the workforce projects presented aim to attract people to work in Health and Care within Bromley to address our workforce challenges which are the same across London and nationally including high vacancy rates and an aging workforce. The following points were noted:</p> <ul style="list-style-type: none"> • The Recruitment Campaign has been undertaken in two phases to date. • The Recruitment Campaign was implemented to address our current workforce supply issues by promoting One Bromley organisations as great places to work and Bromley as a great place to live, reducing our current vacancies and widening participation. • Ahead of implementation, research was undertaken as to what worked well in other parts of the country in both health and care and in other sectors. A staff survey was also undertaken to seek the views of our staff as to why they liked working in Bromley. The campaign then used the voices of our staff which was agreed by the Communications and Engagement and Workforce Groups that include all our One Bromley partner organisations. 	
<p>9.1</p>	<ul style="list-style-type: none"> • All recruitment information is held on the One Bromley ‘Work with us Page’ of the Integrated Care System (ICS) website. For ease of navigation a short URL and QR code was developed and promoted. The page has sections on each organisation including links to current vacancies. • Other promotional material was also developed to support the campaign including a 4 minute video, shorter videos suitable for social media, social media quotes, posters, bookmarks and business cards, which have been distributed across the borough. • Joint work has also been undertaken with the Department for Work and Pensions (DWP) including sessions with work coaches and joint Career Fairs. <p>3) b. Workforce – One Bromley Cadets</p> <ul style="list-style-type: none"> • One Bromley Cadets programme is aimed at encouraging young people to work in Bromley in the future. • Since 2022, there have been 5 cohorts with 100 students completing the programme, from 8 different local schools. • Excellent feedback has been received from the cadets and their schools, with the programme receiving an average of 3.7 out of 4 (4 	

	<p>being excellent).</p> <ul style="list-style-type: none"> • It is aimed at 16-19 year olds and each cohort has 24 participants. The sessions are approximately 2 hours and take place after school. Over time the programme has been offered to more schools and recently has included home schooled and young carers via Bromley Well. The programme has been so well-received, it is now oversubscribed. • Schools are asked to encourage individuals to attend who may not get the opportunity to attend such a programme or gain work experience with the aim to widen participation. • The programme provides an immersive experience of community, primary care and hospital settings. • The team are committed to running two Cadet cohorts a year. • Given the huge demand, a pilot information session focused on medical careers is going to be held in the summer. It was agreed to focus on medical careers as this is the area that schools have indicated students struggle to get experience in. If the pilot is a success, other professions will be considered. • The Cadet programme has now been adopted by other boroughs in South East London (SEL). <p>In considering the presentation, members raised the following points:</p> <ul style="list-style-type: none"> • Dr Andrew Parson thanked Paulette for the presentation and noted the importance of planning for the future, which was very interesting to hear. • Jacqui Scott gave her thanks and asked if there was a way to fast-track participants in the programme. In response to this, Paulette explained the difficulty in following and tracking individuals due to information governance and school safeguarding policies, there are lots of obstacles to overcome. • Dr Ur-Rub asked how staff are being retained, such as GPs and nurses, does the programme facilitate this? • Dr Claire Riley noted the need to value and retain our staff. Funding and sustainability in primary care is required, whilst pay rises have been proposed, there is a risk to primary care if no funding is secured for the pay increase. • Richard Baldwin updated that he knew of motivated care leaders who would be interested in the programme and will pass the details on to Paulette. • In response to the comments and questions, Paulette advised that a discussion has taken place with care leavers and confirmed that there will be a place for this group on the Cadet programme. Paulette said despite the difficulties she would consider how we could track those students that attend the Cadet programme to see if they take up careers in health and care by liaising with schools. Paulette was unable to comment on the pay issue as this is a national problem but she noted the importance of valuing and retaining our staff. She suggested meeting Dr Ur-Rub and Dr Claire Riley to explore possible ideas as to what was feasible to support retention. • Dr Andrew Parson thanked all presenters for showcasing the achievements made in Bromley to benefit our residents and the populations we serve. 	
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9.2	The Committee NOTED the End of Year Achievements 2023-24 report.	
10.	Finance Month 10 Update Report	
10.1	<p>David Harris presented the Month 10 2023/24 Finance Report, the report was taken as read and the following points were noted:</p> <p><u>SEL ICB Month 10 Financial Position</u></p> <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. <p><u>Bromley ICB/LCP Month 10 Financial Position</u></p> <ul style="list-style-type: none"> The 2023/24 Bromley ICB/LCP place budget for the year as at Month 10 is £245,621k. 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. <p><u>Bromley ICB/LCP 2024/25 budget setting</u></p> <ul style="list-style-type: none"> 2024/25 budget setting is underway and the Bromley ICB/LCP start budget is £249,485k It was noted that this will be a challenging year for the Integrated Care Board (ICB) and Integrated Care System (ICS) as a whole. 	
10.2	<p>In considering the report, members had the following comments:</p> <ul style="list-style-type: none"> Jacqui Scott thanked David for the report and was pleased to hear that the borough finances have balanced. She noted that the budget setting activity needs more detail, in particular the detail by area spend and asked if the 4% savings target is included, as consideration is to be given to individual programmes to avoid unintended consequences. In response to these queries, David noted the 4% savings target is applied to all budgets within the Integrated Care Board (ICB) except for delegated primary care services and mental health (due to the mental health investment standard). 	
10.3	The Committee NOTED the Month 10 2023/24 Finance Report.	
11.	SEL Joint Forward Plan Progress and Annual Refresh	
11.1	<p>Elliott Ward reported to the board on the progress of the SEL Joint Forward Plan, which is key to the delivery of our priorities and ambitions.</p> <p>The report was taken as read. There were no comments or questions from members.</p>	
11.2	The Committee NOTED the report.	
12.	Primary Care Group Report	
12.1	<p>Harvey Guntrip reported to the committee. The report was taken as read.</p> <p>There were no questions or comments from members.</p>	
12.2	The Committee NOTED the Primary Care Group Report.	
13.	Contracts and Procurement Group Report	
13.1	Sean Rafferty reported to the committee. The report was taken as read.	

	There were no queries or comments from members.	
13.2	The Committee NOTED the Contracts and Procurement Group Report.	
14.	Performance, Quality and Safeguarding Group Report	
14.1	Harvey Guntrip reported to the committee. The report was taken as read. Harvey updated that they are looking to refine the outputs from this group to continue to provide assurance to the board.	
14.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
15.	Any Other Business	
15.1	There was no further business raised.	
16.	Appendix 1: Glossary of Terms	
16.1	The glossary of terms was noted.	
17.	Date of Next Meeting: Thursday 9 th May 2024 at 09.30am	

Draft

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
29.	5.2: “Right Care Right Person” Update – AB, ID and CS to meet and discuss the issues off-line.	25.01.2024	Dr Angela Bhan /Iain Dimond	09.05.2024	Open	Update 28.03.2024 - Dr Bhan will formulate an initial draft of a letter to be shared with the Chairman.
30.	5.2: “Right Care Right Person” Update AB to discuss adding RCRP risk to SEL risk register	28.03.2024	Dr Angela Bhan	09.05.2024	Open	
31.	7.2: Partnership Report - HN raised the use of acronyms in the Partnership Report and requested that full terms are provided or included in the glossary.	28.03.2024	Avril Baterip	09.05.2024	Closed	The glossary has been updated with acronyms used in the Partnership report.

One Bromley Local Care Partnership Board

DATE: 9 May 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 – May 2024

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1. One Bromley Local Care Partnership Programmes

Autism

Autism assessment for children and people in Bromley is currently provided by Bromley Healthcare (BHC) and Oxleas. Because of certain historical issues, there has been an increase in waiting times, and challenges with information sharing and accountability. South East London (SEL) Integrated Care Board (ICB) Bromley has committed to moving to a single-provider model for Autism spectrum disorder (ASD) assessment to improve the experience for children and their families. This approach is supported by the two existing providers, BHC and Oxleas. Average waits are currently less than 2 years but there are some families who are waiting a very long time. Therefore, non-recurrent initiatives with both BHC and Oxleas are being explored and implemented to reduce the backlog by using external sub-contracts as a short-term solution.

Work commenced on designing the ASD assessment service began in January and a final model is expected to be completed later this year. This new model will include the SEL core offer of a two-route pathway which aims to speed up the assessment process where the clinical presentation is very clear. This and other pathway changes will contribute to a reduction in waiting times. Where implementation and recruitment allow, the new service will be live from November 2024 or earlier.

The service transformation will also consider the information available to Children and Young Persons (CYP) and families as they wait for their assessment. Transparency on waiting times and clear signposting to support services will aim to support parents and carers as they wait. This information will be co-produced with people with lived experience.

Mental Health Recovery and Rehabilitation Support - Procurement and plans for the Bromley Mental Health and Wellbeing Hub

Bromley has just completed procurement of its Recovery and Rehabilitation Accommodation based support and floating support services. The new service will start on 1st October 2024 and is a joint initiative between SEL ICB (Bromley) and London Borough of Bromley. The new specification consists of one residential care home, eight supported living/shared housing services and 300 individual floating support hours per week. The service is expected to support 135-150 people per week.

In 2021, Bromley established the Bromley Mental Health and Wellbeing Hub – an innovative NHS/voluntary sector partnership service to deliver improved outcomes for adults with mental health challenges in the borough. This new service was established as a three-year pilot and provided us with the opportunity to trial new ways of working. Within the Hub, programmes were set up around drug and alcohol support, housing advice, inequalities work and benefits advice. The outcomes of this new way of working have been positive with more people able to access support in their community and a dampening of the increasing level of demand for secondary mental health care in Bromley. Given these outcomes, work is now commencing to permanently procure a Bromley Mental Health and Wellbeing Hub.

One area of immediate change will be to enhance the existing adults mental health single point of access to include a greater range of services including Bromley Talking Therapies. The intention is to bring together existing mental health community services including employment support and help for new mums within the umbrella of the Hub. This will create a comprehensive offer in the Hub which is planned to go live by 1st April 2025.

Update on Strategy

The SEL Joint Forward Plan (JFP) incorporates the One Bromley 5 Year Strategy. Bromley has taken the opportunity of the annual JFP refresh to update our expected strategic change deliverables for 2024/25. These updates respond to learning from the successes and challenges experienced in delivery in 2023/24, and reflect the context of the system facing financial, population and performance challenges. A key focus for Bromley in 2024/25 is therefore governance for delivery: supporting strategic change and the development of neighbourhood teams through aligned strategic oversight, challenge, and support as well as a shared approach to evaluation. The borough is also working through the implications for the local integrated urgent and emergency care model to ensure it seamlessly dovetails with the 111 model procured across the Integrated Care System (ICS), as well as collaboratively refining and delivering a sustainable model for

primary care. These are crucial elements in the system architecture and sit alongside the borough's other priorities of delivery of proactive and high quality care closer to home – with particular focus on the needs of our young people and frail elderly population. Across all this work the borough will be doing more 'once' for One Bromley recognising the availability of expertise and resources for business as usual and change.

Enhanced Care in Care Homes

Many areas of the Care Home Programme (underpinned by NHSE's Enhanced Health in Care Homes (EHCH) framework) are progressing well. Recent achievements include:

- i) **Deterioration management tool (RESTORE2™) training** - delivered to 97% of care settings across Older Peoples, Learning Disability and Mental Health. Over 300 staff were upskilled to recognise/manage deterioration of residents and to train their peers. The tool is being firmly embedded with the ongoing system-wide support across One Bromley and London Ambulance Service. Escalation pathways have also been strengthened.
- ii) **Action Falls training** - delivered to 40 care settings. Over 1,000 staff were upskilled to use the multifactorial falls risk assessment and action planning tool (Action Falls). 16 homes were trained as part of the University of Nottingham's Falls in Care Homes (FinCH) implementation research study which has led to the tool being recommended for national rollout in the updated EHCH framework.
- iii) **Digital transformation** – the digital maturity of care homes has greatly improved over the past year. All eligible homes are Data Security & Protection Toolkit (DSPT) compliant and most have adopted NHS mail and proxy access. In March 2024, 88% of care homes had Digital Social Care Record (DSCR) systems, exceeding the national target of 80% of care homes.
- iv) **Care Home Multidisciplinary Team Intervention (winter project)** – over winter 11 Older People's homes in the Top 20% (based on hospital conveyances) were given extra support via a multidisciplinary (MDT) team. Alongside care home staff, the MDT meetings were attended by colleagues across Bromleag Care Practice, PRUH (Geriatrics), St Christopher's, Oxleas, London Ambulance Service (LAS) and the ICB. Comprehensive geriatric assessments, Advance Care Planning (via the Universal Care Plan platform) and Structured Medication Reviews were conducted for the most complex/multi-morbid patients, leading to the provision of personalised proactive care in line with the individual's wishes.

Bromley Speech and Language Therapy, Universal and Targeted Model – Update

As part of a going programme of work led by the ICB on developing an enhanced model of therapies in Bromley, the London Borough of Bromley has confirmed a significant additional funding allocation towards the implementation of a universal and targeted offer for children's speech and language therapy.

This initiative aims to better support children at an early stage, thereby reducing the demand for Education, Health, and Care Plans (EHCPs). The funding will be directed towards expanding access to speech and language therapy services in schools, creating communication friendly educational settings and delivering services at a universal and a targeted cohort of children and young people.

By offering timely support and interventions, the goal is to address communication challenges effectively, preventing them from escalating into more complex issues that necessitate EHCPs.

This initiative reflects a proactive approach to children's development and well-being, emphasising early intervention and prevention strategies. By investing in speech and language therapy services and training, the Bromley partnership aims to create a supportive environment where every child can reach their full potential, ultimately reducing the need for specialist services and ensuring better outcomes for children across the board.

2. Princess Royal University Hospital and South Sites

Princess Royal University Hospital (PRUH) Site Chief Executive Update

For the year 23/24 the Trust committed to not overspend its planned budget by £49 million by the end of March 2024 (~2.8% of the total budget). Whilst our year end position is yet to be confirmed, 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. We took immediate steps to reduce the deficit as much as possible by year-end (March 2024) whilst keeping our patients safe. Whilst we have not yet agreed our final 2024-25 plan, work on our recovery plan that will make us financially sustainable in the longer-term continues across the organisation.

The number of patients on our waiting list for the trust reduced from 107,530 at the end of December 2023 to 104,320 by the end of February 2024 (reduction of 3210). At the end of February, the Trust had 40 patients who waited 78 weeks or more (increased from 16 in December with the majority of these being Orthopaedic patients).

Staff across all King's College 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 16th April 2024, over 180,000 patients have signed up.

During February 10,960 patients attended the Emergency Department (ED) and the Urgent Care Centre (which is 1516 higher than this time last year). Despite this pressure, our emergency access performance for ED improved for a fifth consecutive month. Our all type of attendance for February was 65.00% with our 12-hour Decision-To-Admit breaches during February as a Trust reduced to 674 with 410 attributed to the PRUH. PRUH has a target of achieving 70% for March.

