HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 26 September 2013

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Judi Ellis, Robert Evans, Ellie Harmer and William Huntington-Thresher

Dr Nada Lemic (Director of Public Health) and Terry Parkin (Executive Director: Education, Care & Health Services (Statutory DASS and DCS))
Dr Angela Bhan (Chief Officer - Consultant in Public Health) and Dr Andrew Parson (Clinical Chairman)
Leslie Marks (Bromley Council on Ageing) and Sue Southon (Chairman, Community Links Bromley)

1 Apologies for Absence

Apologies for absence were received from Councillor Peter Fookes, Councillor Charles Rideout and Linda Gabriel, Chairman of Bromley Healthwatch (Leslie Marks attended as her alternate.)

2 Questions by Councillors and Members of the Public Attending the Meeting

Three written questions were received from Mrs Sue Sulis. These are attached at appendix A.

3 Minutes of Last Meeting on 29th July 2013 and Matters Arising

The Chairman provided a general update on progress since the last meeting. He explained there had been a lot of activity. Extended workshops involving Bromley, the Local Government Association (LGA), the Greater London Authority (GLA) and Kings Health Trust (Kings). As a result the agenda for progress was starting to develop and the Chairman was working with colleagues to “drive” it forward.

He was also pleased to report a recent email stating that Kings would be taking responsibility for the hydrotherapy pool located at Orpington Hospital.

An updated version of the minutes was circulated prior to the meeting. Copies were also circulated at the meeting.

Matters Arising

Minute 5

Case Management

In response to a question regarding if the "teams" mentioned in the minutes would be accommodated on the Orpington Hospital site the Board were informed that no decision had been made.

The site would definitely house the Health and Wellbeing Centre which would then include outpatients. It would be for Kings to decide on the future of the site but current information indicated the site would remain open for the next 3 years and then reviewed.

Integrated Care

Dr Parson reported that a GP event, an academic half day, had taken place. During the event various issues had been considered including the "Year of Care", mechanisms for promoting self care and a presentation from Dr Sue Roberts, National Clinical Director for Diabetes.

One board member raised an issue in relation to integrated care of diabetes. For dementia sufferers carers would need to be trained.

RESOLVED that the minutes of the meeting held on 29th July 2013 be agreed.

4 Work Programme and Matters Arising

The Board considered its work programme.

The Chairman asked for an update on when the Board might have further information on the proposal for how paediatric diabetes could be addressed jointly between the Local Authority and Bromley CCG, focusing on prevention.

Dr Bhan reported that at present the focus was on adult diabetes but that paediatric diabetes was part of the CCG's Children and Young Peoples Programme to be considered in due course.

In response to a question, officers were able to confirm that the Children's Charter had been previously presented to the Board. It was also contained in the Joint Strategic Needs Assessment (JSNA).

RESOLVED that the work programme and matters arising report is noted.

5 Development of Integrated Commissioning in Bromley

The Board was informed that the report had been a collaboration between the report author, Dr. Bhan and Clive Uren.

In June 2013 the Bromley CCG Chief Officer and London Borough of Bromley Executive Director of Education, Care & Health commissioned a piece of work to assess the benefits of greater integration of commissioning arrangements across the two organisations. This work explored, with existing lead commissioners, clinicians and other key leads what LBB and CCG currently commissioned and how the commissioning functions were organised. In addition, the drivers and objectives for integration were assessed and a number of other health and social care economies visited in order to consider how they had approached integration and what they considered to be the benefits, risks and opportunities.

The Board considered a briefing paper that summarised the conclusions of this work and outlined a set of proposals for integrated commissioning in Bromley. Officers explained that Mental Health Services would be used as a "test" service as it was a relatively small budget. The Board was informed that the Chancellor had announced a "pooled" budget of £3.8bn to drive forward integrated commissioning. The Health and Wellbeing Board would be able to draw on this budget.

