



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: 12 April 2023

To: Members of the  
**HEALTH SCRUTINY SUB-COMMITTEE**

Councillor David Jefferys (Chairman)  
Councillor Dr Sunil Gupta FRCP FRCPath (Vice-Chairman)  
Councillors Mark Brock, Will Connolly, Robert Evans, Simon Jeal, Tony McPartlan,  
Alison Stammers and Thomas Turrell

Non-Voting Co-opted Members

Charlotte Bradford, Healthwatch Bromley  
Roger Chant, Bromley Carer  
Vicki Pryde, Bromley Mental Health Forum  
Rona Topaz, Bromley Experts by Experience

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre  
on **THURSDAY 20 APRIL 2023 AT 4.00 PM**

**PLEASE NOTE:** This meeting will be held in the Council Chamber at the Civic Centre, Stockwell Close, Bromley, BR1 3UH. Members of the public can attend the meeting: you can ask questions submitted in advance (see item 3 on the agenda) or just observe the meeting. There will be limited space for members of the public to attend the meeting – if you wish to attend please contact us, before the day of the meeting if possible, using our web-form:

<https://www.bromley.gov.uk/CouncilMeetingNoticeOfAttendanceForm>

TASNIM SHAWKAT  
Director of Corporate Services & Governance

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

## A G E N D A

### 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

### 2 DECLARATIONS OF INTEREST

### 3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm** on **Friday 14<sup>th</sup> April 2023**.

### 4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 17TH JANUARY 2023 (Pages 3 - 18)

### 5 GP ACCESS (Pages 19 - 28)

### 6 UPDATE FROM THE LONDON AMBULANCE SERVICE

*To Follow*

### 7 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

*To Follow*

### 8 UPDATE ON THE REVIEW OF JOINT WORKING ARRANGEMENTS BETWEEN OXLEAS NHS FOUNDATION TRUST AND THE LONDON BOROUGH OF BROMLEY (Pages 29 - 36)

### 9 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

*To Follow*

### 10 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)

### 11 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 37 - 42)

### 12 ANY OTHER BUSINESS

### 13 FUTURE MEETING DATES

4.00pm, Wednesday 19<sup>th</sup> July 2023  
4.00pm, Tuesday 19<sup>th</sup> September 2023  
4.00pm, Wednesday 24<sup>th</sup> January 2024  
4.00pm, Wednesday 20<sup>th</sup> March 2024

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 17 January 2023

### Present:

Councillor David Jefferys (Chairman)

Councillors Mark Brock, Will Connolly, Robert Evans,  
Simon Jeal, Ruth McGregor, Alison Stammers and  
Thomas Turrell

Roger Chant and Vicki Pryde

### Also Present:

Katie Barratt (*via conference call*)

Rona Topaz (*via conference call*)

Councillor Mike Botting, Executive Assistant for Adult Care  
and Health

Councillor Diane Smith, Portfolio Holder for Adult Care and  
Health

## 26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Tony McPartlan and Charlotte Bradford (Healthwatch Bromley), and Councillor Ruth McGregor and Katie Barratt (Healthwatch Bromley) attended as their respective substitutes. Apologies for absence were also received from Councillor Dr Sunil Gupta.

Apologies for lateness were received from Councillors Thomas Turrell and Alison Stammers.

## 27 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 28 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

## 29 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 11TH OCTOBER 2022

The minutes were agreed subject to the following amendments in relation to item 17: Update From King's College Hospital NHS Foundation Trust:

- the first sentence of the second paragraph being amended to read: "...with regards to elective recovery performance, work was continuing to reduce *long waits* across all waiting time cohorts...".
- the third sentence of the eleventh paragraph being amended to read: "...final plans for the £20m cancer endoscopy unit..."

The Chairman noted that a number of the matters outstanding from previous meetings would be considered during the meeting. Members were advised that it had originally been requested that a representative from the London Ambulance Service (LAS) attend the meeting to provide an update, however due to strike action and heavy demand, this had not been possible. The Chairman highlighted that, as several requests had been made to the LAS asking that they deliver a presentation to the Sub-Committee, he would be writing to formally request attendance at the meeting on 20<sup>th</sup> April 2023.

**RESOLVED that the minutes of the meeting held on 11<sup>th</sup> October 2022 be agreed.**

### **30 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") provided an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive noted that, speaking as a subject matter expert through his role as Gold Command rather than LAS representative, he was aware that, across London, the LAS had experienced recent challenges relating to the physical handover of patients to Emergency Departments (ED). Within the South East London region, the PRUH had been particularly challenged. There were six hospital sites across London which were identified as being the most challenged, one of which was the PRUH, and an additional £1m of direct funding had been received before Christmas to implement improvements. This included the improvements relating to the speed of offloading patients brought in by ambulance, and co-ordination and flow. This funding had been used to create a larger handover environment at the PRUH, allowing space for 10 ambulances to offload patients at any point in time – this was a threefold increase from the previous capacity. The Site Chief Executive emphasised that, despite this being a difficult issue, the interaction with the LAS had been good and they had worked with the PRUH to implement as much improvement as possible.

Members were advised that a wider piece of work, affecting all 23 EDs across London, had also been undertaken to refine procedures for handover. It was noted that handover times at the PRUH had improved rapidly over recent weeks. The two category markers were the number patients which took more than 30 minutes to handover, and the number taking over 60 minutes to

handover – these markers were now back down to single digits over a 24-hour period. In response to a question, the Site Chief Executive advised that these handover markers related to the patient being brought into the hospital building, taken off an ambulance trolley and the ambulance crew being available for release. It was noted that the ambulance crew were responsible for indicating to LAS control that they were available for their next 999 call. The Site Chief Executive said the PRUH was able to support the rapid offloading of patients. There was a protocol in place for the immediate release of ambulance vehicles, if required, and they were confident that this could continue to be managed.

In response to questions, the Site Chief Executive advised that a number of changes had been made throughout the hospital, and with partners, in relation to improvements in offloading patients – a larger offloading space had been established but steps had also been taken to create ‘positive flow’. For example, if an inpatient ward had 20 beds, which were full, hospitals had been moving one further patient to the ward approximately 4 hours ahead of another patient being discharged. This was known as ‘plus 1-ing’ and was used to create an earlier flow out of the ED.

The Chairman enquired if there was any guidance for residents in terms of safely parking and off-loading patients at the hospital, if they were taking someone to the ED themselves. The Site Chief Executive advised that the triage point was adjacent to the Urgent Care Centre (UCC), which had a vehicle drop off space immediately outside. For those in extreme risk, patients should present directly to the UCC, where trained doctors and nurses could undertake rapid assessments. It was highlighted that if patients presented at the ambulance bay, the doors to the ambulance bays were locked, and therefore there was limited opportunities to receive attention. The Chairman said that this information was extremely useful, and suggested that it be captured in a note that could be circulated to Members.

With regards to the strike action being undertaken by the LAS, and a number ambulance services across the country, the Site Chief Executive said that on each strike day around 75% of vehicles were not on the roads of London. On recent strike days there had been a significant reduction in the number of 999 calls and therefore the PRUH had not experienced particular issues relating to ambulance presentations, ambulances being released rapidly, and no evidence of patient harm associated with the LAS strikes had been identified. What had been seen was more patients presenting on the day before each of the strikes and more patients making their own way to the hospital and presenting through the UCC.

The Site Chief Executive advised Members that over the next couple of days the Royal College of Nursing (RCN) would be undertaking strike action at the PRUH, Orpington Hospital and the Denmark Hill site. It was noted that a robust range of plans were in place. The hospitals had worked with the RCN over recent days and a staffing ratio had been calibrated for each area across the Trust, and they had applied for derogation of strike action – for example the ED was not subject to strike action and would be fully staffed. The strike

would commence from 7.30am the following morning and there would be designated picket lines outside the PRUH and Denmark Hill, and no ill-behaviour was anticipated. Members were reassured that full services would be provided where derogation had been applied, or a night duty service.

