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DATE: 31 August 2023

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Tuesday 5 September 2023

Please see the attached report(s) marked “to follow” on the agenda.

- 8 WINTER PLANNING 2023-24** (Pages 3 - 20)
- 9 DENTAL APPOINTMENTS** (Pages 21 - 36)

Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

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Report No.
ACH23-041

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: Tuesday 5th September 2023

Decision Type: Non-Urgent Non-Executive Non-Key

Title: ONE Bromley Winer Plan 2023-24

Contact Officer: Jodie Adkin, AD – Urgent Care, Hospital Discharge and ToCB
Tel: 0208 E-mail: jodie.adkin@selondonics.nhs.uk

Chief Officer: Angela Bhan, Borough Director, SEL ICS (Bromley)

Ward: All

1. Reason for decision/report and options

- 1.1 The ONE Bromley Winter Plan 2023-24 described how Bromley health and care resources will be organised in order to respond to seasonal pressures for local residents. The Health Scrutiny Committee are asked to review the Winter Plan and provide scrutiny to the Plan.

2. **RECOMMENDATION(S)**

The Committee are asked to:

1. Endorse the ONE Bromley Winter Plan 2023-24
2. Consider ways members can use their links to the local community, to support the aspirations of the Winter Plan to ensure health and care services are accessed appropriately and the local community undertakes as many preventative measures as possible to remain well throughout the winter period.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Vulnerable adults, specifically the elderly and those with long term health conditions will be supported to access preventative care as well as ensuring timely access to health and care services should they be needed throughout the winter period.
 2. A specific focus is also provided within the Plan for children and young people, with a focus on access to services throughout the period, support to parents and carers and ensuring sufficient capacity to meet need during seasonal viral outbreaks.
-

Transformation Policy

1. Policy Status: Existing Policy:
 2. Making Bromley Even Better Priority (*delete as appropriate*):
 - (1) For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost:
 2. Ongoing costs: Non-Recurring Cost: *all winter funded activity is delivered only within the winter period to manage all activity and mitigate any potential of ongoing costs to any organisation.*
 3. Budget head/performance centre:
 4. Total current budget for this head: £1,896,590
 5. Source of funding: Better Care Fund
-

Personnel

1. Number of staff (*current and additional*): 20.5
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: There are expected to be minimal procurement requirements for the local authority with procurement activity being undertaken only where there is an explicit need associated to fulfil statutory responsibilities that are unable to be met with existing arrangements. All procurement requirements will follow existing procurement rules.
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Property

1. Summary of Property Implications: N/A
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

Impact on the Local Economy

1. Summary of Local Economy Implications: N/A

Impact on Health and Wellbeing

1. Summary of Health and Wellbeing Implications: Delivering a robust plan for how health and care services will prepare for and arrange themselves throughout winter has a direct impact on achieving positive health and wellbeing outcomes for all Bromley residents throughout the winter period.
-

Customer Impact

1. Estimated number of users or customers (*current and projected*):
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments: Ward councillors are being engaged through the various committees in which members sit.

3. COMMENTARY

The ONE Bromley system develops a Winter Plan each year which describes how seasonal pressures will be mitigated and managed locally. The Winter Plan builds on learning from previous years, responds to any new national policy change and responds to local system changes since the previous plan.

The co-ordination and delivery of a joint Winter Plan places Bromley in a strong position to respond effectively to the changeable position through winter.

Our joint plan sets out how local services will be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this we will support our residents to make the most cost-effective and sustainable use of our joint resources, while enabling better outcomes and ensuring we are able to provide services for our most vulnerable.

The 2023-24 Joint Winter Plan describes how health and care services across Bromley will organise themselves and work together to ensure local residents are able to access the services they need and stay well throughout winter. The Plan is set out in two sections

Section 1 describes the work that will take place before winter to reduce risk to vulnerable residents

Section 2 describes, under the 3 pillars of winter planning, the activity that will take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.

Engagement with a wide range of stakeholders has taken place to inform the Plan with specific, special-interest working groups set up around key themes to develop the plans in these areas.

Workforce engagement has taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.

Endorsement of clinical pathway development has been given by Clinical and Professional Advisory Group (CPAG) on the 13 July 2023

The Local Care Partnership endorsed the Plan on 27 July 2023

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Vulnerable adults and children are at increased risk throughout the winter period of poor health and wellbeing outcomes. The Winter Plan is aimed at ensuring all residents, especially the most vulnerable, are supported to undertake preventative measures and are able to access health and care services in a timely manner, throughout the winter period.

