

Bromley Borough Based Board
Minutes of the meeting on 11 November 2021
Held through Microsoft Live

| Present: | Name | Title and organisation | [initials] |
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| | Dr Ruchira Paranjape | Borough CCG GP, South East London Clinical Commissioning Group, (Vice Co-chair) | RP |
| | Cllr Colin Smith | Leader of the Council, London Borough of Bromley (Co-chair) | CS |
| | Omar Al-Ramadhani | Head of Assurance (Item 10), South East London Clinical Commissioning Group | OA |
| | Dr Angela Bhan | Bromley Borough Director, South East London Clinical Commissioning Group | AB |
| | Kim Carey | Interim Director of Adult Services, London Borough of Bromley | KC |
| | Mark Cheung | One Bromley Integrated Care Programme Director, South East London Clinical Commissioning Group | MC |
| | Sonia Colwill | Director of Quality, South East London Clinical Commissioning Group | SC |
| | Paulette Coogan | One Bromley Borough Director of Organisational Development, South East London Clinical Commissioning Group | PC |
| | Claire Graham | Designated Nurse for Children Looked After (Item 7). South East London Clinical Commissioning Group | CG |
| | Dave Harris | Associate Director of Finance, South East London Clinical Commissioning Group | DH |
| | Claire Lewin | Head of Safeguarding & Designated Nurse for Adults (Item 7), South East London Clinical Commissioning Group | CL |
| | Helen Norris | Healthwatch | HN |
| | Sean Rafferty | Joint Assistant Director of Integrated Commissioning, South East London CCG and London Borough of Bromley | SR |
| | Cheryl Rehal | Acting Head of Primary and Community Care (Item 8), South East London Clinical Commissioning Group | CR |
| | Rebecca Saunders | Designated Nurse for Safeguarding Children (Item 7), South East London Clinical Commissioning Group | RS |
| | Cllr Diane Smith | Portfolio Holder for Adult Care & Health, London Borough of Bromley | DS |
| | James Winstanley | Assistant Director of Primary Care, Londonwide LMCs | JW |
| | Matt Hodges | Borough GP Surgery IT Project Manager | MH |
| | Gemma Alborough | Borough Business Support Lead, South East London Clinical Commissioning Group | GA |
| Apologies: | | | |
| | Ade Adetosoye | Chief Executive, London Borough of Bromley | AA |
| | Janet Bailey | Director of Children and Young People, London Borough of Bromley | JB |
| | Harvey Guntrip | Bromley Borough Lay Member, South East London Clinical Commissioning Group | HG |
| | Dr Nada Lemic | Director, Public Health | NL |
| | Dr Andrew Parson | Borough CCG GP (Co-chair), South East London Clinical Commissioning Group | AP |

Actioned by

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| 1. | Introductions & Apologies for Absence | |
| 1.1 | Dr Ruchira Paranjape, Vice Co-chair welcomed members and attendees to the November Bromley Borough Based Board meeting. Members and attendees of the Committee introduced themselves. | |
| 1.2 | Apologies for absence were noted as recorded above. | |
| 2. | Declarations of Interest | |
| 2.1 | <p>Dr Paranjape invited members to declare any interests in respect to the items on the agenda.</p> <p>Dr Paranjape declared an interest regarding <i>Item 8 – Access to Primary Care</i> due to her role as a GP Partner in Bromley. It was agreed that Councillor Smith would chair this item, which was for information only.</p> | |
| 3. | Public Questions | |
| 3.1 | <p>One question had been received ahead of the meeting.</p> <p>The board provided a response, this would also be noted in the public questions document to be published on the website as part of the January Bromley Borough Based Board papers.</p> <p>In summary the question discussed an experience of the urgent treatment centre and asked what help was being given to GPs not only to see people, but also how to manage waits for services such as ambulatory ECG.</p> <p>Dr Bhan responded to the question, noting the importance of ensuring we enable enough capacity across Bromley to cope with winter pressures. Dr Bhan was pleased to hear that a good experience had been had at the Urgent Treatment Centre (UTC). All practices have access to ECGs and there is a service whereby results are reported. If somebody experiences chest pain and they need to seek advice out of hours they should absolutely go to the UTC or to A&E to receive an ECG. Many practices do wound dressings, where dressings for wounds are required at the weekend, patients can attend UTC. There were previously dressings clinics at the weekend, but this was not very well utilised, and it was ultimately felt that it was better to put additional resources into the UTC to assist with this. Work was underway to expand capacity across the system during winter, Dr Bhan would speak about this further in the Borough Directors report.</p> <p>Additional questions were invited to be posted in the Q&A section of the live event and written responses would be provided and published on the CCG website as part of the public questions document.</p> | |
| 4. | Minutes of the meeting 2 September 2021 and actions | |
| 4.1 | The Committee APPROVED the minutes of the meeting held on 2 September 2021 as an accurate record of the meeting. | |