Members were advised that, following a lengthy and robust debate, the Council's Development Control Committee had voted in favour of allowing planning permission for the £20m endoscopy unit development at its meeting on 10<sup>th</sup> January 2023. It was anticipated that ground would be broken on the build in early summer 2023 and, following a 13 month build programme, the unit would open in summer 2024 – progress reports would be provided throughout the year.

In terms of performance, the Site Chief Executive advised that King's was making great inroads. In relation to core diagnostics, such as MRIs, King's was one of the highest performing units in the country and, with regards to elective recovery, was the highest performing major unit in London.

The Site Chief Executive informed Members that the car park deck, providing 197 additional spaces on the PRUH site, had opened on time and under budget and was being fully utilised. It was noted that 41 electric vehicle charging points would be available later in the summer, and a further 41 next year. In response to questions, the Site Chief Executive said that the park and ride scheme had ended in mid-December 2022, when the car deck opened, however this may be revisited at a later stage. The scheme had worked well, but it was provided at a cost to the Trust. The 197 spaces provided on the elevated car deck were all for staff, with the ground floor available for use by patients. With regards to parking charges, the Site Chief Executive informed Members that there was a scaling system in place – the price paid was dependent on the skillset of staff and their hours of duty. It was agreed that information relating to the exact number of car parking spaces, and parking charges, could be provided to Members following the meeting. The Site Chief Executive said that the hospital considered that it had made the best endeavours to improve car parking, and it was felt that the £4m investment into the car park deck was the right thing to do. There was now a shared responsibility to explore other potential schemes, if they were felt to be required.

In response to a question from the Director of Adult Social Care, the Site Chief Executive advised that the Care Quality Commission (CQC) had undertaken a range of visits toward the end of last year, including an inspection of the Maternity Services at the PRUH and Denmark Hill. The formal outcome of the CQC assessment had now been received, and published on their website. There had been a broad reduction to the 'Requires Improvement' level status for Maternity Services and a range of action plans were created in response to the CQC findings. It was noted that the findings were mainly environmental and process related, rather than staffing, and a number of these had been addressed prior to the report publication. The Site Chief Executive informed Members that the Maternity Services based at the PRUH were managed by colleagues at the Denmark Hill Site, and Julie Lowe

(Site Chief Executive – King's College Hospital) would continue to manage the local improvement plans. In response to a question from a Co-opted Member, the Site Chief Executive advised that, in relation to the services at Denmark Hill, there were 39 points for improvement. The majority of these (around 25) had already been fully executed, and the remainder were in progress – for example a large volume of staff members were undertaking refresher training. It was anticipated that all points would be addressed before the end of the financial year. The Chairman requested that a further update on the CQC inspection of Maternity Services be provided to Members at the Health Scrutiny Sub-Committee meeting in April 2023.

In response to questions from a Member, the Site Chief Executive advised that during the COVID-19 pandemic, the CQC had ceased its inspection regime. When inspections recommenced, the regime had changed – the CQC no longer undertook large scale inspections of entire hospitals, and instead focussed on single, specialist areas. The inspections were often driven by outputs from the CQC's "insight tool" and could prompt an inspection of a site. The Trust was experiencing the new CQC inspection approach, against a backlog of issues and a back drop of staff and services that had not been exposed to this level of onsite inspections for a number of years. In terms of staffing levels and recruitment, the Site Chief Executive said that there was a routine report which provided a breakdown of the workforce. It was agreed that this could be provided to the clerk for circulation to Members following the meeting.

The Chairman thanked the Site Chief Executive for his presentation to the Sub-Committee.

**RESOLVED that the update be noted.**

**31 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The LBB Assistant Director for Integrated Commissioning advised that Bromley Healthcare was commissioned by the Integrated Commissioning Board (ICB), to whom they were accountable for their performance. As previously reported, following the CQC inspection that resulted in assurance arrangements being put in place, regular meetings had been held in relation to the progress being made against the action plan, which had been put in place in spring 2022. It was noted that Bromley Healthcare's services were commissioned by a number of other Local Authorities, and that these authorities were taking part in the assurance arrangements. It was highlighted that, overall, the ICB were very satisfied with the work being undertaken by Bromley Healthcare and positive feedback had been received from the CQC. The ICB felt assured that Bromley Healthcare were doing what was required, and at a sufficient pace.

The Chief Executive Officer informed Members that, since that last meeting of the Health Scrutiny Sub-Committee, regular meetings with commissioners had continued to take place. There was also regular engagement meeting between Bromley Healthcare and the CQC – the last one had taken place in August 2022, and it was considered that positive progress was being made. It was noted that an engagement meeting had been scheduled for the end of November 2022, however this had been stood down and an alternative date was in the process of being arranged.

Areas of focus had included work on clinical governance, and a Chief Medical Officer and two Clinical Directors had now started in post. The Chief Executive Officer advised that there was just one area of the plan which still had actions outstanding, which related to lone working. Work was being finalised to ensure that staff across the organisation had a lone working device, which it was noted had been delayed due to connectivity issues in certain parts of the borough. Another area of continued focus related to record keeping – their Board had been provided with an update on the various workstreams and an external audit was just about to commence. For all of the key workstreams, Bromley Healthcare had tried to include external assurance, provided by KPMG, and the results were anticipated to be received by the end of March 2023. The Chief Executive Officer said that over the last year, Bromley Healthcare had focussed internally, to ensure that they were doing the basics as well as they possibly could. Bromley Healthcare was now looking at its strategy and over the last three months had put a development process in place, working alongside Kaleidoscope Social Enterprise, to engage with partners, patients and staff. These responses were now being consolidated, and incorporated into the new strategy.

With regards to partnership working, Bromley Healthcare had not been directly impacted by the recent strike action. The only union that had been balloted within the organisation was the Royal College of Physiotherapists, and the threshold for strike action had not been met. The organisation had supported the wider system during this period to ensure that there was a good flow throughout the services.

The Chief Executive Officer noted that a particular area of challenge was recruitment of Health Visitors and District Nurses – to help reduce vacancies, some successful international recruitment had been undertaken and another cohort of Band 5 nurses had recently started a bespoke training programme. The Local Authority had held a recruitment fair the previous day – a number of leads had been provided, which the team were now following up. It was noted that Bromley Healthcare had recently held its annual awards to thank staff, and recognise the work undertaken.

In response to a question regarding the barriers to recruitment, the Chief Executive Officer said that there was a national shortage of nurses, and Bromley Healthcare was doing everything it could to try and recruit. The Band 5 readiness programme was an initiative used to help support the challenges faced – three times a year, ten Band 5 nurses undertook a 12-week bespoke training programme to prepare them to join teams with the required



competencies. The organisation had also worked to develop a career pathway within District Nursing.

In response to questions, the Chief Executive Officer advised that Health Visitors were now referred to as Public Health Nurses. Across the organisation, Bromley Healthcare was trying to get clinicians and support staff working at the very top of their licence. Some of the newly qualified Band 5 nurses within Health Visiting had been involved in a programme linked with a university. As the Health Visiting service was both universal and targeted, it was sometimes appropriate for nursery nurses to provide some of the checks, under supervision.

The Portfolio Holder for Adult Care and Health said she was content with the way things were proceeding. It was highlighted that, since spring 2022, the Chief Executive Officer had attended every meeting of the Health Scrutiny Sub-Committee to provide feedback and reassurance in relation to the action plan.

The Chairman thanked the Chief Executive Officer for her update to the Sub-Committee.

**RESOLVED that the update be noted.**

## **32 GP ACCESS**

Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS (“Associate Director”) and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership (“GP Clinical Lead”) delivered a presentation outlining progress towards improving the experience of accessing primary care services; data on demand and activity in general practice in Bromley; and transformation initiatives in train to improve access in Bromley.

