



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 16 March 2020

ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Tuesday 24 MARCH 2020

This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

- 1 **BLUE BADGE UPDATE** (Pages 3 - 6)
- 2 **CARE HOMES MARKET POSITION STATEMENT** (Pages 7 - 40)
- 3 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 28TH JANUARY 2020** (Pages 41 - 54)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

<https://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

Printed copies of the briefing are available to Members and Co-opted Members upon request by contacting Jo Partridge on 020 8461 7694 or by e-mail at Joanne.Partridge@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

This page is left intentionally blank

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care PDS

24th March 2020

BLUE BADGE VOLUME INCREASE

Contact Officer: Jane Campbell - Occupational Therapy Service Lead

Tel: 02084617386 E-mail: jane.campbell@bromley.gov.uk

Duncan Bridgewater - Head of Customer Service

Tel: 02084617676 E-mail: duncan.bridgewater@bromley.gov.uk

Chief Officer: Kim Carey

1. Summary

1.1 This paper is an update on the impact of additional volumes as a result of the new hidden disabilities eligibility criteria for Blue Badges from August 2019. The Executive agreed the allocation of £42k from the Council's 2019/20 Central Contingency to fund additional resources to enable services to continue to be provided within service level agreement up until the end of March 2020. The majority of applications are processed by Liberata under the automatic criterion and small proportion is passed to occupational therapy for further assessment of eligibility.

1.2 Growth of £91k has been allocated to enable services to continue to manage demand in the upcoming financial year. Should the demand significantly reduce the staffing levels will be adjusted accordingly.

2. THE BRIEFING

2.1 Liberata Update on administration

Liberata continue to process within service level despite the significant volume increase, and have achieved this with an additional seconded officer and weekend overtime, at no cost to the Council up to the end of December. However, they have stated this is not sustainable in the longer term and have asked for funding for an additional 1 fte for Jan/Feb/March and keep the volumes under review, and extend into the new contract (April 2020) as necessary. The total cost for this is £8600 for the 3 month period. Whilst application volumes remain high, continued funding from April 2020 has been made available in the budget, to avoid extended processing times beyond those published is requested. The funding is included in the growth allocated and will only be paid to the contractor, on a month by month basis, subject to applications volumes remaining inflated.

2.2 Occupational Therapy (OT) Update

A small proportion of the applications are unable to be processed under the automatic criteria. These are passed by Liberata to OT for assessment of eligibility. During the financial year of 2018-2019 the average weekly referral rate to OT for assessment of blue badges, freedom passes and taxi cards was 33 applications per week. One OT has been historically employed to manage this work.

The referral to OT rate significantly increased since the changes were implemented and the average weekly referral rates in the subsequent months were as follows:

Month	Average weekly referrals
September 2019	63
October 2019	66.5
November 2019	53
December 2019	45
January 2020	53.5
February 2020	51.5

An additional locum has been employed to manage this increase, working 35 hours a week, at a projected cost of £26k over 6 months.

Additional work is also being undertaken to ensure the new criteria are implemented appropriately and fairly. This involves the continued liaison with other boroughs and the sharing of complex decision making with senior managers, in the form of a newly created panel.

3 FUNDING

3.1 In the first year of implementation, the Department for Transport are providing £1.7 million across England. Based on the IBCF allocation methodology, Bromley would receive around only £6k.

3.2 August 2019 – end March 2020

£42k was made available to manage this work and has been used as follows:

- £2k additional Anite system licences to move to paperless system
- £26k - Full time OT locum for 6 months
- £9k –Additional administrative costs over 3 months

TOTAL £37k

3.3 2020-2021 Budget

A budget of £91k has been allocated for the new financial year and will be used as follows:

- £57k - Full time OT locum
- £34k - Additional administrative costs

TOTAL £91k

4 CONCLUSION

Sufficient financial resources have been allocated to manage the increased applications for Blue Badges within the upcoming financial year. Although it has been anticipated that the number of applications would have significantly reduced by now, this has not been the case.

The additional staffing is employed on a temporary basis and should the demand reduce then the staffing levels will be adjusted accordingly.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Adult Care and Health Policy Development and Scrutiny Committee Tuesday 24 March 2020

MARKET POSITION STATEMENT - CARE HOMES

Contact Officer: Colin Lusted, Head of Complex & Long Term Commissioning
Tel: 0208 461 7650 E-mail: Colin.Lusted@bromley.gov.uk

Chief Officer: Kim Carey Interim Director of Adult Services

1. SUMMARY

- 1.1 The Council has developed a Market Position Statement in relation to care homes. The document gives care home providers an analysis of the current supply and demand for services, explains demographic projections and details the Council's and CCG's commissioning intentions for the future. This information provides a basis for ongoing dialogue with providers that will facilitate closer working and market development.
- 1.2 This report enables Members to scrutinise the accompanying Market Position Statement before it is shared with providers.

2. RECOMMENDATION

- 2.1 **Members are asked to review and note the accompanying Market Position Statement prior to its rollout.**

3. COMMENTARY

- 3.1 The Care Act requires councils to focus upon commissioning services that ensure people's needs can be met in their own homes. The Council recognises that for some people, this option may not be sustainable and there will be an ongoing local requirement for registered and nursing care home provision.
- 3.2 A high percentage of Bromley's population are retired home owners who are likely to fund their own care as they become dependent upon services. This is reflected in 77% of Bromley's nursing and residential beds being occupied by self-funders and a small number of placements from other councils. Only 19% of occupancy relates to Council placements and 4% from the CCG. Self-funders tend to push up market prices and this makes local placements, at Council guide rates, more difficult. Whilst the Council is able to place in some neighbouring boroughs at its guide rates, placing locally can present challenges.
- 3.3 The Council has developed a Market Position Statement that is specific to care homes and which gives providers:

- an analysis of current supply and demand for services
- demographic projections and commissioning requirements for the future

This information will be used to establish an ongoing dialogue with providers that will facilitate closer working and market development.

- 3.4 This report enables Members to scrutinise the accompanying Market Position Statement before it is shared with providers.

4. SERVICE PROFILE/DATA ANALYSIS

- 4.1 A detailed review of the Council's and CCG's financial and placement information was undertaken whilst drafting the Market Position Statement.

5. MARKET CONSIDERATIONS

- 5.1 The Market Position Statement was drafted in consideration of national and local market intelligence; this included analysis of market information from the Association of Directors of Adult Social Services (ADASS), provider feedback and information from social care journals and publications.

6. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 6.1 The Market Position Statement has been drafted to improve local sustainability and enhance local market development.

7. POLICY CONSIDERATIONS

- 7.1 The Market Position Statement recognises the requirements of the Care Act 2014 and the Council's and CCG's local policies.

CARE HOMES

Market Position Statement

2020





CONTENTS

Foreword	5
National direction for this sector	6
Our overall vision for this sector	7
• Our local priorities for care homes	8
• Results we are seeking to achieve	10
• Key messages	12
The demand for care homes	14
• Demographic information	14
• Population projections: until 2035	15
• Living with dementia	17
• Obesity	18
• Estimated future demand	18
• Key messages	20
What the current market looks like	22
• Type of services currently available	22
• Placement analysis	23
• In and out of Borough placements	25
• Council and CCG Analysis	26
• Market share	26
• Key messages	27
How we see the market developing	28
Summary and next steps	31



FOREWORD

This Market Position Statement, the first of its kind from Bromley Council and NHS Bromley Clinical Commissioning Group (CCG), is aimed at existing and potential providers of care homes and is part of an ongoing dialogue between the Council, the CCG and care home providers about the future of elderly frail care homes in Bromley.

Within this Market Position Statement we set out our understanding of demand for care homes and how demand may change in the short to medium term; we also outline current trends in relation to the future of this market.

In this light, we would like current and potential providers of care home services to use this document in order to understand:

- Current and anticipated future demand for care home services
- How the Council and the CCG spend their money within the care home market
- How we see this market developing in the future

We will be visiting your homes in 2020 and would like to use this document as the basis of our discussions with you when we meet. This document outlines our thoughts on the future requirements of Bromley elderly frail care home residents; however, we would welcome your own observations and thoughts on future market requirements when we meet.

This is an important document for us because we want to influence and support the local care market to provide innovative, diverse, good quality and value services for adult care home residents in Bromley.

