

Bromley Based Board
Minutes of the meeting on 8 September 2020
Held through Microsoft Live

Present:	Name	Title and organisation	[initials]
	Dr Andrew Parson	Borough CCG GP (Co-chair)	AP
	Cllr Colin Smith	Leader of the Council, London Borough of Bromley (Co-chair)	CS
	Jodie Adkins		JA
	Janet Bailey	Director of Children and Young People, London Borough of Bromley	JB
	Dr Angela Bhan	Bromley Borough Based Director	AB
	Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
	Naheed Chaudhry	Assistant Director Strategy, Performance and Transformation, London Borough of Bromley	NC
	Paulette Coogan	One Borough Director of Organisational Development	PC
	Mark Cheung	One Bromley Integrated Care Programme Director	MC
	Harvey Guntrip	Borough Lay Member	HG
	Dave Harris	Associate Director of Finance for South East London Clinical Commissioning Group	DH
	Mina Kaiyia	Operations Manager, Healthwatch Bromley	MK
	Nada Lemic	Director, Public Health	LM
	Sean Rafferty	Joint Assistant Director of Integrated Commissioning for South East London CCG and London Borough of Bromley	SR
	Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
	Dr Mukesh Sahi	Chair of the LMC	MS
	Matt Hodges	Borough GP Surgery IT Project Manager	MH
	Kofo Abayomi	Borough Governance Lead	KA
	Saimah Tahir	Borough Governance Officer	ST
Apologies:	Cllr Peter Fortune	Deputy Leader of the Council, London Borough of Bromley	PF
	Dr Ruchira Paranjape	Borough CCG GP (Vice Chair)	RP
	Helen Norris	Healthwatch	HN
	Ade Adetosoye	Chief Executive, London Borough of Bromley	AA

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1.	Introductions & Apologies for Absence	

1.1	Dr Andrew Parson, and Cllr Colin Smith Co-chairs, welcomed members, attendees and members of the public to the Bromley Borough Based Board meeting.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	There were none.	
3.	Public Questions	
3.1	No questions were received from members of the public in advance of the meeting. Dr Parson, Co-Chair explained that questions could be posted in the Q&A section of the live event and written responses would be published on the CCG (Bromley) website.	
4.	Minutes of the meeting 9 July 2020 and actions	
4.1	Minutes of the meeting on 9 July 2020 were APPROVED as an accurate record of the meeting.	
5.	Bromley Borough Director's Report	
5.1	<p>Dr Bhan highlighted that there were no urgent matters to report on at this meeting and provided a summary of activities within the borough since the last meeting:</p> <p>COVID-19 update</p> <p>Dr Bhan summarised ongoing work by the CCG (Bromley) in managing the pandemic and preparation for wave 2. Whilst there had been a significant reduction in the number of positive cases of COVID-19 infection in hospital and use of critical care facilities across South East London and countrywide, in recent weeks there have been increases in positive cases per 100,000 in a 7-day period. Bromley Borough and the other South East London Boroughs were reporting around 10-12 cases per 100,000. There had also been an increase in the number of COVID-19 related calls to NHS111, some in connection to accessing COVID-19 tests. SEL CCG's Gold team and each borough were closely monitoring the use of critical care facilities; admission to hospitals, number of positive cases and calls to NHS 111, as part of an early warning system.</p> <p>Focus remained on preparation for wave 2 and a robust flu immunisation programme in South East London, in conjunction with managing outbreaks of all respiratory illnesses and the usual winter pressures. Aligned flu immunisation and winter plans have been drawn up in each of the SEL boroughs. Plans for this winter from Bromley Council have been included as part of the Bromley winter plan. Further to this, a robust communication and engagement plan is being developed to address communication with members of the public and those who are particularly vulnerable. We are also seeking to support primary care in implementing</p>	

