



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: 19 June 2023

ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Tuesday 27 JUNE 2023

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.

- 1 ACH RISK REGISTER Q4 UPDATE (Pages 3 - 14)**
- 2 MINUTES FROM THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 20TH APRIL 2023 (Pages 15 - 28)**

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

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

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Report No.
ACH23-022

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 27 June 2023

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

Title: ADULT CARE AND HEALTH SERVICES RISK REGISTER – QUARTER 4, 2022/23

Contact Officer: Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation
Tel: 020 8461 7554 Email: naheed.chaudhry@bromley.gov.uk

Denise Mantell, Strategy Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

Chief Officer: Kim Carey, Director, Adult Social Care

Ward: N/A

1. Reason for report

1.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. Adult Care and Health Services' Risk Register covers those risks which impact on its ability to deliver its priorities and objectives. This report enables the Portfolio Holder to scrutinise those risks and the actions taken to control them in line with Audit Sub-Committee recommendations.

2. **RECOMMENDATION(S)**

2.1 Members of the Adult Care and Health Policy Development and Scrutiny Committee are asked to note:

- the current Adult Care and Health Services' Risk Register and the existing controls in place to mitigate the risks.

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Excellent Council Safe Bromley Supporting Independence Healthy Bromley
-

Financial

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

Personnel

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

Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance None:
Further Details
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes require that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be reviewed by the Corporate Risk Management Group.
- 3.3 The Adult Care and Health Risk Register 2022/23 Quarter 4 update was agreed by Adult Services Leadership Team in May 2023.
- 3.4 The Adult Care and Health Services Risk Register is attached as Appendix 1. The risks included in the Risk Register are outlined below.

Risk Reference	Risk
1	Failure to deliver Financial Strategy
2	Failure to deliver effective Adult Social Care services
3	Failure to deliver effective Learning Disability services
4	Deprivation of Liberty
5	Recruitment and Retention - ASC
8	Inability to deliver an effective Public Health service
9	Business Interruption / Emergency Planning
10	Data Collections
11	Failure to deliver partial implementation of Health & Social Care Integration
12	Adult Social Care Reforms

- 3.5 Since November 2022, when PDS last saw the Risk Register, the following changes have been made to the gross and net (current) risks.
- Risk 1 – Failure to deliver Financial Strategy– change of net/current risk from 20 to 12
 - Risk 12 – Adult Social Care Reforms – change of gross risk from 25 to 10 and of net/current risk from 20 to 4
- 3.6 Mitigating actions have seen three high risks reduced to significant risk, two high risks reduced to medium risk, one significant risk reduced to medium risk one significant reduced to low risk and two medium risks reduced to low risk.

Level of Risk	Gross Risk		Net Risk	
	No.	%	No.	%
High	5	50%	0	0%
Significant	3	30%	3	30%
Medium	2	20%	1	10%
Low	0	0%	6	60%
Total	10	100	10	100

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

The controls already in place and the further actions outlined in the Risk Register mitigate against adverse impacts on vulnerable children.

5 POLICY IMPLICATIONS

There are no policy implications arising directly from this report. Any policy implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

6 FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Any financial implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

7 PERSONNEL IMPLICATIONS

There are no personnel implications arising directly from this report. Any personal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

8 LEGAL IMPLICATIONS

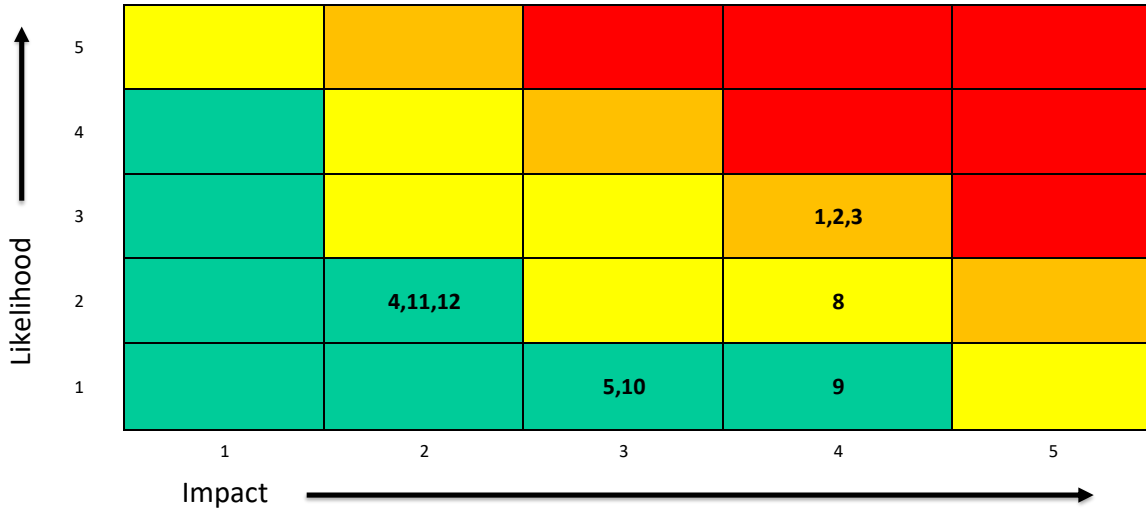
There are no legal implications arising directly from this report. Any legal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

9 PROCUREMENT IMPLICATIONS

There are no procurement implications arising directly from this report. Any procurement implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