Cancer treatment within 62 days of post-GP referral is not compliant but improved to 57.48% for December (target 85%). Faster Diagnosis Standard compliance also improved from 55.92% in November to 62.31% in December which remains below the national target of 75%. The cancer backlog has reduced in line with our agreed trajectory.

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted February performance against the national threshold of 36.25% across both sites (against the 5% threshold). The number of 6+ waiters has decreased by 848 to 9769 patients waiting 6+ weeks at the end of February. Following the implementation of Epic we have seen significant issues with data quality, initially with our cancer performance but now with Diagnostics Waiting Times and Activity (DM01).

Despite the overall reduction in DM01 backlog the largest increase were seen in non-obstetric ultrasound, which rose by 196 with 6159 waiting over 6 weeks, followed by both Cardiology – echocardiography 1002 backlog cases and Neurophysiology – 750 backlog cases. To support a return to pre-Epic levels, the Trust has 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 has added time to the programme and cost for its specialist removal. We have also informed the Environment Agency. Piling for the unit has now been completed and groundworks are nearing completion.

The Neonatal Intensive Care Unit (NICU) environment is delayed due to the previously reported delay in the supply of pendants. Expected to be complete by Quarter 1.

The provision for 16 new beds and expanded High Dependency Unit (HDU) provision was completed by March 2024.

The new Magnetic Resonance Imaging (MRI) scanner arrived on site on 17 March, this has been installed and is going through its final commissioning currently.

Day surgery unit improved fire compartmentation works completing. As we are increasing utilisation of the unit the safety of the unit is being correspondingly improved.

Off-site we have secured £0.5m funding from Macmillan to complete a Cancer Information Centre in the Glades shopping centre, Bromley. The discussions on location for the unit are continuing.

In senior leadership changes, Roy Clarke has been appointed as, Chief Financial Officer and he started on the 11th March for 12 months. Beverley Bryant, Chief Digital Information Officer has resigned and will leave the organisation in August 2024. David Behan has been appointed as the new Chairman with a start date to be confirmed.

To further local partnership working we have a Primary and Secondary Care interface Task and Finish Group running and meeting every 6 weeks. A further meeting with the clinical directors is being arranged in May/June.

3. Bromley Council Adult Social Care

As we move into a new financial year, I am pleased to confirm that the Adult Services Directorate has been able to deliver on the Transformation target agreed with members last financial year. This has been in very large part to the energy and support of staff and managers within the service who have worked tirelessly to identify efficiencies and opportunities, none of which have directly had a negative impact on service quality or delivery.

We have now reached agreement with members to progress the Transformation Programme with Social Care Institute for Excellence (SCIE) which will optimise the use of digital, seek to simplify processes and offer opportunities for self-assessment for service users and their carers. The programme will deliver significant further efficiencies over a three year period and will be overseen by the small team led by Heather Sinclair-Constance.

The Council has also appointed a new permanent Director of Adult Social Services who will take up post later in the year. Kim Carey will be supporting her in the initial weeks as she finds her feet and Kim has also been asked to continue to support the Transformation Programme for one day a week. Kim would like to thank all partners for their support during the period she has been working in Bromley and recognises the excellent partnership working that exists, to the benefit of Bromley residents.

4. St Christopher's Hospice

New model of working

The Care Directorate reviewed the pathways of care through the organisation late in quarter 2 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, 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. This provision has continued to be honed throughout quarter 4.

As expected there have been some adjustments made as we learn how to provide care and support in this new way however when looking at the supportive data it is clear that our caseloads have increased by 19% since December. It is clear when looking at the caseload data for all teams that we are starting to see us reach harder to reach groups and start to address the inequality agenda as detailed in our Organisational Strategy. Individual nurse caseloads currently hold between 30 and 45 patients per whole time equivalent nurse. We have 18% more people living in a Care Home on our caseloads than we did when we made the changes.

As part of the changes, we wanted to see more people being seen in Outpatients. When compared to last year we can see month on month increases in overall outpatient activity with 750 people being seen in February 2023 against 1050 in February 2024 (29% increase). This

increase is in part due to the increase in people receiving telephone calls or home visits being invited to attend St Christopher's for their appointments. In February 2023 50 people were seen by the Community Team in Outpatients. This has risen to 150 in February 2024. This is positive for so many reasons however two striking reasons are it is economically preferable for us to see more people on site in addition to supporting people to understand the culture and offer of being within the St Christopher's building and being able to access a wider variety of supportive services to allow them to add quality to their life.

Anecdotal conversations lead us to believe that patients are surprised about the speed of our responses to their referrals to us which is positive and a trend that is not being replicated across the wider health economy.

In the last month we have implemented an Urgent Response team to improve our response times to those patients who need care in the here and now. This team is currently being staffed by our Physicians Associates in addition to nursing staff and some of the medical team. It is too early at present to evaluate the work of this team however day to day it is clear that we are far more responsive to need than we were.

Support for people with enduring mental health illness

As frequently reported there are increasing numbers of people being referred to us with enduring mental health illness. The Medical Lead and Care Director have considered how best to support our staff and these individuals with appropriate care and have felt that increased input from psychiatry would be beneficial. We have secured a Consultant Liaison Psychiatrist to start 1 day per week from the beginning of May to join our psychiatry registrar and consultant psychiatrist. She will be a welcome addition. Trustees also approved, in the 2024 budget, the new post of a Registered Mental Health Nurse to support our nursing colleagues in caring for people with mental health conditions. This role is currently being job evaluated, and when this process is complete, will be advertised. It will be interesting to evaluate this role over the coming 12 months and understand its impact on our teams and on patient care.

As previously reported, a meeting was convened in Quarter 3 with the Medical Director and Director of Nursing from Oxleas to discuss the issues St Christopher's were facing in accessing timely support for these individuals. It was a very positive meeting and there was agreement to take on a joint piece of work to improve working relationships across both organisations. This piece of work has yet to take off however we have applied to Dementia UK for part funding to support the employment of an Admiral Nurse. Oxleas have supported us in making this bid which is a positive move forward. Admiral nurses are specialist dementia nurses who are there for the whole family providing expert clinical, practical and emotional support. It is anticipated that if successful, the post holder will also support our clinical teams to develop more skills and confidence in supporting those people we care for who are living with dementia.

The Care Director applied for and was selected to become a participant on the South East London Systems Leadership Academy Collaborate Cohort. The focus of the programme is on system leadership and participants will demonstrate their motivation to play a role in the development of this in South East London, and not just a focus on personal leadership development more broadly. The programme is for 18 months and St Christopher's are excited to be a part of this programme to integrate further into the wider health economy.

Virtual wards

As previously noted in this report St Christopher's actively participate in the delivery of the Bromley Hospital at Home service (Palliative Pathway). This programme forms part of the SEL Virtual Ward programme. This has recently been evaluated.

Research

The clinical team are participating in a variety of pieces of active research which were reported more fully in the last report; they include;

- The CHELsea2 study (University of Surrey)
- Our work continues with the University of Hull to Evaluate Outcomes data ((Integrated Palliative Care Outcome Scale (IPOS))
- PROFRAIL (Patient Reported Outcomes for Frailty) – PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Outcomes and Experiences Study); Frailty; This builds on the previous work from the University of Surrey on frailty.
- We have hosted 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, is exploring community conversations around assisted dying.

In addition, we have received confirmation that colleagues we are collaborating with have been awarded funding to support the following pieces of research;

- 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.
- PalliatheartSynthesis II; Optimising delivery of integrated palliative care and heart failure services with Queens University in Belfast. This is a National Institute for Health and Care Research (NIHR) 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.

These two pieces of work will directly evaluate the clinical services that we have been developing as an integral part of the research.

Abstracts/Awards

We are delighted that our work has been accepted at Learning Disability abstract for presentation at the Palliative Care Congress (PCC).

We will be attending the European Association for Palliative Care (EAPC) congress in May to share further work from our outcomes data, frailty work and an evaluation of phenobarbital use across our In-Patient Unit (IPU) and community services.

An abstract of secondary analysis of our outcomes data 'Prevalence of symptoms reported by patients with gastrointestinal cancer, a secondary data analysis of integrated palliative care outcome scale data' has also been accepted for the Multinational association of supportive care in cancer (MASCC) conference in June.

St Christopher's is actively working with SELDOC (South East London Out of Hours Doctors Service) to put forward for a Health Service Journal award in the category 'Best use of Integrated Care and Partnership Working' in Patient Safety award.

Other Developments

- The role of an Advanced Nurse Practitioner on the In-Patient Unit has been recruited to and we are hopeful that the prospective candidate will start in late Spring/early summer.
- Homelessness project; this work continues.

5. Bromley Healthcare

Bromley Community Paediatrician Appointed to RCPCH Mental Health Advisory Committee

Dr. David Osoba, Head of Bromley Healthcare [Community Paediatrics service](#) and Designated Doctor for Safeguarding Children & Young People for the South East London Integrated Care Board in Bromley, has been appointed to the Mental Health Advisory Committee of the Royal College of Paediatrics and Child Health (RCPCH). In this advisory volunteering capacity, Dr. Osoba will contribute his clinical experience and expertise to influence national policy on children and young people's mental health. His focus areas include neurodiversity, gender identity issues, and LGBTQ+ concerns—topics he has been deeply involved with in his work.

Celebrating Ramadan, Easter, and Eid at Bromley Healthcare

Bromley Healthcare celebrates Ramadan, Easter, and Eid with our staff and patients annually. Alongside our celebratory messages, we offer support and advice during Ramadan to make sure those observing are able maintain their health and wellbeing. We also give advice to all our non-Muslim colleagues to make sure they are able to offer and provide support during the fasting period.

During Easter this year, our Urgent Community Response team organised a staff raffle to raise money for MacMillan Cancer Support, raising a total of £350. We also held a special event at Foxbury Rehabilitation for our patients who were with us over the bank holiday weekend.



Launching Radar Healthcare

We have upgraded our local risk management system at Bromley Healthcare called [Radar Healthcare](#). This system helps us better monitor and handle risks, ensuring that our patients receive safe care. Radar Healthcare improves the process of how we report incidents and assess risks, providing us with immediate and useful information to help improve our services. The rollout of this system is a key step in our ongoing commitment to maintain excellent safety standards and improve our operations. We are confident that Radar Healthcare will greatly assist us in continually enhancing the care we offer to our communities.

Performance

Vacancy across the organisation remains at around 8% as at Mar '24, with pressures in specific services being addressed. Improvements were seen in Education, Health and Care Plan (EHCP) delivery targets for the children's services and waiting lists across all services continue to be managed. Friends and Family feedback remained above target at 98% for Feb'24.

Patient Thanks to Foxbury Rehabilitation Ward

At Foxbury Rehabilitation, we recently received a heartfelt gesture from a patient who expressed their gratitude through art. After they were discharged, the patient gifted the team a beautiful piece of artwork they had painted. The painting is of a farmer from the 1930s who provided shelter and food to those in need. The patient shared that our team had "put him back on his feet." The painting now hangs in Foxbury as a reminder of the meaningful connections formed there and the difference that compassionate care can make to peoples' lives.



Public School Nursing Outreach and Engagement

Our School Nurses have been actively extending their outreach. This period saw our Bromley 0 to 19 School Nursing team engaging with local youth clubs and attending parents' evenings. Their efforts focused on important health topics like vaping, promoting healthy choices among young people and their families. These initiatives aim to build a foundation of health awareness that can influence lifelong habits and decisions. By directly engaging with the community, our nurses are not only providing essential health education but are also making our services more accessible and relevant.



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

New Chair of Oxleas NHS Foundation Trust

Professor Andrew George MBE has been appointed as Chair of Oxleas NHS Foundation Trust taking over from Andy Trotter OBE on 1 May 2024. Andrew George is an immunologist who has worked in Southampton, USA and at Imperial College London. He held several roles at Imperial including Director of the Graduate School before moving to Brunel University London where he was Deputy Vice Chancellor, Education and International. He is co-chair of the UK Committee

on Research Integrity, and Deputy Chair of Surrey and Borders Partnership NHS Foundation Trust. Andrew has played a key role in leading research ethics in the NHS and currently is on the Board of the Health Research Authority. He was awarded an MBE for services to research participants and research ethics.

Andy Trotter's role at Oxleas came to an end this year as he has completed his third, and final, term of office. Andrew has been appointed by Oxleas Council of Governors as Chair for a three year term of office.

Oxleas graduate scheme

This is the third year of our successful graduate programme. We recruit up to 20 places each year and, this year, the directorates taking part are community mental health, adult learning disabilities, children and young people and acute and crisis mental health.

This year's advertising campaign has just closed and has resulted in 220 applications. The graduates undertake a two year programme with us including a training programme and the opportunity to complete a service improvement/quality improvement project and present at a conference with a conference paper listed in the programme.

Care Quality Commission Community Mental Health Survey

In April 2024, the Care Quality Commission published the results of the 2023 Community Mental Health Survey. The 2023 community mental health survey received feedback from 14,770 people who received treatment for a mental health condition between 1 April and 31 May 2023.

Responses were received from 265 people using services at Oxleas NHS Foundation Trust. The results for Oxleas community mental health services were either similar to or better than other trusts in the country. We performed above average in two domains: crisis care support and opportunities to give feedback.

The results are available at <https://www.cqc.org.uk/survey/12?filter=O>

Developments in Child and Adolescent Mental Health Services

Bromley CAMHS are pleased to share that the launch of the new integrated Single Point of Access (iSPA), in partnership with Bromley Y, went ahead successfully on 2 April 2024. This service is the route through which children, young people and their families access mental health and wellbeing services in Bromley. The team is made of practitioners from both services, coming together to ensure children and young people are placed on the right care pathway and strengthening the joint working between organisations. The service is planning a celebration event later in the year.

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

With regards to the Autism Spectrum Disorder (ASD) Diagnostic Pathway, work continues with colleagues in the ICB and at Bromley Healthcare to move towards a single provider model.

Development work is ongoing, with plans being finalised to address current waiting list backlogs ahead of new arrangements being implemented. Oxleas are partnering with Healios, a specialist online mental healthcare company that provide a range of high-quality services for NHS teams across the country, to provide additional capacity for ASD assessments. Healios will begin to receive Bromley referrals within the next few weeks.

Adult Mental Health Services

Our Adult Mental Health Bed Recovery Programme continues to gather momentum and we have started to see the impact in March/April with:

- a reduction in the number of admissions;
- a reduction in the number of service users placed in private beds;
- a reduction in the number of service users with a long length of stay;
- a reduced average length of stay for new admissions.

The programme involves actions in the following areas:

Purposeful Admission

Working with clinicians to review admission criteria and explore alternative pathways of care within the community.

Flow and Discharge Process

Working with teams and partner organisations to reduce the length of time patients stay in hospital for treatment by increasing proactive discharge planning.

7. Bromley Third Sector Enterprise (BTSE)

Current Service Update

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

Last quarter saw 4241 (3750) referrals for (3231) 2916 individual clients, a significant increase from the previous quarter.

The new online referral form for has proved to be successful with 1169 professional and 1118 self-referrals since June 2023, which has simplified admin and data collection. With significant work between BTSE and Single Point of Access (SPA) colleagues we now have a SPA NHS email address. This is greatly simplifying referrals from NHS/Health partners.