<p>flu vaccination programmes. Dr Bhan assured the Committee that Bromley practices had submitted their individual plans and arrangements for flu immunisation for the current year. SEL CCG is working with its providers to ensure that robust arrangements are in place to achieve the 100% target. Practices are also expected to vaccinate their staff where appropriate. Additional services would also be put in place to support Bromley Local Authority in vaccinating their staff.</p> <p>Dr Bhan explained that since the impact of COVID-19 and flu on people was not yet clear, it could be assumed that people would be sicker with longer lengths of stay in hospital. It was therefore important to ensure maximum uptake of the flu vaccination, and that robust plans are in place to reduce the spread of COVID-19 and flu virus.</p> <p><u>Single Point of Access</u></p> <p>Dr Bhan summarised that this was an important workstream of the One Bromley partnership and an innovative way of working which had already significantly supported patients on urgent and emergency care pathways and had made discharge arrangements smoother. It had resulted in shorter lengths of stay in hospital, lower re-admissions rates and enabled patients to be cared for in a more appropriate community setting with a focus on regaining independence. The report to be discussed as a separate agenda item would highlight progress made in managing patients and areas to be strengthened.</p> <p><u>Winter Planning</u></p> <p>Preparation for winter planning including flu vaccination was progressing. Capacity in GP access hubs would be increased as part of the CCG (Bromley) winter planning. The CCG would also work with NHS 111 to direct patient flow into hospitals to further mitigate risk of infection.</p> <p>Dr Bhan noted that one of the purpose of the “Help us Help you” pilot in South East London was to ensure that direct booking in Emergency Departments (ED) and Urgent Treatment Centres (UTCs) from NHS 111, a national requirement in all parts of the country by December 2020. This would help EDs and UTCs to better manage the flow of patients to reduce the risk of infection to other patients and staff. It would also enable better access to Same Day Emergency Care.</p> <p><u>Phase 3 letter and Bromley Recovery Plan</u></p> <p>The NHS has been advised to restart services that had previously been suspended or carried out in different ways as a result of the pandemic, over the coming months. Dr Bhan summarised the example of cancer services that had now restarted. It was noted that there were backlogs in some of these services and the CCG (Bromley) was working with NHS England (London region) to ensure capacity in various health service systems in managing backlogs and list of people eligible for screening.</p>
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5.2	<p>The Committee discussed the verbal report making the following points:</p> <ul style="list-style-type: none"> • Emphasis was placed on the importance of flu vaccination this year. The programme would be different due to COVID-19 safety measures and this would include use of alternative venues to be compliant with social distancing rules. • Bromley prioritisation plan to address vaccination of additional age group this year was queried. In response, Dr Bhan explained that the CCG is awaiting formal announcement relating 50-64 years age group, until then the priority cohort remained 65years and over age group, vulnerable people (under 65), pregnant women and primary school children (this was now extended to include year 7 and carers of shielding patients). Following a formal announcement to vaccinate 50-64 age group, the CCG would work closely with practices and provide support in undertaking vaccination for this group. This might include additional vaccination centres which would put the CCG in good stead for COVID-19 vaccination should this be developed in the current year. Members of the public in the age 50-64 not in the vulnerable group would be encouraged to wait until the priority vaccination groups are completed before coming forward • It was also queried how the CCG would maintain oversight of providers' vaccination plans including NHS 111 staff. It was noted that an audit of provider vaccination plans would be carried out with sharing of good practice. NHS 111 in SEL was provided by the London Ambulance Trust which had been notably good in relation to flu vaccination uptake in the past, and it is expected that this would continue • A query was raised concerning safety of new pathways when services are restarted and mitigations in place to assure patients about safety, particularly those who may miss their appointments due to a perceived risk of COVID-19 infection. Dr Bhan explained that significant infection control work was done in general practice and other sectors. Planned campaigns linked to cancer screening program (cervical) which would be delivered through general practice. This would assure patients that the right precautions are in place and this would also apply to procedures and tests performed in hospitals • In response to a question relating to care home vaccination plan, it was noted that the general practice for care homes in Bromley would undertake vaccination and care home staff would be included. Last year Bromleag Care practice achieved 90% vaccination rate for care homes and a higher percentage was expected this year • Consideration was given to flu vaccination in pharmacies and it was noted that anticipated challenges included demand and adequate PPE. National guidance had been issued ahead of the vaccination program 	
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	<ul style="list-style-type: none"> • The Committee queried whether there was sufficient vaccination to meet demand. It was noted that supply of vaccination was being managed centrally by SEL CCG and managed within the boroughs. Dr Bhan explained that practices would have ordered adequate supply for the expected priority group, but this would not cover the age 50-64 age group (stock for this would not be available until the vaccination is launched in November). The CCG (Bromley) wrote to practices asking them to notify the primary care team of excess vaccines. A mutual aid plan is also in place which would allow vaccines to be moved around practices if required. The CCG (Bromley) would also be underwriting the cost of excess vaccines. A similar approach was being considered for pharmacies however this could be challenging as their contracts are managed by NHS England • In response to the question relating to contact dermatitis caused by repeated use of hand sanitizer, it was noted that there was little evidence to suggest that this was a significant problem. • It was noted that private care providers are in the priority group and all staff would be vaccinated by their occupational health providers, general practice or pharmacies • In response to the query relating to drive through vaccination centres for residents over 50 years, Dr Bhan explained the CCG had run a similar phlebotomy drive-through, but this was dependent on finding suitable location. In the event of a future lockdown, a drive through vaccination could be put in place particularly for shielding residents and the vulnerable group 	
5.3	The Committee NOTED the verbal update.	
6.	Phase 3 Letter	
6.1	<p>Dr Bhan summarised the Phase 3 letter which outlined NHS services to be restarted including cancer services and elective care, to address the health needs of patients who have waited for treatment for over a year. As in all other areas, Bromley’s waiting list continues to grow and the CCG (Bromley) is working hard to manage this and to ensure that both diagnostic and elective care services are adequately managed.</p> <p>The letter also addressed areas such as CHC and timely discharge process. These are being reviewed and services further developed to support recovery and restoration. Several services and processes put in place during the pandemic have already addressed the stipulated requirements.</p> <p>The Committee also discussed plans in place for the vulnerable cohort, BAME community and CCG staff who require appropriate risk assessment. The plan also included managing inequalities that may have</p>	