Adult Care and Health Risk Register



Risk Ref	Risk Description	Gross Risk Rating	Net Risk Rating
1	Failure to deliver Financial Strategy	25	12
2	Failure to deliver effective Adult Social Care services	16	12
3	Failure to deliver effective Learning Disability services	16	12
4	Deprivation of Liberty	16	4
5	Recruitment and Retention - ASC	20	3
8	Inability to deliver an effective Public Health service	12	8
9	Business Interruption / Emergency Planning	10	4
10	Data Collections	9	3
11	Failure to deliver partial implementation of Health & Social Care Integration	6	4
12	Adult Social Care Reform	10	4

Adult Care and Health Risk Register

Q4 2022/23

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE	LIHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LIHO		
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - The Government made the decision to delay the implementation of the Liberty Protection Safeguards "beyond the life of this Parliament". - The risk level remains high due to the delay or non-implementation of the Liberty Protection Safeguards (LPS). - Any claim by service user with a community package of care if DoL not in place - Any claim by service user relating to a gap in DoLS authorisation in hospitals and care homes <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if adequate preparations are not in place. 	Legal	4	4	16			<ul style="list-style-type: none"> - The focus is to maintain Mental Capacity Act 2005 practice and ensure that deprivation of liberty assessments are undertaken for people aged 16 years and above in the community, care homes and hospitals. - Core administrative function maintained and all received referrals are assessed for DoLS within timeframes. - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' doctors through the use of independent providers - LiquidLogic is providing up to date performance data on expired DoLS and is followed up to ensure no gap in DoLS cover for known service users. - The staffing resource for Community DoL now sits in the DoLS team to enable co-ordination across all Deprivation of Liberty. - Scoping of potential deprivation of liberty cases in the community completed and recorded on Liquidlogic and cases prioritised accordingly. Monthly data to be produced by Performance Team and added to Management Digest. - On-going partnership and collaborative work on Mental Capacity Act practice with all partners through quarterly solution-focussed partnership meetings. - Training collaboration with all partners in MCA and deprivation of liberty. 	2	2	4			- ASLT to be kept up to date with development in LPS implementation.	Director, Adult Services (Kim Carey)
5	Adult Social Care	Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes 	Personnel	5	4	20			<ul style="list-style-type: none"> - Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Review of the current Recruitment and Retention package through Recruitment and Retention Board - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Dedicated HR worker to focus on Adult Social Care recruitment - Senior management team in place with 82% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff. 	1	3	3			Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)	
8	Public Health	Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	<p>Cause(s):</p> <ul style="list-style-type: none"> - Reduced budget which has led to funding cuts and withdrawal of non-statutory services. - Potential fluctuating medicines market and increased costs - Localised COVID-19 outbreaks <p>Effect(s):</p> <ul style="list-style-type: none"> - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority 	Professional, Legal	3	4	12			<ul style="list-style-type: none"> - Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of reduced funding - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Outbreak Control Plan published which provides framework for prevention and management of local outbreaks - Frameworks in place for response to COVID-19 outbreaks in specific settings and with vulnerable groups - Communication and engagement plans in place for potential COVID-19 outbreaks 	2	4	8			- Plans for further integration of some functions and services with CCG	Director, Public Health (Nada Lemic)

Adult Care and Health Risk Register

Q4 2022/23

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD	IMPACT		RISK RATING						
9	Adult Social Care Public Health Strategy, Performance & Corporate Transformation	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel	2	5	10	Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level. Reviewed and updated. - Contracts contain business continuity provision - Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role	1	4	4	- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)				
10	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information	3	3	9	- Schedule of statutory returns has been incorporated into the Performance and Information team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services	1	3	3	- Post LoiquidLogic Go Live, all data reports established to ensure delivery of statutory returns	Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)				
11	Adult Services	Failure to deliver partial implementation of Health & Social Care Integration	Cause(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effect(s): - Failure to deliver statutory duties - Failure to achieve our Making Bromley Even Better priorities	Financial Compliance /Regulation	2	3	6	- Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention - Building on the work already delivered through S31 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records, Discharge to Assess. Single Point of Access for hospital discharge implemented in April 2020 - New governance structure between LBB and BCCG with links to emerging SEL ICS governance - Joint Assistant Director of Integrated Commissioning in post April 2020; Integrated Placements, Brokerage and Direct Payments agreed for implementation in 2021/22; senior commissioner Integrated Children and Young People Commissioning appointed - Using the learning from the Health and care whole systems response to the COVID-19 pandemic to deliver joined up responses to the population. - Joint commissioning and delivery arrangements for winter pressures now maturing through implementation of integrated hospital discharge arrangements - Joint commissioning continues to grow with the joint commissioning of mental health housing support provision	2	2	4	- Adult Social Care Plan in development and to set our priorities and actions for joint working with ICB - Local Care Partnership Plan with priorities for joint working to be agreed in June 23	Director, Adult Social Care (Kim Carey)				