NATIONAL DIRECTION FOR THIS SECTOR

The government's Care Act 2014 changes the way local authorities and their partners deliver care and support services to the population, ensuring that care and support is fairer, clearer and available to more people. The key themes include prevention and early intervention of people's needs, more choice and control for people to decide what support is right for them and a focus on the overall wellbeing of individuals, families and their carers.

This national vision of social care fits with Bromley's own, particularly in areas around prevention, working closely with health and other partners, the importance of safeguarding and helping people to remain independent for as long as possible.

The Care Act also changes the way that care is funded. Those who usually arrange and pay for their own care and support, without initial Council intervention, can ask for a needs assessment and for their care to be organised by the Council. This cohort, called "self-funders", can act as commissioners themselves and will increasingly influence decisions about care and support provision in the Borough.

Significantly, the government has introduced a duty upon all local authorities to promote diversity and quality in the provision of services. Service providers must rise to the challenge and develop innovative and high quality care and support options that are rooted in the community and support people to achieve their goals and aspirations.

OUR OVERALL VISION FOR THIS SECTOR

Two primary documents set out the context in which we work and our vision for Bromley:

Joint Health and Wellbeing Strategy

Bromley's *Joint Health and Wellbeing Strategy* outlines our vision to help people living in Bromley to live an independent, healthy and happy life for longer.

Ageing Well in Bromley Strategy

The *Ageing Well in Bromley Strategy* has been written to reflect what communities have told us they want to include. The overriding aim is to provide a care system that seeks to support older people to remain happy and healthy within their home environment.

Seven principles will underpin all the actions from this strategy:

- Services designed with input from the community
- Enabling approach – 'helping people to help themselves'
- Ensuring independence, choice and control
- Early help and good quality intervention
- Right services at the right time
- Effective and efficient services that deliver great results
- Joined up commissioning of health, social care and support services



OUR LOCAL PRIORITIES FOR CARE HOMES

To introduce:

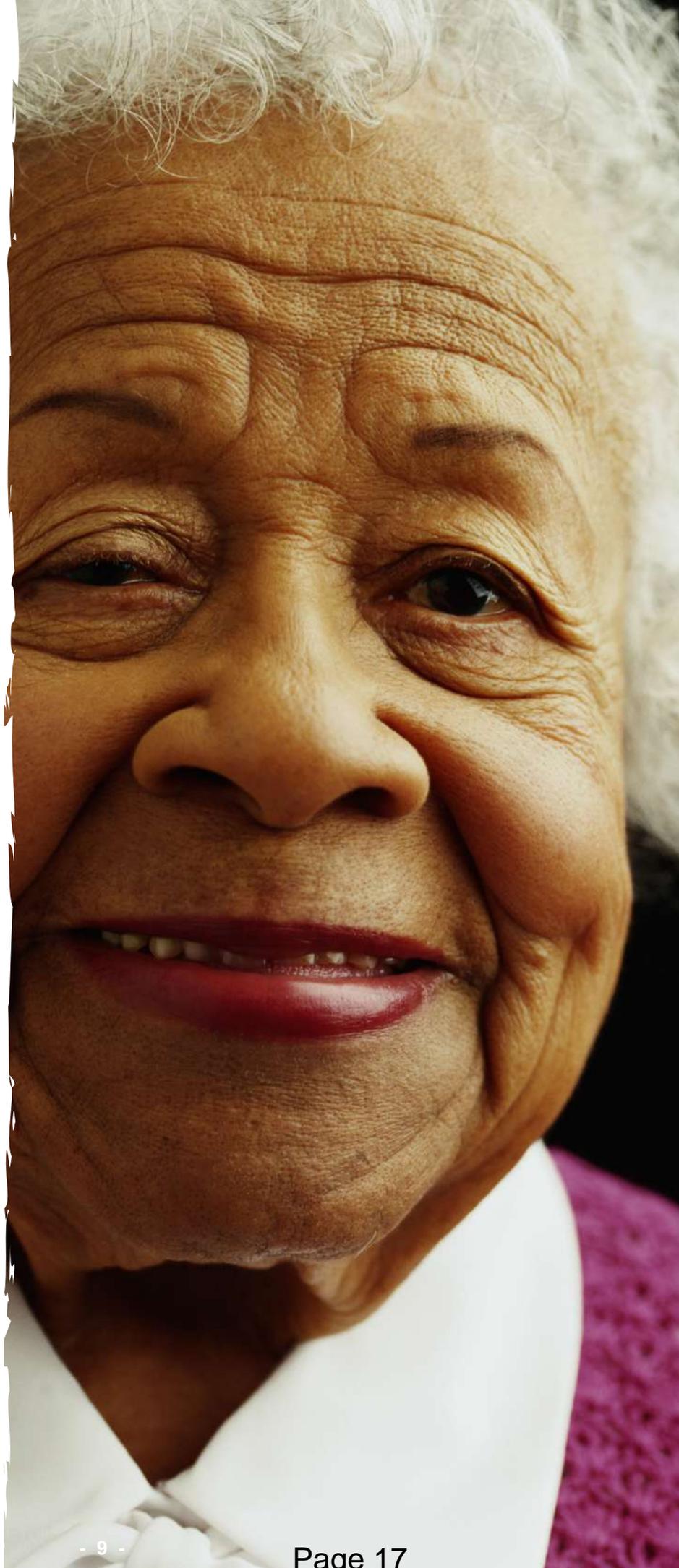
- ✔ Joint governance and oversight of the commissioning, purchasing, quality assurance and delivery of care homes provision in Bromley between the partner agencies.
- ✔ Systems and processes to measure, develop and improve the range and quality of services provided by care homes within Bromley, including joint systems of quality assurance for all placements whether purchased by self-funders or statutory partners.
- ✔ The combined delivery of primary and community health and social care services within care homes, enabling people to be cared for within their home environment wherever possible, reducing the number of hospital admissions from care homes.
- ✔ The provision of relevant and effective health and care training and development programmes within care homes to support best practice on a consistent basis.
- ✔ Collaborative working with related CCG and Local Authority programmes (including other working groups such as the Bromley Safeguarding Adults Board) in order to develop services that strengthen and support the whole system approach.
- ✔ Conversations and engagement with the public, patients, care providers and stakeholders.



A number of initiatives are already underway from this programme of work:

- A single GP practice for all care homes which includes dedicated nurses and pharmacists for the care home population.
- Introduction of Red Bags for safer transportation of patient belongings and medical information when being transported from a care home to hospital.
- Support for all care homes to have an NHS mail address to facilitate easier communication with GPs and other health and social care staff.
- Development of support for care homes recruiting employees who are new to care.
- Provision of a dedicated Care Homes Quality Nurse and Care Homes Pharmacist.
- Piloting of telemedicine with 10 homes for a 12 month period.

We would like for individuals to be placed in care homes in places where they wish to live – whether in Bromley or elsewhere, or close to their families and friends.

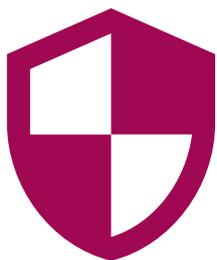


RESULTS WE ARE SEEKING TO ACHIEVE



People's experience and clinical results

- ✓ Improved quality of life through faster diagnosis, improved people management and treatment access.
- ✓ Improved detection of people in their last year of life.
- ✓ Reduction in London Ambulance Service call outs and conveyance.
- ✓ Reduction in accident and emergency attendance, admission and readmissions.
- ✓ Improved transfer of care between hospital and care home.



People's safety

- ✓ Increased detection of people with severe frailty.
- ✓ Improved access to timely diagnostics for people in care homes.
- ✓ Increased medication reviews for care homes residents.
- ✓ Improved management of long-term conditions.
- ✓ Increased promotion of the Gold Standards Framework/ Steps to Success within care homes.
- ✓ Increased detection of people who are likely to suffer a fall.
- ✓ Increased detection of people who should be on the End of Life Register.



Access/ waiting times

- ✓ Set times for support team visits.
- ✓ Reduction in prescription delays.



Impact across organisations and wider health economy

- ✓ Improve education and training of care home staff in understanding frailty, UTIs, falls and end of life planning.
- ✓ Holistic approach to people's care.
- ✓ Improved links to Social Care and Voluntary Services (Bromley Well)



Staff/ workforce

- ✓ Improved workforce satisfaction and staff retention for those providing the service and the care home staff

KEY MESSAGES

-  For Bromley residents to live an independent, healthy and happy life for longer.
-  To provide a care system that seeks to support older people to remain happy and healthy within their home environment.
-  We want care home providers to consider how they can best support these objectives.
-  We welcome your own observations and thoughts on future market requirements when we meet.



