

**Bromley Borough Based Board**  
**Minutes of the meeting on 18 January 2022**  
**Held through Microsoft Live**

<b>Present:</b>	<b>Name</b>	<b>Title and organisation</b>	<b>[initials]</b>
	Dr Andrew Parson	Borough CCG GP (Co-chair), South East London Clinical Commissioning Group	AP
	Cllr Colin Smith	Leader of the Council, London Borough of Bromley (Co-chair)	CS
	Omar Al-Ramadhani	Head of Assurance, South East London Clinical Commissioning Group (Item 10)	OA
	Dr Angela Bhan	Bromley Borough Director, South East London Clinical Commissioning Group (Item 5)	ABh
	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 (Item 11)	SC
	Paulette Coogan	One Bromley Borough Director of Organisational Development, South East London Clinical Commissioning Group	PC
	Harvey Guntrip	Bromley Borough Lay Member, South East London Clinical Commissioning Group	HG
	Dave Harris	Associate Director of Finance, South East London Clinical Commissioning Group (Item 9)	DH
	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, South East London Clinical Commissioning Group (Item 7)	CR
	Dr Nada Lemic	Director, Public Health	NL
	Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
	Matt Hodges	Borough GP Surgery IT Project Manager	MH
	Gemma Alborough	Borough Business Support Lead, South East London Clinical Commissioning Group	GA
	Avril Baterip	Corporate Governance Lead, South East London Clinical Commissioning Group (Item 8)	ABa
	Jodie Adkin	Associate Director of Urgent Care, Hospital Discharge and Transfer of Care, South East London Clinical Commissioning Group (Item 6)	JA
<b>Apologies:</b>			
	Ade Adetosoye	Chief Executive, London Borough of Bromley	AA
	Dr Ruchira Paranjape	Borough CCG GP, South East London Clinical Commissioning Group, (Vice Co-chair)	RP

		Actioned by
<b>1.</b>	<b>Introductions &amp; Apologies for Absence</b>	
1.1	<p>Councillor Colin Smith welcomed members and attendees to the January Bromley Borough Based Board meeting.</p> <p>A minute of silence and reflection was held in respect of the late Councillor Mary Cooke, Chairman of Bromley Adult Care Community PDS Committee and Chairman of Bromley Health Overview Scrutiny Committee, who sadly passed away recently.</p> <p>Members and attendees of the Committee introduced themselves.</p>	
1.2	Apologies for absence were noted as recorded above.	
<b>2.</b>	<b>Declarations of Interest</b>	
2.1	<p>Dr Parson invited members to declare any interests in respect to the items on the agenda.</p> <p>No declarations of interest were raised during the meeting.</p>	
<b>3.</b>	<b>Public Questions</b>	
3.1	<p>It was noted that no prior public questions were received ahead of the meeting.</p> <p>One public question was posted on the Q&amp;A section during the meeting which relates to a recent inpatient experience at the PRUH. Issues included staff shortages, delayed tests and access to physiotherapy. The question to the board was on the emergency plans to deal with situations such as this.</p> <p>The board provided the response below, and this was noted in the public questions document.</p> <p>There have been significant pressures on NHS services during the winter period, including the impact of cases of Omicron. A number of staff members across all services were also affected by the Omicron wave, resulting in staffing challenges. During this time, patients were expected to have normal access to therapy services and to relevant testing. The requestor has been contacted for further information to address the specific concerns that have been raised.</p>	
<b>4.</b>	<b>Minutes of the meeting 11 November 2021 and actions</b>	
4.1	The Committee <b>APPROVED</b> the minutes of the meeting held on 11 November 2021 as an accurate record of the meeting.	
<b>5.</b>	<b>Place Based Director's Report</b>	
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"> <li>• <b>Covid update:</b> Over recent weeks we have seen the usual system winter pressures, however these are now combined with increasing levels of Covid infections and significant staff shortages. Enhanced winter arrangements through our partnerships this year have put us in a much</li> </ul>	