Adult Care and Health Risk Register

Q4 2022/23

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER			
					LIKE	LIHO	OD	IMPA	CT		RISK	RA	TI	NG	LIKE			LIHO	OD	IMPA
12	Adult Services	Adult Social Care Reform Failure to deliver on Adult Social Care Reform legislation including Fair Cost of Care and Market Sustainability	<p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Uncertainty of Government grant funding - Demographic changes - Increased demand for services - Demand led statutory services (c80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Potential employer liability issues for direct payment users - Impact of COVID-19 pandemic - Unpreparedness to deliver the new Adult Social Care Reforms <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved 	Financial, Legal		2		5		10	<ul style="list-style-type: none"> - Establishment of an Adult Social Care Reform Programme Board to oversee the implementation of the White Paper led by the Directors of Adult Services and Finance. - Understand the number of self-funders in the Bromley - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Early intervention with service users - Constantly review service operations for potential efficiencies - Review commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures and service gaps in relation to the Reforms. - Growth and mitigation discussions - Service strategies in place to mitigate growth - Adult Social Care Reform Strategy agreed. - Adult Social Care Charging Reforms implementation delayed until 2025. 			2		2		4	<ul style="list-style-type: none"> - Adult Social Care Reform Action Plan in development - Action Plan details how the measures of success in the White Paper (People at The Heart of Care) will be delivered in Bromley, which aligns with the ACH Portfolio Plan for 2022-2023. - Development plan devised and agreed to support the System Reform changes required in the legislation. - Work to develop the communications strategy begun. - Embedding lessons learnt and good practice from the Trailblazer sites. 	Director, Adult Services Kim Carey

Risk Assessment Guidance

Likelihood	Almost Certain (5)	5	10	15	20	25	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="background-color: red;">15+</td></tr> <tr><td style="background-color: orange;">10 - 12</td></tr> <tr><td style="background-color: yellow;">5 - 9</td></tr> <tr><td style="background-color: green;">1 - 4</td></tr> </table>	15+	10 - 12	5 - 9	1 - 4	<p>High Risk - review controls and actions every month</p> <p>Significant Risk - review controls and actions every 3 months</p> <p>Medium Risk - review controls and actions every 6 months</p> <p>Low Risk - review controls and actions at least annually</p>
	15+											
	10 - 12											
	5 - 9											
	1 - 4											
Highly likely (4)	4	8	12	16	20							
Likely (3)	3	6	9	12	15							
Unlikely (2)	2	4	6	8	10							
Remote (1)	1	2	3	4	5							
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)	Impact					

Risk Likelihood Key					
	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Remote	Unlikely	Possible	Likely	Definite
Expected frequency	10 - yearly	3 - yearly	Annually	Quarterly	Monthly

Risk Impact Key					
Risk Impact	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Insignificant	Minor	Moderate	Major	Catastrophic
Compliance & Regulation	Minor breach of internal regulations, not reportable	Minor breach of external regulations, not reportable	Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable	Significant breach of external regulations leading to intervention or sanctions	Major breach leading to suspension or discontinuation of business and services
Financial	Less than £50,000	Between £50,000 and £100,000	Between £100,000 and £1,000,000	Between £1,000,000 and £5,000,000	More than £5,000,000
Service Delivery	Disruption to one service for a period of 1 week or less	Disruption to one service for a period of 2 weeks	Loss of one service for between 2-4 weeks	Loss of one or more services for a period of 1 month or more	Permanent cessation of service(s)
Reputation	Complaints from individuals / small groups of residents Low local coverage	Complaints from local stakeholders Adverse local media coverage	Broader based general dissatisfaction with the running of the council Adverse national media coverage	Significant adverse national media coverage Resignation of Director(s)	Persistent adverse national media coverage Resignation / removal of CEX / elected Member
Health & Safety	Minor incident resulting in little harm	Minor Injury to Council employee or someone in the Council's care	Serious Injury to Council employee or someone in the Council's care	Fatality to Council employee or someone in the Council's care	Multiple fatalities to Council employees or individuals in the Council's care

INSTANT GUIDE TO RISK MANAGEMENT

The Process	Identify your risks	Assess your risks	Control your risks	Monitor and Review your risks
<p>Risk Management is an important element of the system of internal control. It is based on a process designed to identify and prioritise risks to achieving Bromley's policies, aims and objectives.</p> <p>The Risk Management process is a continuous cycle:</p> <p>Using your objectives Identify your risks> Assess your risks > Control your risks> Monitor and Review your risks.</p> <p>Useful definitions:</p> <p>Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives.</p> <p>Risk is the chance of something happening which will have an impact on objectives.</p> <p>The message is that if you don't manage your risks then you are unlikely to achieve your objectives</p>	<p>Brainstorming session using IE&E plans and departmental objectives, to identify threats and opportunities.</p> <p>Useful analytical tools:</p> <p>Political Economic Social Technological Legal Environmental</p> <p>PESTLE provides a simple and useful framework for identifying and analysing external factors which may have an impact on your service.</p> <p>Strengths Weaknesses Opportunities Threats</p> <p>Using the PESTLE output SWOT is a technique that can help a service to focus on areas for improvement and opportunities that could be pursued.</p> <p>Remember if it can go wrong it will go wrong.</p>	<p>We use a 5 x 5 matrix to assess risks (see Risk Assessment Guidance tab).</p> <p>Risk is scored using a traffic light system:</p> <p>Red = High Amber = Significant Yellow = Medium Green = Low</p> <p>There are two risk variables that make up the overall risk rating:</p> <p>Impact – how minor / severe is it when it happens?</p> <p>Likelihood – how likely is it / how often does it happen?</p> <p>The Risk Management Toolkit provides detailed guidance on how to score these.</p> <p>Some of these assessments can be based on past experience. In other cases you will need to take a view.</p> <p>We measure both gross risk (before any controls are taken into account) and net or residual risk.</p>	<p>Consider the controls you have in place to mitigate or reduce the risk.</p> <p>What further controls are required? Record these as actions until they are completed.</p> <p>Consider the cost of any controls against the potential benefit gained.</p> <p>What is our Risk Appetite? An element of risk is unavoidable or we would never do anything!</p> <p>AVOID a risk – stop doing the activity</p> <p>REDUCE a risk – put additional controls in place</p> <p>TRANSFER a risk – by insuring or passing the risk to a third party</p> <p>TAKE a risk – monitor to ensure the impact and likelihood do not change</p> <p>Risk of service failure can be minimised by ensuring effective Business Continuity Plans are in place. For guidance contact Laurie Grasty x4764..</p>	<p>Risks should be reviewed at least annually and whenever your business plans change.</p> <p>Remember risks evolve and change over time. Are the controls still effective?</p> <p>Your aim should be to:</p> <p>Manage threats that may hinder delivery of priorities and maximise opportunities that will help to deliver them.</p> <p>The Bromley Risk Register is maintained centrally by Audit and includes details of the risks, risk owners, controls and actions. Contact James Newell x4842.</p> <p>Further guidance on Risk Management can be found in the Managers' Toolkit on onebromley. This also provides links to the Risk Management Strategy, Risk Management Toolkit and Risk Register.</p> <p>The site also provides a link to the Health and Safety Unit who carry out H&S risk assessments. For guidance contact the Corporate Safety Advisor Charlotte Faint x7584.</p>

