

**Bromley Borough Based Board
Minutes of the meeting on 8 July 2021
Held through Microsoft Live**

| Present: | Name | Title and organisation | [initials] |
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| | Dr Andrew Parson | Borough CCG GP (Co-chair) | AP |
| | Cllr Colin Smith | Leader of the Council, London Borough of Bromley (Co-chair) | CS |
| | Omar Al-Ramadhani | Omar Al-Ramadhani (Item 10) | OA |
| | Janet Bailey | Director of Children and Young People, London Borough of Bromley | JB |
| | Kim Carey | Interim Director of Adult Services, London Borough of Bromley | KC |
| | 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 |
| | Dr Nada Lemic | Director, Public Health | LM |
| | Cait Lewis | Clinical Lead for Children's Community Nursing Team (Item 7) | CL |
| | Helen Norris | Healthwatch | HN |
| | Sean Rafferty | Joint Assistant Director of Integrated Commissioning for South East London CCG and London Borough of Bromley | SR |
| | Dr Ruchira Paranjape | Borough CCG GP (Vice Chair) | RP |
| | Rachel Perry | Head of Service Integration, One Bromley (Items 7&8) | RP |
| | Cllr Diane Smith | Portfolio Holder for Adult Care & Health, London Borough of Bromley | DS |
| | Dr Mukesh Sahi | Chair of the Local Medical Committee (LMC) | MS |
| | Matt Hodges | Borough GP Surgery IT Project Manager | MH |
| | Kofo Abayomi | Borough Governance Lead | KA |
| | Gemma Alborough | Borough Business Support Lead | GA |
| Apologies: | Dr Angela Bhan | Bromley Borough Based Director | AB |
| | Paulette Coogan | One Borough Director of Organisational Development | PC |
| | Ade Adetosoye | Chief Executive, London Borough of Bromley | AA |

| Actioned by | | |
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| 1. | Introductions & Apologies for Absence | |
| 1.1 | Cllr Colin Smith welcomed members and attendees to the July Bromley Borough Based Board meeting. He highlighted that South East London | |

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| 1.2 | CCG (Bromley) and Bromley Council continued to work closely for the benefit of Bromley residents. Dr Parson thanked Cllr Smith and introduced members and attendees of the Committee. | |
| 1.3 | Apologies for absence were noted as recorded above. | |
| 2. | Declarations of Interest | |
| 2.1 | Dr Parson, Co-Chair invited members to declare any interests in respect to the items on the agenda. There were no additional declarations at this meeting. | |
| 3. | Public Questions | |
| 3.1 | Dr Parson, Co-Chair noted that no questions were received from members of the public ahead of the meeting. Additional questions were invited to be posted in the Q&A section of the live event and written responses would be provided. Questions and answers from the previous meeting were noted and had been posted on the CCG (Bromley) website. | |
| 4. | Minutes of the meeting 13 May 2021 and actions | |
| 4.1 | The Committee APPROVED the minutes of the meeting held on 13 May 2021 as an accurate record of the meeting. | |
| 5. | Place Based Director's Report | |
| 5.1 | The Committee received a written report which outlined borough level working. Mr Cheung presented the Place Based Director's report which was taken as read. Key highlights of the report were noted and discussed. | |
| 5.2 | Dr Parson thanked Mr Cheung for the report and commented that the long covid service has required all One Bromley partners to work together. He also noted the response to the covid vaccination programme, the CCG (Bromley) had made vaccination accessible however there were still some people who were yet to be vaccinated, work continued to address this. | |
| 5.3 | The Committee NOTED the report. | |
| 6. | Children and Young People's Integrated Commissioning Programme – 2021/2022 | |
| 6.1 | Mr Rafferty presented the report and explained that the purpose of the report was to seek endorsement of the priorities around children and young people's services for 2021/22. Mr Rafferty summarised the background and discussions held between the CCG (Bromley) and the London Borough of Bromley (LBB) earlier this year which had identified | |