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| 5. | Place Based Director's Report | |
| 5.1 | <p>Dr Bhan presented the Place Based Director's report. Key highlights of the report were noted:</p> <ul style="list-style-type: none"> Winter Planning Update: A number of schemes were being mobilised to provide extra capacity in primary care (general practice), in urgent community and third sector responses and in the Urgent Treatment Centre. This was important to help to ensure that patients can get the right level of care wherever they present. The CCG were also working with the local authority to ensure that the right assessments for social care and services were available. There had been an increased requirement for Continuing Healthcare support over the last year, work was underway to ensure further capacity to provide timely continuing health care assessments and reviews. Direct support was also being provided to the Emergency department for peak times – both the A& E and UTC at the PRUH and the UTC in Beckenham Beacon. The number of face-to-face appointments in primary care via GP access hubs run by Bromley GP Alliance had already been increased in light of current high demand. The CCG were also supporting PCNs to provide additional capacity for their practices where needed. Additional resource would be provided to BHC's Urgent Community Response services such as Rapid Access to Treatment and Rapid Response. A new post would also be providing social care input onsite at the ED Department to help to reduce and manage social admissions and ensure the right assessments were done at the front door of the hospital. GPs and community services would also be involved in the review of patients on hospital wards to reduce length of stay where appropriate. An extension of the support that the Community IV Antibiotics (IVAB) Service could offer was being piloted, to help more patients who only require this intervention, to be discharged. Enhanced End of Life support would be provided to care homes by St Christopher's Hospice. The Single Point of Access (SPA) had been enhanced, this, along with the Bromley hospital discharge pathway had been very successful, having recently won a national award. The winter planning process does not finish, the system was continually trying to flex and meet the needs of the population throughout winter. The governance of winter pressures would be facilitated by a structured system of demand and capacity monitoring and management through local operational and strategic groups, with lines of escalation to the A & E Delivery Board and the One Bromley Executive. The Overview and Scrutiny Committee had also received the winter plan and would provide further scrutiny for this work. The One Bromley "Together through winter": Communications and Engagement campaign: Communications and engagement were central to the winter plan. The campaign had two elements – providing public facing information and providing communications to the whole health and care system in Bromley. The public campaign would focus on providing information to stay well and access the right services at the right time. A winter health leaflet had been produced which would be widely distributed across the borough, along with social and print advertising. There would be a broader SEL wide winter campaign which targets younger adults and families with children under 5, with the aim of changing behaviour and | |