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 20 April 2023

Present:

Councillor David Jefferys (Chairman)

Councillors Will Connolly, Robert Evans, Simon Jeal,
Tony McPartlan, Alison Stammers and Thomas Turrell

Vicki Pryde

Also Present:

Rona Topaz (*via conference call*)

Councillor Aisha Cuthbert (*via conference call*)

and Councillor Diane Smith, Portfolio Holder for Adult Care
and Health (*via conference call*)

40 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Mark Brock and Councillor Aisha Cuthbert attended as substitute.

Apologies for absence were also received from Councillor Dr Sunil Gupta and Roger Chant.

Apologies for lateness were received from Councillor Thomas Turrell.

41 DECLARATIONS OF INTEREST

Co-opted Member, Vicki Pryde declared that she had undertaken work for Oxleas NHS Foundation Trust.

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

No questions had been received.

43 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 17TH JANUARY 2023

RESOLVED that the minutes of the meeting held on 17th January 2023 be agreed.

44 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 on GP access.

With regards to the demand and capacity for appointments, the Associate Director highlighted that, as requested, data had been provided in relation to how long patients were waiting for appointments. This data, which was subject to quality improvements, indicated that the majority of appointments were within 1-14 days. There was a small percentage (10-15%) of appointments that passed this point – however this was expected as there would be patients that required routine care or follow up appointments, and would continue to be actively monitored. It was noted that there were data quality issues as practices recorded their data in different ways – national guidance had recently been issued in terms of coding, and it was anticipated that locally, and across the country, a standardised mechanism would be used for consistency and like-for-like comparison. A Member said that the challenges were acknowledged, but not as much granular data had been provided as hoped for – it was questioned if GP practices were performing well and if patients were getting appointments when they wanted them. The GP Clinical Lead said that the ask of GP practices was to respond to patients at the first request; offer patients an appointment within 2 weeks; or, where appropriate, see them on the same day. Some of these requests were based on ‘perceived need’, as opposed to ‘perceived want’. The Associate Director advised that, at the next meeting, they could provide data broken down into smaller periods of time. They could not provide data in terms of what a patient wanted, but the national GP patient survey data could provide a sense of whether patients were happy with the timing of the appointment offered. In response to a further question, the GP Clinical Lead noted there would be a limit to what could be demonstrated in terms of meeting accessible choice. The ‘Did Not Attend’ (DNA) deep dive indicated that most of these people were working age adults, and consideration may need to be given as to what options were available for appointments. In terms of more than 15 days, the GP Clinical Lead highlighted that patients had to be allowed to book appointments further ahead and some patients would require follow-up appointments. The Portfolio Holder for Adult Care and Health noted, that in terms of patients getting the appointment that they wanted, the expertise of the practice manager and clinicians needed to be taken into account to prioritise those with the most urgent needs.

The Associate Director informed Members that DNA rates had been published in February 2023 by NHS Digital, which was the first set of data available in recent months. Again, there were limitations in terms of data quality, but this was something that was expected to improve. In Bromley, the percentage of DNAs varied between practices, from the least at 1.35% to the most at 5.99% of all appointments available at the practice. Work was being undertaken to try and reduce avoidable DNAs and GP practices were trying to maximise the number of appointments utilised to the best effect. The GP Clinical Lead

advised Members that software had been purchased which acted as an analysis tool allowing practices to look at demand, capacity and appointments and drill down into specific areas. This highlighted particular 'hot-spots' for DNAs – some of the highest rates of DNAs were for same day appointments, which could be due to patients trying multiple routes to get access or using the Urgent Care Centres to avoid waiting for an appointment. The example provided showed data relating to long-term conditions and there were clear variations in DNAs – this could be impacted by vulnerabilities, for which consideration may need to be given as to how access was provided, or GP practices reaching out to patients who required safe monitoring. A Co-opted Member highlighted the benefits of using text reminders, particularly for people with long-term conditions. The GP Clinical Lead advised that at his practice they had been struggling with urine testing for patients with diabetes – since implementing text reminders for patients, asking them to bring urine samples to their appointments, this was nearly at 100%. The Associate Director said that text messaging was considered to be a good way of providing convenient reminders to patients, however it created a cost pressure which was no longer funded nationally. They were being encouraged to increase the use of the NHS app, which was much more cost effective.