5. TRANSFORMATION/POLICY IMPLICATIONS

N/A

6. FINANCIAL IMPLICATIONS

The winter Budget, funded from the Better Care Fund totals £1,896,590

	Budget	
ICB Winter	£	706,000.00
LBB Winter	£	1,190,590.00

7. PERSONNEL IMPLICATIONS

Due to increase pressure on some areas of the health and care system, some of the winter monies is used to increase the workforce in order to respond efficiently.

8. LEGAL IMPLICATIONS

The delivery of a robust health and care system throughout the winter period ensures all organisations are fulfilling their statutory responsibilities to local residents.

9. PROCUREMENT IMPLICATIONS

There are no direct procurement implications for the Local authority within this year's Winter Plan. SEL ICB (Bromley) are procuring new services within Primary Care and Respiratory diagnostics.

SEL ICB (Bromley) are also expanding some existing commissioned health services including all hospital discharge rehab services, pulmonary rehabilitation provision and services for children.

10. PROPERTY IMPLICATIONS

N/A

11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

No environmental, social or economic implications have been considered

Detail here any environmental, social or economic implications that have been considered as part of this proposal. This section should consider requirements of the 2012 Public Services (Social Value) Act if procuring goods or services. Authors should detail how the recommendations in this report will lead to a positive impact in terms of the Council's Carbon Reduction ambitions.

12. IMPACT ON THE LOCAL ECONOMY

N/A

13. IMPACT ON HEALTH AND WELLBEING

Delivering a robust plan for how health and care services will prepare for and arrange themselves throughout winter has a direct impact on achieving positive health and wellbeing outcomes for all Bromley residents throughout the winter period.

14. CUSTOMER IMPACT

N/A

15. WARD COUNCILLOR VIEWS

Non-Applicable Headings:	TRANSFORMATION/POLICY IMPLICATIONS PROPERTY IMPLICATIONS IMPACT ON THE LOCAL ECONOMY CUSTOMER IMPACT
Background Documents: (Access via Contact Officer)	[List any documents used in preparation of this report - Title of document and date]



ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Outline Winter Plan 2023/24

Winter Plan Pillars

1. Increasing System Capacity

- Supporting same day access in Primary and community care avoiding admissions
- Hospital Discharge and recovering well in the community

2. Managing Seasonal pressures

- Respiratory conditions
- Paediatrics and children's conditions
- Effective management over Christmas and New Year

3. Information Sharing and Escalation

- Winter Intelligence Hub
- System Escalation
- Winter Communications and Engagement Campaign

System commitments

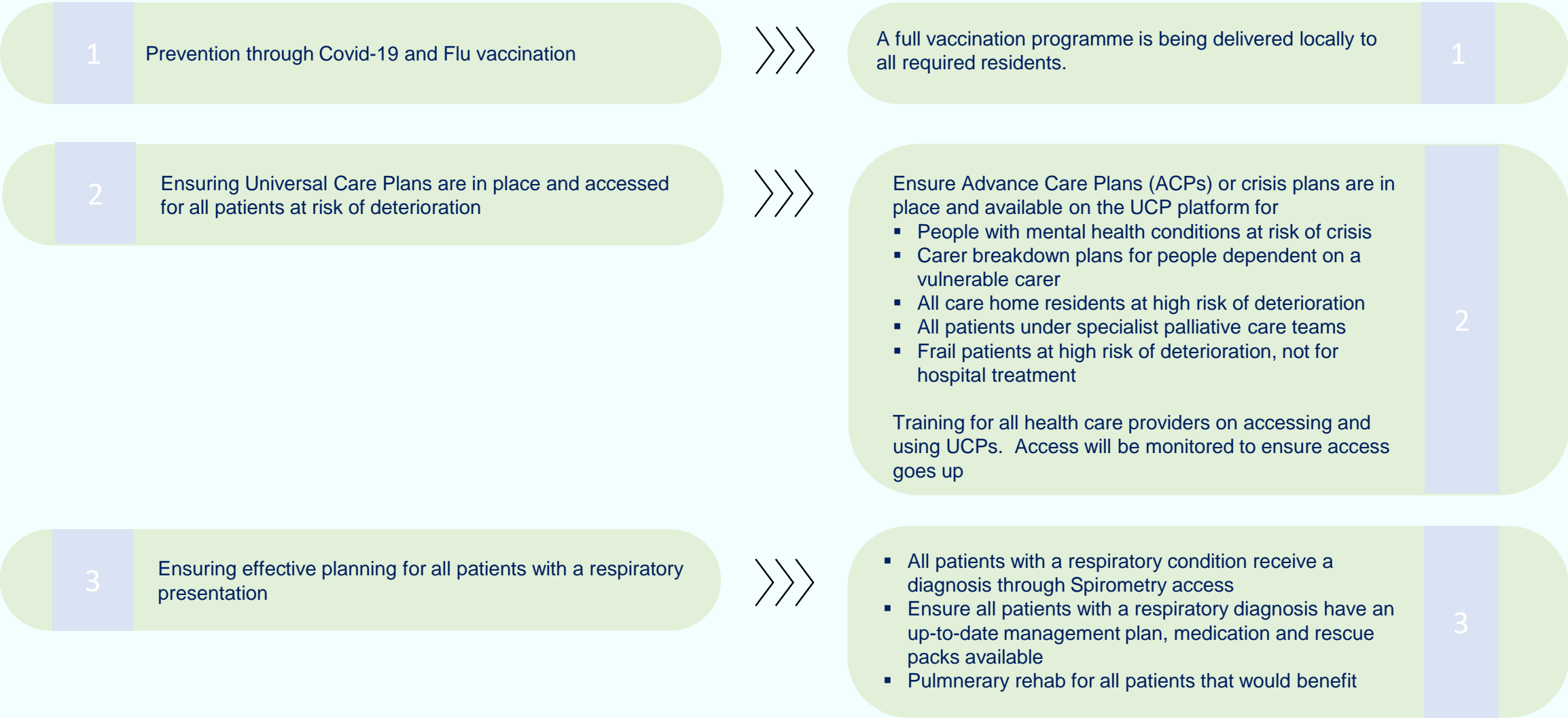
As a system, we commit to working together to ensure same day care is accessible, sustainable and high quality. This will achieve the best outcomes for residents and positive working environment for staff.