	been exacerbated as a result of the COVID-19 pandemic, and the need to ensure a focus on prevention.	
6.2	The Committee NOTED the report.	
7.	Recovery Planning	
7.1	<p>Mr Rafferty introduced the recovery planning item, summarising sections of the report to be covered by Mr Cheung, Ms Adkin and Ms Chaudhry. He summarised the recovery program in Bromley and cautioned that there was still a risk of a second wave and it was therefore important to balance both issues. Recovery in Bromley was led by the Local Authority with focus on socio economic recovery for the borough. This included restoring Bromley high streets with social distancing measures, ongoing support to small businesses impacted by the pandemic. Bromley schools had also reopened at the beginning of September. Linked into this was the recovery of the health system and ensuring that health and care system suspended as a result of the lockdown were now accessible.</p> <p><u>One Bromley Recovery Plan</u></p> <p>Mr Cheung explained that this was the final iteration of the Bromley Recovery Plan, though it was a 'living document'. He outlined key elements of the plan which focused on the key areas:</p> <ul style="list-style-type: none"> • Health and Care response to the pandemic • Priorities for recovery in the next 18 months and impact of the pandemic on Bromley residents and patients • Lessons learnt from plans put in place during the pandemic and identified plans going forward • Health and Care system recovery and preparation for winter (including preparation for further COVID-19 outbreaks) • Learnings from the experience and continued transformation of Bromley health and care services for residents and patients <p>The Committee noted the One Bromley response to the pandemic, achievements of the Local Care Partnership in responding as a system and working towards shared objectives. This built on existing local care arrangements which were key factors to the delivery of Bromley response. It was through the partnership that a number of services were successfully put in place, this not only supported residents and patients of Bromley but also fostered mutual partnership support in areas such as discharge from hospital, community services support of general practice.</p> <p>The recovery plan also highlighted working together case studies (including lessons learnt) in the following areas:</p> <ul style="list-style-type: none"> ○ Single Point of Access (SPA) ○ Bromley Community COVID-19 management service ○ Supporting Care homes in Bromley 	

