HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 28 November 2013

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes, William Huntington-Thresher and Charles Rideout

Terry Parkin (Executive Director: Education, Care & Health Services (Statutory DASS and DCS))
Dr Andrew Parson (Clinical Chairman)
Linda Gabriel (Healthwatch) and Sue Southon (Chairman, Community Links Bromley)

Also Present:

1 Apologies for Absence

Apologies for absence were received from Councillors Reg Adams and Ellie Harmer. Apologies were also received from Dr. Angela Bhan and
Dr. Nada Lemic and Meredith Collins and Agnes Marossy attended as their respective alternates.

2 Minutes of Last Meeting and Matters Arising

The minutes of the meeting held on the 26th September 2013 were considered and he following amendments were agreed:

Page 2, 2nd paragraph, first line, change definitely to possibly.

Page 3, 2nd paragraph, delete the last line.

Page 4, the last four paragraphs refer to the previous minute on integrated care.

RESOLVED that the minutes of the meeting held on 26th September 2013 be agreed subject to the amendments above.

The Chairman outlined some of the activities that had taken place since the last meeting;

He thanked Dr. Parson for arranging for him to attend a CCG meeting which he found very interesting, he also attended a meeting on progress with the ProMISE programme and a VSSN event arranged by Community Links Bromley.

He noted developments with Kings.

He also extended his thanks to Peter Gluckman who had arranged and facilitated groups involving Officers and Members of the board.

The Chairman then explained that he was aware that there some administration issues which needed to be resolved to ensure that reports are not late or were tabled as this did not give the Board sufficient time to consider reports before the meeting. He will be working with Officers to ensure this did not happen again.

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

A total of 8 written questions were received. The questions and responses are appended to these minutes at Appendix A.

4 Winterbourne View Updated

At its meeting in July the Director had presented a report on Winterbourne View and the Board requested that an update report should be presented to every second meeting.

Members were reminded that Winterbourne View was an Acute Treatment Unit (ATU) for Adults with Learning Difficulties in South Gloucestershire that had been the subject of a serious case review.

The Director reported that Bromley had seven residents accommodated within hospital settings, admitted under Section 3 of the Mental Health Act. Admissions under this section of the Mental Health Act provided a statutory framework for review with a minimum frequency of 12 months and gave each patient a named manager, local clinician and ensured patients received an Annual Care Management Review in addition to the Care Programme Approach Review.

Bromley had commissioned a joint group of CCG and LBB commissioners with the Community Learning Disability Team (CLDT) Joint Team Manager looking at the requirements of the Winterbourne View programme and to ensuring targets were delivered. It also works to ensure adequate planning for ATU users who wish to return home following discharge or who wish to settle in the locality of where they have been admitted. In addition advocacy services local to the person in the STU are engaged to ensure that patient views are heard.

The opening of a private ATU at the London Autistic Centre by Glencare provided in safeguarding alerts resulting in close scrutiny by LBB, the CCG, NHS London and NHS England. Neither LBB nor Bromley CCG had any patients placed within the service, nor had any placements ever been made there. The primary provision

for local patients was Atlas House run by Oxleas Foundation Trust.

The Chairman commented on the numbers of acronyms used in the report and suggested that a glossary of terms be produced. Members of the Board asked that the first acronym in reports is written in full but that the acronym can be used thereafter. The Director agreed to take responsibility for producing the glossary.

Councillor Jefferys sought clarification in reference to 4.10, the opening of a private ATU at the London Autistic Centre by Glencare stating Bromley had closer scrutiny of the safeguarding alerts. The Director explained this was scrutiny in a wider sense and not a specific role of Bromley. However as the local authority in which the facility is located, Bromley had a responsibility for ensuring safeguarding was effective. The management of the unit was accountable to the chair of the local adult safeguarding board for the safe operation of the facility.

In defining the client group the Director explained that it referred to both adults and children. However clients with severe challenging behaviour amounted to less than 1% of those on the autistic spectrum. He added that, had there been a proactive approach, all the patients at Winterbourne could have been identified and treated before they reached adulthood;

RESOLVED that the report is noted and a further updated will be presented to the Board at its meeting in March 2014.