We have developed a referral dashboard which details where Bromley Well Referrals come from. In the last quarter, January-March 2024, 3750 referrals were received from 2916 clients. Whilst most referral sources have remained broadly stable we've seen a notable increase in the number of self-referrals, schools and from other charities, whilst Social Prescriber numbers have increased as GPs have gone down (broadly same combined total).

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.

There has been significant increase in the 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.

The first training starts on 30 April 2024 and is fully booked.

Carers

The Carers Charter has been designed in-house by BTSE and presented to the One Bromley Executive with an action plan of promotion, staff training, identification and information for carers. David Walker has worked closely with London Borough of Bromley colleagues and discussed implementation with a range of partners including Primary Care Networks, Social Prescribers and Bromley Healthcare.

8. Primary Care Networks (PCN)

New Primary Care Network (PCN) Direct Enhanced Service (DES) Contract for 2024/25

Following the end of the five year PCN contract framework, the new PCN DES Contract was published at the end of March. The four key functions for PCNs are now defined as follows:

- Co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at PCN and practice level.
- Collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team
- Improve health outcomes for its patients through effective population health management and reducing health inequalities.
- Target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care.

With flexibilities introduced for PCN funding and Additional Roles staff, PCNs will be working throughout the year to support practices with capacity pressures, particularly with regards the provision of better telephony, more online consultations and faster care navigation as part of NHSE's aim for practices to move to total triage within the Modern General Practice model. Telephony data will be nationally extracted from October 2024 to measure metrics including call volumes, call waiting times, abandoned call rate and call backs made. PCNs continue to develop neighbourhood teams with other PCNs and One Bromley partners to deliver more at-scale healthcare through initiatives such as Health and Wellbeing Cafes, and prioritise health inequalities initiatives such as the digital inclusion projects.

Digital Inclusion Project

PCNs are developing plans to invest in initiatives designed to improve access to primary care through digital routes. The aim is to improve the uptake of digital healthcare and reduce the disparity of uptake, using tools such as the NHS App for repeat prescription ordering, appointment booking and checking test results, online consultations, practice websites, automated registrations and remote care including Blood Pressure at Home. PCN plans will target according to gaps in uptake of the NHS App (broadly reflecting the socio-economic indicators for the borough), to fund initiatives, working with community partners, such as running education sessions in practices, libraries and community centres, producing information leaflets, workshops led by Patient Participation Groups, establishing practice digital champions and floorwalkers in GP practices to talk to queuing patients about digital access. Input from One Bromley partners on this important work would be much welcomed from Bromley PCNs.

Bromley rollout of new digital triage tool, Accurx

PCN Digital Transformation Leads have been supporting practices with the rollout across Bromley of a new digital online consultation tool following the end of the ICB's contract with eConsult. Accurx is expected to help access to healthcare, with features including a simpler online consultation form (patients can submit a request via the practice website or the NHS app), video consulting, two-way messaging, batch messaging via SMS, email and the NHS App and appointment self-booking. Practices can also use the platform to send health questionnaires and the results are saved to the clinical system.

Delivering Primary Care at scale

- Hayeswick PCN has commenced trial of a same day Access Hub to increase the capacity of same day/urgent appointments for GP appointments. Hosted by one practice, all five member practices have access to book their own patients. The PCN is also launching a Diabetes Hub utilising the PCN Additional Roles staff to ensure bloods are done and available prior to clinics.
- Crays PCN is developing an Obesity Hub for a targeted patient cohort, to be held every 6 weeks at the PCN Wellbeing Centre, utilising a PCN Dietician, Social Prescriber, Physiotherapist and Mental Health Practitioner. Patients will given guidance on cost effective, healthy meals, free walking groups, personal goals and ways to encourage motivation.
- Bromley Connect PCN undertook a quality improvement project reviewing patients with Chronic Kidney Disease (CKD), looking at cardiovascular risk factors and optimising medication. A patient education event was held in a church hall and where appropriate,

blood or urine tests forms provided and follow up appointments made. Patient feedback was very positive, with a greater understanding of the condition and more engaged with their care. The PCN has also further developed its eHub to include more same day access for patients (an extra 14,500 appointments per year) with doctor first triage to ensure continuity of care.

- Orpington PCN and Five Elms PCN have partnered with Health Innovation Network to introduce a holistic lifestyle management programme, as well as physical activity sessions, to help patients avoid developing cardiovascular disease.
- Beckenham PCN has partnered with HCA Healthcare to provide monthly patient education webinars. Also planned is a telephone hub, accessed via an option on the surgery phone lines, where patients can book appointments directly for Additional Roles staff as well as ask questions about Pharmacy First, NHS App and online consultations.
- All PCNs are developing innovative remote monitoring hubs as part of the Blood Pressure at Home project. Through the hubs, hypertensive patients are provided with blood pressure monitors and guidance about their readings, with clinical intervention to provide treatment if necessary. Through this initiative, PCNs are working to improve efficient and effective hypertension management in primary care.

Bromley PCNs would welcome any interest from One Bromley partners in working collaboratively with PCNs on delivering primary care at scale.

9. Bromley Public Health

Bromley Homeless Health Project

The Bromley Homeless Health project showcases what can be achieved with local collaboration and partnership. The project is a joint initiative sponsored by Public Health in the London Borough of Bromley (LBB), funded by One Bromley Local Care Partnerships (NHS SEL ICB), delivered through Bromley GP Alliance and operating out of Bromley Homeless Shelter.

The project aims to improve access, and reduce barriers, to health services within Bromley for our homeless population. Across the three years lifespan of the project, we are working towards a number of specific outcomes. These include working with a wide range of stakeholders to facilitate stronger health partnerships, to map and improve health pathways. The project is working to develop a training programme for partners, based on service user needs, to improve accessibility for homeless patients once the project comes to an end. This training will lead to the creation of a 'Charter' to demonstrate service provider commitment to improving access.

The core work of the project is undertaken by a full time Nurse Practitioner, supported by a part-time Care Co-ordinator, who have established a specialist homeless health triage and assessment clinic, co-located within Bromley Homeless Shelter. Homeless patients are seen and supported to register with a GP and engage with follow up care, and the clinic gathers data and information around patient needs to inform the wider outcomes.

The project has been able to demonstrate measurable success because of the exceptional partnership working within our borough. The hard work and dedication of the team at Bromley

Homeless Health Project was recognised at this year's Improvement and Efficiency Social Enterprise' (iESE) Transformation Awards, the Project is also a finalist in the Celebrating Collaboration category at this year's One Bromley Recognition Awards.

The Project was awarded 'Silver' in the iESE Working Together category, an award that specifically recognises outstanding projects that bring together multiple contact points and remove barriers between organisations to make access, and resources, easier for the customer.

Our success is based on –

- Our exceptional partnership working, not just between public sector agencies but also with our local charitable sector partner – Bromley Homeless Shelter
- The ability to pool resources and capitalise on existing assets to address the emerging needs of this vulnerable population group.
- A team of dedicated practitioners who are passionate in championing and meeting the needs of our homeless community.
- Committed partners willing to enhance and strengthen pathways of care through collaborative working, including mental health and urgent care.
- Measurable impact on individuals resulting in ease of access and better health and wellbeing for over 85 homeless clients in the first year, demonstrated through client testimonials.
- Adapting the project to meet emerging needs; the work has recently expanded to include Mental Health support and in the words of one client, the service is a 'Godsend'.

10. Bromley GP Alliance (BGPA)

Winter Illness Hub

Friends and Family test feedback from Winter Illness Hubs has been overwhelmingly positive with 100% of patients that completed the survey, rating their consultation as 'Good' or 'Very Good', and more than 50% saying that without the appointment they'd have contacted 111 or attended the Accident & Emergency department.

Final evaluation included general statistics as follows:

Care completed by GP = 74%

Care completed by GP with diagnostics (microbiology/bloods) = 13%

Referred onto Urgent Care = 1%

Referred to specialist = 4%

Practices made good use of all available appointments (Monday- Saturday). Sunday appointments available solely for NHS111 and Urgent Treatment Centre (UTC), utilisation was lower in these clinics.

Easter GP Hubs

BGPA provided an Easter Hubs service running from the 20th March to 4th April based at the PRUH to help support the increased pressures on UTC. Over the course of the hubs, BGPA saw 310 patients providing additional support at a time when UTC reported some of their

busiest days in 2024. Feedback from Urgent Care has been that they really benefited from use of the hubs and the process had become seamless.

Bromleag Care Practice (BCP)

The Spring COVID booster programme commenced Monday 15th April. All homes have now been given the date of their vaccination visit.

BCP is also set to resume its round of 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, BCP has increased its workforce and MDT roles including GP and practice nursing. It has already been shown that their skills and experience are proving to be very beneficial to the team, allowing the care practice to boost their quality of care provided to patients. Our practice nurse has now completed her cervical screening training to help increase uptake for our screening programme and will be undertaking these at Beckenham Clinic. The practice is interviewing for a Clinical Pharmacist next week.

BCP has just been awarded a new 5-year contract for the provision of services to support nursing, residential and extra care housing residents. The weighted list has increased to 5000 patients.

Homeless Health Service

The Bromley Homeless Service celebrated its first anniversary on 1st March 2024. During the year, the team has given 400 consultations, helped register 44 clients with a Bromley GP, issued 44 prescriptions and raised 9 safeguarding referrals.

The team asked clients what they would have done if they had not been seen by them on that day: 29 clients would have gone to UTC/A&E and 115 clients would have ignored their problems.

The Mental Health Nurse has joined the team for a session each Thursday. An optician session has been booked for the end of April and the team is working with Age Concern to try and secure podiatry sessions for our clients.

The average time spent per consultation is approximately 45 minutes per client.

The team is checking with clients that all routine health checks are up to date e.g. smear tests, mammograms, and FIT testing and offering support to get these done if they are not up to date.

The team is looking to ensure wide borough coverage and is in discussion with Living Well in Penge to see how we can set up a clinic with their service. The team is also aware that there is an increase in people who are homeless in Orpington and are therefore arranging to have a base in Orpington Hope Church in the Walnuts Centre to offer healthcare support.

The team is planning to visit each surgery within the borough to advertise the service and distribute a poster and leaflets that can be displayed and given out as required. The team wishes to strengthen links and communication and offer support.

Out of Hours Service

The Out of Hours GP service commenced supporting the London Ambulance Service (LAS) 111 with triage calls on Friday 5th April 2024. This follows two successful pilots over the past 18 months.

By supporting LAS with triage calls it is increasing the activity of the Out of Hours service.

The flow of calls is determined by the capacity of the doctor on shift and they will advise the supervisor if they are able to support with triage. The supervisor will make slots available for 111 to book directly into via GP connect as directed by the GP.

It has been agreed that there will be ongoing support with triage and that this is not a pilot. Bromley Healthcare will review the activity and together with colleagues at BGPA will implement any changes to ensure that the service supports as many patients as possible.

Learning Disability Annual Health Checks (LDAHC)

The LDAHC Coordinator at BGPA has supported practices to increase the number of LD annual health checks completed in 23/24. The support included the completion of pre check questionnaires with patients, the review of any reasonable adjustments, and the booking of appointments. Additionally, the LDAHC coordinator completed telephone reminders for the appointments, with the aim to reduce the number of DNAs. Latest figures indicate that 83.2% of the LD population received their annual health check this year. This was an 8% increase from the previous year. Feedback from practices has been that the support has been beneficial, ensuring they met Quality and Outcomes framework (QoF) and Investment and Impact Fund (IIF) targets.

Community Phlebotomy

BGPA is in discussion with the ICB regarding the laboratory relocation to Blackfriars from its current location at the PRUH in Orpington scheduled for 24th June 2024. Synnovis the pathology provider will be providing the courier service and collection of bloods across the community sites. BGPA is awaiting confirmation from Synnovis regarding the transport (courier) arrangement as this will impact upon the current community service which currently provides its own courier service.

One Bromley Local Care Partnership Board

DATE: Thursday 9 May 2024

Title	One Bromley Communications and Engagement Activity Report 2023/24	
This paper is for information		
Executive Summary	<p>The One Bromley Communications and Engagement Activity report for 2023/24 highlights the work undertaken to effectively communicate and engage with stakeholders, people, and communities in Bromley. Our commitment to transparency demonstrates the impact of collaborating with local people on service development and improvements.</p> <p>The report covers two main areas:</p> <ul style="list-style-type: none"> • Engagement to support delivery of One Bromley integrated programmes and partnership initiatives. • Individual organisational engagement supporting delivery of services. <p>By working with Bromley people and communities in a timely and meaningful way, we aim to increase the likelihood of services aligning with their needs, improving their overall experiences, and ultimately leading to better health outcomes. Communications and engagement are integral enabling functions that contribute to the successful provision of proactive, personalised, and integrated care.</p>	
Recommended action for the Committee	The Committee is asked to note the annual C&E activity report. The report will be available online alongside information on how to get involved in our work. It will also be promoted on the South East London Let’s Talk Health and Care platform to help illustrate the breadth of communication and engagement work undertaken in Bromley.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Risk: Ensure we take a transparent approach to how we engage with Bromley people and communities, by involving them in a meaningful and timely way and ensuring we provide feedback on how their involvement has made a difference.

		Mitigation: Processes are in place as part of our programme office to ensure communications and engagement is planned early and that outcomes from all engagement activity is captured and fed back into the system.
	Equality impact	Our approach encompasses the need to engage with those most likely to be impacted by any changes, using methods and approaches that are more likely to be successful with different communities and groups. Robust equality monitoring is undertaken, covering the nine protected characteristics within the Equality Act.
	Financial impact	No.
Wider support for this proposal	Public Engagement	Not applicable as the report contains information on the public engagement undertaken.
	Other Committee Discussion/Internal Engagement	One Bromley Communications and Engagement Workstream
Author:	Kelly Scanlon, AD for C&E NHS South East London Integrated Care Board	
Clinical lead:	Dr Andrew Parson, GP and Clinical Lead for One Bromley LCP	
Executive sponsor:	Paulette Coogan, Director for People and Systems Development	

COMMUNICATIONS AND ENGAGEMENT ACTIVITY REPORT

2023-24



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1. INTRODUCTION

Welcome to the 2023/24 Communications and Engagement Activity Report for the One Bromley Local Care Partnership¹.

This report outlines how Bromley health and care services are working with local people and communities to inform, shape and co-design their care and services. This engagement is vital in ensuring that services are not only responsive and aligned with the needs of the community, but also contribute to enhancing experiences, reducing health inequalities, and improving health outcomes.

The report covers two main areas:

- Engagement to support delivery of One Bromley integrated programmes and partnership initiatives.
- Individual organisational engagement supporting delivery of services.

By working with Bromley people and communities in a timely and meaningful way, we aim to increase the likelihood of services aligning with their needs, improving their overall experiences, and ultimately leading to better health outcomes. As a local care partnership comprised of health, care, and voluntary services, we are dedicated to empowering the community to actively participate in their own health and the development and delivery of services. Communications and engagement are integral enabling functions that contribute to the successful provision of proactive, personalised, and integrated care.