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| | <p>providing targeted information to help relieve pressure on the health and care system. Communication across the system would be key for information sharing during the winter.</p> <ul style="list-style-type: none"> • Flu Vaccination Programme: This was one of the biggest vaccination programmes to date. Bromley had done very well with flu vaccination uptake over the last few years, and this was hoped to continue this year. Bromleag Care Practice had been to the care homes at least once- 95% of residents had been vaccinated against flu and had been given their covid booster vaccinations. Bromleag Care Practice had also assisted with vaccinating many staff in care homes. • Covid-19 Vaccination Update: There had been a news item earlier this week regarding vaccinations of care homes staff in Bromley, this was incorrect – there were actually around 89 staff who were unvaccinated, with 20 of those having a medical exemption. From Monday those who were five months post second vaccination were able to book their booster via the national booking service. Uptake for vaccinations in the 12–15-year-old cohort was currently at less than 40%. This was better than in many areas of London, and vaccinations would continue to be offered through the supplementary offer via vaccinations sites including the Bromley Civic Centre and through vaccination visits in schools. | |
| 5.2 | <ul style="list-style-type: none"> • Dr Paranjape thanked Dr Bhan for the detailed summary and report and noted the importance of the communications and engagement work and its role in helping patients to understand the offer from the health service. Patients could access vaccinations from sites aside from their GPs. • As part of the “Together through winter campaign” an online event would be held next week which members of the public were welcome to join. • Helen Norris asked about booster vaccinations for housebound patients, there had been queries to Healthwatch to ask what work was being done to complete the offer. Dr Bhan noted that the programme was ongoing and that the expectation was that all housebound patients would be offered their flu vaccinations and covid boosters. It was suggested that patients contact their GP to confirm if they would be vaccinated onsite or if they were due to be visited for vaccination at home. Some patients may have been shielding in previous waves of the pandemic and thus received vaccination at home, however home vaccinations would now only be taking place for those formally designated as housebound. Vaccinations would be undertaken ahead of the flu season. • Helen Norris also asked about how patients who needed to have the AstraZeneca booster could access this. It was suggested that patients speak to their GP practice in the first instance as practices had access to an advisory service from allergy specialists. Whilst many sites in Bromley are offering Pfizer boosters, AstraZeneca boosters were available for those that clinically required it. It was advised that patients could visit the NHS grab a jab website which would show the most local sites offering AstraZeneca vaccinations. Details of this site were also on the South East London CCG website. Cheryl Rehal asked Helen Norris to contact her if any further information or assistance was needed for the patients who had been in contact with Healthwatch regarding accessing the AstraZeneca booster. | |

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| | <ul style="list-style-type: none"> It was noted that the Pfizer vaccine was now called Comirnaty following the approval by the medicines regulation agency- this was just a brand name. All vaccinations were regulated by the MHRA and were being administered by trained professionals in all vaccination sites. | |
| 5.3 | The Committee NOTED the report. | |
| 6. | One Bromley Local Care Partnership Arrangements | |
| 6.1 | <p>Mark Cheung presented slides on the Local Care Partnership Arrangements. The following key points were noted:</p> <ul style="list-style-type: none"> Development of the Integrated Care System continued. The Health and Care Bill was working its way through Parliament regarding integration of health and care services. Bromley had actively progressed integrated working since 2017. CCGs would be disestablished at the end of March 2022, and the Integrated Care System would replace this. Structures were currently being developed for both the Local Care Partnership and the Integrated Care Board. The importance of place was highlighted, the new system would allow flexibility as to how this was established locally, to ensure this worked best for the local population. In developing the local system, the team were looking to build on what was in place already, to adapt this to what would be needed going forwards. A series of stakeholder and partner meetings had taken place to consider the governance framework, to include input from King's, Bromley Healthcare, Bromley GP Alliance and the LMC. A letter had been sent back to the South East London ICS outlining the proposals for the Bromley structure, these would need to be ratified and approved by all stakeholders. The key governance committee would be the One Bromley Local Care Partnership Board, which would have oversight of delegated resources and would replace the Borough Based Board and the One Bromley Programme Board. Executive lead arrangements were also outlined, and it was noted how effective the One Bromley Executive had been, with great joint working to deliver system objectives. The Clinical and Professional Advisory Group would provide care and clinical perspective on the One Bromley Partnership Group and would report to the Local Care Partnership and the One Bromley Executive. The proposal also set out the leadership roles and their responsibilities including the Bromley Executive Borough Lead. Feedback was awaited from South East London ICS. Work was continuing in establishing the structure ahead of the move into shadow form, to include committee structures and the terms of reference. | |
| 6.2 | In considering the report, members raised the following comments: | |