	<p>better position to ensure good access to urgent care services and maintaining quality for patients. Examples will be given later in the agenda, such as the award-winning Single Point of Access (SPA), the huge focus on Influenza and Covid vaccination programmes and the additional capacity placed in primary, community and secondary care. All these new services have helped to improve patient flow through the hospital resulting in far fewer ambulance delays at our hospitals.</p> <ul style="list-style-type: none"> <li>• <b>Seasonal Flu Vaccination Programme update:</b> Once again very high levels of uptake recorded in the over 65-year-olds with 75% uptake. Over 91% of our population in the over 50-year-old age-bracket have had the full primary course of Covid vaccinations including the booster. The Community Covid response has included the extension of GP Access hubs and the delivery of additional services in the community which has helped to manage high levels of illness in our population.</li> <li>• <b>Discharge arrangements:</b> Very impressive discharge arrangements have been put in place this year with a number of multi-agency discharge events (MADE) over the last five weeks that have resulted in a better experience for patients in their ability to get home.</li> <li>• <b>ICS and development of Local Care Partnerships update:</b> We continue to work on these arrangements. It was announced in December 2021 that due to winter pressures and a further wave of Covid infections, the full statutory implementation of the ICS will be delayed from April 2022 until the beginning of July 2022.</li> </ul>	
5.2	<p>Dr Parson thanked Dr Bhan noting the importance of the extremely challenging time over the last few months and the joint-working partnerships in the system to meet challenges.</p> <p>There was a discussion on norovirus and the prevalence of this in Bromley. Dr Bhan reported few outbreaks and cases in the hospital and care homes. Some of the actions the whole population took to reduce the transmission of Covid-19 also works for other bacteria and viruses and reduces the spread of these organisms.</p> <p>Dr Nada Lemic confirmed that the incidence of norovirus was low in care homes and the community though there had been reports of two suspected norovirus outbreaks in schools.</p>	
5.3	<p>There was a discussion on the number of care home staff that have had to leave because of the Covid vaccination requirement from November. It was noted that the vaccination programme has been supported through a wider support framework in place for care homes. There has been a very large uptake of the vaccine by care home staff. However there is a small group of staff who have chosen to not take the vaccine with some of these staff being redeployed to other areas and a few leaving the profession completely. It is important to note no care homes had to shut temporarily or otherwise as a result of this.</p>	
5.3	<p>The Committee <b>NOTED</b> the report.</p>	
6.	<p><b>Hospital Discharge Performance Update</b></p>	

6.1	<p>Jodie Adkin presented slides on the Hospital Discharge Performance. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The award-winning Single Point of Access (SPA) brings together system partners to ensure Bromley residents are safely discharged to the most appropriate setting,</li> <li>• In December 2021, there were 575 supported discharges from the PRUH (all boroughs) accounting for 33% of the total PRUH discharges of 1742.</li> <li>• The PRUH has a higher percentage of supported discharges at 32% than SEL at 28%, probably reflecting the demographics of the population.</li> <li>• There has been an increase in Pathway 3 discharges which now includes new and <u>returning</u> residents which has significantly increased numbers of patients in this pathway.</li> <li>• In December 2021, there were 427 Pathway 1 discharges, accounting for 74% of total supported discharges from the PRUH.</li> <li>• Looking forward, we seek to maximize community capacity, and in January, additional capacity was utilised in care homes including Residential and Nursing homes. It is noted there has been a significant increase in referrals for bed-based rehabilitation. St Christopher's Hospice is to restart with an enhanced offer from January. Covid outbreaks are being managed well in care homes; care home settings are showing considerable resilience this winter.</li> </ul>	
6.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> <li>• Dr Parson thanked Ms Adkin for the paper and summary. There was a question regarding staff absences as a result of Covid isolation requirements and the impact this had on Covid arrangements and mitigation. Whilst workforce challenges were most significantly challenged, this was mitigated through the ethos of the SPA, using capacity to meet the needs of the population along with mutual aid and keeping a close eye on pathways.</li> <li>• Dr Parson thanked Ms Adkin and noted this as a great example of partnership working.</li> </ul>	
6.3	<p>The Committee <b>NOTED</b> the report.</p>	
7.	<p><b>Covid-19 and seasonal influenza vaccination programmes update</b></p>	
7.1	<p>Cheryl Rehal shared slides on the report.</p> <p>The following updates were noted:</p> <ul style="list-style-type: none"> <li>• Flu vaccination uptake in Bromley has been excellent. High uptake in care home residents who have all been offered a vaccination. GPs and Community Pharmacies have also contributed to this and are encouraging patients to have the vaccination.</li> <li>• 91% of patients over 50 years old registered with a GP in Bromley had their first Covid dose with a high proportion having had their second dose and the booster.</li> <li>• Following the national guidance additional vaccination clinics were held in December 2021 which is evident in the numbers and the clinics continue to be available.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Significant efforts are being made to target support for the groups with inequalities in uptake.</li> <li>• The recent wave of Covid infections has led to workforce capacity challenges due to staff isolating. Similarly, there has been a number of patient vaccination cancellations due to isolation.</li> <li>• All schools in Bromley have been visited and pupils have been offered the Covid vaccination. The vaccination team are now preparing for the second dose for 12 to 15-year-olds and the first dose for 5 to 11-year-olds at risk group.</li> </ul>	
7.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> <li>• Dr Parson thanked Ms Rehal noting that this is a hugely important area of work for our population.</li> <li>• The uptake in pregnancy was discussed and how to promote uptake in this cohort. Vaccinations have been offered and continue to be offered to pregnant women. Promotional work to increase uptake included a simple infographic shared with GP practices; promotion through Maternity services in Bromley and beyond and a series of webinars has been held. A South East London helpline is available for further questions and an Information pack developed for pregnant women. In terms of outcomes, 70% of pregnant women in Bromley have had their first dose however the uptake is variable across South East London.</li> <li>• Dr Parson acknowledged the huge contribution from our volunteers in vaccination clinics and invited Harvey Guntrip to add further points to the discussion. Mr Guntrip had recently asked a group of late teens/early 20-year-olds the reasons for having the vaccine and the main themes emerging were to attend events. Vaccines continue to be offered and the message to get across is that it is never too late to have the first, second or booster vaccination. It was noted that staff members of the Bromley Civic site have undergone training to be vaccinators – about 30 staff members have been recruited on a secondment basis to be able to deliver vaccinations. This reflects real partnership working.</li> <li>• Dr Parson thanked Ms Rehal and acknowledged the great partnership working to improve vaccination uptake.</li> </ul>	
7.3	The Committee <b>NOTED</b> the report.	
<b>8.</b>	<b>Bromley Borough Risk Register</b>	
8.1	<p>Avril Baterip presented slides on the Bromley Risk Register, the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• There are 7 active risks on the Bromley Risk Register. All risks have assurances in place and are monitored monthly. There are no risks currently overdue for review and no new risks had been opened during the last month.</li> <li>• There are 2 red risks – both are classed as moderate.</li> <li>• Ongoing risk reviews and discussions continue to consider whether the changes to controls or mitigations are effective</li> </ul>	