This includes

- Develop out of hospital services to our full capacity to prevent the need for anyone to attend hospital where they don't need to, with a particular focus on care home residents, frail residents, people with respiratory conditions and children
- Managing LAS Hand over delays through the new robust escalation process
- Protecting SDEC and Frailty Assessment unit at all costs
- Ensure Consultant connect is fully working to provide a strong interface between primary and secondary care
- Maintain timely and early discharge to ensure all patients that need an acute bed can be moved out of ED in a timely way, and patients can start their recovery, as early as possible out of hospital
- Provide as much access in primary care for same day/urgent appointments as possible preventing the need for patients to go elsewhere to be seen
- Social Care will continue to be a key provider ensuring eligible care and support needs are met, carers are well supported and providing urgent access to care and support for people in crisis
- All organisations will prioritise workforce wellbeing and ensure the workforce are fully supported to do their jobs throughout winter
- All providers will respect one another, problem solve together and ensure residents best interests are put first, managing risk together

Pre-Winter activity to reduce risk

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1. Increase System Capacity to meet seasonal demand

Increasing System Capacity


Supporting same day access in Primary and community care avoiding admissions

Proposed winter offer for primary care

- Additional Same Day GP appointments – scalable and responsive to seasonal demand
- Increased Rapid Response capacity to support GP home visiting
- Direct Access to children's and adults Hospital @Home including adult virtual monitoring service for primary care, including care homes
- Full and consistent consultant connect, SDEC and direct to specialty referral process (ambulatory, frailty, paediatrics, ENT, surgery, Gynae)
- Same day social care access



See
WCPD01: Increasing System Capacity – primary and community care

 **WCP02: Increasing System Capacity: Hospital at Home Plan**

Increasing System Capacity

Hospital Discharge and recovering well in the community

Proposed winter offer for Hospital Discharge

- Increase in all hospital discharge services and staffing capacity (inc rehab, reab, AT, ECH, equipment, VCS, LBB) to mitigate against staff sickness and maintain maximum service provision

Wider Strategic programmes that will launch by winter 2023 and will support safe and timely discharge

- Maintaining D2A and Home First for all patients requiring new care and support at discharge managed through the integrated hospital discharge arrangements locally
- H@H in-reach to maximise utilisation of all available interventions, including virtual monitoring for early supported discharge
- Developing complex care pathway for patients with complex care and support needs inc interface with Proactive Care Pathways and delirium pathway
- Providing case management for the transition of patients from hospital to home at high risk of readmission



2. Managing Seasonal pressures

2.1 Managing Seasonal Demand



Respiratory conditions



- 1. **Current HIN hublets** (expansion/ gaps/ capacity- can we do more?)
- 2. **PR capacity** (waiting lists good justification/ will need to get people trained)
- 3. **Rescue pack** (ensure they are issued, inc as part of referral to resp)
- 4. **EMIS searches** (proactive for asthma/ COPD)
- 5. **Respiratory hubs** (could do it on urgent/ non urgent including some reviews)
- 6. **H@H** (monitoring nebs, loan of nebs. Direct GP referral)
- 7. **ROP** (getting this on/ referrals from GPs)