THE DEMAND FOR CARE HOMES

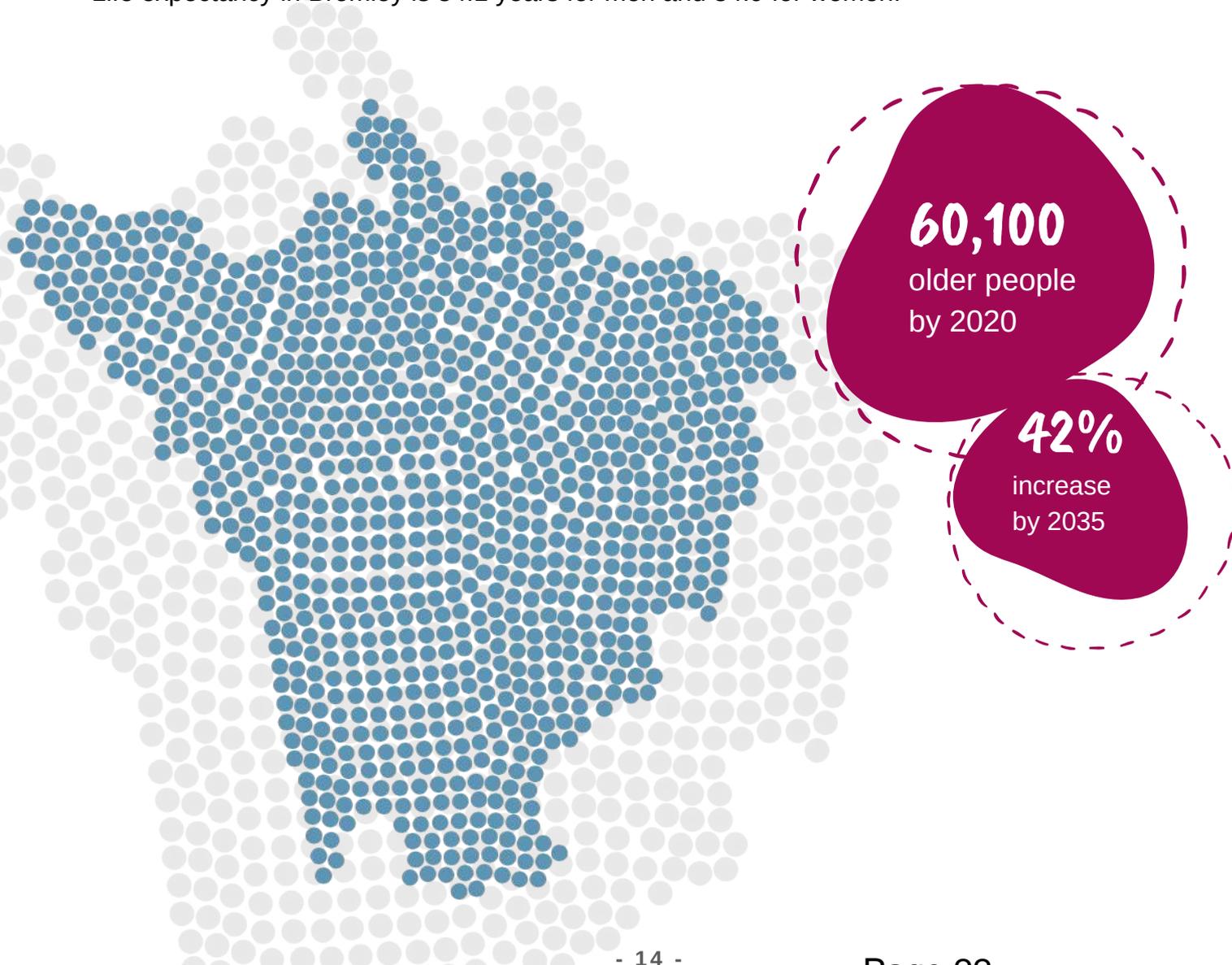
Demographic information

Bromley has the largest population of older people of all the London Boroughs with 58,200 people aged 65+ years in 2017 (Projecting Older People Population Information System [POPPI], January 2019). This equates to 17.4% of the total population.

It is expected that this will increase by:

- 3% to 60,100 by 2020
- 42% to 82,500 by 2035

Life expectancy in Bromley is 84.1 years for men and 84.9 for women.



Population projections: until 2035

Number of people living in Bromley aged 65 and over		2017	2020	2025	2030	2035
People aged 65 to 69	↑	15,900	15,000	17,100	20,500	21,500
People aged 70 to 74	↑	14,600	15,700	14,000	16,000	19,200
People aged 75 to 79	↑	10,300	11,200	14,200	12,800	14,800
People aged 80 to 84	↑	8,200	8,600	9,500	12,200	11,200
People aged 85 to 89	↑	5,800	5,800	6,300	7,200	9,300
People aged 90 and over	↑	3,400	3,800	4,400	5,300	6,500
Total number of people aged 65 and over	↑	58,200	60,100	65,500	74,000	82,500

Source: Projecting Older People Population Information System [POPPI], January 2019

The older people's population is predicted to increase by 24,300 by 2035; the 80-84 year cohort is expected to have the smallest increase at 3,000 whilst the over 90 cohort is set to almost double by 2035.



Living with dementia

Joint Strategic Needs Assessment (JSNA), 2019

The incidence of dementia has risen nationally over the last seven years, a trend which is reflected in the projections for Bromley over the next five years in the 70 and older age group.

There were 4,370 (POPPI, 2019) people living in Bromley with dementia in 2017 and with the ageing population the incidence of dementia is set to rise by 752 people by 2025 and will increase by an additional 1,644 people by 2035.

Predicted changes in the number of people living in Bromley with dementia

Number of people predicted to have dementia		2017	2020	2025	2030	2035
People aged 65 to 69	↑	196	185	212	254	266
People aged 70 to 74	↑	398	427	378	440	523
People aged 75 to 79	↑	607	658	833	757	872
People aged 80 to 84	↑	995	1,042	1,136	1,445	1,338
People aged 85 to 89	↑	1,161	1,139	1,256	1,428	1,845
People aged 90 and over	↑	1,013	1,130	1,306	1,568	1,923
Total number of people aged 65 and over predicted to have dementia	↑	4,370	4,582	5,122	5,892	6,766

Source: Projecting Older People Population Information System [POPPI], January 2019

Obesity

The public health outcomes framework 2016 reported that 63.8% of Bromley's population are either overweight or obese which represents approximately 197,392 adults. Bromley is ranked as the sixth highest prevalence of excess weight in London.

From our analysis we have identified 51,343 of our population will be obese by 2029/30. There will be a need for existing care homes in the Borough to develop facilities to accept more bariatric placements from self-funders, the Council or the CCG by 2029/30. The additional space created for bariatric placements could also be used for those residents requiring double handed care providing your home with the flexibility to meet a range of different needs.

Nearly a third of obese people have one comorbidity and 10% will have three or more co-morbidities (having more than one illness).