The Associate Director advised that work had been undertaken in relation to messaging, and demystifying the ways in which patients could access their practices. A more positive messaging style had been built upon, thanking patients for attending their appointments which allowed the NHS to use its resources more wisely. In terms of health inclusion, it was clear that the new channels to access GP practices would remain in place. This was extremely popular in Bromley, and the borough had high levels of digital literacy, but they were trying to improve all the ways in which patients could access their GP practice. An important element was the practice websites, which were moving from basic to more sophisticated models, which were easier to adapt and navigate. In response to a question from a Co-opted Member, the Associate Director advised that the hosting service for the new websites allowed things such as colours to be changed to make them easier to read. They had not yet undertaken work to simplify the language used as it had been a huge task to transfer so many websites to the new platform – however they would work with patient groups to test the websites and gather feedback in terms of them being easy read. The new platform would allow any common information to be changed on all practice websites in one go.

A Member noted the upgrades to the telephony software and equipment that had been discussed at a previous meeting and enquired how this work had progressed. The Associate Director advised that not all GP practices were using a cloud-based system, but they were working with those that did to encourage them to use its functionality to its full potential. It was intended that all GP practices would be transferred to a cloud-based system as soon as possible. However there were some barriers, such as high costs for exiting current contracts and it being a more expensive system for smaller practices – they were working with providers to try and address these issues. Regarding the "8am rush", practices were looking at doing things differently to avoid unnecessary calls – such as repeat prescriptions requests, test results and

referrals via different routes. They were also looking to see how changing the distribution of clinics, and weighting them by demand, could help.

The GP Clinical Lead advised that another risk identified was the resilience of practices. In terms of workforce, they were still seeing more doctors and nurses leaving the profession than were joining. To try and address this locally, they were looking to expand the number of GP trainers in the borough – they were aware that if GPs were trained in a borough they were more likely to stay in that borough. They were also continuing to support a local GP flexible staffing bank and there was an education training hub which developed nurse facilitators, who created networks and provided training opportunities. It was acknowledged that a large proportion of the workforce were non-clinical staff, who needed technical skills and personal resilience to deal with patients and all practices needed good practice management. A recruitment campaign would be launched in May 2023, with One Bromley, to encourage people to come and work in the borough. Another risk identified related to premises. The GP Clinical Lead noted that this was a complex arrangement, with a mixed ownership model in place – 42% of premises were owned by GP partners; 16% by NHS property management organisations; and 42% by private landlords, including recently retired GPs where brokering arrangements for handover were in place. This was a big area of risk – there was a need to ensure that buildings were at the required standard and had the space to house the expanding clinical workforce.

In response to questions regarding avoiding the closure of GP practices, the Associate Director advised that work was being undertaken in anticipation of these risks. They did actively intervene if practices notified them of any difficulties with landlords, and would act as mediators. Following the changes in planning rules, which meant that there were fewer obstacles to change the use of premises, landlords were finding other uses more attractive. The GP Clinical Lead noted that they were engaging with practice managers and undertaking an estates survey – it was important that practices protected themselves, such as ensuring that practices agreements stated that ownership passed over to partners. In terms of recruitment and retention, and making Bromley an attractive place to work, the extended roles implemented required cross-working between practices at Primary Care Network (PCN) level.

The GP Clinical Lead advised that, in March 2023, they had started a process of engaging with GP practices – many of them shared the same concerns raised by Members in terms of capacity and demand, and they wanted to try and inform how health and care services were transformed. It was noted that the national Access Recovery Plan for General Practice would be used as a focus to progress discussions.

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

RESOLVED that the update be noted.

45 UPDATE FROM THE LONDON AMBULANCE SERVICE

The Chairman welcomed Christine Masson, Bromley Group Manager – London Ambulance Service, Graeme Marsh, System Partnership Transformation Manager – London Ambulance Service and Darren Farmer, Director of Ambulance Operations – London Ambulance Service to the meeting to provide an update on the London Ambulance Service (LAS).

The Bromley Group Manager informed Members that the focus of the LAS in Bromley was moving towards ‘team-based working’, where a group of staff worked together all of the time. This allowed the staff to form a better bond and increased the face-to-face interaction with managers, which provided opportunities to communicate important information. At the sites where team-based working was already in place, there had been a reduction in sickness absence which impacted on better ambulance provision. It offered a robust opportunity to communicate local messaging in terms of the capacity available at hospitals. It also provided an increased opportunity to undertake operational workplace reviews where the team of managers were completing ride outs with ambulance crews. This helped to improve the quality of service provision, identifying best practice and areas of learning. The clinical supervision allowed the discussion of both failed and successful referrals and how they could be improved. They were currently participating in a feedback trial with Lewisham. The System Partnership Transformation Manager advised that this was a system to support crews, providing feedback on what had happened to a patient in order to aid their knowledge and learning. This trial would be rolled out much further, with the software implemented at multiple hospital sites across London.