The GP Clinical Lead advised Members that there had been some unexpected challenges faced in primary care, particularly in relation to the increased prevalence of Strep A, a potentially fatal condition which could put children at risk, and scarlet fever. This had an unprecedented effect on demand as it coincided with a high prevalence of other viral respiratory illnesses. There had been a huge demand for medical attention and the prescription of antibiotics had put pressure on pharmacies. In terms of winter pressures, the GP Clinical Lead advised that services had been particularly busy this year and it was noted that strike action could have a knock-on effect to primary care.

With regards to the data on appointments, the GP Clinical Lead informed Members that general practice appointment delivery continued to rise, and was returning to the pattern seen pre-pandemic. It was noted that NHS Digital had recently published ‘experimental’ GP appointments data. It was highlighted that, although it provided a picture, the data did not include all

types of appointments, nor did it include related clinical activity. There was still some data quality issues to be resolved, and therefore it did not currently match directly with the practice or ICS data on appointment numbers.

In response to questions, the GP Clinical Lead advised that the graph on page 49 of the main agenda pack showed the number of appointments (rates per 1,000 patients) offered at the 43 GP practices in the borough during October (blue lines) and November 2022 (orange lines). It was noted that a number of practices appeared to have offered more appointments during October, compared to November, which may be due to the data counting extra flu vaccinations clinics that were delivered. The GP Clinical Lead said that the capacity of a practice was constrained by the number of appointments offered – demand generally continued to outstrip capacity everywhere, so it was therefore unusual to have unfilled capacity. The difficulty with the data was that it was how appointments were being coded and work may need to be undertaken with practices in term of how this married up. With regards to small versus large practices, the Associate Director advised that by using the rates per 1,000 patients they had tried to take account to ensure that the size of the practices was not misrepresented. The Member further questioned if there was a data set available to see how quickly patients were being seen. The GP Clinical Lead advised that a data set was being put together by NHS Digital to look at how far in advance patients had booked their appointment. There would be a breakdown of which patients needed to be seen same day/urgently; those requiring follow-up appointments (booked well in advance of 2 weeks); and those booking non-urgent appointment, with the aim of being seen within 2 weeks. The Associate Director highlighted that, with the caveat that the data set was not wholly reliable, during October and November 2022, 81% of patients had been seen within 2 weeks. It was also noted that some patients booking appointments did not necessarily want to be seen within 2 weeks, and were instead booking their vaccinations/health checks well in advance – it was not possible to differentiate, and this was something that they would be looking at.

In terms of the types of appointments, there had been a continual increase in the proportion of face-to-face appointments compared to telephone and digital. The GP Clinical Lead emphasised that there was a real need for GP practices to be able to deliver the latter, which patients requested and appreciated, and would remain a large part of delivery within primary care. The Chairman highlighted that general practice was now very different from the stereotypical view, and provided a range of services. The challenge was how it could be communicated that although general practice had changed, there were many more options available – some patients preferred to have virtual appointments, and these were positive changes. Another Member enquired if a breakdown of the number of missed GP appointments could be provided. The Associate Director agreed to see what information could be provided to the next meeting of the Health Scrutiny Sub-Committee.

The Associate Director said it was recognised that demand was higher than ever, and practices worked in groups to support their response. Workforce was a key challenge, and Primary Care Networks (PCNs) had worked hard to

recruit and train up staff into new roles. It was noted that this itself was challenging as a PCNs across the country were all doing the same thing, and this created competition – however it was noted that they had successfully utilised all funding allocated to Bromley practices, and they were seeing the roles fully embedded. The PCNs were also continuing to deliver enhanced access clinics. It was noted that the appendix of the report contained some patient case studies which brought to life the range of needs, preferences and options for patients. The primary care campaign had commenced to inform the public about the key changes in general practice and explain the ways patients could access their GP practice. The next stage would be to engage with individuals and communities in a meaningful way, and any ideas as to how this could be done were welcomed.

The Associate Director highlighted that improving access continued to be a priority in Bromley, as well as a priority nationally. The greatest challenge continued to relate to the workforce and a One Bromley recruitment campaign was underway to bring staff into the borough, and its practices, to build up capacity. In response to questions regarding barriers to public engagement, the Associate Director said that they had learnt a lot from the universal COVID-19 vaccination programme, and there were residents who were generally concerned/hesitant about accessing healthcare. The mainstream approached work for the majority, but not all, and they needed to think about how they could reach out in different ways. For example, they were looking to work with organisations and services that provided digital skills and training to local residents. They were aware that different challenges were faced in different areas of the borough, and it would be beneficial to work with Members to look at doing this in a more tailored way. The Associate Director advised that data on the use of e-consult varied by area as did the use of digital tools, such as the NHS app, and uptake of routine screenings and checks. The GP Clinical Lead said that with the help of wider business intelligence they would be able to identify particular groups who did not access healthcare. As there had been rapid changes to the way that patients could access services, it was important that they kept up the level of training and education for those using these tools.

In response to questions regarding an ongoing strategy for ensuring the continuation of practice in the borough, the GP Clinical Lead said that the situation was complicated. Generally, primary care was delivered through a partnership model – practices delivered contracts, and partnerships may, or may not, own their own premises. In terms of holding of a contract via a partnership, if a GP in a smaller partnership wanted to retire, they may face challenges in identifying someone to take over. This was a risk for smaller practices – larger practices may be thought to be more resilient, but this was not always the case. They were trying to create an overall picture and understand the risk across all practices in Bromley – looking at the age of partners, although this was not always a key indicator, other staff and who owned the buildings within a partnership. The Associate Director said that these were all factors relating to the resilience of primary care. In term of premises, following the relaxation of planning rules, some had become more attractive to landlords. There was a risk that landlords may sell premises on

for other uses, and practices would then no longer have a home. Partners who owned premises were well within their rights to retire and consider the investment that they had made – they would be looking to work with all practices where there was a risk associated with ownership and consider succession planning for their long-term future. In terms of the number of practices they were concerned about, the Associate Director said that there were a number of nuances as sustainability in primary care was generally challenging.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

**RESOLVED that the update be noted.**

### **33 WINTER PLANNING**

#### **Report ACH23-007**

The Assistant Director – Urgent Care, Hospital Discharge and Transfers of Care (“Assistant Director”) provided an update on the proposed One Bromley Winter Plan 2022-23.

In relation to how the system had fared over the Christmas and New Year period, 23<sup>rd</sup> December 2022–4<sup>th</sup> January 2023, there had been 591 more attendances at the PRUH ED, compared to the same period last year, totalling 4,497. However there had been 173 fewer LAS ambulance arrivals (totalling 697), with two peaks occurring on Christmas Eve and the 4<sup>th</sup> January 2023, which was not in line with previous years. This was believed to have been impacted by Strep A and a number of viruses circulating, causing the run up to Christmas to be incredibly busy. The Assistant Director noted that the numbers attending, and the acuity of patients, had remained consistent – even though patients were not necessarily travelling to hospital by ambulance, those who were very sick were getting to the hospital to receive the care they needed. There had been sustained pressure over the two-week period however, following the national press coverage prior to the last bank holiday (2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> January 2023), there had been a dip in the number of attendances at the UCC.

The Bromley@Home Service, which supported patients at home and in the community, had mobilised before Christmas – it had experienced high activity and was continuing to grow. There had been 31 more ward admissions at the PRUH, and 24 fewer discharges, compared to previous years – this pattern of high admissions versus low discharges had continued over the whole period. The Assistant Director advised that staffing had been one of the main challenges reported over the Christmas period – this had been due to COVID-19 and viral infections circulating. There had been some issues related to the overspill following industrial action, and staffing within the acute setting had been particularly difficult on some of the strike days.