	<ul style="list-style-type: none"> <li>The risks where control measures appear to have had no impact on the likelihood/consequence of the inherent risk (Risks 165, 166 and 243) were discussed at the Bromley Clinical Strategy Group meeting</li> <li>Continuing Health Care risks (Risks 165 and 166) would need to retain the same red RAG rating until staffing issues had been addressed</li> <li>It is noted that the RAG rating for the finance risk (Risk 243) would likely be able to be reduced at the next review, as the end of the financial year was approaching.</li> </ul>	
8.2	<p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> <li>Dr Parson thanked Ms Baterip for the report and summary.</li> </ul>	
8.3	The Committee <b>NOTED</b> the report.	
<b>9.</b>	<b>Finance Month 8 Update</b>	
9.1	<p>David Harris presented slides on the South East London CCG's financial position as at Month 8.</p> <p>The following updates were noted:</p> <ul style="list-style-type: none"> <li>The position for SEL CCG at month 8 was breakeven.</li> <li>The Bromley Borough position was £313k underspent.</li> </ul> <p>The key variances at Month 8 are:</p> <ul style="list-style-type: none"> <li>Community was overspent by £106k due primarily to an overspend in Community Phlebotomy and an overspend on the Bromley Healthcare contract</li> <li>The Mental Health placement position is £178k underspent due to lower activity than budgeted</li> <li>Continuing Healthcare budgets are underspending by £238k as activity was lower than budgeted for</li> <li>Bromley has received a Covid budget for H2 totalling £765k, in addition to this the Hospital Discharge Programme plan for H2 is £4,024k.</li> <li>The 2022/23 Priorities and Operational Planning guidance was released on the 24th December 2021 with confirmation of details to follow</li> <li>The National tariff is to increase by 1.7%</li> <li>The Mental Health Investment Standard (MHIS) will continue to apply to ICBs with growth at more than ICB growth</li> <li>The minimum BCF contribution to social care will rise by at least 5.3% on average, ICB specific figures is to be published</li> <li>The Hospital Discharge Programme will end in March 2022</li> </ul>	
9.2	<p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> <li>Dr Parson thanked Mr Harris for the update and noted the challenges of a reduced Covid-driven budget for the next financial year.</li> </ul>	
9.3	The Committee <b>NOTED</b> the Month 8 Finance report.	
<b>10</b>	<b>Borough Board Assurance Report - Bromley</b>	