2. PARTNERSHIP WORKING

The One Bromley Local Care Partnership brings together local NHS health providers, Bromley council, commissioners, and voluntary sector organisations to formally work together to deliver better care for all. Working in this way means services can be better co-ordinated and ensure residents get the help they need when they need it. One Bromley is made up of health, care, and voluntary services, working together to deliver integrated care.

Bromley has a long and successful history of working collaboratively together to communicate and engage with people and communities. The One Bromley communications and engagement workstream represents all One Bromley organisations together with members of Healthwatch Bromley and Community Links Bromley. Working together we are better able to reach and interact with many more people, voluntary and community groups.

The workstream is responsible for supporting the delivery of One Bromley programmes, advising the One Bromley Executive on the messaging and approach to communicating with internal and external stakeholders and the engagement of key partners, particularly the public, enabling them to meaningfully influence integrated care.

¹ One Bromley Local Care Partnership is part of the South East London Integrated Care System which covers Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

The emphasis on the importance of communication and engagement reflects our dedication to ensuring that the voices of Bromley people and communities are heard and incorporated into the ongoing development and delivery of health and care services in Bromley.

3. OUR APPROACH

Our approach to engaging with Bromley people and communities is informed by the South East London Integrated Care System's People and Communities Strategic Framework.

This framework outlines the ambition and approach for working with people and communities across south east London and is based on the following foundations:

- being accountable to local people and ensuring we are transparent
- making decisions, setting direction and priorities in partnership with people and communities
- working with people and communities in new ways to transform health and care and support health and wellbeing.

We use the South East London ICS' 'Let's Talk Health and Care' platform for people and communities to share their ideas, discuss important topics, provide feedback, and get involved in conversations about health in south east London.

Information about One Bromley and the work we do together is promoted online through web pages and social media.

- **The web pages** are part of the SEL ICS (Integrated Care Systems) website and provide information on integrated care, keeping well, working with us and how to get involved. www.selondonics.org/OneBromley
- **The X** (previously Twitter) account @OneBromley promotes our work. Partners share information to amplify important health and care messages through their own social media platforms to help us reach more people.

Effective communications and engagement, clear and sound messaging, good co-working, engagement with staff, partners and the public are essential to delivering the aims and priorities of One Bromley Local Care Partnership. Working collaboratively on shared priorities enables us to have greater reach across all stakeholder groups and communities by using all the various networks available to all partners.

In addition to routine feedback on services, we also engage and involve the public and other stakeholders in a variety of ways, based on how much influence they can have and what would be proportionate to the change or improvement we are considering. We always look at the insight we have collected already through engagement or patient experience data. This provides us with a good starting point to plan what else we need to find out and who we need to reach and hear from.

We have a One Bromley Patient Network with over 200 members and a Community Champion programme. Both enable us to gather views from Bromley people and communities and contribute to the delivery of high-quality care. Other ways in which we engage include:

- Targeted work with those people and communities most likely to be impacted by any service changes and improvements.
- Invites to the public and those with lived experience to take part in surveys.
- Focus groups and events to share experiences and inform our plans.
- Patient/service user led groups working with our Bromley organisations.

Our engagement must be meaningful and evidence how people and communities have shaped, informed, or challenged our thinking. We are committed to feedback to those we have engaged with,

4. ACTIVITY

4.1 One Bromley Integrated Programmes and other partnership initiatives

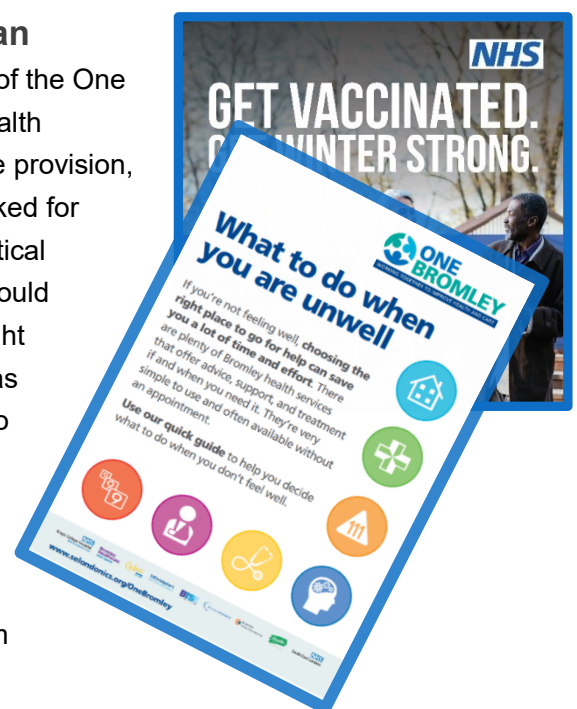
This section describes how we have communicated and engaged with Bromley people and communities to inform the development and delivery of One Bromley integrated care during 2023/24. Some of these programmes have involved working with other multi-disciplinary teams and programme leads across the Bromley system.

Support delivery of the One Bromley Winter Plan

Communications and engagement are important components of the One Bromley Winter Plan, through supporting both public winter health

information and system messages on service provision, pressures, resilience, and escalation. We asked for advice from our clinical leads on the most critical groups to reach and what information they would need to keep well over winter and use the right service at the right time. This year's focus was on getting targeted information to groups who are more vulnerable and at higher risk of becoming unwell over winter such as children and families. For some areas we created new content and for others shared information and advice already available from

national and local sources.



What we did	
Public	<p>Produced a range of materials to help manage common ailments in children. The ‘keep your child well in winter’ booklet has been widely promoted with adverts in the Bromley Council resident magazine and other online platforms. Posters and booklets distributed to several services including A&E (Accident & Emergency), UCC, providers, children and young people services, family centres, GPs, and Bromley primary schools. Copies shared with harder to reach communities through winter outreach activity.</p> <p>Use the right service at the right time – our ‘what to do when you are unwell’ leaflet is available online and has been advertised in the council’s resident newsletter. Printed copies made available to front line services and an easy read version has been made available to those organisations working with people with learning disabilities.</p> <p>Vaccinations – leading a comprehensive approach to promoting vaccinations. Print, online and outreach events using the Bromley Community Health Champions to encourage uptake. Pop up clinics promoted in areas of low uptake and paid for social media advertising to target at risk groups with lower uptake.</p>
System	<p>Winter updates for staff working in Bromley services, including updated service directories, an event for GPs and winter bulletins with information on referral, additional appointments available and other service capacity etc.</p>
Outcomes	<ul style="list-style-type: none"> • COVID BOOSTER <ul style="list-style-type: none"> ○ 46% of eligible people ○ 69% of housebound patients ○ 84% of Care home residents • FLU <ul style="list-style-type: none"> ○ 75% of over 65s ○ 63% of those aged 65-74 not at risk ○ 48% of 2- to 3-year-olds <p>Bromley early years and primary schools promoted the <i>Keep Your Child Well this winter</i> booklet to families. Positive feedback has been widely received from families and schools.</p>
Next steps	<p>Learnings will be used to inform winter 2024. Children’s winter health information will continue to be promoted all year round with condition specific leaflets made available.</p>

Work with us in Bromley

One Bromley is committed to ensuring we have a workforce able to meet the current and future needs of Bromley people and communities. The One Bromley Work with Us campaign aimed to encourage more people to come and work in Bromley.



What we did

A 'Work with us in Bromley' recruitment campaign was developed delivering positive messages about working and living in Bromley through the voices of staff. New webpages were developed as well as a campaign plan and a range of materials featured staff from across One Bromley organisations. Messaging was informed by a staff survey and was applied to a range of professional videos, social media posts and animations, posters and give aways such as bookmarks and business cards. Meetings were held with the Department for Work and Pensions and the campaign was promoted at career fairs, online, through social media and at other events.

The campaign ran in two bursts. The first burst ran for six weeks in May 2023. It drove people to the [website pages](#) where links to jobs, videos and other careers related content was available. The campaign was evaluated based on website hits and social media interactions. All One Bromley partners were encouraged to share and amplify the social media messaging which appeared across Twitter, LinkedIn, Facebook, and Instagram.

The second burst ran for four weeks from October 2023. Additional fresh content was developed and a paid for social media campaign was undertaken to target working age adults living in a nine-mile radius around Tunbridge Wells using social media algorithms. The aim was to reach those who may be commuting to London for work and to promote the opportunities available in Bromley.

The campaign has been shared across south east London to support the SEL Work with Us recruitment hub.

Outcomes	Burst 1 – Up to 6 Sept 2023, there were 1,593 user visits to the website pages ² over 40,000 social media impressions from the core accounts (the number of times the campaign appeared in a social media feed ³).
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² From those who accepted cookies, the real number will be higher.

³ The actual number will be much higher as this figure does not include interactions from partners retweeting these posts on their own platforms.

⁴ A view is counted when the following occurs and varies by format: a person watches 30 seconds of the video (or the duration if it's shorter than 30 seconds) or interacts with the video.

	Burst 2 – During the four-week campaign, there were over 105,000 impressions from paid adverts on Facebook and nearly 30,000 views on the YouTube adverts ⁴ .
Next steps	The campaign’s promotional assets continue to be promoted as part of our routine communications. A further campaign burst is being planned for Autumn 2024.

Move of hospital based paediatric neurology clinics

Moving care closer to people and communities is a key strand of the One Bromley strategy, and a commitment within the NHS Long Term Plan to ensure we meet changing health needs.

In April 2023, plans were made to move the hospital based paediatric neurology service to two special schools. The service would run alongside current community services and enable children to be seen at school rather than travelling to hospital for their neurology care.

What we did	
	<p>Parents, whose children were affected by the proposed move of the hospital based paediatric neurology service to two special schools, were informed and invited to share their views on the proposal.</p> <p>The service would run alongside the current community services. The move affected 45 children across Riverside and Marjorie McClure special schools. Every family affected by the change was written to with an explanation of the proposed changes and an opportunity to join an online meeting to hear about the proposals and ask questions. Each family could send questions in directly if they were unable to attend the online session. The clinical/commissioning team met the two schools involved to ensure they were in support and able to respond to any enquiries from the families involved.</p>
Outcomes	The online event was held on 24 April 2023 led by Dr Dennis Grigoratos, King’s and Drs David Osoba and Raghu Prasad from Bromley Healthcare. Five families attended the online event and had their questions answered. Other questions were submitted by email. The move was welcomed, and new clinics commenced in May 2023.

Adult hospital at home

Hospital at home services (or virtual wards), provide a safe and efficient alternative to hospital care. Individuals, who would otherwise be in hospital, receive acute care, monitoring, and treatment in their own home.

Following on from the very successful children’s hospital at home service, the adult service was established in 2023. Those with lived experience of the service were involved in the ongoing development of the service model.



What we did

A series of collaborative design workshops were held with healthcare professionals and those who have used the service. The purpose was to gather feedback on the care provided and consider what improvements could be made. This co-design approach resulted in four distinct themes which underpin the service model. These are: **people focused outcomes** – using personalised care plans to meet the needs of individuals; **accessibility** – providing information on the service in multiple formats including video and multiple languages; **use of technology** – introducing accessible remote monitoring technology and **clear information** about the service developed in partnership with patients. Patient case studies and experiences are used in staff training and individuals who have used the adult hospital at home service have been invited to attend board meeting to share their experiences and help shape specific areas of the service. This reflects our commitment to inclusivity, continual reflection, and learning, addressing health inequalities and enhancing the patient and carer experience.

A new suite of information materials for the adult hospital at home service have been developed including accessible leaflets in the most used languages and videos to explain and promote the service.

Outcomes

Working in such a collaborative way has honed the service's focus on patient experience. The outcomes demonstrate that person-centered care is not just a philosophy but a practicable approach that can be systematically designed and delivered. Through person-centred design and care delivered at home, patients in this service have a greater understanding of their condition and treatment, more autonomy in their care, and report significantly better experiences.

Patient feedback has been excellent.

“What a difference. Nurses had time to discuss treatment, were kind and gentle, 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.”

“Beforehand my mum was lying in A&E for three days and the doctors couldn’t find out what was wrong with her. I thought 2 weeks ago I would be planning her funeral but instead because of your amazing team, we celebrated her birthday”.

Improve uptake of cervical cancer screening

Whilst the uptake of cervical cancer screening in Bromley is higher than other south east London boroughs, it is just below the national target. A programme of work was undertaken to analyse and understand the barriers to screening within the borough. Furthermore, enabling a targeted approach to be put into practice to improve uptake and close the inequality gap.



What we did	
Working with the Clinical Lead for Cancer, Bromley primary care team and Public Health, a Health Equity report was developed which included the outcomes of a public survey capturing views on accessibility and barriers to cervical screening. The survey was widely promoted using print, video, and online information.	
Outcomes	<p>Over 300 responses were received to the survey, and the following recommendations were agreed:</p> <ul style="list-style-type: none"> • Address the identified barriers which impact on residents having cervical screening. • Provide clear, accessible information about cervical screening, with targeted interventions aimed at those groups who have lower uptake. • Share the outcomes from our findings with cervical screening providers and clinical practice to jointly consider any adjustments to the service provision and training. • Work with those practices who have lower uptake of screening, sharing good practice and initiatives that are working elsewhere in the borough.
Next Steps	<p>Several actions have been agreed and ratified by the Bromley Cancer Working Group. These are:</p>



	<ul style="list-style-type: none"> • Produce a range of accessible promotional materials, targeted to relevant audiences, which address the barriers to cervical screening as identified by the survey results. • Promote these materials and make them widely available to Bromley residents. • Work with general practice and cervical screening providers to address the issues raised through the survey. • Offer practice education and resources to help increase screening uptake. • Offer targeted interventions to encourage those from underrepresented groups to come forward for screening.
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One Bromley Strategy

In 2023, the One Bromley 5 Year Strategy was developed with an ambition to improve the wellness of Bromley people and communities. This will be achieved by prioritising prevention, focussing on 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.



What we did

In May 2023, a One Bromley strategy stakeholder event was arranged at Community House Bromley to share the headlines from the SEL ICS (Integrated Care Systems) and One Bromley five-year strategies and to discuss plans for neighbourhood working to support delivery of the strategy.

The event was targeted at stakeholders representing local community services, voluntary organisations, faith groups, community champions, libraries, leisure, and health services.

Fifty individuals signed up for the event and 35 attended. Table discussions were facilitated, and outcomes captured. The report of the event was shared with all attendees. The feedback

received was used by the Bromley strategy leads to shape and inform the One Bromley five-year strategy and delivery plan⁴. A summary of the One Bromley strategy was produced for the event to explain our plans. The questions asked during the session were:

- Are you aware of any health needs in the borough which are not currently being met? What are these and where are they?
- How might neighbourhood working make a difference to meet these needs?
- Which community organisations and groups should we be working with to reach our population – particularly those who are more vulnerable and at risk of poor health?
- How can we work with you and these groups to engage with these people and communities?
- Is there existing work being undertaken in local communities that we should be building on?
- Are there local examples of good joint working that should be shared more widely?