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| | <p>a need to give greater priority to developing services for children and young people, with a focus on the interface between children’s health, education and social care services. In support of this priority the CCG (Bromley) and LBB had agreed to appoint a joint Integrated Commissioner to work across the CCG and the LBB with a focus on community-based health, social and care services.</p> <p>Mr Rafferty summarised the four priorities identified for 2021/22 (Children and Young People’s Therapies, Review of Community Paediatric Services, The recommissioning of the Bromley Healthcare children’s services contract and Child and Adolescent Mental Health Service developments). He explained that this was an important piece of work for children in Bromley as this would allow the team to assess the impact of the pandemic on children.</p> | |
| 6.2 | <p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Cllr Colin Smith commented that those studying Speech and Language Therapies (SaLT) degree had been impacted due to a lack of training placements, he then queried whether this issue would impact SaLT services and whether this risk had been considered and managed. Mr Rafferty explained that there were no long-term impacts and the risk was being managed. The local training function provided by Bromley was now expanded to cover independent therapists operating in Bromley in addition to practitioners. This was also part of the work undertaken with Bromley schools • Mr Guntrip welcomed the report and stated that the provision was a wide-ranging programme which was flexible enough for learnings to be incorporated over time. Mr Rafferty responded that significant focussed work had been done in Bromley for children in social care with improvements made and this was now being done in health and support for children particularly in community care. This would involve One Bromley agencies working together to improve pathways and support children and their families. The team also had the support of the CCG and the Local Authority leadership • Dr Paranjape welcomed the report and commented that the piece of work was developed on evidence-based methodology, which was positive, however she advised that home schooled children should be included in the provision. Mr Rafferty agreed with this point and advised that there was a recognition of home schooled children. The fact that services were provided in the community addressed this issue • Ms Norris welcomed the report. She enquired about specific public engagement relating to the workstreams. She also noted that evidence from Healthwatch suggested that there was a disconnection between service users and the services. Ms Norris | |

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| | <p>queried the specific plans for public engagement and involvement particularly in commissioning. Mr Rafferty explained that there were existing infrastructures for children and young people's involvement across Bromley. For additional engagement, the team would be working with more bodies in Bromley. Feedback from these bodies, service users and practitioners would also be utilised. The services were also co-produced to determine what worked or not. The team would continue to find innovative ways of working with children</p> <ul style="list-style-type: none"> • Dr Sahi queried the long length of waiting times in relation to eating disorders and learning disabilities. He commented that there were risks managing these in primary care. Mr Rafferty noted that waiting times had been challenging, eating disorders were particularly prevalent in Bromley and the team were reviewing this and the specialist support service provided by the Oxleas NHS Foundation Trust (Oxleas). Ms Norris agreed with Dr Sahi and added that waiting times had been highlighted as an issue in Healthwatch intelligence • Dr Paranjape clarified the issue of waiting times. She stated that first consultation to treatment plans were not taking up to a year in Bromley. The waiting times were in relation to access to specialist services • Dr Parson summarised the above points and stated that whilst the committee endorsed the priorities, the issues of engagement needed to be addressed. | |
| 6.3 | The Committee considered and agreed the recommendations. | |
| 7. | Children and Young People – Hospital at Home | |
| 7.1 | <p>Ms Perry introduced the report. She summarised the pilot programme which started in February 2021 and the reasons for developing the service.</p> <p>Ms Lewis explained the key components of the service, progress to date, positive feedback received from the patients/family (80% of patients completed the online survey), staff feedback was now being collated and this had also been positive. Significant progress had been made to make the service work better with smoother flow. The service was shortlisted for the RCN Nursing awards.</p> | |
| 7.2 | <p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Parson stated that this was one of the objectives set out for children in Bromley. He noted that there was an increased use of the service in May and queried whether this was due to spring and respiratory issues. Ms Lewis explained that the service had not reached 50% capacity and the increase around the period could be due to confidence in the service. In terms of the surge being seen around respiratory issues, the team were now considering | |

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| | <p>whether the service could manage oxygen dependent children in the coming winter</p> <ul style="list-style-type: none"> • Mr Guntrip enquired how big the team anticipated the service would become. Ms Lewis responded that there was an expectation that the service would be bigger than it is currently but this would depend on Bromley partners. There was scope to double the current capacity • Dr Paranjape also commented on capacity. She thanked the team for their hard work and dedication. Being a GP, she expected that there would be more respiratory issues in the winter and she enquired whether there was a contingency plan to cover staff absence during this period. Ms Lewis explained that by July, CNN would be fully staffed which would be able to cover staff absences. • Dr Paranjape also commented on the popularity of video consultations and asked whether this was currently being used. It was noted that the service was still being done face to face, however video consultations would be considered should the need arise and this may be used to manage demand in future. | |
| 7.3 | The Committee NOTED the report. | |
| 8. | Development of an Integrated Frailty Model | |
| 8.1 | <p>Mr Cheung introduced the report. He summarised the vision and principles of the proposed model which were shared by all One Bromley partners, there was an acknowledgement that this needed to be an integrated model with input from all partners. Mr Cheung explained the reason for an integrated model which included addressing gaps in the system and to provide a seamless journey for patients.</p> <p>Dr Paranjape, clinical lead for the programme added that the team had developed some innovative and exciting project areas over the years. Although these had been impacted by the pandemic, now was the right time to examine the current model and make the clinical delivery and services more evidence based, with all partner organisations working together to mitigate duplication for patients and to address any gaps. Patients would therefore benefit from all aspects of the model.</p> <p>Ms Perry summarised the pathways available, the existing proactive pathway (including changes made) and the workstreams. She also explained that the principles of the pathway remained the same.</p> | |
| 8.2 | <p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> • Dr Parson noted that there was a population health approach to this piece of work. He also stated that the prevention of frailty was a bigger piece of this work • Mr Guntrip noted that from a preventive perspective, some vulnerable residents could benefit from a pre-emptive service provided by the third sector. He enquired how vulnerable residents could be identified and suggested a robust pre-emptive model to | |