The Assistant Director considered that the work put into planning for the Christmas and New Year period had been extremely beneficial. There had been an additional 754 GP appointments provided over this period; Bromley Healthcare's GP out-of-hours service had provided a significant amount of support to the 111 service; Bromley Healthcare's community response services had made visits to patients, allowing them to stay at home; and the Adult Social Care provision had arranged for guaranteed domiciliary care capacity. The voluntary sector had seen a significant amount of patients over this period, particularly in response to the cost-of-living crisis and ensuring they returned to safe homes. There was enough capacity throughout the discharge services, but the challenge had been to get patients fit and ready to be discharged.

The Chief Executive Officer – Bromley Healthcare said that another key service related to admissions avoidance had been Urgent Community Response – they had a target to see 70% of patients within two hours, in order to keep them out of hospital. This had worked very well, and capacity had been increased within this service – and current overall performance was at 92-95%. With regards to the GP out-of-hours service, it was noted that this had again worked well, and was something that they would be keen to continue. The Hospital@Home service had also provided support to the PRUH to ensure that children returned home in a safe way, and as soon as possible.

In response to a question, the Bromley Executive Lead said that higher levels of flu had been expected this year, however high levels of respiratory syncytial virus (RSV) had also been experienced. What had not been expected was Strep A and scarlet fever being highly prevalent at this time of year, and cases had been much more severe. This had created a huge demand for children to be seen by healthcare professionals, on top of the winter pressures. Some of the infections and illnesses seen this year had been more virulent than usual, which may be as a result of reduced circulation during lockdown. It was noted that over the last few days the numbers of people attending the PRUH ED and UCC had been returning to more normal levels, however this may change as children returning to school could have an impact on viruses spreading.

Another Member noted the comments made regarding the prevalence of Strep A being unexpected and enquired what could be learnt from this. The Bromley Executive Lead said this was something that was difficult to plan around – what they must do was stay alert to further outbreaks, with children returning to school and the usual increase of cases occurring in the spring. There had been a shortage of liquid antibiotics due to huge demand and the UK Health Security Agency had asked for there to be a low threshold for prescribing them during this period. Other ways of managing this issue had been considered as well as how quickly supplies could be received. They had quickly set up some specialist paediatric care hubs to see children which helped to absorb a lot of the workload. Paediatric registrars had also been used at the treatment centres to increase capacity and expertise. The Assistant Director highlighted that the Bromley system was nimble and had structures in place to set things up quickly if required.

In response to a question regarding the number of care home beds, the Assistant Director for Integrated Commissioning said that they wanted people to be cared for at home wherever possible – this could be increased by the use of assistive technology and wrap around care, and further capacity would be brought forward this year. There were also Extra Care Housing schemes, and they would look to put further step-down schemes in place to provide support in the community. In terms of procuring beds, it was noted that there were sufficient beds available, but the issue was affordability. Two admission avoidance beds had been contracted in a care home for a short stay before patients returned home, and step-down beds had been commissioned on a similar basis. Over the next couple of days they also hoped to secure 16 beds which would be available until March. Work had been undertaken on a market sustainability plan for the coming year, with additional government funds used to support the market.

With regards to the Additional Hospital Discharge Fund, the Assistant Director advised that £2.314m had been received from NHS England (ICB - £1.322m and LBB - £992k). The funding was ringfenced to fund activity associated with hospital discharge only and was required to be spent on actual activity between 19<sup>th</sup> December 2022 and 31<sup>st</sup> March 2023. It was noted that commentary had been provided regarding the strategic challenges in the system and how the money had been allocated. The Assistant Director advised that this funding was non-recurrent. They did not want to inject money into the system and destabilise the future market, and put more pressure on the system – however they were getting as much value out of the funding as possible.

In terms of governance, the national announcement had been made in September, but details were not received until early December – there was then a two-week turnaround to draft a submission and present it to the Health and Wellbeing Board. The comments received from the Chairman's sign-off had been provided in the report, and the plan had been submitted to NHS England on 19<sup>th</sup> December 2022. It was noted that updates on the spend would be reported to the Health and Wellbeing Board as part of the Better Care Fund arrangements.

In response to questions, the Director of Adult Social Care advised that feedback had been provided via the Local Authority and Association of Directors of Adult Social Services (ADASS) stating that it was unhelpful to receive short-term money, at very short notice, as these were longer term issues. It had also been flagged that the funding related to hospital discharge but as a system they wanted to undertake work to prevent hospital admissions. It was noted that work relating to a permanent housing shelter in the borough could be picked up with colleagues in the Housing Directorate.

The Chairman highlighted that a huge amount of planning that had been undertaken and noted that the system had stood up well despite the challenges faced. On behalf of the Sub-Committee, thanks were extended to officers and partners for the work undertaken and the update provided.

**RESOLVED that:**

- i.) **the verbal feedback provided on the systems response to Christmas and New Year winter pressures be noted; and,**
- ii.) **the Hospital Discharge Monies submission to NHSE, as agreed by the Health and Wellbeing Board, be noted.**

**34 SEL ICS/ICB UPDATE (VERBAL UPDATE)**

The Bromley Executive Lead advised that the ICB, a new structure across South East London, was now in place. Key areas of focus included the development of an ICS Strategy – this work had been ongoing, and pulled together the Joint Strategic Needs Assessments (JSNA) from each of the six boroughs. The document identified five priorities:

- prevention and wellbeing;
- ensuring there was a good start for all children;
- provide the best services for children and young people with mental health needs;
- provide the best services for adults with serious mental health needs; and,
- primary care and looking after people with long-term conditions.

Members were advised that the ICB had been provided with planning guidance from the NHS, advising areas to be worked on over the next couple of years. This provided a number of targets, which indicated a return to business as usual, recognising that the NHS was now in a different place. For example, the A&E waiting times target had previously been for 95% of patients to wait no longer than 4 hours to be discharged/admitted, which had now been reduced to 76%. There were also targets for the ambulance service to improve on its response times; community services to see a percentage of patients within 2 hours; reducing unnecessary GP appointments (streamlining access/increasing the number of additional roles); and reducing elective waiting lists (increase access to diagnostic services).

With regards to the workforce, the Bromley Executive Lead noted that there were a number of recruitment and retention schemes in place, both nationally and locally for all staff, and there were requirements to enhance these arrangements. It was highlighted that there was also a need to consider the services provided for people with a learning disability, and to reduce inequalities across the board.

Members were advised that the responsibility for commissioning community pharmacies, dentists and optometrists would return to the ICB from April 2023.

**RESOLVED that the update be noted.**

**35 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT**

The Sub-Committee received the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July – September 2022. Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Bromley had a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty, a comprehensive patient experience data collection programme was operated. Annually this yielded approximately 2,400 patient experiences.

It was agreed that Members of the Health Scrutiny Sub-Committee could email any questions to the clerk would collate them and provide to the Operations Co-Ordinator – Healthwatch Bromley for response following the meeting.

**RESOLVED that the update be noted.**

**36 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**

The Chairman advised that an informal virtual meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 1<sup>st</sup> December 2022, attended by representative from the six boroughs. The next meeting was scheduled for 19<sup>th</sup> January 2023, feedback from which would be provided to Members of the Sub-Committee at the April meeting.

**RESOLVED that the update be noted.**

**37 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING**

**Report CSD23002**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, the following items would be added to the work programme:

- Update from the London Ambulance Service (20<sup>th</sup> April 2023)
- King's – CQC Inspection of Maternity Services (20<sup>th</sup> April 2023)

It was noted that a further item had been added to the work programme regarding an update on the review of joint working arrangements between Oxleas NHS Foundation Trust and the London Borough of Bromley. Members



were asked to notify the clerk if there were any further items that they would like added to the work programme.

**RESOLVED that the update be noted.**

### **38 ANY OTHER BUSINESS**

Members were provided with the proposed Health Scrutiny Sub-Committee meeting dates for the 2023-24 municipal year.