See **WPD04: Respiratory**



Paediatrics and children



- 1. Direct Access to **specialist paediatric advice, guidance and referral** (Consultant Connect) for GPs
- 2. **Increased GP appointments** during outbreaks to see children face to face
- 3. Step up to **Children's Hospital @Home** from primary care
- 4. Robust **UTC triaging** of children attending hospital
- 5. Clarity on **community pharmacy** offer for children'
- 6. Library of **communication material** for looking after children when they are unwell



See **WPD05:Paediatrics**



Effective management over Christmas and New Year



Blueprint from 22-23 carried forward
Detailed plans worked up in November



Prevention through Covid-19 and Flu vaccination

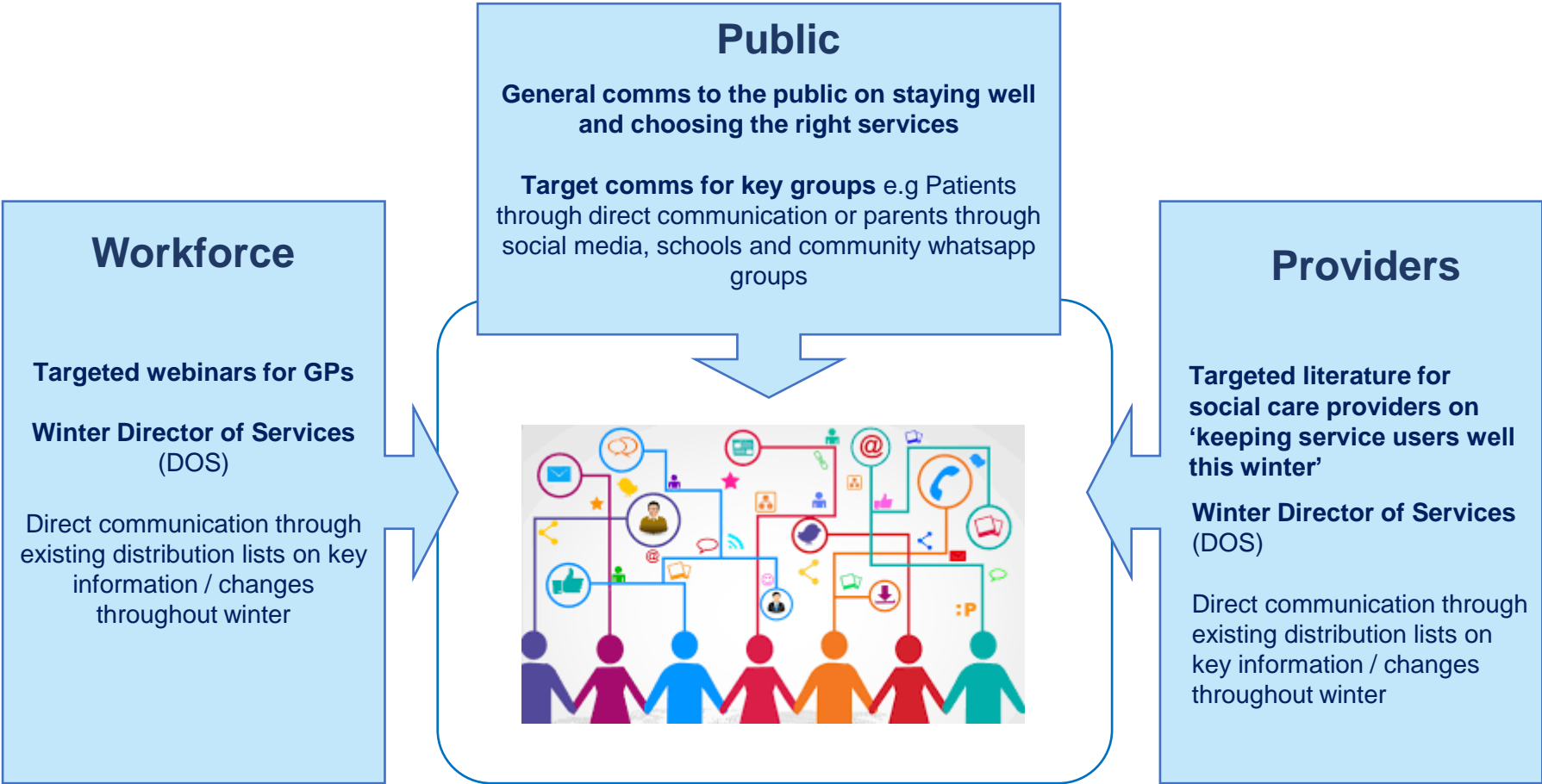


Detailed plans being worked up inc approach for housebound residents, care homes and marginalised groups