5 A&E Performance (Q3) - Expected Multi agency

Angela Bhan had been due to produce a report on A&E performance at the Princess Royal University Hospital (PRUH).

Her alternate Meredith Collins provided a verbal update. He explained that Dr Bhan was currently at the PRUH with partners from Kings and NHS England to start to progress a planning process to monitor A&E performance.

The Director added that he and Dr Bhan had agreed the performance data for the PRUH identified it as not having made significant improvement.

The progress on this work would be reported to the next meeting of the HWB and he would request that hospital representatives attend to speak to the Board about Urgent Care.

As the next meeting was on the same day as the Health Scrutiny Sub-committee officers would look at combining the two meetings to enable both groups to meet the representatives from the PRUH.

6 Joint Strategic Needs Assessment 2014 & Health and Wellbeing Strategy Refresh

At its meeting on the 26th September 2013 the Health and Wellbeing Board (HWB)

agreed it would receive regular updates on the progress in completing the annual Joint Strategic Needs Assessment (JSNA) to increase its knowledge which would assist in informing the HWB priorities.

The report outlined the process for undertaking the 2013/14 JSNA, the suggested areas that would be covered and the key milestone dates and actions.

Dr Marossy explained that a Steering Groups had considered the JSNA and identified 3 additional areas for the new JSNA; Ward Health Profiles, Frequent Attenders to Unscheduled Care Services and Asset Based Community Development. Following this a working Group had indentified leads for the specific sections and the information was published on the “My Life” website.

The timetable for the production of the plan was that Key Milestone data would be collected, collated and drafted by April 2014. A draft could be circulated between May and July 2014 and the plan would be finalised in September; allowing the Board to prioritise the needs for the following year.

The chairman highlighted the importance of the information being available to the public and Dr Marossy explained the JSNA was already on the “My Life” website however the tables and data were not published as they were constantly changing and would be difficult to keep updated on the web.

Officers then explained that the strategy covered the period from 2012 – 2015. However a “desktop” strategy would be undertaken to look at any minor changes. Planning for the new strategy would begin once the JSNA had been agreed.

The Chairman re-iterated that Member involvement was crucial and encouraged Members of the Board to become involved in the working Groups.

When referring to the detail in the Ward Health Profiles the Board was informed that for some indicators, for example life expectancy, the data would be very detailed but for others, such as air quality may be less so.

Members highlighted the areas could vary considerably between wards and that the dichotomy between polling districts and the ward boundaries meant that some of the detail could be lost. Dr Marossy agreed this was an area that needed further consideration as there were a number of discrepancies.

The Board representative for the voluntary sector reported on a “robust” discussion that had taken place and, in summary, requested an easy to read copy of the executive summary. Dr Marossy would progress the request.

Councillor Evans sought clarification on the reference to Asset Based Community Development, a framework for using assets. In response Dr Marossy explained this was a complex area of the JSNA. In the past certain areas had been designated as deprived and in need and therefore received funding. This was no longer the case and officers would be looking at projects and schemes that were currently running in the community and offering support with smaller amounts of funding.

RESOLVED that the report is noted.

7 Integration Transformation Fund (ITF) 2015/16

Richard Hills, Education, Care and Health Services, London Borough of Bromley, made a presentation to the Board. The slides for this presentation can be viewed under the following link:
http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=617&MId=4636&Ver=4

He explained The Spending Round 2013 announced a pooled budget of £3.8 billion for local health and care systems in 2015/16. Referred to as the "Integration Transformation Fund" (ITF).

The fund was designed to support an increase in the scale and pace of integration and also be a mechanism for promoting joint planning for the sustainability of local health and care economies against a background of significant savings targets right across the system.

Although announced as if this would be new money into the health and care system the fund was mainly created through top slicing existing budgets. Top slicing Clinical Commissioning Group (CCG) budgets made up over 65% of the fund, the rest was from top slicing the Local Authority budget and adding the existing Department of Health (DoH) Social Care Grant which was now subsumed into ITF.

The fund could not be accessed individually it had to a joint application from the LA and CCG through their relevant Executives, it would then go to the HWB and finally to NHS England. Additionally access to the fund would be dependant on agreement of a 2 year plan for 2014/15 and 2015/16.The plan needed to be submitted to NHS England by February 2014. There were measures that still needed to be determined; Delayed transfers of care, Emergency admissions, Effectiveness of reablement, Admissions to residential & nursing care and Patient & service user experience and £4m of the fund would be performance related, but this should not be problematic as Bromley's integration was already ahead when compared to other authorities.