Following a brief discussion, it was agreed that the clerk would email the list of proposed dates. Members of the Health Scrutiny Sub-Committee and health partners would be asked to provide feedback if any of these proposed dates cause a particular problem, and a different start time to 4.00pm would be preferred (either 1.30pm or 7.00pm).

**RESOLVED that the update be noted.**

### **39 FUTURE MEETING DATES**

4.00pm, Thursday 20<sup>th</sup> April 2023

The Meeting ended at 6.12 pm

Chairman

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# **ONE BROMLEY**

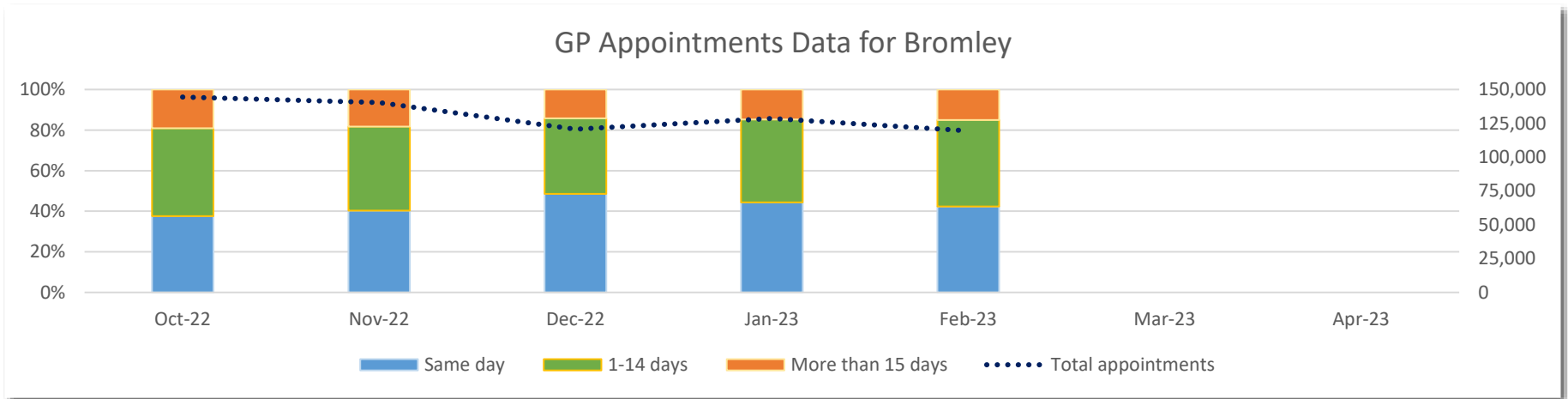
WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

## **Update on GP Access**

**Health Scrutiny Sub-Committee**  
20 April 2023

# Appointments: demand and capacity

The majority of appointments across Bromley practices are consistently being booked within 2 weeks.



Page 20  
Where routine care or specific follow up (eg new medication monitoring) is required, these will typically fall into the 15 days+ bracket.

Source: GP Appointments Data (GPAD), NHS Digital. GPAD enables comparative data on GP practice appointments. Please note, GPAD has been categorised as experimental data to reflect known data quality and accuracy issues (eg variation in appointment book management, and exclusion of PCN-level clinics). Bromley practices have been working to improve data quality since the first data release in November 2022. This will be an area of continued local and national focus during 23/24.



# Appointments: DNAs

Did Not Attend (DNA) rates in Bromley for February 2023 were recorded as 5,209 appointments. This represents nearly 4.5% of appointments available that month.

The percentage of DNAs varies between practices from the least at **1.35%** to the most at **5.99%** of all available appointments at the practice.

The average number of appointments per 1000 patients in Bromley during February was 382. On average, in February there were 15 appointments lost per 1000 patients.

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This data will be analysed for the practices experiencing the greatest number of DNAs to identify possible causal factors. Practices with low DNA rates will be invited to share their approaches to reducing DNAs so best practice can be adopted more widely.

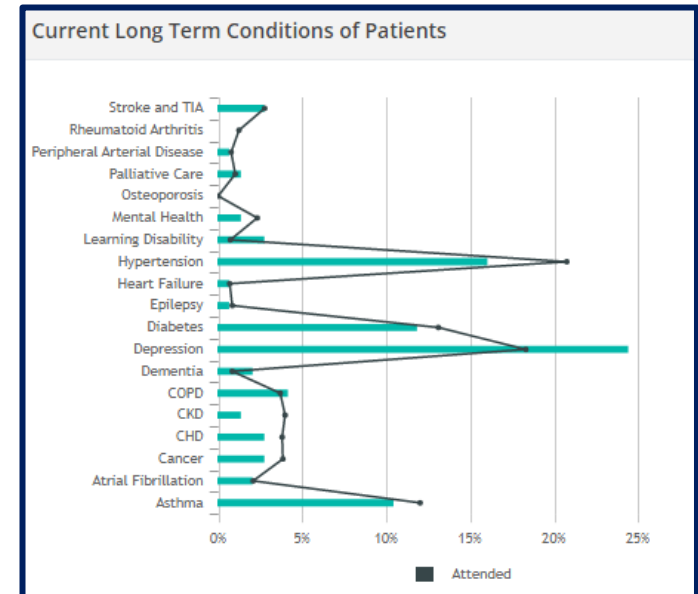
Source: GP Appointments Data (GPAD), NHS Digital. DNA data was first published by NHS Digital in March 2023 for the February 2023 period.



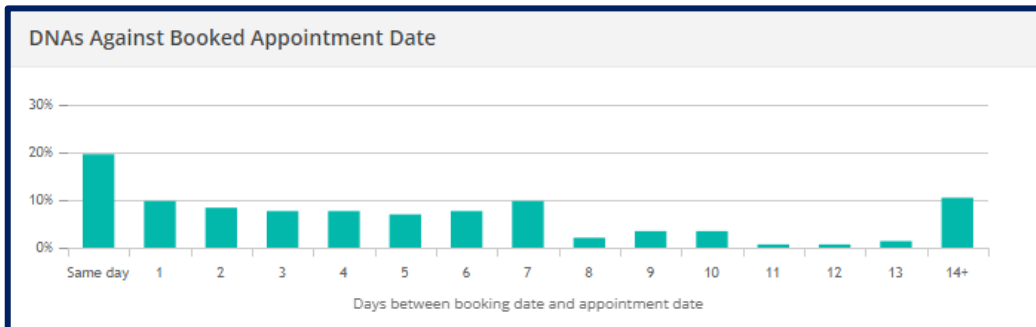
# Deep dive: DNAs

Improved DNA analysis now available through new data management system being rolled out across Bromley practices.

Day & Time Breakdown					
	Rates	Counts	Duration <sup>1</sup>		
	Mon	Tue	Wed	Thu	Fri
08:00 - 10:00	2.2%	2.5%	1.7%	1.6%	1.5%
10:00 - 12:00	3.2%	4.4%	2.8%	3.9%	4.6%
12:00 - 14:00	0%	0%	0%	7.1%	7.7%
14:00 - 16:00	1.8%	2.2%	5.1%	0.8%	2.8%
16:00 - 18:00	4.3%	1.5%	8.7%	2.4%	4.2%
18:00 - 20:00	-	-	-	-	-
Daily Rate	2.7%	3.1%	3.6%	2.5%	3.3%



DNA Count	Total DNA Duration <sup>1</sup>	Sex	Current Age <sup>2</sup>
3	0h 30m	Female	17
3	0h 40m	Female	44
2	0h 20m	Female	57
2	0h 10m	Female	54
2	0h 40m	Female	61
2	0h 25m	Male	26
2	0h 40m	Female	46
2	0h 25m	Male	15
2	0h 30m	Male	45
2	0h 40m	Female	41