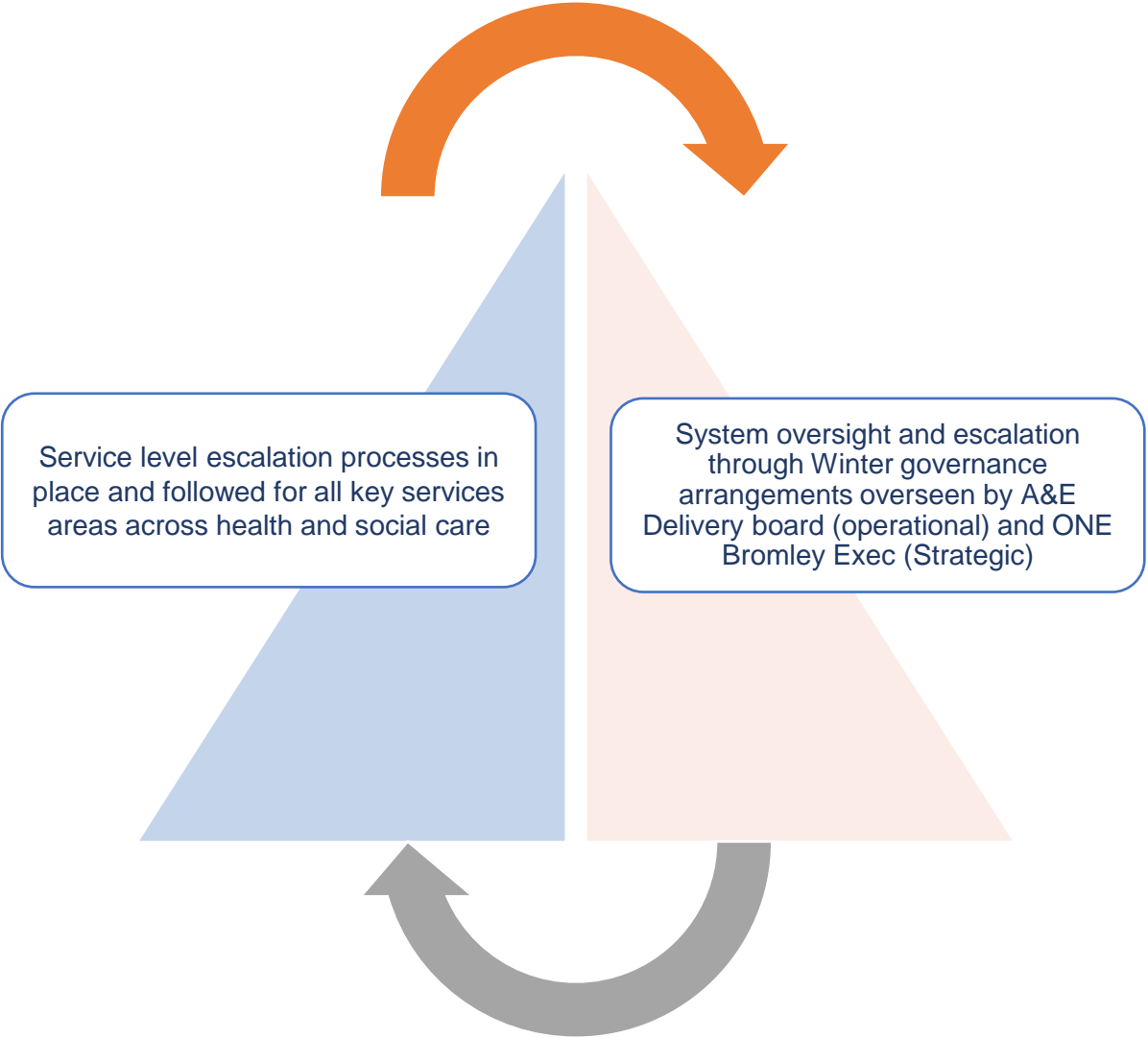
3. Information Sharing and Escalation

3.1 Winter Communication Plan

Targeted communications approach for winter issues
Getting the right information to the right people in the right way



3.2 System Escalation Management



Report No.
ACH23-042

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: SEL ICB

Date: 5th September 2023

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Dental Services Access in Bromley

Contact Officer: Dr Angela Bhan, Place Executive Lead for Bromley, SEL ICB
Angela.Bhan@selondonics.nhs.uk

Chief Officer: Andrew Bland

Ward:

1. Reason for decision/report and options
- 1.1 Request by Health Scrutiny Sub-Committee

2. RECOMMENDATION(S)

This report has been prepared by NE London ICB on behalf of SEL ICB. From April 2023, ICBs in London have taken over the commissioning of community dental services from NHS England. A central team is located for the whole of London in NE London ICB. It is for information only

Impact on Vulnerable Adults and Children

1. Summary of Impact: There have been concerns that a lack of NHS Dentistry and long waiting times might impact on the oral health of children and vulnerable adults. There are however, different ways in which those who are vulnerable may access dental services, and not all have to access these through high street settings (eg community dental services)
-

3. COMMENTARY

We are still in the process of assessing where we with dental services and how access might be improved. The presentation gives an outline assessment of activities to improve access to NHS dentistry, and the oral health of children and what is being done to improve.

Dental Services/Access (Bromley)



Primary Care Dental Services

Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

Contracted services

- 1,107 providers across London (primary general and orthodontics services);
- 42 providers in Bromley
 - GDS providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
 - PDS agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Minor Oral Surgery)).
- GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
- Part of the dental practices contractual income is derived from patient charges
- NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
- Formal registration with NHS Dental Practices ceased on 31st March 2006.

Primary, Secondary, Community & Specialist Dental Services

- Dental treatment is generally split into three categories of complexity
 - Level 1 – mandatory services delivered by any dentist in the high-street setting.
 - Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training in the high-street setting. Also referred to as intermediate services.
 - Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting.
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3.
- Community Dental Services deliver a range of complexity levels for paediatric, special care, domiciliary and homeless (rough sleeping) patients.

Dental Delivery during the Pandemic

Practices were closed for face-to-face treatment from the 25th March to the 8th June 2020. Practices were only able to provide telephone advice to patients.

NHSE directed to commission Urgent Dental Care Services; UDCHs were the only Dental Services available for face-to-face delivery, accessed via 111 and Dental Triage in London; 42 UDCH were stood up across London, comprising of Hospitals, Community Dental Services and Primary Care.

Note: London was the first Region to establish a UDCH (at GSTT), in advance of the National lockdown being declared

Practices were re-opened from the 8th June however: In order to maintain a safe environment for patients and staff Dental practices were required to have gaps between patients if they were providing (AGPS) aerosol generated treatments, thus limiting the amount of appointments that could be provided

This inevitably meant that available appointments were in shorter supply than they were pre-pandemic

The impact of the first national lockdown is still having an impact on routine delivery and many of those delivering NHS care have a constant back log. Additionally, the acuity of patient need has increased significantly, due to outstanding treatments being deferred and consequently treatments are taking longer to complete. T

The capacity to deliver routine care e.g. new patients is a real challenge and significantly less than was available pre-pandemic

Contractual Activity Targets for practices were set at 20% in 20/21 and then increased as we emerged from the pandemic; Practices resumed 100% delivery from 1st July 2022

For practices, their priorities continue to be urgent care and outstanding courses of treatment

Patients at higher risk of oral disease and losing teeth

Dental services in London

Post Pandemic Planned Recovery Phase

The transition intent has been focussed on a safe return to the provision of a full complement of dental care services, with a prioritisation for access to urgent whilst optimising any remaining capacity to increase provision of routine dental care.

Urgent Dental Care Hubs have been procured and current providers extended until March 2024, the procured services will continue to provide the service beyond 2024. Dental triage via 111 will continue working 24/7 (including access to hospital urgent dental care services).

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Dental Access sessions have been commissioned from 2023 – 2026/27 to stabilise as many patients as possible to prevent inappropriate A&E attendances