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| | <ul style="list-style-type: none"> Dr Paranjape thanked Mr Cheung for the paper and summary, noting that this area of work had been discussed in various forums including the One Bromley Executive. | |
| 6.3 | The Committee NOTED the report. | |
| 7. | Borough Based Safeguarding Annual Reports Executive Summary | |
| 7.1 | <p>Claire Lewin introduced the report. This highlighted the key functions of the team including the governance structure and key achievements which had been led over the period by the designated professionals. The summary also noted the contribution made by the safeguarding team to the South East London annual safeguarding report.</p> <p>The following updates were noted:</p> <ul style="list-style-type: none"> There was an ambition for 2022 to continue to support safeguarding workstreams coming out of covid, which had highlighted increases in self-neglect and complexity in safeguarding cases. The team would continue to maintain a lead on effective assurances of safeguarding arrangements within the changing landscape of the new ICS. Children Looked After – Continued collaborative working across health and social care to include the provision for the physical emotional and health needs of care leavers in the commissioning of services. One of the strengths of the safeguarding team is the adoption of the ‘Think Family’ approach both in everyday working practice and in strategic objectives. This approach was a particular asset during the pandemic. The team continued to work closely with the Safeguarding Children and Safeguarding Adults Partnership Boards. The Bromley team worked closely with colleagues in all south east London boroughs and were starting to develop shared workstreams. Bromley colleagues were leading on some strategic objectives including domestic abuse and learning from statutory reviews. | |
| 7.2 | <p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> Dr Paranjape thanked the safeguarding team; noting that this is a hugely important area of work for our population and highlighted the importance of collaborative working across the system. Mark Cheung noted the importance of the team’s work amidst the move to an in ICS, despite the many changes occurring. | |
| 7.3 | The Committee NOTED the report. | |
| 8. | Access to Primary Care | |
| 8.1 | Dr Paranjape handed the chair to Councillor Colin Smith for this item in light of her declared interest. | |

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| <p>Cheryl Rehal presented slides which focused on three key areas: Summary of survey feedback to accessing Bromley GP Practices, outline of practical way to improve local primary care services for Bromley residents and plans to engage with Bromley residents regarding Primary Care and longer-term plans in place to develop primary care.</p> <ul style="list-style-type: none"> • This national survey was conducted by Ipsos Mori during January to March 2021 on behalf of GP Practices, to give an idea of patient access and experience. There was a 36% response rate in Bromley. The survey results could be accessed via the website included in the presentation slides. • 84.1% of Bromley practices were rated, on average, Very Good or Fairly Good. The Bromley average was the second highest in South East London. • There was a lot of confidence and trust in the healthcare professionals within Bromley general practice, this was something that the team were pleased to hear and that they wanted to continue to deliver. • There was some variation between practices regarding access to appointments and the team would work with general practice on this. • It was noted that 25-60% of patients avoided making a GP appointment during the pandemic last year, which may explain why demand was particularly high at present. <p>The team were working on practical ways to support general practice. This included:</p> <ul style="list-style-type: none"> • Upgrading practice telephone systems, to enable improved call waiting/queuing arrangements. • Asking practices to review voicemail messages, to keep these succinct and relevant to their patients. • Supporting with training reception staff in customer service and customer management. • The team were supporting practices to publicise that their doors are open, whilst maintaining 'Covid-safe' measures. • Encouraging patients to attend face-to-face appointments where clinically necessary. • Practices were offering additional face to face appointments, including 'catch up' clinics, overflow hub appointments and as part of winter plans, extra 'hot hub' clinics and community capacity. <p>Demand for all parts of the health system remained very high, practices were being supported to:</p> <ul style="list-style-type: none"> • Hold appointment slots for 111 to directly book in patients to see their practice GP. • Directly refer self-care/pharmacy appropriate queries to a local pharmacy of choice. • Bolster workforce gaps with a Bromley Locum Bank of experienced, qualified clinicians. <p>Modernisation work continued within primary care to include:</p> | |
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| | <ul style="list-style-type: none"> • Remote monitoring technology being expanded, including the Oximetry@Home service which monitored oxygen saturation levels in the blood to ensure a timely escalation of care if required. • BP@Home service was in place to monitor blood pressure for patients with diagnosed hypertension to ensure controls were maintained. • Arc technology in care homes improving rapid, reliable and regular clinical assessments for care home residents. • Websites continued to be modernised and upgraded to include independent Healthwatch audits. • Work continued with the Clinical System provider to improve patient experience of e-Consults, the online consultation system. <p>Next steps included:</p> <ul style="list-style-type: none"> • Promotion of public messages as part of the wider winter campaign. GP practices are open, but the pandemic is not over; communications would highlight positive services that recognise the contribution of general practice and explain the different ways to access general practice services. • Improving through patient feedback – targeting support to GP practices to use insights from national and local feedback to inform improvements and maintain regular feedback mechanisms through ongoing engagement, including those who may be digitally excluded. • Reducing the gap – Determining current capacity (data analysis and audits), alongside demand within general practice, and where additional capacity can be further added into the local primary care system, processes streamlined, or back-office improvements made to increase efficiency. | |
| 8.2 | <p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> • Councillor Smith noted the pressures that GPs had been under in the last eighteen months and thanked primary care for all their hard work during this challenging period. • Dr Paranjape thanked Cheryl Rehal for the paper and comments, noting that for some patients general practice had become more accessible considering the advent of telephone/online appointments, whilst being mindful that this was not easy for everyone. GPs wanted patients to be able to see their GPs when needed, it had been incredibly challenging, but colleagues were delighted to have been able to assist with vaccinations alongside providing usual care. | |
| 8.3 | The Committee NOTED the report. | |
| 9. | Finance Month 6 Update | |
| 9.1 | <p>David Harris gave a verbal update on the South East London CCG's financial position as at Month 6.</p> <p>The following updates were noted:</p> <ul style="list-style-type: none"> • The position for SEL CCG at month 6 was breakeven, assuming that funding was received from NHSE to cover covid expenditure incurred during the six-month period. • Bromley's delegated budget was £104,236k. | |