Outcomes	Feedback from these sessions has been used to develop our approach to neighbourhood working. A series of King’s Fund workshops focused on the delivery of the One Bromley strategy were held during 2023/24 and a new Executive group is being developed to ensure the right governance is in place to drive forward the development of neighbourhood working.
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Bromley Child Health Integrated Partnership (B-CHIP)

New integrated health teams to provide more integrated and responsive services for children launched in Bromley in 2023 in the Crays and Beckenham primary care network (PCN) areas. This has since expanded to cover a further three PCNS (Penge, Bromley Connect and Five Elms). These teams, delivering local clinics, are being managed through the Bromley Child Health Integrated Partnership (B-CHIP)⁵.



The B-CHIP clinics operate as a network of services drawing in the many health, care and support services families and children need, facilitated by a multi-disciplinary team (MDT) from a range of Bromley services. The primary aim is to reduce waiting times for children to see a paediatric consultant in an acute setting. During 2024, the clinics will be rolled out across the rest of the borough and once established, aim to develop further to incorporate more services.

Integrated care delivered at a neighbourhood level is a key priority in the One Bromley Strategy.

⁴ A copy of the outcome report is available on request

⁵ Made up of One Bromley partners including ICB, PCN, BHC and King’s

What we did

Developed supporting branding to improve visibility and understanding of the service. The South East London Children and Young People's Transformation team, in partnership with NHS England developed a promotional video about integrated children's teams to encourage other areas across London to develop similar models of care. The video⁶ features three Bromley clinicians explaining the model and the benefits to families.

To review the success of the model, clinicians, families, and children will be surveyed to understand and capture their experiences. Feedback will provide a robust steer as to how the service is delivered is delivered long term in the borough, as well as how refinements can be made whilst the pilot stage is still ongoing.

Outcomes

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".*

Next steps

Data on triage and clinic activity is being collected to provide robust performance reporting. Once the survey work is completed, outcomes will inform the final delivery model as it is rolled out across the rest of Bromley.

Community Health Champions

The One Bromley Community Health Champion programme continues to develop as more champions are recruited to help One Bromley organisations reach local people and communities with important health information. Champions come from all walks of life and give up their time voluntarily. They live, work, or have connections in Bromley and want to help us:

- Promote health and wellbeing
- Help us reach different communities
- Contribute to our work to reduce health inequalities



⁶ Dr Bhumika Mittal, Cait Lewis and Dr Shahid Karim

What we did

The One Bromley community health champion programme was established in 2022 and over the last year has seen an increase in activity and outcomes from local people working with us to promote health and wellbeing. Our first [Community Health Champion annual report](#) is available online and sets out what has been achieved.

We invest in our champions by providing them with regular updates both online and face to face, training on different subject matters, briefing on campaigns and health initiatives and offer development opportunities. In return, they share information with communities we may not reach routinely, provide insight and intelligence on how some communities respond to information, share their lived experiences to inform our work and provide more capacity to do community outreach. Our champions also benefit by being involved and making a difference, it provides a sense of purpose and opportunity to gain new skills and confidence.

Outcomes

Champions have been involved in a range of activities and more detailed information is available in the annual report referenced above. These include:

- Vaccination promotion.
- Support to campaigns such as *Know your numbers and keep well over winter*.
- Long COVID awareness including films and practical advice. One of our champions appeared on the BBC News promoting the work.
- Outreach work in the community to promote health information and signpost to services.

Next steps

- Strengthen and build relationships in the community in order to reach more people.
- Recruit champions that represent those groups who experience greater health inequalities.
- Build their skills and experience to work independently and to confidently engage in areas of higher deprivation and where there is a poorer uptake of preventative healthcare and higher use of emergency and urgent care.
- Develop a robust reporting mechanism to capture interactions with Bromley people and communities and how these inform and feed into the various One Bromley programmes and priority areas.

The One Bromley Champions programme successfully applied for [an Innovation Fund Award](#) to create health and wellbeing events in the borough, aligned with local health needs. The champions will work closely with local Primary Care networks and partners in the health and voluntary sector to deliver the events in 2024, ensuring they align with other ongoing health related projects.

Unpaid Carers Charter

In 2023, Bromley Council published its statutory Carers Plan. A key recommendation was to develop an all-Age Carers Charter to set out the collective commitment to carers and expectations of what services carers can expect. Also, to have a common approach to how they are engaged, supported, and consulted.

The development of the Unpaid Carers Charter in 2023, was led by Bromley Well and was informed by a wide range of carers and wider voluntary services that support unpaid carers. The Charter was approved at the end of 2023 and sets out several commitments to support carers. It focuses on four themes: identification, information, support, and voice. The aim is to raise awareness of carers and be committed to identifying and supporting them, with improved training and awareness of carers issues, leading to better outcomes.

Are YOU a Carer?

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

If you are a carer, it's important to look after your own health.

Support for

BROMLEY WELL

Bromley Well provides a free support service for unpaid carers in Bromley borough.

As well as helpful information, support and guidance, it can be useful to register if you are trying to access certain grants or other local services.

Don't forget to register as a carer with your GP too!

INFORMATION FOR UNPAID CARERS

TELL YOUR GP

You have the right to be registered as a carer on your patient notes.

- You will be contacted regarding any public health campaigns.
- You can discuss the needs of the person you care for if you are patients of the same practice.

FREE FLU AND COVID VACCINATIONS

You are entitled to free flu and COVID-19 vaccinations this winter.

Book by **calling 119 free of charge** before 14th December 2023 if you cannot book online.

Where to book your free vaccinations in Bromley

[selondonics.org/bromley-walk-in-clinics](https://www.selondonics.org/bromley-walk-in-clinics)

CAREER'S ASSESSMENT

If you are over the age of 18 you are entitled to a Carer's Assessment. The assessment will look at how caring affects your life, including for example, physical, mental and emotional needs, and whether you are able or willing to carry on caring.

For more information about being an unpaid carer visit Carers.org Trust of carers.org

020 8461 7777

Or complete an online form (quickest method)

www.bromley.gov.uk/CarersAssessmentForm

What we did	
	Unpaid carers, registered with Bromley Well, were involved in the development of the Unpaid Carers Charter. They were engaged through several opportunities, including face to face consultation events and meetings. Around 70 Bromley Third Sector Enterprise Associate Member charities were engaged. As a first step in raising awareness 4,500 promotional fliers explaining how to access carers support, including vaccinations were delivered to services across the borough including GP practices, health and wellbeing cafes, community centres, foodbanks, libraries, and charities.
Outcomes	The new Unpaid Carers Charter was approved at the end of 2023 and all One Bromley organisations have signed up. This illustrates the collective commitment to carers and ensures we will all work together to ensure carers are consistently engaged, supported, and consulted.
Next steps	The Charter will be launched during Carers Week 10-16 June. All One Bromley partners have committed to prominently display the Charter.
	It will also be promoted with carers and services that support them. An action plan sets out how we will increase identification of carers and provide clear, consistent

	information with training and information sharing for staff to help raise the awareness of the role of unpaid carers and how they can be supported.
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Childhood vaccinations

Ensuring children are protected by having their routine vaccinations is a priority for Bromley. As well as using national and local campaign activity to do additional promotion of the importance of vaccinations, this messaging is used all year round and outcomes/uptake reported at the Bromley Immunisations Board.

What we did	
<p>Different groups were targeted with information to help encourage uptake. This included:</p> <ul style="list-style-type: none"> • Education settings – including regular webinars, letters, resources etc for teachers, early years providers and homeschooled children. • Drop ins at Children and Family Centres. • Focused activities with young people such as a Youth Health and Wellbeing evening, attending Bromley College’s Freshers week and the development of a youth champions programme pilot. • Advertising on a wide range of platforms including radio, social media, print and online materials. • Focused work with different demographic groups including the Gypsy Roma Traveller population and Somalian community. • Community networks including through faith groups, food banks, holiday activity programmes, children’s services, and schools. • Information provided in winter health materials including the ‘keep your child well this winter’ guide which was promoted in the Bromley Council magazine distributed to every household. • Training updates and webinars provided for clinical staff (nurses, health visitors, community nursery nurses) and non-clinical staff to make every contact count. • Family health and wellbeing events were organised in areas where vaccination rates are lower, which supplemented the established events such as Penge Festival, Sports and Wellbeing festival and Churches Together Orpington. 	
Outcomes	<p>Information and messages about childhood vaccinations have been promoted widely through a variety of approaches. Collaboration and relationships with partners have been strengthened through use of consistent messaging and making every contact count. Feedback obtained from community engagement work has been used to tailor and improve communication approaches with different communities and improving attendance to pop-up vaccination clinics.</p>

Bromley Homeless Health Project

The One Bromley Homeless Health Project, provided in partnership with Bromley Homeless provides healthcare, vaccinations, advice, and treatment to those who are homeless or at risk of homelessness. The service engages widely with various networks to provide high quality care to those in need. In terms of communication and engagement, the recent focus has been on promoting what is provided to ensure the service can expand and be recognised within the wider community.

What we did	
Over the last year, the service has engaged with a wide variety of groups and networks to help it develop and grow. This includes the range of One Bromley partners, as well as other groups such as social prescribers, Department for Work and Pensions, charities, and other networks. In order to share the Bromley approach and learnings, engagement beyond the borough has taken place including with Greenwich Council (who are looking to replicate the Bromley model) and Homeless Health services in Deptford, Lewisham.	
Outcomes	Attendance and presentations at meetings with various stakeholders helps the Homeless Project to expand and to be recognised amongst the wider community. The team has strengthened relationships with local health care providers in order to deliver a bespoke and niche service to those in need. The service has won two national awards. The Homeless project of the year at the Affordable Housing Awards and a Silver award for Working Together at the iESE Transformation Awards.
Next steps	After a successful first year, the service will expand to include more services such as podiatry and dentistry. Further networking meetings are planned, including the London Network of Nurses and Midwives meeting with a focus on homelessness.

Bromley Mental Health Hub

It was a long-standing aim in Bromley to establish a single point of access for adult mental health services as set out in the Bromley Mental Health and Wellbeing Strategy 2020-25. The new Bromley Mental Health Hub is an integrated community mental health service delivered in partnership between the NHS (Oxleas) and voluntary services (SEL Mind). The new model of care means service users receive the support they need from one joined up team rather than navigating a complex system.

What we did
A communications plan developed between Oxleas and SEL Mind set out a range of activities to raise awareness of the Bromley Mental Health Hub including:

	<ul style="list-style-type: none"> - An event for stakeholders to explain the service and describe the inequalities project work taking place. The event was well attended by a range of partners and closed with a performance by the Wellbeing Choir and a networking event in the garden of the Beckenham south east London Mind Centre. - Publicity information to promote the service and what is available to both services and service users. - Develop a new website to provide information about the new Hub service (in collaboration with Greenwich and Bexley Hubs), including what was on offer and how to access support. - Use of social media to promote the service.
Outcomes	<p>The stakeholder event was evaluated and found that 100% of attendees had found it useful and improved their understanding of the new Bromley Mental Health Hub.</p> <p>The website officially launched on 8 April 2024.</p>
Next steps	<p>Develop more information about the service including:</p> <ul style="list-style-type: none"> • Information pack including videos and leaflets. • Service brochure for GPs • Ongoing development to the website based on service user feedback. • Further work on social media to share information about the service and increase number of followers and interactions.

Special Educational Needs and Disabilities

In 2023, a month long celebration of children with special educational needs and disabilities (SEND) ran. The aim was to strengthen relationships with parents and carers and ensure they are fully included in decisions about their children and are confident their needs are being identified and met.

What we did
<p>A month long celebration of young Bromley people with SEND was arranged to promote their many accomplishments and recognise the many people who make a difference to their lives.</p> <p>Activities included:</p> <ul style="list-style-type: none"> • Art Exhibition in the Pavilion to enable young people to celebrate friendships, diversity, differences and hopes for the future by using their many artistic talents. • Virtual Question Time with the student council at the Glebe Special School, the Director of Children's Services and SEND programme manager. The students spoke about their hopes for the future and want support they need to achieve them. • Local offer marketplace for parents and carers, providing the opportunity to find out more about the services and support available.

	<ul style="list-style-type: none"> • Participated in the planning of workshops for parents and carers from Black, Asian and Minority Ethnic communities to help empower those who may experience isolation and stigma • Information stations were set up in children and family centres. • Joined meeting to hear lived experiences of those with Autism, which was shared with the Bromley All Age Autism Board to inform priorities and next steps.
Outcomes	<p>There was good feedback from the range of activities with parents and service providers enjoying the market place event. <i>“It is incredible to know there is such a range of services available to help us”</i>.</p> <p>The month long celebration ended with a Bromley SEND Stars event. This provided a fantastic opportunity to share and celebrate the achievements of children and shine a well-deserved spotlight on families, service providers, carers, schools, and anyone who makes a difference to the lives of young people with SEND and their families.</p> <p><i>“It was a truly wonderful afternoon and to see so many inspirational children and families who advocate SEND throughout our Borough was an extremely humbling experience”</i>.</p> <p><i>“We cannot wait for next year and look forward to using this year to continue to provide all that we can for our children and families”</i>.</p> <p><i>“If I may use three words to sum it up, I'd say uplifting, authentic and important”</i>.</p>
Next steps	Plans for the next annual event are underway.

4.2 Bromley Organisational Activity

This section provides examples of how One Bromley organisations have engaged with Bromley people and communities to inform development of their services.