Estimated future demand

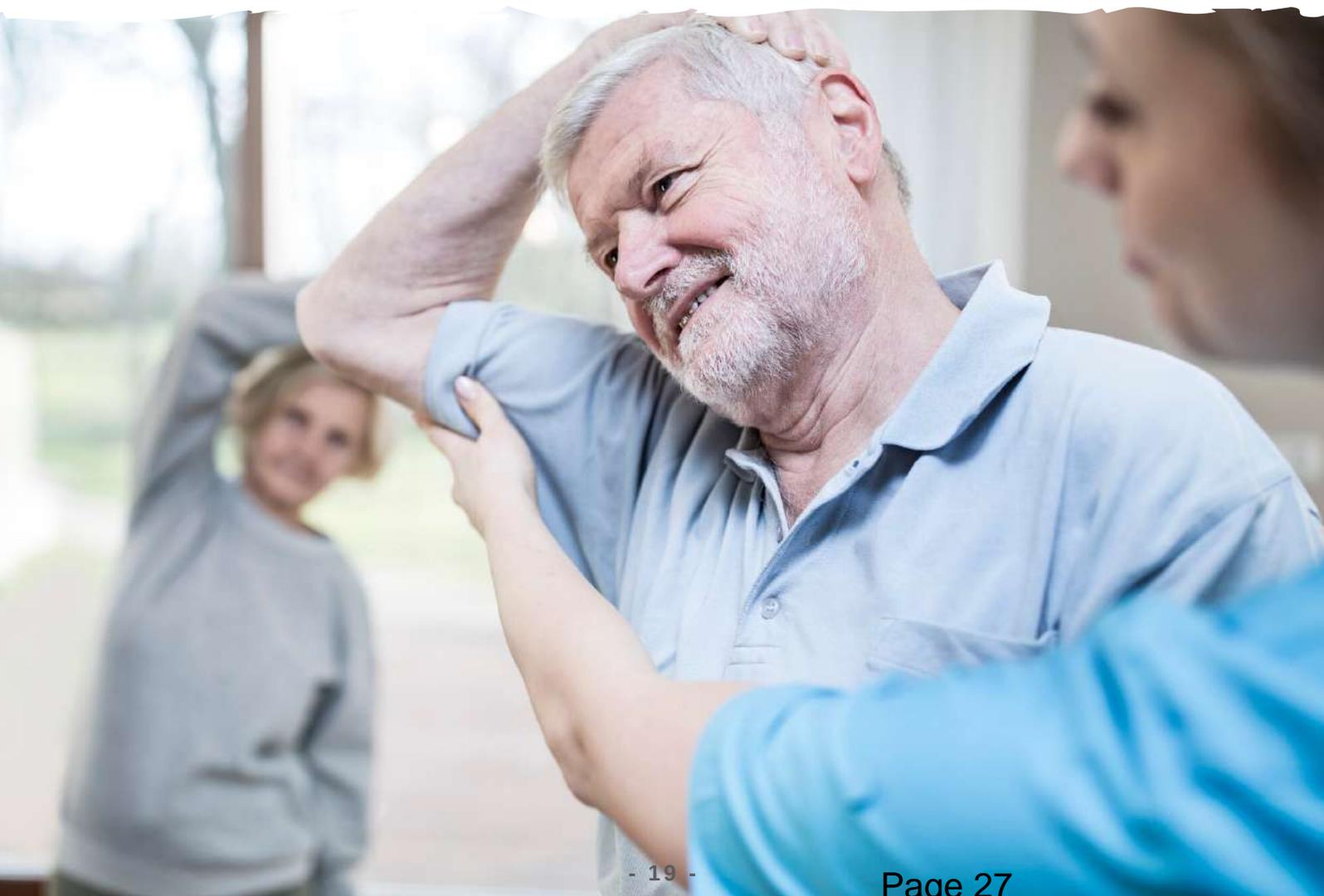
Using the information available from the CQC website, it is estimated that 62% of Bromley bed spaces are registered for nursing care (951) and 38% registered for residential care (594). The 2017 London rate of 68% nursing beds (19,577) and 32% for residential care (9,320), shows that Bromley has a slightly lower proportion of nursing beds than other areas; Bromley may find that it continues to lose residential care homes faster than nursing beds, in keeping with the market trend (1.1% reduction in nursing beds against 5.3% reduction in residential beds, January 2015 to October 2017).

The London branch of the Association of Directors of Adult Social Services (London ADASS) commissioned an independent review of care home placements across London in 2015; this work has been updated in June 2018. Using the data from 2015, we find that while Bromley has a large number of beds (3rd highest in London) this is not in proportion to the number of people aged over 65 in the Borough, where Bromley has fewer beds for its 65+ population than some inner London neighbours (17th highest in London).
[This level of detail is only available for the 2015 data]

In looking just at care homes with nursing beds, in 2017, for every 1,000 adults aged 65+ living in London, there is an average of 18.9 beds per Borough, with Bromley offering 18.0 beds. As Bromley has a fast growing 65+ population, it can be anticipated that the proportion of beds per 1,000 population will decrease even if the number of beds remain the same. This means finding a local bed will become increasingly difficult.

The Care Act places an emphasis on meeting peoples' needs in their own home, however, there will always be a cohort of people whose needs cannot be met within a home environment and who will require more specialist care in a care home environment. Bromley care homes will, therefore, remain a core part of Bromley's model of care for our elderly residents.

It is anticipated that as a result of the proposals under the Care Act people entering care homes in the future are likely to be older, increasingly frail, and will present with multiple co-morbidities and polypharmacy (people who take several prescribed drugs). Care home providers will need to consider if their homes need to adapt in any way to deal with this anticipated cohort of future residents. The Care Act covers placements made by the Council or the CCG, it should also be remembered that Bromley has a large number of self-funders who may still choose to enter a residential or nursing home without any support from either the Council or the CCG.



KEY MESSAGES

- The number of older people living in Bromley will rise by 23.1% over the next 10 years.
- The number of people over 85 will rise by 30.2% over the next 10 years.
- The number of people with dementia is forecast to increase by 28.6% from 4,582 in 2020 to 5,892 by 2030.
- The number of people over 90 with dementia is forecast to rise by 38.8% from 1,130 in 2020 to 1,568 by 2030.
- It is predicted that by 2029/30, 51,343 of our population will be obese.
- People are likely to receive more care at home, in line with the Care Act, and to enter a care home when they are older, increasingly frail, presenting with multiple co-morbidities and polypharmacy.



WHAT THE CURRENT MARKET LOOKS LIKE

Type of services currently available

Bromley has 43 elderly frail care homes with a capacity of around 1,811 beds (January 2019) which provide care for people with a range of physical, mental or emotional needs.

The makeup of the care home population in Bromley is:

	 HOMES	 BEDS
Nursing	19	849
Residential	15	460
Mixed	3	217
Total	37	1,526
Extra Care Housing	6	285
TOTAL IN BROMLEY	43	1,811

Bromley care homes range from 84 bedded mixed homes run by large companies to smaller homes catering for 12 residents.

Placement analysis

A review of data, as at 31 March 2019, has identified that the Council and the CCG spend approximately the following amounts on care home placements (excluding Extra Care Housing):

	TYPE OF PLACEMENT	PLACEMENTS NUMBER	APPROX. SPEND PER ANNUM
	Nursing [in/out of Borough]	268	£19.9m
	Residential (without nursing) [in/out of Borough]	260	
	Total	528	
	Nursing [in/out of Borough]	104	£6.9m
	Residential (without nursing) [in/out of Borough]	0	
	Total	104	
TOTAL COMBINED		632	£26.8m

The Council has an agreement across a number of homes within the Borough to accept an agreed number of placements at a set rate, this is known as a 'block contract'.

The CCG out of Borough data excludes specialist (mostly for neurological) placements over £1,500pw due to their highly specialized nature.

The following table detail the total number of residential and nursing homes used by the Council, their location and the average number of placements per home in and out of Borough:

IN TOTAL			
LOCATION	HOMES 	PLACEMENTS 	AVERAGE PLACEMENTS PER HOME 
 Residential and nursing in borough that we place in (incl. block contract)	33 of 37	294	8.91 as at 31/03/19
Residential and nursing out of borough that we place in	111	234	2.11
TOTAL	144	528	

Number of Council Placements:
Snapshot as at 31 March 2019

CCG placements are, by their nature, for those individuals with very high nursing care requirements, this increases average weekly costs to £400pw greater than the Council placements (including Funded Nursing Care - FNC). The CCG do not make any placements in residential homes.

The FNC cost of out of Borough placements will be borne by the host CCG. CCG placements are all nursing placements.

There is approximately a 50:50 split of Council expenditure between residential and nursing placements. The total spend shown in the table excludes any client charging made by the home to the individual or family.

In and out of Borough placements

Number of placements as at 31 March 2019

(Please note the number of placements fluctuate during the year)

		IN BOROUGH	OUT OF BOROUGH	COMBINED
	Nursing	168	100	268
	Residential (without nursing)	126	134	260
	TOTAL	294	234	
	Nursing	70	34	104
	Residential (without nursing)	0	0	0
	TOTAL	70	34	

The Council placed more people in Borough (56% of total) than outside of Borough. The 'in Borough' placements were across 33 homes giving an average number of placements per home of 8.91. This figure was heavily influenced by the block nursing placements across four homes where 122 people were placed. It compares with out of Borough placements where 111 homes were utilised giving an average number of placements per home of 2.11.

A number of the CCG out of Borough placements were due to the type of care required being very specialised, such as acquired brain injuries.