In terms of recruitment, the Bromley Group Manager advised that there had been a pan-London focus on training and recruiting more clinicians, call handlers and dispatch staff. This would allow the patient waiting times for an ambulance to be kept as safe as possible, and the most urgent patients prioritised. As a service, the LAS had recruited more than 900 front line ambulance staff and 400 call handling staff (111 and 999 provisions) – an increased workforce meant that there were more people available to respond to patients. The vacancy rate in Bromley had reduced, from 18% at the end of 2022, to currently just over 6%. A number of trained paramedic staff had been lost to PCNs provisions as they provided an opportunity for staff to not work unsociable hours, which was particularly attractive to those staff with families. Looking ahead, they aimed to recruit more than 1,400 frontline staff as part of the 2023-24 improvement programme to meet the levels of demand across London. The LAS had continued to work with colleagues in other blue light services, and in November 2022 had participated in a live multi-agency major incident exercise – this allowed crews and managers to put their response to a major incident into practice.

In response to a question regarding recruitment of St John’s Ambulance Cadets, the Bromley Group Manager advised that the LAS did not have a programme whereby they asked staff to volunteer to help out with the Cadets – some staff did, however others volunteered their time in different areas. If

staff were able to give their time, they would actively support it. The LAS were recruiting a younger workforce, including recruiting directly from universities. Whether those recruited chose to stay within Bromley after they completed their course was a challenge, as they may request to be transferred to a more central location as there tended to be more of a variety in terms of ambulance call outs. The Director of Ambulance Operations advised that the LAS had a strong relationship and worked closely with the St John's Ambulance community, and this was an area of focus. It was noted that, nationally, levels of volunteering were quite low, and the King's Coronation was being used as a springboard to improve this.

The System Partnership Transformation Manager advised that work was being undertaken in relation to clinical safety, and ensuring that the right resources were provided, to the right patients, at the right time frame. This was an area that they were continuing to invest in and appoint additional staff to – they had looked at changing rotas, allowing staff to work half their time out on the road and the other half in the control room. The LAS were also working with partners to reduce pressures on the Accident and Emergency (A&E) department, as well as utilising the resources available – including maximising referrals into services such as same day emergency care services. Paramedics completed a mandatory training session which included a module based on referrals and what services were available. They were also promoting the MiDos system which provided access to a directory of services that patients may be suitable for. Other areas of work included:

- Clinical teams developing a frailty pathway with the PRUH – ambulance crews were directed to a geriatrician-led department, rather than going via A&E.
- Clinical teams producing a prompt sheet – this helped gather details that may not come readily, and reduced the need for conveyance.
- Care homes – maximising interactions and implementing the use of a universal care plan. This was a template providing information about a patients, including their wishes about going to hospital and treatment to be received. Engaging with care homes to encourage all patients to have a plan to provide a clear indication for ambulance crews.
- Gathering data to look at falls in the community – when falls were happening and the volume of cases, and looking to improve services.
- 3-month trial of GP notification – delivering incidental finding to GP practices.
- Community providers visiting LAS control rooms – observing call taking, despatch system and clinicians, which provided a greater idea of how the system operated and its limitations.
- Mental health response car – mental health clinicians riding out in ambulance cars to target specialist mental health cases, to try and avoid the use of acute services.

In response to questions regarding the work with care homes, the System Partnership Transformation Manager advised that the ICS were engaging with care homes to look at how they operated, and establish a model that could be delivered across the rest of the services. The culture of conveyance to hospital and interactions between care homes and the health care system

were changing positively, as they recognised their importance. The Director of Adult Social Care noted that the Local Authority had well-established relationships with care homes, and this was something that could be jointly promoted with care home managers. It was agreed that a list of the LAS initiatives mentioned would be circulated to Members following the meeting.

The System Partnership Transformation Manager informed Members that hospital handovers had been a significant challenge during the winter period, but they had worked with the PRUH to deliver ways to alleviate some of these pressures. One element had been the use of 'cohorting' – having paramedic crews within the hospital environment to take patients off ambulance trolleys and help supervise their care while waiting for an A&E bed. This allowed the ambulances to be released back into the community and respond to emergency calls. Another initiative related to intelligence conveyance – the LAS control room looked at the pressures across the system, and could divert a crew to a different Trust if a hospital was struggling with capacity, and alleviate pressures in individual areas. It was noted that this resulted in better patient outcomes, but there were some limitations in terms of patients who required specialist treatment at a certain hospital.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") said that they were endeavouring to accommodate solutions for cohorting patients, but these were not yet sufficient. With regards to the long-term plan, it was noted that the PRUH had been recognised nationally as being 'under bedded' for the needs of the local population – it was therefore highly likely that additional bed spaces would be opening at the PRUH and Orpington Hospital sites by winter 2023. Thanks were extended to LAS colleagues for the work undertaken with hospital staff to manage cohorting, and highlighted that they were now starting to gain traction in providing a long-term and sustainable solution. It was noted that a further update could be provided at a future meeting of the Sub-Committee.

The Director of Ambulance Operations echoed the comments of the Site Chief Executive – they understood the nature of the current issue and the interim solution of cohorting. Their areas of focus were around using teams to improve clinical knowledge, moving patients appropriately and managing them in the community. Success had been seen in relation to the urgent community response and mental health cars, and safely managing patients away from A&E.