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| | <p>The key variances at Month 6 are:</p> <ul style="list-style-type: none"> • Community - £232k overspent due primarily to an overspend in Community Phlebotomy due to an increase in activity. • Prescribing is £54k overspent due to a combination of price and activity increases. • The Mental Health placement position is £226k underspent due to lower activity than budgeted. • Continuing Healthcare budgets are underspending by £209k due to activity being lower than budgeted. • H2 covered October 2021- March 2022. Rather than undertaking a full bottom-up budget setting process, it is intended that H1 budgets will act as the starting point for the H2 budget build. There would then be adjustment for agreed cost pressures, investment and efficiency requirements. This would include an assessment of H1 forecast adjustments where these are expected to continue into H2. • The overall impact upon Bromley delegated budgets is likely to be an increase to the H2 budget compared to H1. The increases are expected to be within the Community and Prescribing budgets. Both these areas were reporting small overspends in H1. | |
| 9.2 | <p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> • Dr Paranjape thanked Mr Harris for the update. | |
| 9.3 | <p>The Committee NOTED the Month 6 Finance update.</p> | |
| 10. | <p>Assurance Report</p> | |
| 10.1 | <p>Omar Al-Ramadhani presented the report which was taken as read. The following updates from the summary table slides were noted:</p> <ul style="list-style-type: none"> • Mental Health Metrics – IAPT recovery performance was currently red rated for July. At least 50% of patients need to move to recovery following treatment, the metric was measuring at 47.1%. Having spoken to the CCG commissioning team, this was something that happened at this time of year, with the changeover of trainees and new colleagues joining. Senior clinicians support the new trainees which can sometimes have an impact on recovery rates, which then improve. Provisional data for September and October had shown improvement in recovery rates and these were now above targets. • SMI Physical Health Checks - At least 60% of the patients on the serious mental illness register should receive a comprehensive physical health check. Current metrics were measuring at 16.2%. Whilst this was an improvement on the previous quarter, this was well below the target. All boroughs across London were struggling and had seen performance drop since the start of the pandemic. South East London had established a steering group to focus on improving performance, with representation from all boroughs. This should start to improve in quarter 3 and quarter 4. | |