Council and CCG Analysis

When combined, Council and CCG placements within the Borough typically utilise 92% of care homes and take up 23% of their overall capacity.

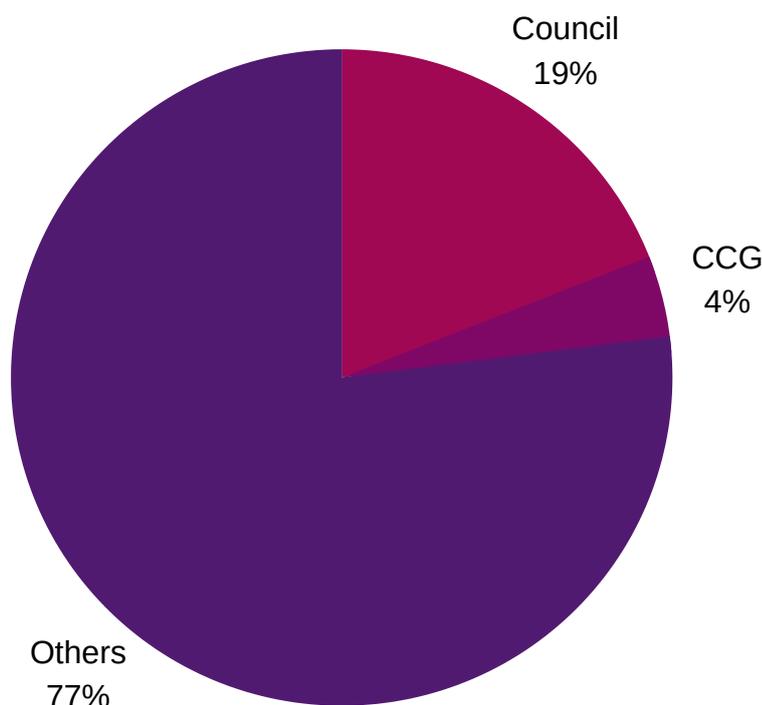
If the CCG and the Council were able to make all placements in Borough, this could potentially result in the utilisation of Bromley's care home market of 42.1%.

Approximately £11.1m per annum was spent on care out of Borough by the Council and the CCG (this figure excludes CCG specialist neurological placements). We would like to retain this spend within our own Borough.

Market share

There are approximately 1,500 nursing and residential beds available in Borough. Market share analysis has identified that:

- The Council had 294 placements (in borough) on 31 March 2019 representing 19% of the market
- The CCG had 70 placements (in borough) on 31 March 2019 representing 4% of the market
- The remaining 77% are utilised by self-funders or other local authorities



KEY MESSAGES

-  The Council places more people in Borough than outside of Borough.
-  There is approximately a 50:50 split of Council expenditure between residential and nursing placements.
-  CCG placements were made out of Borough mainly for dementia and complex nursing needs.
-  Combined CCG and Council placements utilise 92% of the homes in Borough.
-  £11.1m per annum of Council and CCG spend is out of Borough.

HOW WE SEE THE MARKET DEVELOPING

MARKET OPPORTUNITIES

WHAT WE ARE LOOKING FOR

BARIATRIC PLACEMENTS

- 51,343 of our population will be obese by 2029/30.
- There will be a need for existing care homes in the Borough to develop facilities to accept more bariatric placements from both self-funders and Council or CCG placements by 2029/30.
- The additional space created for bariatric placements could also be used for those residents requiring double handed care providing your home with the flexibility to meet a range of different needs.

We are seeking to be able to place more bariatric /overweight/obese residents in good local care home beds. In the last few years the Council and the CCG have seen an increase in the number of people with these types of needs; this has meant that we have had to place 3 people out of Borough and we would like to work with our local market to develop local placements for this client group in order to fully service the needs of our residents in Borough.

Care homes will need to be able to cater for the increased physical demands required by caring for these people: along with ensuring homes have the correct equipment (beds, hoists) for this cohort. Obese people also often suffer from multiple comorbidities and are generally more complex to care for.

DEMENTIA

- Bromley will require a further 95 dementia beds by 2024/25 and an additional 136 beds by 2029/30.
- Dementia residents often suffer from multiple comorbidities which could include high blood pressure, heart disease, stroke and diabetes. In addition these residents may also present with confusion, challenging behaviour, dual incontinence, severe hearing or visual impairment, or total dependence in mobility making their care complex.

Whilst care homes within the Borough are adapting to cater for this growing population we acknowledge the difficulties of dealing with individuals who have behaviour which challenges and the strain this places on the other residents in the home and the care providers. We would like to work with homes who are interested in developing their home to be able to accept temporary emergency or long term placements for residents with behaviour which challenges, from other homes within the Borough.

COMPLEX CARE

- Bromley's over 65 population is forecast to increase from 60,100 currently to 82,500 by 2035.
- It is anticipated that as a result of the proposals under the Care Act people entering care homes in the future are likely to be older, increasingly frail and will present with multiple comorbidities and polypharmacy.
- Care homes may wish to consider developing their staff to cater for the changing needs of future residents who are likely to require more intense care.

A number of existing placements are made out of Borough due to the care being deemed as "complex".

Complex care can include people with multiple comorbidities and challenging behaviour or who have complex nursing care which requires homes to typically be able to meet these type of nursing needs:

- Apa Morphine pumps
- Tracheostomy care
- Manual evacuation
- Chest drain
- NG / NJ tubes

We would welcome the opportunity to work with homes who are interested in receiving regular training in these and other complex care areas in order for these placements to be made in Bromley care homes rather than out of Borough.



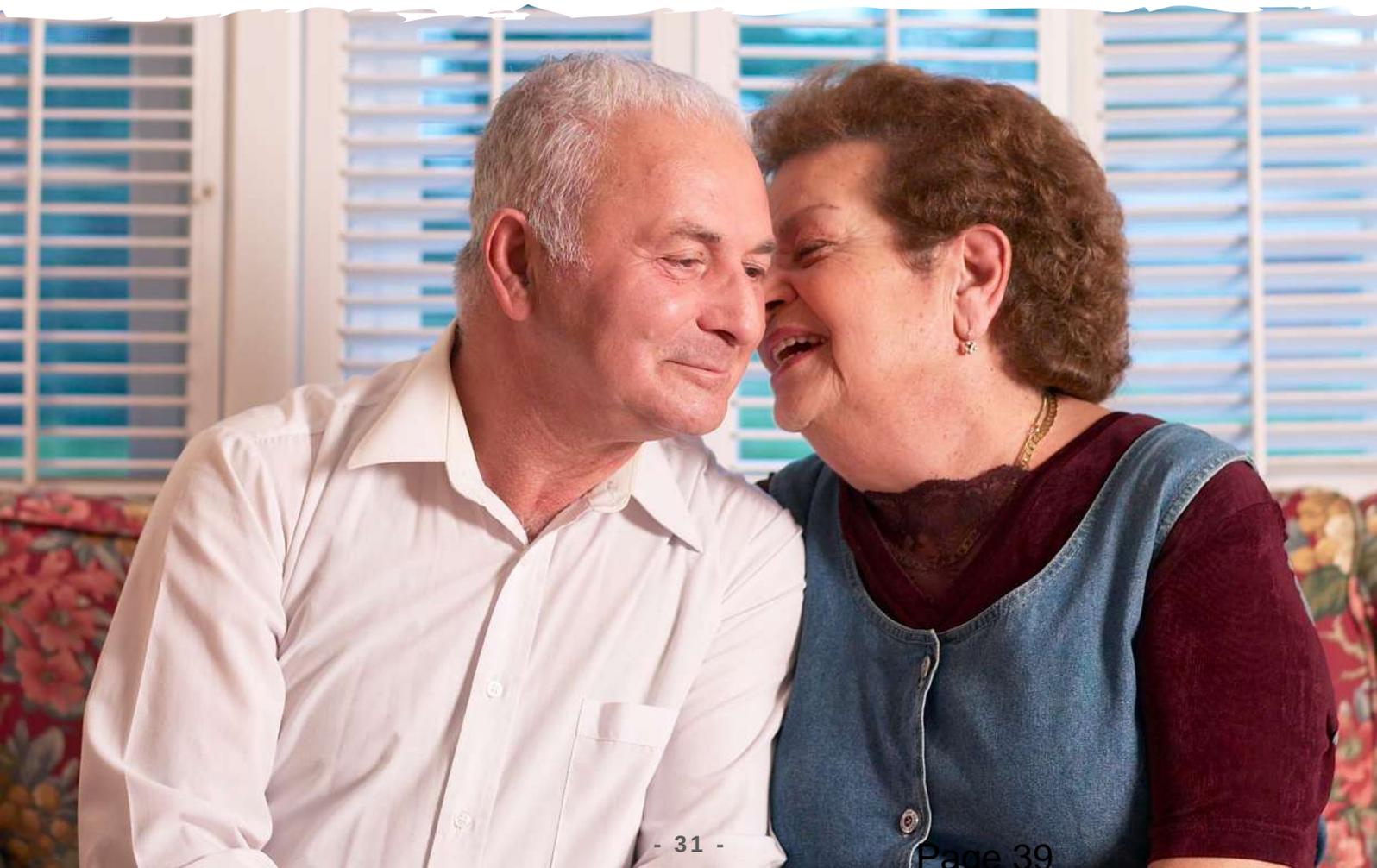
SUMMARY AND NEXT STEPS

We hope the information provided within this document has given you an understanding of the future trends within Bromley and how your home may need to adapt in the future to be able to accept not only Council and CCG placements but also to be able to attract self-funders.