# Public engagement: positive messaging

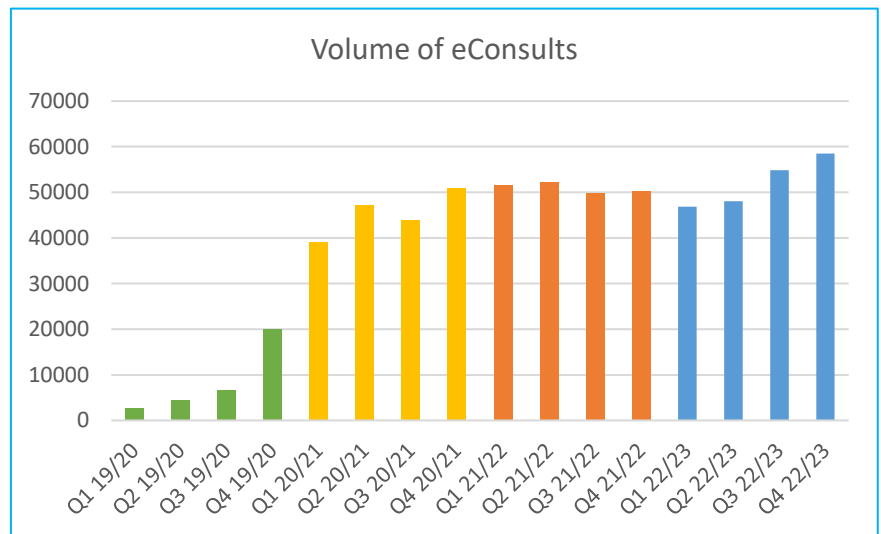
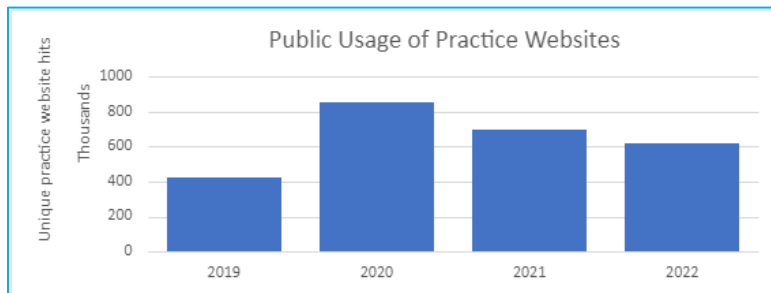
Behavioural research has indicated positive messaging can be more successful when seeking to engage people and change behaviours. Using this approach in public messaging may help general practice build more effective relationships with their patients.

- Adopted in primary care campaign: video and poster
- Addressing DNAs – invited patient feedback on alternative style of message
- Using approach to inform PPG engagement on changes in primary care
- Reflecting these types of messages on the new practice websites – now live
- Promoting ways to equip people to adapt to these changes, eg Digital 'life skills' and courses across the borough



# Public engagement: health inclusion

The expanding use of digital and other modern technology in healthcare brings risks of excluding people without the requisite skills or access to technology. Bromley appears to have good levels of digital literacy. Work is underway to maximise these access channels as a means to maintaining traditional access too.



Percentage of Bromley patients registered for the NHS App: **60%**  
Range across practices: 44% - 67%

Page 24

Actions include working with local providers to include NHS App and online health consultations as part of their course content on digital life skills





# Public engagement: accessible websites

New websites have gone live across Bromley practices this April, offering greater functionality and easy to use tools to keep them updated for the public.



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# Primary care resilience: workforce

A major risk to primary care resilience relates to workforce. More GPs and Practice Nurses are leaving than joining.

This presents the greatest challenge for general practice to increase the levels of appointments and care. There are instances across the country of practices closing as a result of lack of staffing.

Local actions in response include:

- Investing in growing more GP trainers across Bromley
- Consolidating local GP flexible staffing bank
- With BETH, maximising clinical capacity through training of:
  - Nursing workforce, led by Nurse Facilitators
  - Non-clinical staff to build personal resilience and advanced technical skills
  - Practice management to run practices efficiently using modern tools
- One Bromley *Work with Us* recruitment campaign, launching in May, includes targeted work to attract new people to primary care careers in Bromley



# Primary care resilience: premises

Traditionally, GP practice premises have been the responsibility of the GP partners, and typically owned by one or several GP partners. The national estates landscape has changed, and there is an increasingly mixed model of premises ownership.

The growing volume of premises owned by private landlords is a potential risk factor for the GP practice, should the landlord wish to change the terms of the tenancy or dispose of the premises.



- 42% of premises owned by GPs in Bromley
- 16% of premises owned by NHS property management organisations
- 42% of premises owned by private landlords

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figures are as a percentage of GP practices in Bromley. This does not account for size of the premises or volume of patients registered with each practice. The figures exclude other Bromley locations used for primary care services.

Many premises would benefit from investment to maintain the building to a suitable standard, and/or to expand clinical space. An extensive process of surveying all GP practices to ascertain the state and improvements required has been underway and will inform a premises improvement plan for Bromley.

# Future developments: local and national

- Engagement sessions held with GP teams and as a primary care system
- Many comments and concerns from clinicians and their teams reflected those heard from elected members in relation to maintaining good GP access
- Informing approach to transforming health and care services at a neighbourhood level, both as a primary care system and as a One Bromley partnership
- Building Bromley delivery plan to implement the recommendations by Dr Claire Fuller in her National stocktake of primary care
- Piloting **Integrated Neighbourhood Teams** already and will further build on these over the coming year
- A national Access Recovery Plan for General Practice is anticipated; currently developing local access improvement plans at PCN-level for Bromley.



Report No.  
ACH23-019

**London Borough of Bromley**

**PART ONE - PUBLIC**

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITEE

**Date:** 20 April 2023

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

**Title:** **Update on the Review of Joint Working Arrangements Between Oxleas NHS Foundation Trust and the London Borough of Bromley**

**Contact Officer:** Sean Rafferty, Assistant Director for Integrated Commissioning  
E-mail: sean.rafferty@bromley.gov.uk

**Chief Officer:** Kim Carey, Director for Adults Services , London Borough of Bromley and  
Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust

**Ward:** All

1. Reason for decision/report and options

- 1.1 For the purposes of delivering local community mental health services the London Borough of Bromley and the Oxleas NHS Foundation Trust have been the two parties to a Partnership Agreement since December 2004. Through this arrangement 25 of the Council's social care staff are seconded to the Trust's community mental services as part of a pooled fund for the provision of the community mental health services and to deliver the statutory Care Act responsibilities on behalf of the Council
- 1.2 These partnerships arrangements were subject to a review in 2021 with an action plan being implemented from 2022. This report details the outcome of this review and progress on the action plan.

**2. RECOMMENDATION(S)**

- 2.1 The Committee is asked to note the progress being made following a review of the joint working arrangements between the London Borough of Bromley and the Oxleas NHS Foundation Trust

### 3. COMMENTARY

#### Background

- 3.1 Community Mental Health Services support people with mental health problems living in the community, and also their carers. The services include community psychiatric nurses, psychologists, occupational therapists, counsellors and social care workers.
- 3.2 For the purposes of delivering community mental health services in Bromley the London Borough of Bromley (LBB) and the Oxleas NHS Foundation Trust (the Trust) have been the two parties to a Section 31 Health Act 1999 Partnership Agreement since December 2004. This Agreement was renewed by variation in November 2019. Together, these two Agreements allow for the secondment of local authority social work staff into Trust community teams and pooling of financial resources. It is intended that the partnership agreement is further extended and arrangements to take this forward will be reported into the respective governance arrangements for the two organisations later this year.
- 3.3 Through this arrangement 25 LBB social care staff are seconded to the Trust's community mental services with the day-to-day management of LBB's adult mental health social care duties being led by the Trust. A Head of Service for Mental Health leads the seconded staff within the Trust with a dual reporting line to senior staff in both the Trust and LBB.
- 3.4 The joint arrangements include management of a pooled fund for the provision of the community health services. This is made up an annual contribution of c. £24.6M from the Trust and c. £1.6M from LBB.
- 3.5 Since the original Agreement was made, there have been many changes to the provision of mental health services, NHS services and social care services locally and nationally. The Partnership therefore needed to ensure that these joint arrangements were keeping pace with these changes, and or changing expectations from those who accessed the service.
- 3.6 The Care Act 2014 has transformed the approach taken by local authority Adult Social Care services to working with people with care and support needs and with carers. The Care Act 2014 also introduced a code of practice for safeguarding vulnerable adults. For these reasons it was agreed that it was important to jointly review existing arrangements, with specific attention paid to: Care Act 2014 compliance and recording, including Safeguarding; the arrangements in place for the supervision, management and professional development of staff seconded through the Partnership Agreement and their links to the Council, and; the contribution made by this Partnership to the Bromley Mental Health & Wellbeing Strategy.