In response to questions regarding performance figures, the System Partnership Transformation Manager said that, anecdotally, the transportation times were likely to be impacted by peak periods of traffic and congestion – however it was noted that the most acute patients would be transported under blue lights. The Director of Ambulance Operations advised that there were variations in terms of traffic speed. The long-term position regarding the contribution that traffic made to respiratory conditions needed to be acknowledged, as these were a huge burden on the system. Some of the traffic management processes being used across London had long-term health benefits that would reduce pressure on both the LAS and acute Trusts.

With regards to performance categories, the Director of Ambulance Operations advised that Category 1 related to a small group of highly acute patients with significant issues. Category 2 included strokes and heart attacks, but this also included a large group of other patients where it was not possible to gather enough details about them during the initial call to identify if they could be included in a lower category. The LAS was part of a national trial, currently looking at this group, to identify the higher acuity patients accurately and those who could safely sit in the lower acuity groups – more data would be provided from this throughout the year. It was acknowledged that the Category 2 figures were away from the national target of 18 minutes, however the agreed target for this year, and the level they were commissioned at, was 30 minutes. Their aim was to achieve the target of 18 minutes and it was considered that the trial mentioned would bring benefits and reduce this number.

The Chairman thanked the Bromley Group Manager, System Partnership Transformation Manager and Director of Ambulance Operations for their presentation. Thanks were also extended to all LAS staff on behalf of the Sub-Committee for the work they undertook. It was requested that a further update be provided to the Sub-Committee in six months' time.

RESOLVED that the update be noted.

**46 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, with regards to the end of year position for elective care, King’s had eradicated the list of patients waiting over 104 weeks for treatment. It was noted that if industrial action had not taken place in recent weeks, the list of patients waiting over 78 weeks would also have been eradicated. There were 13 patients that had been carried over into the new financial year and had since received treatment. The Trust continued to make strong in roads – King’s had been in national press, listed as one of the top 5 hospitals in the country for the volume of activity undertaken over the last year to address backlogs created by the COVID-19 pandemic. Elective operative activities were continuing at pace.

With regards to emergency performance, Members were informed that the overall challenges at the PRUH continued. They were continuing to work with both national and regional colleagues on several initiatives, including ambulance offloads and the Urgent Care Centre (UCC) provider. It was noted that over the two years, since the start of the pandemic, the average attendance age at A&E had increased by 10 years – they were seeing significantly more mature patients, who were often in a higher state of compromise. The London region were working with the PRUH to explore this

epidemiological shift and further information could be provided at future meetings of the Sub-Committee. The Chairman agreed that these statistics were staggering and considered that a deep dive was needed to gain an understanding of the change in dynamics.

In terms of diagnostics, the Trust continued to perform highly and remained one of the top 15 hospitals in the country for the speed at which patients were seen. With regards to cancer services, South East London continued to be the second highest performing cancer alliance in the country. It was noted that King's had finished the last financial year ahead of the trajectory for recovery.

The Site Chief Executive advised that the link bridge on the PRUH site had been completed and they were currently going through a capital planning round for future developments. Later this year a second MRI unit would be opened, which would further accelerate elements of emergency care. As previously mentioned, the funding to expand the bed base was still to be confirmed – if taken forward, there could be an increase of around 32 beds and a capital value of £5.5m investment.

Members were informed that a CQC inspection had taken place at the PRUH in late 2022 – the actions taken from the maternity services review had been fully executed and accepted. It was noted that the latest patient satisfaction statistics for maternity services at the PRUH had seen a marked uptick in recent weeks.

With regards to maternity services at the PRUH, a Member enquired if the reasons for the hospital being an outlier for rates of postpartum haemorrhage (PPH) were known, and if they looked to identify any hereditary issues connected to PPH. The Site Chief Executive said that, with regards to hereditary issues, questions were asked as part of standard assessments by community midwifery colleagues and obstetricians – it was agreed that statistics relating to this could be provided following the meeting. A written response would also be provided in relation to the PRUH being an outlier for PPH. The Member further noted concerns related to people smoking outside the A&E department, which was beneath the paediatric unit, and suggested that signs could be installed asking people to refrain from doing so in that area. The Site Chief Executive advised that earlier in the year an enhanced security scheme had been implemented across the site, and there had been a marked improvement. Having reopened access towards Sainsbury's, they were seeing more staff and patients leaving the hospital site to smoke. The Site Chief Executive said the point raised was fair, and he would be happy to review the signage and ask the security team to move people away from that location.

The Portfolio Holder for Adult Care and Health said the news regarding the additional MRI scanner at the PRUH was very welcomed. In response to a question, the Site Chief Executive noted that around 18 months ago, a large amount of investment had been made into imaging services and the workforce had grown by around 54 additional posts. There was sufficient reserve for additional MRI reporting – with regards to volume, around 14 MRIs

were undertaken on any one day and there was internal capacity to respond to reports in a timely fashion.

A Member asked for further information in relation to vacancy rates, which had been referenced in a number of CQC inspection reports. The Site Chief Executive said that across the board, the vacancy rate stood at around 8% – this was below the London average and overall there was a continued improvement. It was noted that, as One Bromley, they had been promoting careers in the borough and involved in the co-design of the strategy and marketing. It was agreed that a breakdown of vacancy rates by sub-discipline could be provided 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.

**47 UPDATE ON THE REVIEW OF JOINT WORKING
ARRANGEMENTS BETWEEN OXLEAS NHS FOUNDATION
TRUST AND THE LONDON BOROUGH OF BROMLEY**

Report ACH23-019

The Sub-Committee considered a report providing an update on the review of joint working arrangements between Oxleas NHS Foundation Trust and the London Borough of Bromley.