We would like to increase the number of in Borough placements and decrease the amount of money we spend on placements outside of the Borough. Whilst acknowledging we will not always pay the highest rate we feel we can be a core reliable part of your business going forwards.

We are keen to open a dialogue with you and will be in touch shortly to arrange an appointment to discuss the content of this document. During our discussions we hope to gain further information from your perspective as a care provider on what you feel the emerging trends and the complexities of meeting the changing future needs of Bromley residents will be.

We look forward to continuing to work with you to build an innovative, diverse and good quality care home provision for our residents.



Produced by:

Adult Services
London Borough of Bromley
Civic Centre
Stockwell Close
Bromley BR1 3UH

NHS
Bromley
Clinical Commissioning Group
Page 40



HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 28 January 2020

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Mina Kakaiya, Healthwatch Bromley

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
and Vicki Pryde, Bromley Mental Health Forum

21 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Roger Chant and Lynn Sellwood.

The Chairman welcomed Vicki Pryde, Chair of the Bromley Mental Health Forum.

On behalf of Roger Chant, the Chairman passed on his thanks to Debbie Hutchinson, Director of Nursing – PRUH and South Sites for her dedication, care and compassion, and for her involvement in progressive meetings.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

One written question was received from a member of the public and is attached at Appendix A.

24 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 8TH OCTOBER 2019

RESOLVED that the minutes of the meeting held on 8th October 2019 be agreed.

**25 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

Meredith Deane, Director of Operations – PRUH and South Sites (“Director of Operations”) and Debbie Hutchinson, Director of Nursing – PRUH and South Sites (“Director of Nursing”) provided an update on the King’s College Hospital NHS Foundation Trust.

The Director of Operations noted the request made by the Sub-Committee for an update on the endoscopy backlog to be provided to the meeting. There was a capacity gap within the Princess Royal University Hospital (PRUH) endoscopy service, which had resulted in a significant backlog of patients on the activity diagnostic (DM01) waiting list, as well as surveillance patients. A comprehensive recovery plan of immediate and medium term solutions was underway, with a focus on bringing waiting times in line with national standards. Capacity was being increased in a number of ways, including:

- using 30 weekend appointments at King’s College Hospital, Denmark Hill, providing patient transport if required;
- outsourcing of between 30 and 40 appointments per week to BMI Healthcare, Croydon;
- support from an 18-week insourcing team to deliver twilight and weekend services at the PRUH;
- since September 2019, Day Surgery Units had been providing weekend sessions at Orpington Hospital, supported by Vanguard decontamination units.

The Director of Operations advised Members that throughout the recovery programme there had been a continued reduction in the number of patients waiting over six weeks. There had been an issue in regards to outsourcing, with the provider being unable to deliver the 50 appointments initially offered, but overall the position was much improved. In respect of longer term solutions, a business case was being developed for the expansion of the current endoscopy unit, in line with demand and capacity analysis. To maintain standards, a group had been established to explore longer term solutions.

From May 2019, harm reviews were being undertaken for all patients that had been on the diagnostic waiting list longer than six weeks, and all patients on surveillance waiting list with a past ‘due by date’. The current status of this process was that following harm reviews being completed for patients with cancer diagnoses, work was underway validating the cohort of patients whose pathways were delayed and had a diagnosis other than cancer. In response to a question, the Director of Operations noted that this was a huge piece of work, involving around 8,000 patients. It would be difficult to pin-point exactly if patients had come to harm as a result of these delays and they would therefore be looking at the whole clinical procedure.

A Member enquired if a specific “pinch-point” had been identified which had contributed to the delays. The Director of Operations advised that room

availability was a key factor. There were currently two endoscopy rooms at the PRUH. However with 14,000 patients per year, plus a 6.5% growth in the number of patients per year, five endoscopy rooms were needed. In response to a question, the Director of Operations said that patients on all pathways were vetted by the clinical team, but they had seen an increased trend in the number of requests.

The Director of Operations informed Members that the Trust had identified two cohorts of 'Lost to Follow Up' patients in the Outpatients Dermatology service at Beckenham Beacon. These were patients that had been asked to return to the service, but had not been given an appointment or had not been formally discharged. A comprehensive review was underway, and an oversight group had been established to progress the necessary actions. There were two cohorts of patients, both of which related to a shortfall in consultants to cover the service. The harm reviews for the first cohort, which related to the locum consultant service provision, were nearly complete. Three cases of moderate harm, and one more serious, had been identified. The second cohort related to the 18-week wait pathway via insourcing, and harm reviews were ongoing. Three cases of moderate harm had already been identified, but there may be more. A harm review summit had been put in place, and the Director of Operations agreed that the Governance Action Plan could be shared with the Sub-Committee.

A Member asked for further information relating to how many patients had been affected in each cohort. The Director of Operations said that there had been 637 patients in the first cohort that had been clinically triaged and discharged. There were 668 patients in the second cohort, however following clinical triage, this number had reduced by half.

Actions that had been initiated to make the service more resilient included: two consultants, plus an additional consultant; a GP with special interest in dermatology joining the bank staff for the service; and nurse led surgery had recently commenced. A Member noted that tele-medicine could be ideal for this service, as it was quick and reliable. The Director of Operations advised that a number of virtual reviews were undertaken, and acknowledged that tele-medicine had a number of benefits. It was noted that there had been an increase in referrals, a number of which had not be appropriate and could have been seen in a primary care setting.

The Sub-Committee were provided with figures relating to the PRUH Emergency Department (ED) and Urgent Care Centre (UCC) performance from October 2019 to date. The Director of Operations noted that there had been an increase in attendances at both the ED and UCC in October and November 2019, and there had been a drop in performance. The hospital had struggled during December and January, and there had been a high number of patients presenting with influenza and Norovirus. There had been a significant increase in requests for side rooms and monitored rooms, which impacted on patient flow through the hospital. Hospital staff were seeing sicker, more complex patients, a higher number of whom were required to stay on site.

In response to a question, the Director of Operations said that the 'Type 3' performance was the four-hour wait time, which should be at 95%. Members asked for information relating to the number of ED attendees having waiting times of over 8 and 11 hours. The Director of Operations confirmed that these figures could be provided to the Sub-Committee following the meeting.

The Director of Operations informed Members that a floor co-ordinator role to support patient flow at the PRUH was now in place, with cover provided seven days a week where possible. This role was covered by a nurse, although not in uniform, as this was felt to be safer in relation to carrying out assessments. A Member noted that there had previously been an offer from the Trust to deliver a presentation in relation to 'Patient Flow'. It was suggested that a post-winter follow up on patient flow / discharge could be scheduled and delivered jointly with the Bromley Clinical Commissioning Group (CCG).

The Co-opted Member representing Healthwatch Bromley highlighted that feedback from residents indicated that there was often confusion in relation to signage, and patients were unsure who they had been triaged by. The Director of Operations agreed that signage was something that could be worked on, and that confusion often arose from the ED and UCC being located in the same part of the PRUH. It was noted that when considering changes to signage it was good to have a "fresh pair of eyes", and an invitation was extended for Healthwatch Bromley to do a walk-through and provide specific feedback.