#### The Review and its recommendations

- 3.7 The review was sponsored by the Director for Adult Services, LBB and the Chief Operating Officer, Oxleas NHS Foundation Trust. A working group of senior managers from across the two organisations led the review. Two external consultants were employed to firstly collect information to inform the review and to then engage with staff, service users and other stakeholders on the development of an action plan. The review was undertaken in the second half of 2021 with an action plan agreed for implementation from 2022.
- 3.8 In summary the review made the following recommendations for action:
- a) That the Partnership agree a joint statement of intent and action plan to improve the partnership working arrangements.
  - b) That the governance arrangements for the partnership, the then Section 31 Monitoring Group, be reviewed

- c) A line of sight is provided to the Bromley Assistant Director with responsibility for Safeguarding for assurance purposes in relation to the oversight of cases of concern following referral to Oxleas
  - d) All Care Act assessments, statutory reviews, Carers assessments and Safeguarding enquiries by Oxleas practitioners working in Bromley (and not limited to seconded social workers only) are recorded on the Oxleas information and management system. This record is shared with Bromley Council to inform performance monitoring and review
  - e) All LBB seconded social work staff at Oxleas have the same access to the Bromley Council staff intranet and shared resources as Council social workers. Seconded social work staff, in turn, will be required to log in frequently to the Council system to maintain their contact and make use of such resources
  - f) The Head of Social Care role for Bromley at Oxleas is clearly defined and the post-holder is supported. The role and tasks of other Oxleas managers, in relation to the delivery of social care related targets, is more clearly defined, including assurance around Care Act compliance
  - g) Care Act training is undertaken by non-social worker practitioners working in the Oxleas community service line and by Team managers, including the Primary Care Plus team.
  - h) A joint commitment to introducing the co-production process *with* people in need of care and support, including the introduction of measurable targets is jointly produced and agreed by the partners in co-operation with stakeholders with a direct experience of mental health issues.
  - i) Senior strategic officers for each partner organisation shall together identify areas for improvement in relation to pinch-points in the system, for example, (i). at the Safeguarding referral stage, and (ii). at the point of decision about which team is best placed to carry out an assessment of an adult with complex needs who is not easily categorised according to criteria used in the current care pathways
  - j) Written guidance is produced to improve the care pathways between the partner organisations, including the work carried out by each organisation before and after receiving a referral and in the process of the transfer of tasks and responsibilities.
- 3.9 Following the agreement of these recommendations an action plan was developed through engaging those staff affected by the review and following a period of engagement with service users and wider stakeholders. Work on implementing the changes began in the spring of 2022.

3.10 It should be noted that many of the actions required work into the medium and long-term including the reconfiguration and joining up of IMT systems across the two organisations and the development, introduction and consolidation of new ways of working.

### **Progress on the Action Plan**

3.11 Excellent progress is being made on the action plan. At the last review meeting in March 2023, it was possible to report that most actions had been completed within the timeframes. For example, new partnership governance arrangements have been established and those LBB staff seconded to the Trust now have full access to LBB IMT systems. The implementation of the Adult Social Worker career development pathway and competency framework has helped to provide a clear set of expectations for professional development. All other actions were reported as being on track for completion.



3.12 A key piece of work for completion in the coming months will be establishing new arrangements to capture service user and carer feedback on their experience of the service and to better involve service users in the ongoing development of the service.

3.13 A table in the appendix to this report summarises progress on all activities in the action plan.

**4. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

The community mental health services support adults with mental health problems and their carers.

**5. PERSONNEL IMPLICATIONS**





25 LBB staff are seconded to the Oxleas NHS Foundation Trust as part of the partnership arrangements to deliver community mental health services

<b>Non-Applicable Headings:</b>	Legal Implications Procurement Implications Financial implications Property Implications Carbon Reduction/Social Value Implications Ward Councillor Views
Background Documents: (Access via Contact Officer)	Section 31 Health Act 1999 Partnership Agreement November 2019



### COMMUNITY MENTAL HEALTH PARTNERSHIP REVIEW ACTION PLAN – UPDATE MARCH 2023

The recommendations have been divided across 4 task and finish groups, with the Change Action Plan overseen by the Community Mental Health Partnership Board. Due to the recommendations overlapping for ease of use have coded which recommendation and action falls under which task and finish group.

Record Sharing, Performance Monitoring, IT Group  Training Group  Culture Change and Staff Roles Group   
Steering Group Reform and Performance Management Group 

Recommendations for Structural Change						
Recommendations	Actions	Lead	Start	End	Update (week ending 21/03/2023)	Completed
Connect the two information and management systems in use across the Partnership organisations	A line of sight is provided to the Bromley Adult Head of Safeguarding for assurance purposes in relation to the oversight of cases of concern following referral to Oxleas.	RMc	07/07/22	30/04/23	Jan 23: Oxleas HoS change Feb 23: latest quarterly safeguarding data submission Mar 23: AW membership @ Safeguarding Committee, including DH Mar 23: RMc. AW and DH to complete evaluation/gap analysis	On track
	All Care Act assessments, statutory reviews, carers assessments and Safeguarding enquiries by Oxleas practitioners working in Bromley (and not limited to seconded social workers only) are recorded on the Oxleas information and management system. This record is shared with Bromley Council to inform performance monitoring and review and it is incorporated into the Council's Adult Social Care Digest.	SF	07/07/22	31/05/23	<u>Data Recording &amp; Collection:</u> Feb 23: Head of Bromley Mental Health Social Care to work with Senior Social Worker AMHP to establish what changes are required to Statutory Review form. <u>Data Sharing &amp; Inclusion in the ASC Digest:</u> Feb 23: Regular performance reporting in place & presented @ S31 steering group.	On track
	Seconded social workers have the same access to Bromley Council staff intranet and shared resources as Council social workers.	GJ-B	01/11/20	31/12/22	This is in place and now monitored through professional and clinical supervision and Head of Mental Health Social Work	Completed

Recommendations for Structural Change						
Recommendations	Actions	Lead	Start	End	Update (week ending 21/03/2023)	Completed
Care Act training is undertaken by non-social worker practitioners working in the Oxleas community service line and by Team managers. This training should include the adoption of Making Safeguarding Personal by Oxleas.	Bromley Learning and Development Team to enable access to relevant training available via 'ME Learning' and to commission Care Act related training for non-social worker professionals.	NG J G-B DH	01/06/22	31/03/23	ME Learning links available to Oxleas staff and relevant training information circulated	Completed
	For Oxleas Safeguarding Team to ensure that training available to Oxleas staff are in line with the local authority requirements for Safeguarding roles, i.e., Enquirer; Investigator; Safeguarding Adult Manager	J G-B	01/06/22	31/03/23	Confirmed that training is available to Oxleas staff from LBB regarding safeguarding roles and there are also other useful resources available and links through Oxleas intranet site e.g., Bromley Safeguarding Board webpage	Completed
Recommendations for Behavioural and Cultural Change						
Senior strategic officers for each partner organisation shall together identify areas for improvement in relation to pinch-points in the system	Create a group to develop the outcome focused approach which will include: A review of pathways including safeguarding An escalation policy A joint care act assessment framework	DH	01/10/22	31/08/23	March 23: Task Group in place with LBB and Oxleas and at meeting in March the LBB / Oxleas Safeguarding Referral Process was reviewed,	On track
Written guidance is produced to improve the care pathways between the partner organisations, including the work carried out by each organisation before and after receiving a referral and in the process of the transfer of tasks and responsibilities.	Develop/Review/Update Policies and Procedures	HJ NG	01/12/22	31/08/23	Task Group will develop the written guidance as pathways are reviewed/developed and share outcomes.	On track
	Create guidance for the public on what services are available	HJ NG	01/12/22	31/08/23		
	Publish a staff friendly version of the Joint Partnership agreement with clear outcomes.	HJ NG	01/12/22	31/08/23		
	Develop processes and procedures for Hub	HJ	01/07/22	27/04/23	Hub Operational Steering Group in place and operational policy in final stages of development. HJ will share work on MH Hub with this board at the 27 April 2023 meeting	On track
	Create or update organisational chart clearly showing members of the integrated teams	HJ	01/10/22	30/04/23	Working with Admin teams to create new charts: HJ and GJB will meet to determine simplest way to show information.	On track