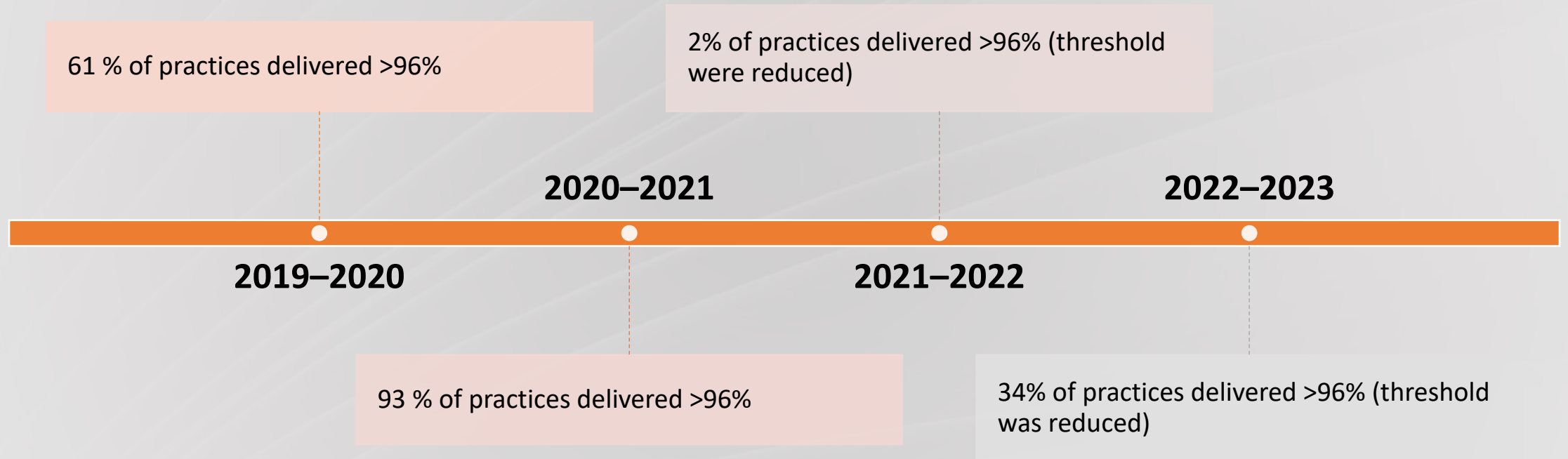
Redistribution of funds for contracts where there has been under-delivery or termination of contracts. Additional activity has been offered to practices where there is capacity to undertake more access work.

Supporting pilot programmes to deliver access and prevention to priority and inclusion health groups in support of the reduction of health inequalities for London.



Practice Activity Delivery – Bromley

(All practices are given a target of UDAS (units of Dental Activity))



Where are we now?



UDCH and DT services are working 24/7 and have been extended procurement is in progress.



Recurrent funds in areas where rebases have taken place to ensure access in those areas.



Stabilisation funds for 22/23 increasing access for patients who need routine treatment (fillings, extractions) Non recurrent funds for 23/24 to increase access for the 2nd half of the year.



Contracts now at 96/100%



Roadmap for Dental Services
Ongoing with a plan for 3-5 years

Roadmap recovery of Dental Services



Phase 1	Phase 2	Phase 3	
Pandemic	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices are working between 95% for since April 2022 with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most area of London due to 3 month closure of practices. UDCH Have been extended to March 2023 to ensure cover for patients in pain are seen asap.</p> <p>EOI and non recurrent funds allocated to practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p> <p>Intermediate: Currently IMOS accepting direct referrals as per pre pandemic . Endodontics accepting patients by direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current ICP. Orthodontics working at 80% with many treatments delayed from 2020</p> <p>Community Dental Services: Capacity is currently reduced and poor access to GA continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p> <p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Open bays causing capacity to be reduced in line with AGP and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access via UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts to 2027 with the option to extend if necessary). OOH Services as part of the UDCH will continue for the same period.</p> <p>Recurrent and non recurrent funds to provide access in areas where provision has terminated or reduced.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p> <p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care & backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS , Endo & Ortho return to normal</p> <p>Review of all Dental Services and the possibility to close/reduce the OOH and UDCH Services.</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>
Timescale: (April 2023/24)	Timescale: (April 2024 -2027)	Timescales (2027/2029) subject to previous phase reached on time)	

New measures to improve access to dental care



In November 2022, the Department of Health and Social Care announced new measures to improve access to dental care:



Introduction of regulatory changes to require dental practices to update their NHS website profiles regularly to make it clear which practices are taking on new patients and the services available.



Encourage the use of skills mix in the practice and enabling dental therapists to treat patients