In response to a question in relation to the number of 52-week waiters, the Director of Operations said that there were 260 patients to be seen between now and the end of March 2020. A plan was in place to treat these patients, with a number of weekend and twilight sessions being scheduled. Meetings were taking place on a daily basis to look at the trajectory, allowing for a 5% tolerance. The Director of Operations confirmed that the attendance and performance figures for the PRUH's ED and UCC could be provided on a regular basis to the clerk, for circulation to Members of the Sub-Committee.

The Director of Nursing informed Members that in respect of the Care Quality Commission (CQC) update, the CQC follow up engagement event had taken place on 20th November 2019. On the 26th and 27th November 2019, the CQC had carried out an unannounced inspection at the ED's of the PRUH and Denmark Hill. The inspection at the PRUH had been undertaken by three inspectors, including the National ED Consultant Lead. The inspection had taken place on a busy day at the PRUH's ED, with 24 patients awaiting admission and some doubled up in cubicles. Feedback on the day was that the improvements in care were noted on both sites, but there were some areas that still required improvement. This included the management of safe storage of medicines, where a lot of work had been done in relation to auditing, however consistency needed to be embedded. Following issues identified during the first inspection, some work had been carried out on the mental health room at the PRUH. Work to complete the room would be starting the following week. It was noted that the Trust were currently awaiting the draft CQC report from this visit.

The Director of Nursing advised Members that work streams had been established to progress action steps in the ED, Outpatients, End of Life Care and Surgery. These Departments were reporting the work that was being undertaken to regular meetings chaired by the Director of Nursing, and this was also being formally presented to the Trust's Board.

Members noted the comments made in the initial CQC Inspection Report relating to the attitude of staff towards patients and staff morale, and asked if there had been improvements. The Director of Nursing agreed that these had been the most saddening comments to read. Immediately after the initial CQC visit, morale had been incredibly low, as staff had been disappointed with the report. The Director of Nursing said that she felt some progress had been made in respect of cultures and behaviours in the ED, however more needed to be done in terms of how staff were perceived by patients.

A Member highlighted that the Severe Heart Failure End of Life Pathway had won a number of awards. It provided a huge benefit to patients, and reduced the number of ED admissions. It was suggested that a presentation on the Pathway could be presented to a future meeting of the Sub-Committee.

The Director of Nursing was pleased to inform the Sub-Committee that the nursing vacancy figures had reduced at the PRUH and South Sites, and currently stood at 7.18%. It was noted that there were no vacancies at Matron or Ward Manager level. In addition to recruitment, there would be a focus on the retention of nursing and non-qualified nursing staff as one of the main reasons for these staff leaving was lack of career progression. In response to a question, the Director of Nursing said that the UK's imminent departure from the European Union (EU) did not appear to have had an effect on staffing at the PRUH.

The Trust had its most successful year yet in relation to staff uptake of the flu vaccination. Staff at the PRUH, Orpington Hospital and Beckenham Beacon had the highest vaccination rates across the whole Trust at 85.4%. The overall Trust vaccination rate was 71.2%, against a target of 80%, which had surpassed the previous year's rate of 69.6%. In respect of the Norovirus, the Director of Nursing said that there had been ten cases during December 2019. However, the number of cases often peaked in February, and therefore policies and algorithms were in place if the number of cases started to increase. Members were advised that last year it had been highlighted how the difficult layout of the PRUH had impacted on infection control, and funding had been received from NHS Improvement to address this. Additional doors had been installed and on-site testing for the Norovirus was now available, which allowed better management of cases and quicker treatment.

In response to a question, the Director of Nursing said that plans were currently being put in place in relation to the Coronavirus. Staff in the ED were being fit-tested for face masks, and policies were being put in place to make sure they recognised patients presenting with symptoms of the virus. To date, two patients had been tested for the Coronavirus at the PRUH, and both had returned negative results.

Members were advised of the Trust's proposal to develop a single storey car deck at the PRUH to alleviate parking pressures on the site. There would be a loss of 20 spaces at ground level, but an increase of 90 spaces overall. These proposals had been shared with staff, stakeholders and over 500 local residents in November 2019, and no negative comments had been received. The Trust had submitted the application for planning permission, and was currently awaiting the decision. If approved, it was noted that there would be disruption to the site during the car park build, but information could be shared with the Sub-Committee prior to any work commencing.

In response to a question, the Director of Operations confirmed that money had been identified to pay for the construction of the car deck. If planning permission was approved and the car deck was built, a review of staff parking permits would be formally undertaken. Allocation would be based on the distance staff travelled from home to the PRUH, and it was noted that the cost of staff parking permits was proportionate to their banding.

The Director of Nursing informed Members that there had been a number of winners across the PRUH at the 'King's Stars' annual staff awards. A special mention was given to the Patient Records Library (South Sites), Overall Winners of the quarterly award, and Dr Dennis Grigoratos (Paediatrics), winner of the Patient's Choice Award.

The Chairman extended her thanks to Meredith Deane and Debbie Hutchinson for attending the meeting of the Health Scrutiny Sub-Committee, and providing an update in relation to the PRUH and South Sites.

26 GENERAL UPDATE - BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") and Janet Ettridge, Director of Operations – Bromley Healthcare ("Director of Operations") presented a general update on Bromley Healthcare; providing an overview on performance, new initiatives and programmes; and their focus for 2020/21.

Highlights of the Bromley Healthcare performance for 2019/20 included patient satisfaction of 98.1%, and a dramatically reduced response rate of 6.7%, which was the best across London. The service had monitored 471,000 patient contacts and in Year 1 of the Bromley CCG contract they had met the target for adults, and exceeded the baseline for children by 15.6%.

Members were advised that the staff vacancy rate across all services had reduced to 7.5%. The main area of increased recruitment was Band 5 and 6 nurses, and Bromley Healthcare had also ran an apprenticeship programme. A bespoke Nursing Band 5 Development Programme for newly registered nurses had been implemented, and 20 nurses had been recruited over an eighteen month period.

The Chief Executive Officer noted that £4m of their contract was payable on the achievement of Key Performance Indicators (KPI). Adult's Services had achieved 89% of KPI's, and Children's Services had achieved 92% of KPI's, both against a 70% target.

In relation to rehabilitation beds, the National Audit of Intermediate Care (NAIC) had identified the service as positively deviant, with patients under Bromley Healthcare being more dependent but having better outcomes, and shorter wait times and length of stay than the national and London averages. This work had been recognised within the industry, and Bromley Healthcare had received the Laing Buisson Rehabilitation Award in November 2019.

One of the new initiatives piloted by Bromley Healthcare had been Telemedicine. The Remote Patient Review Service provided a monitoring cuff, which was worn on the arm of a patient and enabled health care professionals to monitor vital signs (oxygen saturation; respiratory rate; pulse rate; skin temperature; motion; blood pressure), whilst the patient remained in their own home. Health care professionals were able to access and review a patient's data remotely via the internet (through a secure server) as part of the patient's ongoing care needs. In response to a question, the Chief Executive Officer noted that this was currently being used to support the service provided. It was suggested that an evaluation of the Remote Patient Review Service be provided to a future meeting of the Health Scrutiny Sub-Committee.

In June 2019, Bromley Healthcare had commissioned a Therapy services productivity analysis. Following the results of the initial analysis, a 17-week improvement programme had commenced within the following areas: Dietetics, Occupational Therapy and Physiotherapy (for both Children's and Adult's Therapies) and Falls, Home Based Rehab (removed mid-way through), Neuro Rehab, Respiratory and Home Oxygen Service (Adult's Therapies). This had involved work such as reviewing activity data to look at historical trends; team engagement; six weekly leadership programme; and reviewing expectations of each banding / role and setting a percentage for patient contact with the Service Leads. It was noted that after the first twelve weeks, the impact of the review had really become noticeable.

The Chief Executive Officer informed Members that a pilot for Case Management, which built on the existing Integrated Care Network (ICN) pathway had also been undertaken. The pilot had commenced with the Stock Hill GP practice, to test recommendations. This had been undertaken with 30 patients so far, and a 13-week pre and post assessment cost and activity comparison showed that:

- Emergency Attendances were reduced by 71% for cost and activity;
- Non Elective Inpatient Attendances were reduced by 65% for costs, and 69% for activity;
- The overall pathway saving per patient was £1,720.

The Chairman requested that a further update on the Stock Hill pilot scheme be provided at the next meeting of the Health Scrutiny Sub-Committee.