	<p>In developing the recovery plan, several workshops and feedback sessions were held focusing on lessons learnt. Key themes identified included collaboration, leadership, inequalities and impact on the vulnerable group. Although these areas were already One Bromley priorities, the pandemic brought to focus the need to strengthen response to issues of inequality and wellbeing of people, development and transformation of future services to address issues that arose from the pandemic. The importance of communication and engagement with residents, patients and staff was also highlighted to ensure input from the population in developing services.</p> <p>The recovery plan set out Bromley priorities and work programs for the next 18 months. It also reviewed existing the One Bromley transformation programme and updated workstreams from lessons learnt from the pandemic.</p> <p>Mr Cheung highlighted that this was an ambitious plan which could only be achieved by several workstreams described in the plan and through robust collaborative working with Health and Local Care partnerships.</p> <p>A public engagement event was held which was well attended with positive feedback received on the plan. Following on from this, a more public facing document, an easier to read version and a short patient leaflet would be developed to support the engagement process.</p> <p>The Committee was asked to approve the plan and workstreams highlighted in the plan.</p>	
7.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Parson commented on the innovative ways of delivering the plan including digitalisation which had enhanced patient experience however he had concerns about the impact on different groups who were now required to use various digital methods and telephone to access care or daily ways of life. Dr Parson queried whether the level of impact on these groups was known and support available to those not accustomed to this level of technology. Mr Cheung explained that this had been raised as an issue and the team was considering impact on the population. Going forward impact would be assessed with solutions developed. There were also various methods to access care and the focus was to develop a broader range for these groups • Mr Guntrip commended Bromley Local Authority for the positive support extended to local businesses, such as the use of signages to promote and support them. He advised that there was an opportunity to do something similar in conveying health related messages to the public. Mr Guntrip also commented on Bromley population who are unable to use digital technology and 	

	<p>suggested that local libraries are used to support residents subject to compliance with safety measures. Mr Cheung agreed that there were various platforms to use in reaching out to the public and the relationship developed with the voluntary sector during the pandemic could be further strengthened and utilised to provide this support</p> <ul style="list-style-type: none"> • Healthwatch observations on the issue of digital response were mixed. Some welcomed it across all age groups and have found this to provide easy access to primary care, others described it as inconvenient. Ms Kaiya explained that mental health, disability groups and older people have found this to be challenging due to some of the referral pathways being digital. She advised that due to the diverse population in Bromley, there was a need to develop mixed and more accessible approach. Ms Kaiya highlighted that the CCG (Bromley) needed to be mindful of digital poverty when commissioning services from a digital context, as some of the population could be excluded • Ms Coogan highlighted plans to address inequalities and assured the Committee that this remained a key priority. The Committee noted that work had commenced regarding seeking views of Bromley population on accessing care, also the CCG (Bromley) had started to change communication terminologies. This would be done across providers for consistency. Ms Coogan noted Mr Guntrip's suggestions and agreed to feedback to the Engagement Group. Consideration would also be given to using local libraries in providing digital support subject to managing confidentiality. • Cllr Colin Smith thanked Mr Guntrip for his positive feedback in relation to the work done by Bromley Council in the high streets and support provided to local businesses. He agreed to provide additional support to Health if required. Regarding the issue of digital poverty, Cllr Smith stated that there had been ongoing discussion in the Council and some Boroughs were only using digital communication. Bromley Borough however had not done this due to the old/aging population. 	
7.3	The Committee APPROVED the One Bromley Recovery Plan.	
7.4	<p><u>A case study on the Single Point of Access (SPA) Discharge</u></p> <p>Ms Adkin introduced the report. She outlined the SPA, its functionality, benefits to patients, users and the system. She described the process in place before the pandemic and how the SPA was different and beneficial. The SPA created a link from the hospital to community service therefore allowing the most appropriate care package for patients. This ensured a smoother and robust handover into the community setting.</p> <p>Feedback received from patients had also been positive. One Bromley partners also agreed that the SPA was positive. The overall feedback</p>	