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"> <li>• IAPT access performance was below plan in Q1 2021/22 against a Q1 plan of 6.2%. South East London CCG is meeting the IAPT recovery rate standard of 50% with a performance of 51.3% in September 2021.</li> <li>• Bromley has met all the IAPT treatment targets for the three key performance areas</li> <li>• Serious Mental Illness (SMI) Physical Health Checks for Q2 in South East London is below target for all boroughs</li> <li>• Boroughs are working with their practices to improve delivery against the diabetes standards, however there is a significant lag in the availability of national data. Good progress is being made on the development of a local South East London dashboard which will provide more up-to-date data.</li> <li>• Autism remains below trajectory, work has been ongoing to provide training to improve performance with this being an area to monitor over the next coming months</li> </ul>	
10.2	<p>The Committee discussed the report, making the following points:</p> <ul style="list-style-type: none"> <li>• Dr Parson thanked Mr Al-Ramadhani and expressed gratitude to the hospital teams who provided Diabetes support. It was acknowledged that the clinical pathways in Bromley were very well established in primary care and less dependent on specialist services.</li> </ul> <p>Mr Cheung commented on three areas from the slides presented:</p> <ul style="list-style-type: none"> <li>• Serious Mental Illness (SMI) health checks and the work ongoing to improve performance which includes the setting up of a SMI health check taskforce, with members from all sectors, to establish and improve uptake of checks. Short and long-term targets have been set which includes incentives around primary care.</li> <li>• Learning Disability (LD) has a similar LD health check group established with a lot of innovative work being recognised. There has been a 20% increase in the number of health checks completed in Q3 in comparison to Q2. Primary Care Networks (PCNs) are working well with podcasts available to people with LD promoted across the borough.</li> <li>• A significant amount of work has been ongoing for Diabetes which includes an integrated model with advanced primary care support in Bromley Healthcare involving consultants from the PRUH. Working with the Clinical Effectiveness team, a resource pack to support primary care has been produced which shows best practice and the use of data for intelligence purposes.</li> </ul> <p>Dr Parson thanked Mr Cheung acknowledging the good co-working and leadership in Learning Disability. It was noted for Diabetes, the wide-spread resilience and joined up working with Acute and Community providers strengthened by PCNs and established Clinical Effectiveness teams.</p>	
10.3	<p>The Committee <b>NOTED</b> the report.</p>	

11.	<b>Quality Report</b>	
11.1	<p>Sonia Colwill presented slides on the report, and the following key highlights were noted:</p> <ul style="list-style-type: none"> <li>• In each ICS, there must be a System Quality Group(SQG) which reports to the ICB, Local Authority and regional NHS England teams.</li> <li>• The challenge will be on how to make this work as the group is big and powerful and will feed into the Place partnerships</li> <li>• An ICB Committee covering quality assurance from providers with KPIs is to be established, which is separate to the System Quality Group</li> <li>• SQG will be responsible for Quality and Governance at place and will oversee providers. Local guidance has been developed from the national guidance and is flexible.</li> <li>• Patient Safety strategy has been placed on hold for the past 18 months</li> <li>• IT issues continue to be reported via Quality Alerts and Serious Incidents (SI). Work is being undertaken to review SIs at a regional level to understand the impact on patients across London.</li> </ul>	
11.2	<p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> <li>• Dr Parson thanked Ms Colwill for the quality report and the oversight of this important area of work with joint responsibilities from the Board.</li> <li>• There was a discussion on how we will ensure the speed of response specifically if there is an issue with multi borough providers. Providers will have to focus on place, and it is particularly important to include patient experience as there is a need to target questions that address patient-specific concerns. Mr Cheung reflected on the integration work by services and the Single Point of Access delivered by a multi-disciplinary model to jointly manage and monitor our patients.</li> <li>• Councillor Smith thanked everyone in the NHS, CCG and London Borough of Bromley for their hard work over the past 20 months.</li> </ul>	
11.3	The Committee <b>NOTED</b> the report.	
12.	<p><b>Any other business</b>                  There was no other business discussed at this meeting.</p>	
13.	<p><b>Date of Next Meeting:</b>                  3 March 2022, to take place by MS Live Video Conference, 13.00pm-15.30pm</p>	