Purpose	Activity	Outcomes and impact
NHS South East London (which includes Bromley)		
South East London People's Panel survey on NHS 111 To understand the views of south	Membership of the People's Panel includes local people representative of the local population according to Census 2021 data according to age, gender, ethnicity, and borough. Surveys have been carried out on the following: <ul style="list-style-type: none"> • NHS 111 	NHS 111 – the analysis of the findings will inform the development of the service specification of the new NHS 111 service across south east London


Purpose	Activity	Outcomes and impact
east Londoners on a range of topics	<ul style="list-style-type: none"> • Where people go to access services and get information and advice about health and care. • General health and wellbeing (which included focus groups as part of the Anchor listening exercise – see further below) • Further detail on the People’s Panel and the detailed findings can be found at South East London People's Panel Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org) 	The findings of the survey about access, information and advice are informing our year-round communication campaigns to help people navigate the NHS and the development of first port of call messaging
Improving antenatal and maternal health across south east London	The Local Maternity and Neonatal System (LMNS) commissioned organisations to engage with those from underserved communities to better understand challenges faced to improve access and experience. Further information is available online.	Initial findings include: <ul style="list-style-type: none"> • Variations in care experienced by migrant women • Challenges with language and communication • Inconsistent access and lack of culturally sensitive services • Impact of absence of family support and financial constraints Findings were presented at an event in March 2024
Overprescribing project To understand people’s views and experiences of taking many medicines; what is important to them to help identify the support needed improve care and be empowered to	Two webinars were held in July 2023, and a survey and chat forum were published as part of the project page on the SEL on-line engagement platform Face to face engagement sessions were held at community groups across south east London including at the Bromley Asian Cultural Association.	Themes include: <ul style="list-style-type: none"> • the importance of active dialogue and communication including professionals being able to listen and patients and carers being empowered to raise issues • the importance of shared decision making

Purpose	Activity	Outcomes and impact
<p>be equal partners in conversations and decisions about medicines.</p>		<ul style="list-style-type: none"> • the need to review prescribed medicines regularly and for people to know about medicines reviews <p>An action plan has been developed to address the above issues.</p>
<p>Anchor Alliance listening exercise on what is stopping you and your community from thriving</p>	<p>A range of engagement activity took place across south east London including workshops, one to one sessions, survey, virtual listening events, online chat forum and focus groups to ensure we heard from a diverse group of people. Further information is available online.</p>	<p>Insight captured across five key areas:</p> <ul style="list-style-type: none"> • Children, young people, and parents • Mental health and social isolation • Migration and race • Work, wages and cost of living • Housing <p>This insight informed the development of pledges which were presented at a Community Health Assembly in November 2023 where community and NHS leaders came together to commit to them. Actions include funding and working with VCSE organisations including Bromley Third Sector Enterprise and Bromley Mencap to work with underrepresented communities to identify solutions on reducing barriers to careers in anchor institutions.</p>
<p>Ears, Nose and Throat (ENT)</p>	<p>Webinars, on-line survey, and chat forum. More information is available online.</p>	<p>A new service has been commissioned.</p>

Purpose	Activity	Outcomes and impact
To understand peoples' experiences of the service to inform the service specification for a new community ENT service.	Two people with lived experience were recruited to be part of the procurement process.	
NHS SOUTH EAST LONDON INTEGRATED CARE BOARD (BROMLEY)		
New Bromley Health and Wellbeing Centre To involve residents, patients, and other stakeholders in the plans for a new Health and Wellbeing Centre in Bromley town centre.	Programme board includes two patient representatives. Site visits for local councillors and updates to Dysart Surgery patient participation group. Online event held in December 2023 to provide an update on the plans and answer questions. Updates and recording of engagement events available at www.selondonics.org/OneBromleyHWBC	Ongoing involvement is feeding into the process and informing layout, facilities, and access. Regular project board meetings and further face to face engagement is planned for 2024.
Implementation of the new patient triage system in GP primary care services.	A new patient triage system was commissioned by NHS SEL for implementation in all GP practices. This would replace previous online consultation systems and enable patients to make contact online or via the phone to request appointments and ask questions. A communications toolkit was produced to help promote the new system across primary care services.	The new system was introduced in a phased approach and completed by the end of March. There will need to be ongoing monitoring to ensure it is meeting the needs of practices and improving the ways in which patients can access primary care services.
Hold a patient network event on Access to share information on changes in general practice and how they can access the help	Online event held with practice participation group chairs and patient network members which addressed a range of issues including: <ul style="list-style-type: none"> • How could your PPG help your practice's patients adapt to the changes in general practice? 	Patient leaders welcomed the opportunity to raise their concerns about when changes to general practice would be developed, what is being done to support digital inclusion for older people,

Purpose	Activity	Outcomes and impact
<p>their views, experiences and needs to help local primary care become better for everyone.</p>	<ul style="list-style-type: none"> • What could improve the experience of waiting on the phone at your GP practice? • How can we reassure patients about care navigation (triage/assessment and direction to the right service)? • Could you encourage fellow patients to try the NHS App? • Do you have feedback or ideas to improve your practice's new website and online services? • How could your community pharmacy be of help to your practice's patients? 	<p>questions around the estates strategy, which vaccinations are available at pharmacies and how they can be involved with decisions around telephony system improvements. It was a valuable session that highlighted the work underway across PCNs and practices on access and how patient representatives can be fully involved with improvements to general practice.</p>
OXLEAS NHS FOUNDATION TRUST		
<p>Oxleas' first people's Choice award as part of the established Recognition Awards</p>	<p>Opportunity to vote from 30 teams/individuals who had been shortlisted for an award in our various award categories. Members including staff and public were invited to vote.</p>	<p>4,719 votes received, with the winner announced at the Oxleas Recognition Awards event on 4 December 2023.</p>
<p>To fulfil statutory obligations. To seek people's views on our strategic priorities to shape a new strategy for Oxleas. To provide links for people with local partners.</p>	<p>Annual Members' Meeting and community event in Bromley included the opportunity to visit community stalls from Oxleas and partner organisations. Table discussions on strategy. Public Health provided health checks.</p>	<p>Feedback from table discussions will feed into strategy development.</p>
<p>To inform a new Estates Strategy for the trust</p>	<p>Estates Survey including environmental/sustainability questions shared with all members including staff and associate members, and the public.</p>	<p>Feedback reported into the Council of Governors. Feedback in general supported the trust's direction of travel for its estate.</p>

Purpose	Activity	Outcomes and impact
To generate discussions on our current strategy and future priorities	Member focus groups (in-person and online). Opportunity for members to participate in discussions with executives and governors around the trust's strategic direction. Also, opportunity to hear about South London Listens and how to get involved.	Feedback fed into strategy development plans.
PRINCESS ROYAL UNIVERSITY HOSPITAL – KING’S COLLEGE HOSPITAL NHS TRUST		
To support the user-led Princess Royal University Hospital Maternity Voices Partnership (MVP) to improve the experiences of those using maternity services and contribute to the development of maternity care in Bromley.	<p>The MVP committee is made up of current and previous service users, maternity staff, and commissioners. This small group of enthusiastic and active volunteer service user members of the committee have been involved in various projects working in partnership with the Princess Royal University Hospital and King’s College Hospital.</p> <p>The MVP activity report for the last year is available online and sets out the wide range of projects and initiatives the committee are involved in and the difference they are making.</p>	<p>More detail is available in the MVP activity report</p> <p>Outcomes include:</p> <ul style="list-style-type: none"> • Completion of a special care baby unit survey which informs improvements to the unit and communication. • Early loss pregnancy survey with outcomes discussed with professionals to inform a larger project looking at information provided and how to access, procedures in place and post loss support. • Production of new personalised care pocket guides. • Several Instagram live sessions were well attended and well received, with an opportunity to ask midwives questions.
BROMLEY THIRD SECTOR ENTERPRISE		
Raise the profile and awareness of women’s health,	Ran an open event called “Bromley Women’s Wellfest” in October 2023.	Around 120 people attended plus stall holders and speakers. Fantastic

Purpose	Activity	Outcomes and impact
<p>with a focus on Menopause. Bring different practitioners together from all sectors.</p>		<p>opportunity to consider and share insights on women's health. Built connections across organisations working in the borough, statutory, private and charity sectors. Positive feedback from those who attended:</p> <p><i>"The event was great. I like that there were nurses taking blood pressure, that speakers gave us concrete examples and advice, and that the financial aspect was also addressed."</i></p> <p>And service providers:</p> <p><i>"It was a great experience, and we had lots of people approach us with concerns about their loved ones [...] We'd love to be a part of next year's event and do a talk/run a session."</i></p> <p>Bromley Croydon and Women's Aid</p>
<p>Increase awareness of Warm Centres during the winter months. Building on the work done in this area the previous winter.</p>	<p>The Bromley Warm Centres map was updated and continues to be promoted extensively through social media and partners.</p>	<p>Warm centres map is widely available.</p>
<p>Quarterly forums take place for all Bromley Well services to capture feedback</p>	<p>Bromley Well's Learning Difficulties team held a summer picnic - a relaxed event where clients were asked what topics they would like workshops to cover.</p>	<p>As a result of this feedback, several activities were put in place including:</p>

Purpose	Activity	Outcomes and impact
<p>on what is provided and future direction of services.</p>	<p>Feedback included:</p> <ul style="list-style-type: none"> • Planning for the future including pensions and funeral plans. • Reducing loneliness • How to vote • Cost of living • Understanding different services. 	<ul style="list-style-type: none"> • A new Wills and Probate Workshop attended by a local solicitor. • Workshop on reducing loneliness with the Bromley Loneliness Champion. Areas covered included volunteering and attending social groups to help become part of the community. • Workshop to help people to vote by sorting out their photo ID. • Workshop with social prescribers who described their roles in GP surgeries and the Annual Health Checks that are available. • More partnership workshops set up to advise on the cost of living.
BROMLEY HEALTHCARE (BHC)		
<p>To inform our Clinical and Quality Strategy</p>	<p>A survey was shared with a random sample of 10,000 patients who use BHC services in December 2023.</p> <p>Online community engagement sessions were run to discuss priorities and key actions to achieve these.</p>	<p>570 responses to the survey. Feedback has fed into the development of the Clinical and Quality strategy. Further engagement will be held to review the action plans for each division.</p>
<p>To work with local people to shape the development of our new public-</p>	<p>Face-to-face engagement has taken place with parents and carers to identify areas for improvement for the 0 to 19 website.</p>	<p>Feedback will be used to refresh the websites.</p>

Purpose	Activity	Outcomes and impact
<p>facing websites, including the Bromley Healthcare website, Bromley Talking Therapies website and Bromley 0 to 19 service.</p>	<p>User testing is being undertaken to ensure the Bromley Talking therapies website is user-friendly, accessible, and relevant.</p>	<p>We will be working with young people directly to produce health content specifically for young people aged 11-19.</p> <p>A focus group will be run with service users and staff to build the new main website.</p> <p>We will be working with a service user who has complex physical and learning difficulties to assess the accessibility of our services across all sites, review information on the website and build this up by adding photographs and instructions about accessing our services to each webpage.</p>
<p>Developing a new Lived Experience Advisory Group (LEAG) to empower local people in shaping decisions we make as a healthcare organisation</p>	<p>A group of service users, including roles like LEAG Chair and Co-Chair, Equality, Diversity, and Inclusion (EDI) partner, and Patient Safety Partner will work together with BHC's Chief Executive, divisional, and service leads to review and develop actions the influence our healthcare decisions.</p> <p>Eight 2-hour meetings will be held annually, focusing on varied topics like delivering our organisational priorities, as well as service performance, transformation, and change.</p> <p>The Chair and Co-Chair will report back to the BHC Board twice a year.</p>	<p>We have recruited 20 people with lived experience to the Group and provided induction training to all members.</p>

Purpose	Activity	Outcomes and impact
	<p>The patient safety partner and EDI partner will also sit across other groups and committees and have a responsibility for reporting this back to the LEAG.</p> <p>Members must 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 to support them in this group.</p> <p>Find out more about the LEAG online.</p>	
ST CHRISTOPHER'S		
<p>Increase awareness of St Christopher's services and accessibility across the communities the hospice serves</p>	<ul style="list-style-type: none"> Public perceptions research completed with over 2,000 people living across the five boroughs the hospice serves (including Bromley) to better understand the barriers that stop people from accessing hospice care and to test new messaging and visual identities for the hospice aimed at improving access and overcoming these barriers 15 in-depth interviews with people from ethnic minorities who said they wouldn't choose to access hospice services to better understand why this is and how we might address this. 	<ul style="list-style-type: none"> Launch of revised verbal and visual branding of the hospice with the aim of improving accessibility of our services for the community and increasing awareness of who we are and what we offer Out of home advertising campaign (totalling 200 sites) focussing on people supported by the hospice locally ran throughout November and February. These adverts focussed on tackling the barriers identified by the public which stop them from accessing our care with each key quote translated into the next

Purpose	Activity	Outcomes and impact
		<p>most highly spoken language in their area to improve accessibility.</p>
BROMLEY PRIMARY CARE NETWORKS		
<p>To keep PCN and practice staff up to date with developments.</p>	<p>A new Bromley PCN newsletter for practice and PCN staff was launched and is provided quarterly.</p>	<p>Provides regular information about how PCNs are working with practices to bring more integrated healthcare to Bromley residents.</p>
<p>To keep patients up to date with developments in PCNs.</p>	<p>Several PCNs have established regular patient newsletters to provide information about new primary care services available in their local area.</p>	<p>Information shared on a range of services such as Blood Pressure testing at home, health and wellbeing cafes, Young Mums Hub, Enhanced Access, Same Day Access Hubs as well as self-referral services.</p>
<p>Improve access to online information about PCNs.</p>	<p>Each of the eight Bromley PCNs have established patient-facing websites. Information is available on PCN services, the new roles in primary care, job vacancies, patient events and talks and how to get involved through patient participation groups.</p> <p>NHS SEL ICB has also invested in the provision of improved practice websites. Community Health Champions were involved in the development of these.</p>	<p>Improved online experiences, with a better 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.</p>
<p>Improve access to primary care services.</p>	<p>In line with the new NHS Delivery of Recovering Access to Primary Care, Bromley PCNs have undertaken a range of activities to communicate and engage with their patients to support changes to general practice services. This has included promoting the</p>	<p>New cloud telephony systems enable patient callback. Online services have been expanded and front desk care navigation to support patients.</p>

Purpose	Activity	Outcomes and impact
	<p>Friends and Family Test, alongside other surveys, workshops and focus groups.</p> <p>PCNs have delivered presentations at a number of patient participation groups to provide the opportunity for patients to ask questions. Discussions have included those about new developments and improvements, such as the introduction of Accurx Patient Triage, the new patient online consultation system - and the online patient services available on the NHS App.</p>	<p>Successful roll out of a new patient online triage system which manages demand for care and ensures people get an appointment at the right time based on the urgency of their needs.</p> <p>Bromley registered patients are amongst the highest users of the NHS app in London.</p>
Engage with patients to inform practice and PCN improvements.	A range of activity is undertaken with practice participation groups at both individual practice level and in some cases across a wider PCN footprint. This includes regular updates, surveys, meetings, volunteering at PCN mobile wellbeing cafes, promoting digital services and workshops for the NHS App, attending community events etc.	Outcomes of engagement through practice participation groups is fed into practice based and PCN work. New ways of communicating with the wider practice community have been developed including promotion of various campaigns, specific health events in some practices (focused on women and men's health) and in one PCN, the establishment of a Facebook page
BROMLEY COUNCIL		
Inform children, young people, parents, and schools about vaping.	Created a 'vaping in young people' information video with partner organisation Change Grow Live.	Feedback fed into future strategic plans. Information produced for use in other communications and health messaging about vaping. Provided appropriate content for youth health

Purpose	Activity	Outcomes and impact
		champions to use with other young people.
Inform the public about the new Kings' sexual health service	Provided editorial coverage of the new sexual health service and new site in 'Our Bromley' the new borough-wide council magazine launched in 2023.	Every household in the borough received notice of this service change and new site to visit for more information.
Raise awareness for neurodiversity	Supported and hosted the umbrella project in Bromley high street, an artistic exhibition that raised awareness of neurodiversity and reaffirmed support for helping neurodiverse people reach their potential.	The installation was seen by many residents in one of the highest footfall areas in the borough during the summer.
Highlight the work undertaken in adult care services.	Created a day in the life video that showcased staff who worked in adult social care across the borough.	The video was used at the Council's adult care awards. An event well attended by staff across the borough and an opportunity to showcase and celebrate their work.
To develop a partnership approach to regular education, health, and care (EHC) needs assessments.	Health representatives were included in monthly virtual EHC needs assessment information workshops, which are held with the purpose of informing parents and carers of the needs assessment process and provide opportunities to ask questions.	Positive responses from parents and carers. "Really helpful and useful all round information".