The Assistant Director for Integrated Commissioning advised that for the purposes of delivering local community mental health services, the London Borough of Bromley and the Oxleas NHS Foundation Trust had been the two parties to a Partnership Agreement since December 2004. Through this arrangement, 25 of the Council's social care staff were 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. These partnerships arrangements were subject to a review in 2021, with an action plan being implemented from 2022. The report provided details of the outcome of this review and progress made against the action plan. Overall, feedback was positive and in the coming months a new action plan would be developed to progress things further.

The Service Director – Adult Community Mental Health/Adult Learning Disability (Oxleas NHS Foundation Trust) highlighted that a key aspect had been the high level of engagement from the staff. It was considered that staff who were seconded often felt that they did not fully fit in to either organisation, but there had been extremely positive engagement from staff. In terms of the reviews, they recognised their own contributions and felt the recommendations were a good reflection of their input. The staff had also been involved in the co-production of the action plan, which had increased

their motivation. This had increased morale within the team, which supported recruitment and retention.

A Member noted that one of the commitments stated in the report related to a co-production process – however there was no reference to this in the action plan provided and it was therefore not clear if this had been tracked. The Assistant Director for Integrated Commissioning advised that the engagement action included related to the co-production work. Oxleas already had well-developed arrangement in place for co-production with service users. This had not been extended to this partnership approach, but it had been agreed that community mental health teams would be providing input. The next steps would be to develop plans for engagement and co-production activities. The Member asked that a summary of the arrangements in place be provided following the meeting.

The Chairman thanked the Assistant Director for Integrated Commissioning and Service Director – Adult Community Mental Health/Adult Learning Disability (Oxleas NHS Foundation Trust) for their update to the Sub-Committee.

RESOLVED that the progress being made following a review of the joint working arrangements between the London Borough of Bromley and the Oxleas NHS Foundation Trust be noted.

48 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Chief Nurse – Bromley Healthcare provided an update on the Bromley Healthcare CQC Action Plan.

The Director for Adult Social Care noted that, over the last year, the Sub-Committee had received a number of updates from Bromley Healthcare regarding their CQC inspection. Members were advised that the CQC were now satisfied with the progress that Bromley Healthcare had made and the questioning around the findings from the inspection could be closed down following this meeting.

The Chief Executive Officer informed Members that an internal Sub-Committee had been running over the last year. Representation included the LBB Director of Children’s Services and the ICB Director of Quality, who had been ‘critical friends’ that provided helpful challenge. It was considered that Bromley Healthcare was now at the stage where all actions had been completed, barring clinical competencies – this was an ongoing, long-term piece of work around establishing a system which acted as a central repository.

Bromley Healthcare had recently internally launched its new strategy. The process had been undertaken over the last 6 months, gathering feedback

from staff and commissioners, and it was suggested that an update be provided at a future meeting of the Sub-Committee.

Members were informed that a recent Ofsted inspection had taken place at their Hollybank children's services – the provision had been rated as 'good' overall, as well as in all three domains, with just two minor recommendations.

The Chairman thanked the Chief Executive Officer and Chief Nurse for their update to the Sub-Committee.

RESOLVED that the update be noted.

**49 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 5th April 2023. During the meeting the proposals for the new delivery of paediatric oncology services in South East London were discussed, moving them into the Evelina London Children's Hospital which was part of Guy's and St Thomas' NHS Foundation Trust. With regards to the significance and impact of the proposed changes, it was considered that for Bromley this was minimal, as they were already outside of the borough – however other boroughs would be more severely impacted as they were closer to the current delivery centres. It had been agreed that a formal review of the decision be undertaken by June 2023.

The future work programme of the formal meeting was discussed – it was agreed that the Committee would meet in-person four times a year, and a further four times virtually. The key element would be to look at the operations of the SEL ICB and ICS, focusing on the issue of inclusivity for health care and the preventative agenda. It was noted that a copy of the minutes of the meeting would be circulated once available. In response to a question, the Chairman noted that oversight of the work programme was likely to be fed back to both the Health and Wellbeing Board and Health Scrutiny Sub-Committee.

RESOLVED that the update be noted.

50 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD23057

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:

- Bromley Healthcare Strategy (19th July 2023)
- Update from the London Ambulance Service (19th September 2023 / 24th January 2024)

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

A Member noted that prior to the pandemic there had been a useful programme of Member visits and enquired if there were plans for this to be reinstated. The Chairman agreed that the visits had been extremely valuable, however the timing of them needed to be right. The Portfolio Holder for Adult Care and Health advised that this had been raised at the Adult Care and Health Policy Development and Scrutiny Committee. There had been some concerns around the infection control measure that needed to be taken in care homes, however the LBB Assistant Director Strategy, Performance and Corporate Transformation was looking at taking this forward.

RESOLVED that the update be noted.

51 ANY OTHER BUSINESS

The Chairman noted that this was the final Health Scrutiny Sub-Committee meeting of the municipal year and thanked Members, Co-opted Members, officers and health partners for their contributions throughout the year.

RESOLVED that the issues raised be noted.

52 FUTURE MEETING DATES

4.00pm, Wednesday 19th July 2023
4.00pm, Tuesday 19th September 2023
4.00pm, Wednesday 24th January 2024
4.00pm, Wednesday 20th March 2024

The Meeting ended at 5.47 pm

Chairman

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