Members were informed that a national approach to achieve the two hour access to crisis support and two day access to intermediate care was being co-developed. South East London was one of seven accelerator sites that had been selected following an application, and Bromley Healthcare would be one of the community providers. Key objectives included determining a national operating mode, developing a workforce model and sharing good practice across England. The South East London focus would be on mapping existing Urgent Community Response (UCR) models across different boroughs to develop a 'core offer', and the development of an optimum workforce model for demand and capacity assessment.

The Chief Executive Officer noted that following Bromley Healthcare's successful procurement of the Bromley 0-19 Public Health Services contract, mobilisation of the new service had commenced. Work streams had been identified, with a point of contact and delivery within each team.

The priorities of Bromley Healthcare for 2020/21 were to offer all patients and carers the best care possible, sharing their clinical knowledge and resources wisely for a sustainable financial future. To achieve this, four goals had been identified:

- Best outcomes possible in the community;
- Build a culture for growth;
- Optimum Care Co-ordination;
- Financially sustainable (profit for reinvestment).

A Member noted that the support required when patients were discharged from hospital was not always physical, and asked how Bromley Healthcare worked with other agencies in relation to adjusting a patient's mind-set and building confidence. The Chief Executive Officer responded that they had close links with Bromley Well, who had recently moved to be located in the Care Co-ordination Centre. Talk Together Bromley were also delivering sessions related to Diabetes, which had proved to be a good model of support, and they were looking to do the same for Lymphoedema. The Director of Operations informed Members that the Proactive Care pathway allowed patients to access a number of services. Patients received co-ordinated care packages, and it was noted the Bromley Healthcare staff worked closely with other agencies.

The Co-opted Member representing Healthwatch Bromley raised concerns that there were some inconsistencies in the 'red bag' scheme when discharging patients back to care homes, and asked if this process was monitored. In response, Dr Angela Bhan, Managing Director – Bromley CCG said that this was not specifically monitored, but they were aware of the numbers as they were required to replace the bags. Further work was needed in relation to hospital admission arrangements and Transfer of Care, as the

'red bags' tended to be lost when a patient was moved from one ward to another.

The Chairman led members in thanking Bromley Healthcare for their presentation.

27 HEALTH BASED PLACE OF SAFETY - OXLEAS

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director") regarding an update on Health Based Place of Safety (HBPoS).

Members were advised that a HBPoS, or s136 suite, was a safe place in which to assess people who had been detained in the community by the police under section 136 of the Mental Health Act. There had been two separate HBPoS sites within the Oxleas NHS Foundation Trust. One bed was based in Woolwich, at Oxleas House, Queen Elizabeth Hospital and the second bed was in the London Borough of Bromley, at Green Parks House.

Following a PAN London s136 review, in which a mapping exercise had been undertaken, it had been proposed that the current number of HBPoS sites in London be reduced. The HBPoS was part of a comprehensive Mental Health service, and whilst the benefits of scale and simplicity of access from reducing the number of sites were acknowledged, the Oxleas NHS Foundation Trust did not want to see a reduction in the number of beds within their footprint

It was highlighted that the refurbishment of the Oxleas House site would provide up to date facilities, and the best environment possible for this provision. In response to a question, the Associate Director said that this had included seeking guidance from psychiatrists, and visiting other provisions to see the high impact materials being used to keep patients safe.

From 1st January 2020, a Crisis Assessment Team (CAT) car had been initiated, serving Bexley, Bromley and Greenwich, which was a joint venture between Oxleas NHS Foundation Trust and the Metropolitan Police. It provided a nurse to travel with a rapid response team to s136, or potential s136, cases. The CAT car had been operating during twilight hours, which was when demand was at its highest. A London Ambulance Service (LAS) car, which provided a similar service, was also operating across areas of South East London covered by the Oxleas and South London and Maudsley (SLAM) NHS Foundation Trusts. Members requested that an update on the impact of the CAT car be provided to the Sub-Committee in six months' time.

In response to a question, the Associate Director said that there were several factors which contributed to the peak time in out-of-hours demand. Local services had been developed, including a crisis service and Crisis Line which were both available 24 hours a day, seven days a week. It was hoped that as a result of more services being provided, fewer patients in crisis would present at Emergency Departments and support suites.

In January 2020, the s136 service had been reduced by one bed, following the closure of Oxleas House for refurbishment, throughout which the s136 suite at Green Parks House would remain functioning. At present, there had not been an adverse demand on impact at Green Parks House. The number of referrals showed that following the temporary closure of Oxleas House, there had not been a striking uplift in numbers attending Green Parks House. It was also highlighted that there had not been an adverse demand reported at the PRUH and QEH Accident and Emergency Departments, however this would be carefully monitored. The Associate Director noted that in relation to the impact of losing a s136 suite in Bromley, the Metropolitan Police had said that distance was not an issue, it was the ability to access it quickly and having two beds located on one site would reduce delays. The new two-bed s136 facility at Oxleas House was due to open in around twelve weeks' time.

The Chairman led Members in thanking Adrian Dorney for his presentation, and noted that it was encouraging to see how the service was progressing.

28 SERVICE USER ENGAGEMENT - HEALTHWATCH BROMLEY

Mina Kakaiya, the Co-opted Member representing Healthwatch Bromley advised the Sub-Committee that feedback received from service users reflected the points raised by the representatives from the King's College Hospital NHS Foundation Trust.

There was positive feedback in respect of the quality of care, however issues relating to access to appointments and waiting times, were impacting upon this. Work needed to be undertaken to improve systems; respond in a timely manner; and make triage clearer.

It was noted that Healthwatch Bromley was currently in the process of recruiting a member of staff whose role would focus on service user engagement. It was agreed that an item on 'Service User Engagement' be added to the agenda for the next meeting of the Sub-Committee.

It was reported that the Portfolio Holder for Adult Care and Health and the Executive Assistant for Adult Care and Health would be meeting with Healthwatch Bromley on a regular basis.

29 WORK PROGRAMME 2019/20 AND MATTERS OUTSTANDING

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. It was requested that the following items be added:

- Post-winter follow up on patient flow / discharge – King's College Hospital NHS Foundation Trust / Bromley CCG
- Presentation on the Severe Heart Failure End of Life Pathway – King's College Hospital NHS Foundation Trust / Bromley CCG

- Evaluation of the Remote Patient Review Service – Bromley Healthcare
- Update on the Stock Hill Pilot – Bromley Healthcare
- An update on the CAT car – Oxleas (July 2020)
- Service User Engagement – Healthwatch Bromley (April 2020)

RESOLVED that the work programme be noted.

30 ANY OTHER BUSINESS

There was no other business.

31 FUTURE MEETING DATES

4.00pm, Thursday 23rd April 2020

The Meeting ended at 5.37 pm

Chairman

This page is left intentionally blank

HEALTH SCRUTINY SUB-COMMITTEE 28th January 2020

WRITTEN QUESTIONS TO THE HEALTH SCRUTINY SUB-COMMITTEE

Written Question to the Health Scrutiny Sub-Committee received from Ms Pam Remon (SELSON)

1. I believe that the new Borough Based Boards (BBB) will replace Bromley local CCG which is merging into one 6 London Borough CCG. I would like a breakdown of the membership of the Bromley BBB showing:
 - Bromley CCG members
 - Local Authority Attendees
 - All other Attendees

Would you also provide me with details of which members or organisations will be voting members / attendees and which members will be NON-voting members / attendees.

Reply:

The London Borough of Bromley (LBB) and Bromley CCG are progressing with joint and integrated working as recommended in the Long Term Plan, but mainly as part of a local desire to get the very best services for our residents, that improve health and promote independence.

As part of the structural changes to CCGs in south east London, it is hoped that the local Bromley Based Board will be jointly chaired by a clinician and an elected LBB Councillor. The exact membership and terms of reference of the new committee have not yet been finally agreed, but we do expect there to be a balance of both LBB and Health representatives. We are not be in a position to share the exact composition as yet but will be early in the new financial year.

In terms of governance, LBB will remain responsible for the resources and budgets it holds and the local NHS will do likewise for its delegated budgets. There are a number of joint budgets, like the Better Care Fund, where there will be joint accountability and where joint voting on use of resources may take place. In reality, such committees rarely vote and decisions are taken by consensus. The strength of this new board is not centred on voting rights but the ability to jointly agree strategies that improve health and well being, and by supporting local providers and commissioners in delivering such strategies.

This page is left intentionally blank