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| | <ul style="list-style-type: none"> • LD and autism annual health checks – 163 annual health checks provided as at quarter 2, more than the number delivered during the same period last year. If this continues, the borough should achieve its year-end target, with many health checks taking place in the latter part of the year. • Childhood Immunisations in primary care - Bromley was above the London average on all metrics and was the best performing borough in South East London. • Personal Health Budgets – Bromley had already met the annual target half way through the year, with 658 personal health budgets delivered. Bromley were doing a fantastic job in helping South East London to achieve the overall target for personal health budget provision. | |
| 10.2 | <p>The Committee discussed the report, making the following points:</p> <ul style="list-style-type: none"> • Mr Rafferty noted that there is a cyclical issue with performance regarding IAPT performance relating to training. He noted that the demand on services was high, with a further £300k invested in the service to ensure capacity. • Mr Cheung commented that SMI health checks were an area of underperformance and challenge nationally, particularly considering the pandemic. The importance of population health management was noted, including the ability to utilise data to identify this vulnerable cohort of the community and ensure that practices reach out. • Ms Rehal noted that infrastructure was in place to ensure searches had been undertaken to identify patients in general practice and that patients were on the SMI register where appropriate. This was helping to raise awareness of patient needs of this population and it was also important to ensure that patients were able to access covid vaccination. Work was underway to ensure that uptake was encouraged, PCNs were recruiting mental health practitioners into the primary care workforce, who would work to improve awareness and expand capacity, allowing flexibility for patients to attend checks when convenient. Work was also underway to improve the quality of health checks to ensure that they were identifying needs and any gaps in healthcare. A similar approach had been taken with LD health checks. Two primary care networks were exemplar sites for improving LD health check uptake through making use of innovative new models of working with patients with learning disabilities. This would be used to enhance learning and the approach mirrored across all practices. • Dr Paranjape noted that this was an important cohort to reach in a timely manner and that there were health inequalities regarding outcomes for this population. | |
| 10.3 | The Committee NOTED the report. | |
| 11. | Quality Report | |
| 11.1 | <p>Sonia Colwill presented the report, and the following key highlights were noted:</p> <ul style="list-style-type: none"> • Ms Colwill noted that the quality team worked across all south east London boroughs enabling the identification of trends and themes. • The report was taken as read; the team were between quarterly reports. | |

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| | <ul style="list-style-type: none"> • Quality assurance is done once across south east London in the Quality and Safety Subcommittee, which looks at the assurance for main providers. • Quality alerts remain the eyes and ears into the system about anything that may be going wrong. GPs often alert the CCG to things that aren't quite right, and the quality team investigate this and follow up with providers, fixing issues and avoiding any major quality incidents by resolving this quickly. • There had previously been an issue at King's regarding electronic communication of discharge letters. This had been flagged by Bromley GPs, the CCG went back to the trust, and it was realised that this was a major issue affecting many boroughs and areas. Following investigation, it was identified that this was an IT issue, and the trust were able to resolve this very quickly. • There were several IT issues being flagged as quality alerts. IT systems not talking to each other can cause problems and this has been raised at London level. Local work on this continued and the CCG had been assured that the any delay caused by the IT issue was short, and that no harm had been caused to patients. • There had been a lot of Care Quality Commission (CQC) activity locally in recent months. The Bromley Healthcare CQC well-led review would be published shortly. • National guidance was expected in December regarding setting up a system quality group; working with providers and PCN Clinical Directors to consider how quality oversight, improvement and transformation would happen at place. This would be in place for April 2022. | |
| 11.2 | <p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> • Dr Paranjape thanked Ms Colwill for the quality report and the oversight of this important area of work. | |
| 11.3 | The Committee NOTED the report. | |
| 12. | <p>Any other business There was no other business discussed at this meeting.</p> | |
| 13. | <p>Date of Next Meeting: 18 January 2022, to take place by MS Live Video Conference, 11.30am-1.30pm</p> | |