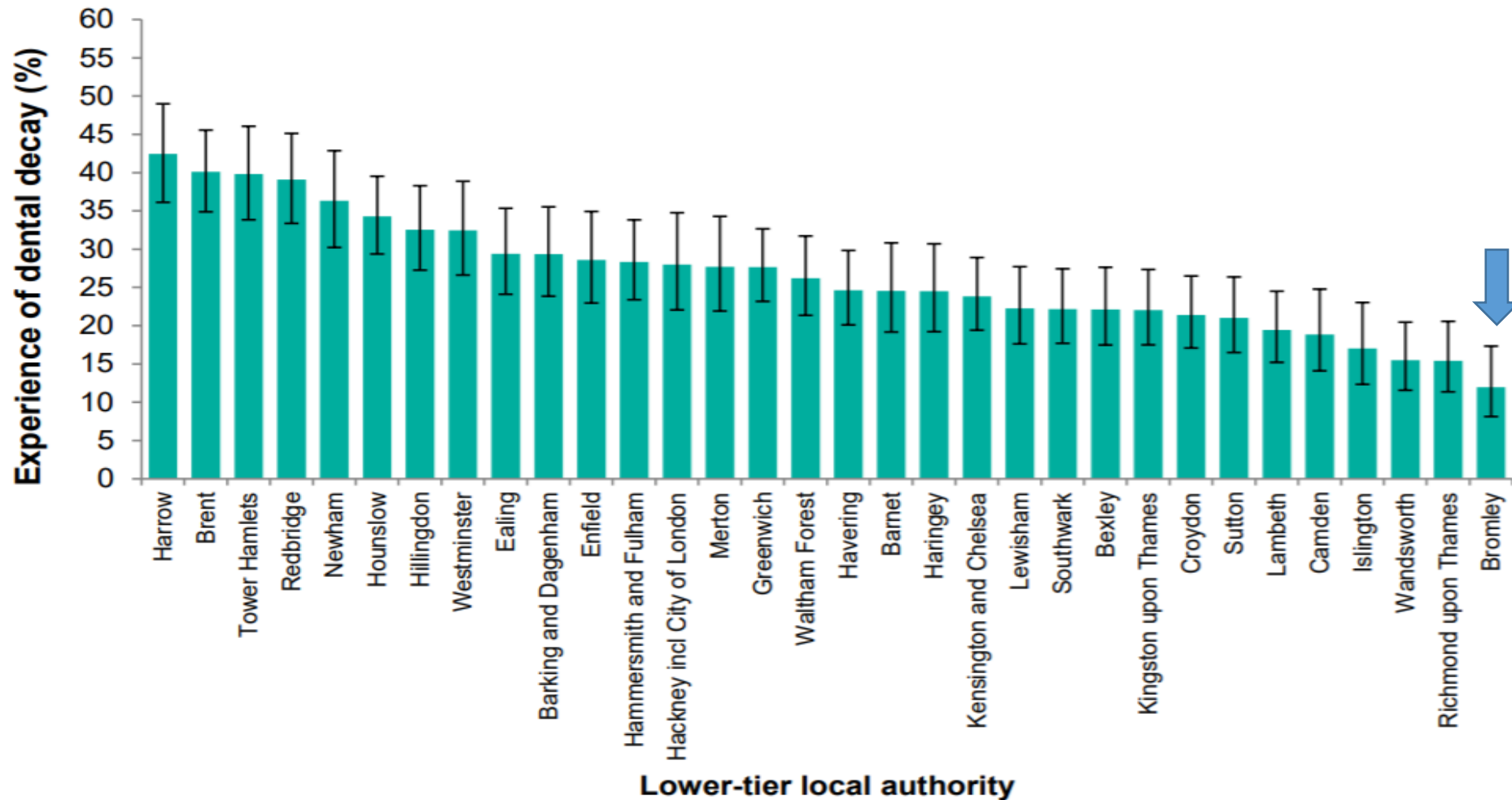
Impacts of the COVID-19 pandemic on CYP

- Children consumed more junk food and snacks and fewer fruit and vegetables during lockdown; this was more prevalent among children from poorer backgrounds highlighting health inequalities (National Food Strategy, July 2020)
- Lockdown has led to food insecurity (Food Standards Agency, 2020)
- Worsening of mental health
- Impacts on education
- It is very likely that oral health has been compromised and disproportionately impacted more disadvantaged children



Experience of tooth decay among 5 year old Children 2019

(National Dental Epidemiology Programme, 2020)



Pilots

01

Looked After
Children (LAC)

02

Inclusion
Health Dental
Pilot
(homeless)

03

Care Homes
and Domiciliary

04

Child Friendly
Dental
Practices

Oral health of Children Looked After

- Children looked after have greater oral health needs and are less likely to use dental services than their peers.
- A recent scoping review carried out in the UK found evidence of **significant oral health inequalities** in
 - Caries experience
 - Traumatic dental injuries
 - Oral health and pain
 - Dental service use
- (PHE, 2021)

Healthy Smiles Oral Health Pilot for Children Looked After in London

- Launch of the pilot on 15th November 2021 with the aim to provide oral health assessments and dental care during the pandemic
- Promoted the pilot through children looked after networks, LA, Directors of Public Health, London Councils, NHS England Safeguarding Lead in London
- Integration of oral health into general health
- Co-production of resources for carers and children looked after teams:
 - Input and advice was sought from key stakeholders to co-produce resources
 - Training of dental teams
 - Training of Children Looked After teams
 - Monitoring and evaluation of scheme

HEALTHY SMILES FOR CHILDREN LOOKED AFTER

WHAT CAN WE DO?