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| | <p>further reduce pressure on the service. Mr Cheung responded that the more the service developed the more preventive it would become. The multidisciplinary approach of the service would also support this vulnerable cohort. Dr Paranjape thanked Mr Guntrip for raising this point and explained that it is expected that social prescribers and Age UK would be able to identify this cohort. It was also important to make every contact count.</p> | |
| 8.3 | The Committee NOTED the report. | |
| 9. | Month 2 Finance Report | |
| 9.1 | <p>Mr Harris presented the month 2 finance report and highlighted the following key points:</p> <ul style="list-style-type: none"> • In-month the CCG was reporting a break-even position against its normal business as usual (BAU) programme budgets, with a £4.7m overspend against Covid-19 related expenditure. This cost related to HDP (£4.6m) and Vaccination spend (£0.1m). The CCG was expecting an adjustment to its allocation in the coming months to cover this expenditure. In line with the approach in 2020/21, this would require an external validation by NHSEI before the additional funding was confirmed • SEL CCG had a savings target of £6.1m in H1. This had not been allocated to individual budgets and it was expected that this target would be achieved through a combination of recurrent and non-recurrent savings • The Bromley H1 (Half year – April 2021 to Sept 2021) Budget was £101,015k • For Month 2 budgets had been reported as breakeven with the exception of Continuing Healthcare, Prescribing and Corporate. • The Bromley position at Month 2 was £109k underspent. This was primarily due to pay underspends within the corporate budgets • These budgets would be uplifted to include the planning guidance increases in Month 3 • Bromley received a Covid budget for H1 totalling £1,760k (£610k for borough costs and £1,150k for Bromley Healthcare) in addition to the budget set out above. This excluded the HDP (Hospital Discharge Programme) Covid budget which was held at SEL CCG level. | |
| 9.2 | The Committee NOTED the finance report. | |
| 10. | Borough Assurance Report | |
| 10.1 | Mr Al-Ramadhani presented the report which was taken as read. He noted that this was the first report in the current financial year, the context and format had now changed to reflect areas reported to SEL CCG Governing | |

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| | <p>Body and to cover areas of the 2020/21 operational plan. The following key highlights were noted:</p> <ul style="list-style-type: none"> • Mental Health: Bromley performance on IAPT recovery rate and waiting times was on target • Dementia rate: Bromley performance was below target and required improvement. Dementia was an area of priority for SEL CCG. Oxleas Foundation Trust had been asked to provide an improvement plan, which will be presented to the Governing Body shortly • SMI Health checks: All SEL CCG boroughs were below target and this had been the case since the start of the pandemic. This area remained a priority for the CCG. Progress will be reported at the next meeting. • Child Immunisation: Bromley's performance remained the best in both South East London and the London region • Personal Health Budgets: Bromley was making excellent progress in achieving its target of providing 644 personal health budgets in the current financial year. Bromley was also making significant progress in expanding personal health budgets during the pandemic. | |
| 10.2 | <p>The Committee discussed the report making the following points:</p> <ul style="list-style-type: none"> • Mr Guntrip noted that there were some key areas of performance not covered in the report such as GP alerts. Mr Cheung responded that the borough team were working with the SEL quality team on how quality areas are reported to the Borough Based Board. Mr Al-Ramadhani asked whether there were other areas the Committee required updates • Further to Dr Parson's query on diabetes reporting, Mr Al-Ramadhani responded that the team was developing a local dashboard to report performance i.e., an up to date and granular view of performance above the national data. | |
| 10.3 | <p>The Committee NOTED the report.</p> | |
| 11. | <p>Any other business There was no other business discussed at this meeting.</p> | |
| 12. | <p>Date of Next Meeting: 2 September 2021, to take place by MS Live Video Conference, 1.30pm- 3.30pm</p> | |