	<p>was that referral was now easier and professionals felt more confident as a result of clinician to clinician handover.</p> <p>The SPA has been funded through the national COVID-19 funding arrangements, as well as the support for patients discharged. Recent guidance had been issued stating that from September, this funding would only be provided for up to six weeks, pending patient long-term assessment care and support determined. Ms Adkin commented that the guidance and success of the SPA now provided evidence that we should maintain the SPA model in Bromley.</p> <p>The key focus of the SPA was initially to reduce pressure on acute settings, and it had provided a reduction in length of stay in hospital. It had also provided a 50% reduction in hospital admissions and significant increase in the number of patients receiving rehabilitation and reablement. This has enabled greater patient independence and reduced pressure on the health system.</p>	
7.5	<p>Ms Chaudhry presented the discharge pathways' impacts on Adult Social Care. She explained that data from the presentation was only possible because of the Single Point of Access. The purpose of the presentation was to provide a shared understanding of the adult social care market.</p> <p>The Committee noted a summary of the following information:</p> <ul style="list-style-type: none"> • An overview of Bromley wave 1 • Hospital discharge pathways (April – July) • Predicted vs Actual hospital discharge pathways. The Committee noted that predictive modelling anticipated a 5-week spike in discharge however in reality this lasted for 11 weeks and ongoing • Pathway 1 and 3 public and self-funded (April-July 2020). 346 patients were public funded (29%) and 821 were self-funded (71%) as they were not accounted for by the CCG or Local Authority • Benchmarking data for 2 previous years were noted to indicate increased pressure for COVID-19 period. The graph also indicated patients severely impacted by COVID-19 stayed longer in hospital and patients required more home care package support • Pathway 1 expenditure for 346 patients was £582,032 while pathway 3 for 65 patients was £435,434. The total cost was £1,017,466 • The Committee noted what happened next. Pathway 1 had 201 closed cases with 56% deemed to have long term needs. Under pathway 3, there were 28 closed cases, 9 deemed to have long term care need and 2 had some point received services prior to COVID-19, 8 had new care home needs post COVID-19 • In anticipation of wave 2, plans to be put in place based on this greater level of need. This provided a shared understanding and commissioning required in response to wave 2. 	

7.6	<p>The Committee discussed the report making the following comments:</p> <ul style="list-style-type: none"> • Dr Parson thanked Ms Chaudhry for the detailed presentation and highlighted that the presentation demonstrated the power of data • Dr Bhan also thanked Ms Chaudhry and her team and highlighted that the information presented showed the power of joint working and analysis of collective intelligence held by the Local Authority and the CCG. The data produced, which was a first of its kind, highlighted areas in need of further strengthening. One of the key issues raised indicated that previous modelling work for the Bromley population needed to be strengthened. The presentation also illustrated the impact of Covid-19 on people's lives, health and future wellbeing and this required critical consideration • Dr Bhan highlighted that currently, 30% of recent COVID-19 cases were in young adults, and there was a possibility that this could lead to an increase in older adults becoming infected. Furthermore, the impact of COVID-19 and flu infection on health and wellbeing was still unknown and this could increase the likelihood of additional support being required. This should be considered in the Bromley discharge piece of work and information shared with colleagues across South East London • Ms Carey noted that additional work was required to enhance support for people receiving care at home. It was also important to understand the level of care received at home in Bromley. Dr Parson agreed with this and stated that going forward data was required to show what goes on outside of hospitals • Mr Guntrip raised the need for clarity on the independent care sector (private care homes) in the borough • Dr Parson thanked members for their comments and concluded that the information presented, and points raised would support future planning. 	
7.7	<p>The Committee thanked Mr Rafferty, Mr Cheung, Ms Adkins and Ms Chaudhry for the presentations.</p>	
7.8	<p>The Committee NOTED the report.</p>	
8.	<p>Month 4 Finance Report</p>	
8.1	<p>Mr Harris presented the Month 4 Finance report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Month 4 position was consistent overall with the assessment made as to the impact of the revised allocation. • As at month 4, Bromley Borough was reporting a £102k overspend against its indicative financial allocation and COVID-19 spend was £2.7m 	