Recommendations for Structural Change						
Recommendations	Actions	Lead	Start	End	Update (week ending 21/03/2023)	Completed
Workforce support is provided to assist staff during the process of undergoing these changes in structure and culture.	Source appropriate organisation to facilitate series of workshops to develop and cultivate a culture of shared values, beliefs and agreed behaviours.	NG HJ	01/10/22	30/06/23	Need to progress and identify source of funding. To be agreed by Community Mental Health Partnership Board: NG/HJ to meet to determine way forward.	On track
Recommendations for Structural and Behavioural Change						
The partners should set the scene for changing the behavioural and structural causes that currently limit this partnership by jointly agreeing, writing, and publishing a Joint Statement of Intent.	Written and agreed statement of commitment to and intention of the change programme	SR	10/05/22	30/09/22	Published and shared with staff	Completed
	S31 Contract monitoring group to be replaced by new Partnership Board	SR/LR	22/06/22	28/09/22	Completed and TOR agreed	Completed
	Establish reporting lines and escalation routes to LLB and Oxleas governance	ID/KC	01/10/22	31/12/22	Project sponsors have agreed.	Completed
	Appoint chair (to be rotated between LBB and Oxleas)	SR/LR	22/06/22	22/06/22	Agreed and in place	Completed
	Develop 12-month service plan, incorporating S31 Action Plan requirements.	SR/LR	22/06/22	28/04/23	This Action Plan will inform developments in 2022/23. A new 12-month action plan will be developed in May 2023	Completed
	Establish sub-groups to the Partnership Board	SF	26/10/22	31/03/23	Agreed and being set up.	Completed
	Determine arrangements for engaging with service users to inform partnership arrangements	SR/LR	01/10/22	31/05/23	<ul style="list-style-type: none"> <li>Involve – the existing Oxleas service user engagement arrangements will be used to develop engagement and co-production with service users. Engagement Plan objectives for 2023 will be agreed by the Partnership Board</li> <li>DH to include MH focus in future workstreams on LBB user engagement work</li> </ul>	On track
Partners will carry out a review of out-of-hours response arrangements.	To review that actions agreed in 2021 are in place	TBA	23/11/22	31/03/23	Completed: No changes required at current time.	Completed

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Report No.  
CSD23057

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** Thursday 20<sup>th</sup> April 2023

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

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME 2022/23

**Contact Officer:** Jo Partridge, Democratic Services Officer  
Tel: 020 8461 7694    E-mail: joanne.partridge@bromley.gov.uk

**Chief Officer:** Director of Corporate Services & Governance

**Ward:** N/A

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1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2022/23.

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2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.**

## Impact on Vulnerable Adults and Children

1. Summary of Impact: None

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## Transformation Policy

1. Policy Status: Not Applicable
  2. Making Bromley Even Better Priority: Not Applicable:
- 

## Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £366k
  5. Source of funding: Revenue Budget
- 

## Personnel

1. Number of staff (current and additional): 6
  2. If from existing staff resources, number of staff hours:
- 

## Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable: Non-Executive reports are not subject to call-in
- 

## Procurement

1. Summary of Procurement Implications: Not Applicable
- 

## Property

1. Summary of Property Implications: Not Applicable
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
- 

## Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of Committee Members.
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

### 3. COMMENTARY

- 3.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload, and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2022/23 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 8<sup>th</sup> February 2022 are as follows:
- 4.00pm, Tuesday 5<sup>th</sup> July 2022
  - 4.00pm, Tuesday 11<sup>th</sup> October 2022
  - 4.00pm, Tuesday 17<sup>th</sup> January 2023
  - 4.00pm, Thursday 20<sup>th</sup> April 2023
- 3.4 The work programme is set out in [Appendix 2](#) below.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, Customer Impact, Ward Councillor Views
Background Documents: (Access via Contact Officer)	Previous work programme reports

## HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 17 11 <sup>th</sup> October 2022  <b>Update From King's College Hospital NHS Foundation Trust</b>	Information relating to endoscopy performance to be provided to Members following the meeting.	Site Chief Executive – PRUH and South Sites / Site Director of Nursing – PRUH and South Sites	Information to be provided.	<b>In progress</b>
Minute 30 17 <sup>th</sup> January 2023  <b>Update From King's College Hospital NHS Foundation Trust</b>	Guidance for residents, in terms of safely parking and off-loading patients at the PRUH, to be circulated to Members.  Information relating to the number of car parking spaces at the PRUH, and parking charges, to be provided to Members following the meeting.  A report providing a breakdown of the workforce to be circulated to Members following the meeting.	Site Chief Executive – PRUH and South Sites	Information circulated to Members on 1 <sup>st</sup> February 2023.  Information circulated to Members on 1 <sup>st</sup> February 2023.	<b>In progress</b>  <b>Completed</b>  <b>Completed</b>
Minute 32 17 <sup>th</sup> January 2023  <b>GP Access</b>	A breakdown of the number of missed GP appointments to be provided at the next meeting.	Associate Director of Primary and Community Care, Bromley – SEL ICS	Included in the update to the meeting on 20 <sup>th</sup> April 2023.	<b>Completed</b>
Minute 35 17 <sup>th</sup> January 2023  <b>Healthwatch Bromley – Patient Engagement Report</b>	Responses to questions to be provided to Members following the meeting.	Operations Co-ordinator – Healthwatch Bromley	Responses circulated on 1 <sup>st</sup> March 2023.	<b>Completed</b>
Minute 38 17 <sup>th</sup> January 2023  <b>Any Other Business</b>	The proposed Health Scrutiny Sub-Committee meeting dates for the 2023-24 municipal year to be circulated for Members and health partners to provide feedback.	Clerk / all Members / health partners	Dates circulated on 19 <sup>th</sup> January 2023.	<b>Completed</b>



## Health Scrutiny Sub-Committee Work Programme 2022/23

Health Scrutiny Sub-Committee		20 <sup>th</sup> April 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust - <i>Including CQC Inspection of Maternity Services</i>		Standing item
Update from the London Ambulance Service		
Update on the Bromley Healthcare CQC Action Plan		Standing item
Update on review of joint working arrangements between Oxleas and LBB		
GP Access		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		

## Proposed Health Scrutiny Sub-Committee Work Programme 2023/24

Health Scrutiny Sub-Committee		19 <sup>th</sup> July 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Winter Evaluation and Planning		
Dental appointments		
Healthwatch Bromley – Patient Engagement Report		
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		
Health Scrutiny Sub-Committee		19 <sup>th</sup> September 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		
Health Scrutiny Sub-Committee		24 <sup>th</sup> January 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		

<b>Health Scrutiny Sub-Committee</b>		<b>20<sup>th</sup> March 2024</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		