Integration between Health Authorities and Local Authorities had been the aim of successive governments. In order to further the integration in Bromley a number of local Health and Social Care economies had been approached to discover how they dealt with integrated commissioning in practice. There were varying levels of integration with some boroughs having all or some services integrated to others that had a joint CCG Chief Officer/Director of Adult Social Care, accountable for both management and commissioning of all CCG and LA Services. In all areas both GPs and Councillors were happy, and signed up to the arrangements, agreeing the mutual benefits of the economy of scale and the opportunities for efficiency, saving and community based improvements. There were still some issues to overcome such as different cultures and approaches generally.

Officers then outlined the proposed approach for Bromley; the Bromley CCG Chief Officer and London Borough of Bromley Executive Director of Education, Care & Health believed that mental health should be the first area of focus as integration was not a new agenda for mental health services. Many steps had been taken by both organisations to move in this direction over the past few years.

The Board expressed concerns that the report did not fully clarify the role of the HWB nor outline the efficiencies. It was agreed that further reports would be submitted to the board outlining the model for delivering mental health services and giving detailed outcomes.

The Director explained that there were still a number of other issues, not just financial, such as clinical governance. Integration would force a solution to some of the issues that had not yet been concluded. The Board also requested a structure chart for the integrated services.

Councillor Ellis felt that the integrated service caused concern for some in relation to grants. Integration would mean they would no longer receive grants from both the Local Authority and Health Authority therefore partners needed to be reassured that this would not be detrimental to patients. With mental health there were joint contracts between the voluntary sector and the CCG.

6 2014 Joint Strategic Needs Assessment Planning Milestones (Oral Update)

An update on the JSNA would be given at each Health and Wellbeing meeting. However it was agreed that it would be in the form of a written report.

Nada Lemic provided a verbal update. She explained that a new JSNA was being developed; a steering group had been organised and its first meeting was scheduled for 14th October. It would be looking at the structure of the JSNA. The areas in the new document would include:

- Looking at the gaps – in particular with regard to public health outcomes.
- Considering community assets which would better inform with regard to commissioning.
- Whether more detail was needed in certain areas.

Members considered the update.

They raised concerns that creating joint integrated services would mean being answerable to a larger number of people and felt it was important to produce a diagram to illustrate the scrutiny pathway.

It was also noted that a number of people who currently received grants from more than one sector such as health and the Local Authority and for them integrated services would mean a change of culture. Therefore reassurance would be needed for both the recipients and partnership agencies. Members also felt it was important that when health and social services merged the social care service should not be lost and that care management was not overtaken.

In response they were informed that there was evidence in other authorities of joint contracts in mental health and in social care and the integrity of both services had been preserved.

Officers would provide a more detailed report for the Board in November.

Dr Lemic explained that the Board would also need to consider how best to engage and communicate with residents. The executive summary of the JSNA had been written with the public in mind. The Board would also need a strategy to identify the priorities it wished to focus on.

7 S.256 Funding
Report no. HWB131003

The Board was presented with a report containing a Section 256 for Bromley care and health service which had been produced in order to draw down the Department of Health grant for 2013/14 which stood at £4.26m. An additional paper was distributed at the meeting and the Board asked that, in future, all papers be circulated in advance of the meetings.

Local Authority and Clinical Commissioning Groups proposed to use the funding to deliver against 6 'schemes' which would help to maintain and sustain key community based services important to both organisations that were otherwise struggling to be kept operational due to the significant cuts. Social care budgets since 2010 had been cut by around £2.7bn – or 20 %. A further 10 % cut was announced to local government spending which would also impact upon social care.

To draw down the funding the Section 256 needed to be signed and agreed by both the Local Authority and the Clinical Commissioning Group. Finally it had to be approved at the Local Health and Wellbeing Board before being formally submitted to the London branch of NHS England.

Officers explained that the funding would be used to reduce pressures in services such as dementia and was crucial in order to continue services e.g. the re-ablement service. Officers were still awaiting legislation in relation to Learning Difficulties and how it would be managed; this could be incorporated once known.

The Board requested more detailed information on the position with regard to the hospital discharge programme which had been delivered by Bromley Link. Officers agreed to provide this outside of the meeting.