BROMLEY GP ALLIANCE

Purpose	Activity	Outcomes and impact
<p>Deliver the Bromley winter illness hubs to provide additional capacity over winter and capture feedback from staff and patients on the service.</p>	<p>The Winter Illness Hubs provided extra face-to-face GP appointments to patients across the borough.</p> <p>From October 2023 – March 2024, the Hubs delivered:</p> <ul style="list-style-type: none"> • Total of 11,300 extra GP appointments across the borough, including: • 268 appointments offered through UTC. • 2,073 appointments offered through 111. <p>Other statistics include:</p> <p>Care Completed by GP: 75% Referred onto specialist: 4% Referred back to registered GP: <1% DNA Rate: 8%</p>	<p>Feedback showed 100% satisfaction with the service.</p> <p>If the service had not been available 25% of patients would have gone to A&E and 32% would have contacted NHS 111.</p> <p>Face to face appointments were appreciated with 90% of patients reporting a telephone consultation would not have resolved their issue.</p> <p>Feedback from general practices was positive.</p> <p>“Significant impact on practice appointment availability”</p> <p>“Eased capacity pressure in the practice”.</p>
<p>Supporting the comprehensive winter vaccination programme.</p>	<p>Care Homes</p> <ul style="list-style-type: none"> • 1,260 patients were vaccinated. • Co-administered with Flu. • 34 care homes were completed before the deadline of 22nd October. <p>One Bromley Health Hub</p> <ul style="list-style-type: none"> - Total vaccinations: 14,510 – includes satellite, care home and housebound. 	<p>Collaborative work with Bromley Healthcare to support delivery of housebound cohort.</p> <p>Continued to support GP practices and PCNs.</p> <p>Feedback from 814 patients using the service at the Health Hub showed:</p> <ul style="list-style-type: none"> - 97% satisfaction rate. - 91.4% of patients booked online.

Purpose	Activity	Outcomes and impact
	<ul style="list-style-type: none"> - Offered walk-in appointments as well as bookings through the National Booking System. - A promotional video was produced and displayed on GP practice screens and on social media. The video encouraged patients to book through the National Booking System and accompanied several social media posts which included a direct link to book a COVID-19 booster. - Social media and website communications were produced/updated daily, working in close partnership with South East London ICB to align correct information. - A roller banner was also produced and displayed at the entrance of the One Bromley Health Hub which showed a QR code linking to the National Booking System and the 119 COVID booking number. 	<ul style="list-style-type: none"> - 3.3% used 119. - 5.3% were walk-ins. <p>Positive feedback was received:</p> <p>“Well organised and very kind staff”</p> <p>“Very efficient”</p> <p>“Nurse was caring and professional”.</p>

5. CAMPAIGNS

One of the many benefits of a collaborative approach to communications and engagement is using all partners to help promote important information to the public through their own networks and platforms. Over the last year, One Bromley partners have supported several campaigns and developments by sharing information and encouraging Bromley people and communities to get involved. This includes:

- Bromley Council developing a new Carers Strategy with a call for views from unpaid carers.
- Bromley Council seeking views from residents on its Adult Social Care Strategy.

- Cervical cancer screening survey to help inform an approach to increase screening uptake.
- Know your numbers campaign to help identify those at risk of hypertension. This was a multi-agency campaign, widely promoted and which through shared efforts led to an increase in the number of blood pressure checks. Nineteen blood pressure check stations were set up for the week long campaign with around 750 completed checks.
- Online and face to face events to capture views of Bromley residents on the SEL [Anchor Listening Programme](#). The aim of this programme was to understand what prevents residents from thriving.
- Promoting health campaigns and providing health and lifestyle advice at various events including the Penge Festival, BR1 Lates Festival of Sport and Wellbeing, Chislehurst Rocks, and others.

6. PROMOTING ACHIEVEMENTS

We work together to promote innovative integrated programmes so that these can be highlighted locally, through South East London Integrated Care System platforms, regionally and nationally.

Over the last year this includes:

- [Children’s Hospital at Home service shortlisted in the Health Service Journal awards](#)
- [Internship scheme helping young people in Bromley into employment.](#)
- [Success for healthy living in Bromley](#)
- [Bromley Well success with the Excellence for Carers’ Quality Standard](#)
- [Healthcare Homeless Clinics win national award](#)
- [Launch of the One Bromley careers campaign](#)
- [Promotion of the cervical cancer screening survey](#)
- [Celebrating a year of collaborative success at the Orpington Health and Wellbeing Café](#)
- [LaingBussion award for Children and Young people’s Hospital at Home community nursing team.](#)



7. LOOKING AHEAD

In the upcoming year, our commitment to effective communication and engagement with Bromley staff, residents and communities remains a priority.

We continue to ensure full compliance with statutory and legal obligations regarding community engagement whilst supporting the implementation of One Bromley priorities and plans - namely:

- Improving population health and wellbeing through proactive prevention and personalised care in order to promote healthier lifestyles and reduce the burden of disease.
- Delivering high quality care closer to home, strengthening neighbourhood working and services so residents receive the care and support they need in familiar and convenient settings.
- Ensuring good access to urgent and unscheduled care, improving the responsiveness and effectiveness of our healthcare system, ensuring residents get the appropriate care where and when it is needed.

For more information on the One Bromley Local Care Partnership, please visit www.selondonics.org/OneBromley

One Bromley Local Care Partnership Board

DATE: 9 May 2024

Title	Month 12 2023/24 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none"> • The SEL ICB financial allocation as at month 12 was £4,489,317k, which includes the historic surplus (£9,046k) so the in-year allocation is £4,480,271k • In reporting the month 12 position, the ICB has delivered all its financial duties: <ul style="list-style-type: none"> • An overall £46k surplus against the RRL. • Underspensing (£3,910k) against its management costs allocation; • Delivering all targets under the Better Practice Payments code; • Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard (over-delivery by £818k); and • Delivered the year-end cash position (£1,999k), well within the target cash balance (£4,875k). • The 2023/24 Bromley ICB/LCP place budget for the year as at Month 12 was £247,789k. • The Bromley outturn was £71k overspent which represents an £8k underspend against its control total of £79k overspent. 	
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

9 May 2024

Month 12 2023/24, SEL ICB Finance Report

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 12 Financial Position
3. Bromley ICB/LCP – 2024/25 Budget setting update

Appendix 1 – M12 SEL ICB Finance Report

- The SEL ICB financial allocation as at month 12 was £4,489,317k, which includes the historic surplus (£9,046k) so the in-year allocation is **£4,480,271k**
- In reporting the month 12 position, the ICB has **delivered all its financial duties**:
 - An overall £46k surplus against the RRL.
 - Underspending (£3,910k) against its management costs allocation;
 - Delivering all targets under the Better Practice Payments code;
 - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard (over-delivery by £818k); and
 - Delivered the year-end cash position (£1,999k), well within the target cash balance (£4,875k).
- The 2023/24 Bromley ICB/LCP place budget for the year as at Month 12 was **£247,789k**.
- The Bromley outturn was £71k overspent which represents an **£8k underspend** against its control total of £79k overspent.

2. Month 12 Bromley ICB/LCP Financial Position

M12 position

Bromley 2023-24 Outturn	Annual Budget £'000s	Annual Spend £'000s	Variance £'000s
Acute Services	6,861	6,885	(24)
Community Health Services	83,710	81,852	1,858
Mental Health Services	14,385	14,784	(399)
Continuing Care Services	25,042	25,664	(622)
Prescribing	47,071	50,557	(3,486)
Other Primary Care Services	3,694	3,516	178
Other Programme Services	1,954	54	1,900
Delegated Primary Care Services	60,751	60,668	83
Corporate Budgets	4,321	3,881	440
Total	247,789	247,861	(71)
Control Total			(79)
Underspend against control total			8

- The Bromley outturn was £71k overspent which represents an £8k underspend against its control total of £79k overspent. The significant in-year variances are summarised below.
- Prescribing – £3,486k overspent. This 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.
- Continuing Healthcare Services - £622k overspent. Since the beginning of the year the number of FNC [funded nursing care] clients has increased by 15%. 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.
- Mental Health Services - £399k overspent. The number of section 117 cost per case (CPC) placements has increased in year and is the reason for the overspend.
- Community Health Services - £1,858k underspent. This was primarily due to non-recurrent savings and delaying the release of new allocations. The two largest non-recurrent underspends related to Virtual Ward and Health Inequalities and these budgets are fully committed in 2024/25.

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

- 2024/25 Bromley Place budget was signed off by the Place Executive lead in March 2024.
- The latest Interim 2024/25 financial planning guidance has reduced the national tariff/cost uplift factor increase from 0.8% to 0.6% and is set out in the table below, the efficiency requirement has not changed from the original -1.1%.

Cost	Estimate	Cost weight	Weighted estimate
Pay ⁷	2.1%	69.3%	1.5%
Drugs	0.3%	2.4%	0.0%
Capital	0.8%	7.6%	0.1%
Unallocated CNST	0.6%	2.2%	0.0%
Other	0.8%	18.4%	0.2%
Total			1.7% ⁸

- 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 budget has been increased as last year prescribing budgets across all SEL ICB boroughs were significantly overspend, however the increase is not sufficient to fully fund outturn. Savings schemes in this area are being developed at this stage £1,340k has been identified in Bromley across a number of areas.

SEL ICB Finance Report

Month 12 2023/24

1. Executive Summary

- This report sets out the month 12 financial position of the ICB. As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m was represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon 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 which was reflected in month 09 accounts onwards.
- The ICB's financial allocation as at month 12 was **£4,489,317k, which includes the historic surplus (£9,046k) so the in-year allocation is £4,480,271k**. In month, the ICB's **allocation was reduced overall by £436,739k**, which included the removal of specialised commissioning funding (£454,576k), as this is to be included in the NHS England accounts. The ICB received allocations in respect of its carry forward historic surplus (£9,046k), depreciation funding (£2,687k), Elective Recovery Fund (ERF) payments (£2,488k), delegated pharmacy services (£2,360k), plus some smaller allocations.
- During month 12, the ICB made additional, planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions, thus net neutral to the overall ICS position. Accordingly, at month 12, the ICB reported a year end overspend of £16,827k against plan, which is a **£46k surplus against its revenue resource limit (RRL) excluding the historic surplus of £9,046k**. As reported in previous months, the key areas of financial pressure in the ICB were **overspends in prescribing (£20,616k) and continuing healthcare (CHC) (£5,569k)**.
- Ten months prescribing data was available as at year-end, given it is produced two months in arrears. Prescribing expenditure continued to be impacted by national price and supply pressures. The overspend was also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. Efficiency savings schemes were implemented, which mitigated this overspend.
- The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- Second Focus meetings with all 6 places were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each place. **As at month 12, all places delivered final year-end financial positions in line with their agreed targets.**
- In reporting this month 12 position, the ICB has **delivered all its financial duties:**
 - An overall **£46k surplus** against the RRL.
 - Underspending **(£3,910k)** against its management costs allocation;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard** (over-delivery by **£818k**); and
 - Delivered the **year-end cash position (£1,999k)**, well within the target cash balance (£4,875k).

2. Key Financial Indicators

- The below table sets out the ICB's performance against its key financial duties as at the end of 2023/24. As highlighted above in the Executive Summary, the ICB is reporting an overspend against plan of £16,827k which represents an overall **£46k surplus position against the revenue resource limit (RRL) excluding the historic surplus of £9,046k.**
- The table below shows the in-year allocations excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2023/24.**

Key Indicator Performance	Year to Date		
	Target	Actual	
	£'000s	£'000s	
Expenditure not to exceed income	4,463,397	4,480,225	
Operating Under Resource Revenue Limit	4,480,271	4,480,225	
Not to exceed Running Cost Allowance	39,433	35,523	
Month End Cash Position (expected to be below target)	4,875	1,999	
Operating under Capital Resource Limit	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	99.9%	
95% of non-NHS creditor payments within 30 days	95.0%	98.7%	
Mental Health Investment Standard (Annual)	439,075	439,893	

3. Budget Overview

M12 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	4,851	6,861	6,936	1,200	1,053	553	2,289,937	2,311,391
Community Health Services	20,331	83,710	35,708	25,540	24,703	32,651	241,474	464,117
Mental Health Services	10,443	14,385	9,142	21,503	7,016	7,589	497,796	567,874
Continuing Care Services	25,116	25,042	27,433	31,961	21,002	19,687	-	150,241
Prescribing	34,366	47,071	33,755	39,271	39,401	32,533	2,492	228,889
Other Primary Care Services	3,299	3,694	2,825	3,783	2,101	1,204	26,297	43,202
Other Programme Services	1,930	1,954	3,083	2,648	7,134	1,635	8,691	27,075
PROGRAMME WIDE PROJECTS	-	-	-	-	26	300	32,437	32,762
Delegated Primary Care Services	42,487	60,751	53,911	83,117	63,482	64,601	(1,975)	366,375
Delegated Primary Care Services DPO	-	-	-	-	-	-	208,189	208,189
Corporate Budgets	3,540	4,321	5,228	5,811	4,187	4,411	35,785	63,283
Total Year to Date Budget	146,361	247,789	178,021	214,833	170,104	165,165	3,341,124	4,463,397
Year to Date Actual								
Acute Services	4,670	6,885	6,824	211	852	78	2,290,001	2,309,522
Community Health Services	19,184	81,852	35,297	25,010	23,704	30,682	241,718	457,446
Mental Health Services	9,912	14,784	8,568	21,333	6,240	9,397	496,422	566,656
Continuing Care Services	26,051	25,664	27,857	32,743	24,640	18,854	-	155,810
Prescribing	37,542	50,557	38,214	42,002	43,332	35,677	2,182	249,505
Other Primary Care Services	2,904	3,516	2,327	3,735	1,930	1,155	24,297	39,864
Other Programme Services	49	54	161	261	(870)	213	38,992	38,861
PROGRAMME WIDE PROJECTS	-	-	-	-	26	216	28,772	29,014
Delegated Primary Care Services	42,490	60,668	53,840	83,379	63,855	64,923	(588)	368,567
Delegated Primary Care Services DPO	-	-	-	-	-	-	206,428	206,428
Corporate Budgets	2,712	3,881	4,932	4,787	4,120	3,883	34,238	58,553
Total Year to Date Actual	145,515	247,861	178,020	213,460	167,828	165,079	3,362,462	4,480,225
Year to Date Variance								
Acute Services	181	(24)	111	989	200	475	(64)	1,869
Community Health Services	1,147	1,858	412	530	1,000	1,969	(244)	6,671
Mental Health Services	531	(399)	574	170	776	(1,808)	1,373	1,217
Continuing Care Services	(935)	(622)	(425)	(782)	(3,638)	833	-	(5,569)
Prescribing	(3,176)	(3,486)	(4,458)	(2,731)	(3,931)	(3,145)	310	(20,616)
Other Primary Care Services	394	178	498	48	171	49	2,001	3,338
Other Programme Services	1,881	1,900	2,921	2,387	8,004	1,422	(30,301)	(11,786)
PROGRAMME WIDE PROJECTS	-	-	-	-	-	84	3,665	3,749
Delegated Primary Care Services	(4)	83	72	(262)	(373)	(321)	(1,386)	(2,192)
Delegated Primary Care Services DPO	-	-	-	-	-	-	1,761	1,761
Corporate Budgets	828	440	295	1,024	67	528	1,547	4,730
Total Year to Date Variance	846	(71)	1	1,373	2,276	86	(21,338)	(16,827)

- At month 12, the ICB is reporting an overspend against plan of £16,827k and a **£46k surplus against the RRL**. This position reflects prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£20,616k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have mitigated the growth, but there continued to be pressures, the impact of which was differential across boroughs. This is detailed in the next slide.
- Overall Mental Health budgets were underspent by **£1,217k** at year-end. The main area of financial pressure was in cost per case activity, where the overspending was differential across boroughs - with Bromley and Southwark being the most impacted.
- The final, overall **continuing care** financial position was **£5,569k overspent**. Underlying pressures were variable across the boroughs with only Southwark showing an underspend. The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- The corporate budgets are showing an underspend of **£4,730k**, further details of which can be found on page 7. Specifically, the ICB was underspent against its management costs allocation by **£3,910k**.
- Second Focus meetings with all six boroughs were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each borough. **As at month 12, all boroughs delivered final year-end financial positions in line with their agreed targets.**

4. Prescribing – Overview

- The prescribing budget represented the largest financial risk facing the ICB. The month 12 prescribing position was based upon M10 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend reduced as the savings programme continued to impact.** The ICB is reporting a PPA prescribing position of a **£21,454k overspend**. This is after 12 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets were underspent by **£838k** giving an **overall year-end overspend of £20,616k**.