	<ul style="list-style-type: none"> • SEL CCG was reporting an adverse movement in month 4 of £11.57m, due to £5m cost pressures as part of the revised allocation, prescribing overspends across the six SEL CCG boroughs, £2.8m COVID-19 overspend (YTD £26m). As part of the interim financial arrangement the CCG would receive funding to manage this overspend. Funding for M1-4 had been received in full of NHS England after this report was published • For M5-6 the same financial arrangement would remain • It is expected that guidance for M7-12 would be issued in coming weeks and this would provide more clarity going forward • It was noted that Bromley overspend (£102k) was the lowest across SEL CCG • Bromley overspend related to prescribing £511k (due to QIPP and increase in prescribing prices resulting from short stock drugs during the pandemic), Mental Health services (£150k) • Bromley had an underspend in CHC (£521K) • Covid-19 spend £2.7m, £1.7m relating to hospital discharge (CCG £949k and Bromley Local Authority £801k) for the four month period; GP related COVID-19 spend £368k and other CCG revenue spend £626 (£292k relates to IT purchases). 	
8.2	<p>The Committee discussed the report making the following points:</p> <ul style="list-style-type: none"> • In response to Dr Bhan’s comment on progress of the overall debt position, it was noted that when the report was published it was £6.3m with the Local Authority and it had now reduced to £2.7m. Within the original figure, an amount was erroneously included as a result of the transition from Bromley CCG to South East London CCG and invoices already paid by the Local Authority were not reflected in the position. These have now been reconciled and reflected in the current position • Dr Sahi enquired about the end of year position on prescribing as there was already an overspend in month 4. Mr Harris explained that due to the reporting data and timing it was difficult to quantify the overspend at this stage. 	
8.3	The Committee NOTED the report.	
9.	Assurance Report	
9.1	<p>Mr Swann presented the report and explained that the report focused on national standards which were within the delegated responsibility of the Borough Based Board by the CCG Governing Body.</p> <p>The report also set out performance position, key actions (including recovery actions) and the CCG position against trajectory targets. The structure of the report was developed with legacy performance leads across SEL CCG and signed off by the CCG Senior Management Team.</p> <p>The following key points were noted:</p>	

	<ul style="list-style-type: none"> • Due to the pandemic, there were several lags in indicators, with reporting paused during the pandemic. This had now recommenced with recovery action planning. The team would now start to populate up to date data • The report was two-fold, the first part summarised the Bromley position against indicators with RAG ratings and the second part summarised the Borough's position against other South East London CCG boroughs for learning purposes • Bromley was performing significantly well in comparison to the rest of the boroughs however a common theme was underperformance in SMI physical health checks and boroughs have been asked to focus on improvement • The Committee was asked to note the report and to propose additional local priorities to be added to the report for monitoring 	
9.2	<p>The Committee discussed the report making the following points:</p> <ul style="list-style-type: none"> • Dr Parson thanked Mr Swann for the report. Regarding the areas requiring improvements, the borough would continue to work in improving these targets • Dr Bhan highlighted that areas that required improvement would be considered as part of borough recovery. The borough would continue to work with the CCG assurance team to ensure that these remained areas of focus. Even though significant progress was made in some areas, these would have deteriorated in the last four months due to the pandemic. 	
9.3	The Committee NOTED the report.	
10.	<p>Any other business There was no other business discussed at this meeting.</p>	
11.	<p>Date of Next Meeting: 12 November 2020, to take place by MS Live Video Conference, 9.30 – 11.30 am</p>	