The funding would be for the current financial year and was built into the budgets on the assumption it would be agreed.

RESOLVED that the draft section 256 is endorsed and it is noted that Chief Officers at both the CCG and the LA would be responsible for securing funding through the NHS England Board on behalf of the Health and Wellbeing Board.

8 NOMINATION FOR THE NHS INNOVATION CHALLENGE PRIZE FOR DEMENTIA (for information)

This item was for information only. In future such items would form part of an information briefing in line with other committees.

9 Date of Next Meeting

The next meeting of the Board would be on Thursday 28th November at 1.30pm.

The Meeting ended at 2.54 pm

Chairman

Appendix A

Questions from Susan Sulis, Secretary, Community Care Protection Group

1. PROVISION OF 'SAFE STAFFING LEVELS" FOR THE PRINCESS ROYAL UNIVERSITY HOSPITAL TRUST & OTHER SOUTH LONDON HEALTHCARE TRUST HOSPITALS.

The HOC Health Select Committee and the 'Safer Staffing Alliance' have called for daily ward staffing ratios to be published, and, to ensure patient safety by having "adequate levels of both clinically and non-clinically qualified staff in all circumstances".

(a) What are the ratios of nurses to patients at the PRUH?

Response from Kings/PRUH:

"A review of nursing is currently being undertaken on the PRUH site. The ratios currently are set at a standard level across the Trust site and for SLHT as a whole staffing levels are within the parameters of the NHS National Quality Board. More information should be available when the review is complete. "

2. SHORTAGE OF A&E PERMANENT STAFF, INCLUDING CONSULTANTS AT THE PRUH.

The HOC HSC expressed concerns that A&E's are struggling to cope with attendances and emergency admissions.

(a) What are the current percentages of permanently employed consultants; junior doctors; and nurses in the PRUH's A&E Department?

Response from Kings/PRUH:

"Please note these are the percentages of permanently employed staff in the ED department at present. These are increasing on a daily basis as we continue to recruit to these posts.

a. Nurses: 87.5%

b. Consultants 100% (although there are currently vacancies, shifts are being covered by current staff)

c. Junior Doctors – 90% (1 locum) "

(b) What are the plans for dealing with Winter Pressures, and where are they published?

Combined response from Kings & Bromley CCG

"Kings/PRUH have done a winter surge plan which takes into account their capacity and how they will manage if there is increased pressure. They have also bid for extra

winter money for projects at the Princess Royal University Hospital which directly relate to reducing pressure on A&E and improving discharges. As well as this, Bexley, Bromley and Greenwich (BBG) have a combined plan to help manage the demand for beds during winter. The cross-borough urgent care network will be holding twice weekly teleconferences to monitor pressures and manage demand during the winter period.

The BBG plan has just been submitted to NHS England for agreement and a King's approach will be published on the King's Trust website in the next couple of months."

BROMLEY PATIENTS AT RISK BECAUSE OF THE OVERSTRETCHED LONDON AMBULANCE SERVICE.

At the inquests of 2 Bromley people who died, where an ambulance was summoned, but never attended, The South London Coroner has commented on the risk to patients.

(a) Is it correct that up to 800 posts may be cut, due to under-funding?

Response from LAS:

An additional 120 posts have been funded in 2013/14 in combination with a Modernisation programme which will result in improved performance and resilience across London as a whole. In addition to fast response cars and ambulances for the most critically ill or injured which has ensured an above average response time in London, enhanced telephone triage and signposting is taking place.

b) What action can Bromley take to save lives?

Response from LAS:

This year Bromley has experienced some of the best Category A performance in London (77.9% YTD July) which is above the National target level of 75%.

http://www.londonambulance.nhs.uk/news/news_releases_and_statements/ambulance_staff_numbers.aspx

The website above has a link to the Ambulance service's overall plans to improve patient care, which include care of Bromley residents. Ensuring that the ambulance services are used wisely, encouraging people to use of alternatives such as urgent care centres, walk in centres, GP clinics and the 111 service, plus supporting a strong team of community first responders and defibs in public locations are always that performance can be supported and lives saved.