M12 Prescribing	Total PMD (Excluding Cat M & NCSO)				PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	Annual Budget (Includes Flu Income & Reserve)		FOT Variance - (over)/under	
	Cat M & NCSO	Central Drugs	Flu Income							Annual 1% Risk Reserve	FOT Actual		
BEXLEY	35,777,224	1,004,108	1,213,784	(447,332)	(34,988)	0	123,696	37,636,492	34,319,141	(3,317,352)	37,636,492	37,636,492	(3,317,352)
BROMLEY	48,368,381	1,216,386	1,636,297	(714,230)	(23,718)	0	166,572	50,649,689	47,121,897	(3,527,792)	50,649,689	50,649,689	(3,527,792)
GREENWICH	35,932,936	1,186,808	1,224,952	(334,147)	(79,790)	0	123,350	38,054,108	33,600,653	(4,453,455)	38,054,108	38,054,108	(4,453,455)
LAMBETH	40,127,212	1,104,511	1,360,647	(443,910)	(116,496)	0	138,464	42,170,429	39,353,371	(2,817,058)	42,170,429	42,170,429	(2,817,058)
LEWISHAM	40,409,630	1,224,536	1,373,927	(242,395)	(42,378)	0	138,385	42,861,705	38,926,856	(3,934,849)	42,861,705	42,861,705	(3,934,849)
SOUTHWARK	33,615,185	993,325	1,142,081	(230,369)	(122,341)	0	115,303	35,513,183	32,109,399	(3,403,784)	35,513,183	35,513,183	(3,403,784)
SOUTH EAST LONDON	0	-	0	0	0	0	-	0	-	0	-	0	0
Grand Total	234,230,569	6,729,675	7,951,688	(2,412,384)	(419,711)	0	805,770	246,885,607	225,431,316	(21,454,291)	246,885,607	246,885,607	(21,454,291)

- The table above shows that of the overspend, approximately **£6,730k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£14,724k** related 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.
- The financial position is differential per borough and is in part 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. Overall, prescribing savings of circa **£8.0m** have been delivered, which has mitigated the above overspend.

5. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets were 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 12 **is an overspend of £5,569k, which is an adverse movement in-month of circa £350k compared to the forecast outturn reported at month 11.** This was largely due to expenditure on CHC retrospective clients plus movements related to increased activity and cost. Except for Southwark, all boroughs are reporting overspend positions at the year end. Generally, boroughs are overspending on Fully Funded, Palliative, Joint Funded and Funded Nursing Care (FNC) care settings. The borough teams have fully identified and implemented savings plans (**circa £9.0m**) and throughout the year have worked collaboratively to identify replacement savings for any slippage. This should generate a positive impact upon run-rate for the new financial year. All boroughs actively participated in the CHC Summits and Task and Finish Groups which looked 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 has been released into borough financial positions to partially mitigate the overspend.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there are borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed with input from central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads, with each borough taking this work forward, specifically where their borough is an outlier.
- 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 was concluded for 2023/24, with providers having reached an agreement with ICB regarding uplifts. However, we are now receiving uplift requests for 2024/25 and a similar process will be put in place for agreeing these.

6. Corporate Costs – Programme and Running Costs

- The table below shows the year-end position on corporate pay and non-pay costs. As at month 12, there was a combined underspend of **£4,730k**, which consists of an **£820k** underspend on programme costs and an underspend of **£3,910k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. Vacant posts are the key driver for the underspend. The RCA is **£39,433k** for the year, with no movement in month. The current run-rate will be beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL			
Cost Centre Description	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s
PROGRAMME			
ACUTE SERVICES B	0	66	(66)
MENTAL HEALTH SERVICES E	0	216	(216)
NON MHIS MENTAL HEALTH SERVICES B	446	1,614	(1,169)
COMMUNITY SERVICES E	0	105	(105)
REABLEMENT	0	72	(72)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	3,637	2,870	768
MEDICINES MANAGEMENT - CLINICAL	4,522	3,803	718
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	4,623	3,492	1,131
PRIMARY CARE TRANSFORMATION	0	15	(15)
SAFEGUARDING	3,058	2,903	155
NURSING AND QUALITY PROGRAMME	2,548	2,054	494
CLINICAL LEADS	5,093	4,377	716
PROGRAMME WIDE PROJECTS	(952)	917	(1,868)
PROGRAMME ADMINISTRATIVE COSTS	875	526	349
PROGRAMME TOTAL	23,850	23,029	820
ADMIN			
ADMINISTRATION & BUSINESS SUPPORT	854	358	496
ASSURANCE	525	508	16
BUSINESS DEVELOPMENT	471	743	(272)
BUSINESS INFORMATICS	3,712	3,208	503
CEO/ BOARD OFFICE	0	25	(25)
CHAIR AND NON EXECs	269	242	26
PRIMARY CARE SUPPORT	982	1,047	(65)
COMMISSIONING	6,620	5,602	1,018
COMMUNICATIONS & PR	1,863	1,910	(47)
COMPLAINTS	0	3	(3)
CONTRACT MANAGEMENT	1,015	771	245
CORPORATE COSTS & SERVICES	1,828	1,679	149
CORPORATE GOVERNANCE	5,341	4,657	684
EMERGENCY PLANNING	546	421	125
ESTATES AND FACILITIES	2,921	2,872	48
FINANCE	(435)	(943)	508
IM&T	1,265	999	265
IM&T PROJECTS	1,021	1,021	0
OPERATIONS MANAGEMENT	517	523	(5)
PERFORMANCE	825	729	96
STRATEGY & DEVELOPMENT	6,972	5,278	1,694
ADMIN PROJECTS	(1,902)	(359)	(1,544)
SERVICE PLANNING & REFORM	127	114	13
EXECUTIVE MANAGEMENT TEAM	1,840	1,857	(17)
CORPORATE - FINANCE	2,259	2,259	0
ADMIN TOTAL	39,433	35,523	3,910
CORPORATE TOTAL	63,283	58,552	4,730

7. Cash Position

- The ICB’s cash limit as at month 12 was **£4,447,464k**, the reduction in-month (**£445,785k**) mainly due planned adjustments to the cash allocation for specialised commissioning.
- As at month 12, the ICB had drawn down 99.9% of the available cash compared to the budget cash figure of 100%. The ICB under drew cash by **£3,069k** which was mainly due to late receipt of allocations plus the allowance of some flexibility for the top sliced elements such as prescribing, dental, and community pharmacy. A supplementary cash drawdown was used in March so that final allocations could be paid to providers and to ensure the maximum cash utilisation.
- The cash key performance indicator (KPI) was achieved in each month during the year, showing continued successful management of the cash position by the ICB’s Finance team. The actual cash balance at the end of Month 12 was **£1,999k**, well within the target set by NHSE (**£4,875k**).
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. The ICB had met the BPPC targets in full both each month and cumulatively at the end of the financial year.

ICB	2023/24	2023/24	2023/24
Annual Cash Drawdown Requirement for	AP12 - MAR 24	AP11 - FEB 24	Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,447,464	4,893,249	(445,785)
Capital allocation	0	0	0
Less:			
Cash drawn down	(4,533,800)	(4,100,000)	(433,800)
Prescription Pricing	(269,476)	(245,745)	(23,731)
HOT	(2,427)	(2,262)	(165)
POD	(87,233)	(79,312)	(7,921)
22/23 Pay Award	(1,733)	(1,733)	0
PCSE POD charges	452,532	(2,043)	454,575
Pension Uplift	(2,259)	(2,259)	0
Remaining Cash limit	3,069	462,155	(456,827)

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	90.60%	4,938	582	0.15%
Mar-24	390,000	43,800	4,533,800	99.90%	4,875	1,999	0.51%
	4,445,000	88,800					

8. Summary MHIS Position – Month 12 (March) 2023/24

Mental Health Spend By Category		Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Outturn 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000
	Category Number					
Children & Young People's Mental Health (excluding LD)	1	41,002	36,251	4,091	40,342	660
Children & Young People's Eating Disorders	2	2,726	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	28,232	6,547	34,779	214
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	32,402	336	32,738	(65)
Ambulance response services	8	1,146	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	105,886	11,259	117,145	1,955
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	15,080	9,805	24,885	(2,046)
Mental Health Placements in Hospitals	20	5,548	3,340	1,295	4,635	913
Mental Health Act	10	6,567	0	6,600	6,600	(33)
SMI Physical health checks	11	890	670	110	780	110
Suicide Prevention	12	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	113,683	0	113,683	(940)
Adult and older adult acute mental health out of area placements	14	8,811	8,225	1,206	9,431	(620)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		428,941	387,632	41,249	428,881	60
Mental health prescribing	16	9,585	0	10,670	10,670	(1,085)
Mental health in continuing care (CHC)	17	549	0	342	342	207
Sub-total - MHIS (inc CHC, Prescribing)		439,075	387,632	52,261	439,893	(818)
Learning Disability	18a	11,525	1,839	668	12,774	(1,249)
Autism	18b	2,594	7,983	43,863	2,507	87
Learning Disability & Autism - not separately identified	18c	50,112			51,846	(1,734)
Sub-total - LD&A (not included in MHIS)		64,231	21,347	45,780	67,127	(2,896)
Dementia	19	14,671	12,691	1,704	14,395	276
Sub-total - Dementia (not included in MHIS)		14,671	12,691	1,704	14,395	276
Total - Mental Health Services		517,977	421,670	99,745	521,415	(3,438)

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 LDA and Dementia (Non eligible).
 - out of scope areas such as ADHD and physical health spend within CHC/S117 placements
 - spend on SDF and other non-recurrent allocations
- The ICB is reporting that it will deliver the target value of **£439,075k** with a forecast of **£439,893** (£818k, 0.19% over delivery). This over-delivery is attributable to increased prescribing spend resulting from price increases over the 2023/24 plan, and additional spend on inpatient and mental health cost per case placements.
- There continue to be pressures on areas such as S117 placements. Mitigations include improving joint funding panel arrangements and developing new pathways.
- ADHD is excluded from this reported position, however there is significant independent sector spend with a forecast outturn of £2m compared to the 22/23 outturn position of £1.6m. ADHD along with ASD waits for adults and CYP are a key priority for 2024/25.

One Bromley Local Care Partnership Board

DATE: 9 May 2024

<p>Title</p>	<p>Bromley Procurement & Contracts Group – March / April 2024 update</p>
<p>This paper is for information</p>	
<p>Executive Summary</p>	<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 25th March and 23rd April 2024 (please note that the April notes have not been approved at the time of writing this report). The next Bromley Procurement & Contracts group is scheduled for 23rd May 2024.</p> <p><u>Contract Award</u></p> <p>The following were noted at the group as contract awards:-</p> <ul style="list-style-type: none"> • Bromley Primary Care Resilience Support award of contract – Bromley Primary and Community Care Team undertook a formal process to commission the provision of Primary Care Resilience Support – hands-on, in person support to at least three Bromley GP practices requiring time-limited assistance with resilience issues or other factors affecting their long-term sustainability to provide high quality primary healthcare. This contract is outside the scope of Provider Selection Regime (PSR) and as such is awarded under Public Contracts Regulations (PCR) and Standard Financial Instructions (SFIs) via request for quotation. Five quotes were received, and an evaluation process took place. The outcome of this was endorsed by the group and it was agreed that the contract be awarded to the preferred bidder under the SFI section 30 process. • GP Enhanced Services – Under the Provider Selection Regime a transparency notice was published to award the contracts under Direct Award C. No challenge was raised, and the contracts commenced for the following services Phlebotomy, Gonadorelin, DMARD, ADHD, Gender Dysphoria, Safeguarding and SMI Health Checks, via Bromley GPs on NHS standard contract, commencing 1st April 2024 for 1 year term with the option to extend for a further year. <p><u>Contract Extensions</u></p> <p>No contract extensions were proposed to be enacted in March or April groups.</p> <p><u>Contract Variations</u></p> <p>No contract extensions were proposed to be enacted in March or April groups.</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 in October 2024.</p> <p>Cardiology Diagnostics - Discussions are still ongoing regarding the scope and financial envelope of the contract. It is proposed that under the Provider Selection Regime a competitive tender process is undertaken, the timeline for this is currently being developed.</p> <p>Talking Therapies – A competitive tender process will be undertaken for this service with the expectation that the Invitation to Tender (ITT) will be published in mid-June, for service commencement 1st April 2025.</p> <p>Community Mental Health & Wellbeing Service - A competitive tender process will be undertaken for this service with the expectation that the Invitation to Tender (ITT) will be published end-April, for service commencement 1st April 2025.</p> <p><u>Other key areas of discussion to note</u></p> <ul style="list-style-type: none"> • Bromley All Age Continuing Care Partnership Delivery Service contract was signed by both parties on 28th March 2024, with service commencement on 1st April 2024 for a term of 5 years with the option to extend for a further 2 years. • Bromley Borough is undertaking a programme of work to look at any efficiencies and cost savings that can be made in relation to commissioned services. This includes reviewing current contract arrangements as well as continuing to review the ‘contract pipeline’ in advance of contract end dates and evaluate the most suitable procurement route for services, in line with appropriate Procurement Regulations. 	
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
	Public Engagement	N/A

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

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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