The new fund would be simpler to budget and account for and any under spend could be easily identified. In addition the Board would have a clear oversight of the fund.

Members of the board raised concerns about sharing data using National Insurance Numbers. It was explained that the Government had not been prescriptive about how data was collected. Paul White, ProMISE Programme Director would be looking at how best to streamline this process,

In terms of accessing the system it was likely that when users logged on to look at a resident's record through the "Carefirst" Portal they would be advised that there was also a record on that resident under the RIO Portal and users would need to

access both systems.

In response to a question about the involvement o the London Ambulance Service (LAS), pharmacies the Director explained that the Pharmaceutical needs assessment formed part of the integrated services. However it was not intended, at this point, to include the LAS.

In relation to targets the Director explained that one of these was Accident and Emergency admissions and this would need the involvement of the PRUH as there was a collective responsibility to improve the targets. There was a strong incentive for the Board to ensure the PRUH delivered.

RESOLVED that:

1. **The report is noted.**

2. **A joint working party be convened for both the LA and CCG to meet throughout December in order that a draft plan can be presented back to the Board in January 2014.**

3. **It be confirmed that the Board recognises that ITF is the model for government funding of the health and care economy in the future.**

8 Board Member Development & Engagement Programme

A report on a Board Member Development and Engagement Programme was due to be included on this agenda. However, it would now be considered at the January meeting of the Board in order for officers to develop a work programme with partners in the CCG.

9 PROMISE Programme

Members were provided with an update on the Proactive Management of Integrated Services for the Elderly (ProMISE) Programme by Paul White, Associate Director of Development & ProMISE Programme Director from the CCG.

He explained the rationale behind the ProMISE programme was to create a pro-active system, a transition from a reactive approach. This would mean Case Management would be at the heart of the programme and patients who appeared to be struggling would be offered a detailed home based assessment allowing early intervention to reduce the need for secondary care. The programme would be running a pilot scheme in December 2014. Such intervention may help to reduce the numbers of falls and fractures which contributed to a number of unplanned hospital admissions.

For diabetes, an upskilling of primary care staff, nurses and GPs, was required, with the intention that each diabetes patient would have a care plan.

End of life services would enable patients to die in a preferred place with support offered to those patients who wished to die at home. In addition "Falls" clinics would be established.

The Board was informed that a new programme, FLO, was being introduced, at present 30 GP practices had enrolled. The aim was allow cost and very simple Healthcare system provided via the patients own mobile phone or landline. Primarily an automated SMS (text) messaging based system used by clinicians to send reminders, health tips and advice to patients; and collect, monitor and track patient's health readings taken by the patients using self monitoring equipment such as blood pressure machines. Patients can text back their readings to FLO and messages are free even if the patient has no credit on their phone.

Another development, Patient Liaison Officers, provided an enhanced service for signposting, identifying carers and non-clinical co-ordinating.

For UTI (Urinary Tract Infections) simple training would be offered to spot the signs of UTI. Already 5 patients had been identified early avoiding hospital admission. The training costs were minimal, only requiring 3 hours of a matron's time and a web based programme may also be considered.

The Chairman was impressed with the on going work and pleased to see a move towards a more pro-active approach and community based initiatives. Although this did make savings that could be used elsewhere it provided cost avoidance in reducing the dependence on secondary care. Councillor Evans sought greater clarification and Mr White explained that the aim was to reduce demand so that capacity could be reduced which would lead to a reduction in expenditure.

The Board recognised the importance of communicating the programme to residents. It was noted that a communication working group was working on raising the profile of the programme. A report from Bromley's communication team would be submitted to a future meeting.

Members questioned whether any legacy work was being considered for 2016 onwards. In response Mr White explained that the programme was about enabling and establishing a pro-active approach to reduce the dependence on secondary care and freeing up money to invest in other areas.

The Board then enquired about screening for example screening patient with diabetes for heart disease. In response it was told that this was ongoing through the health checks programme. It was also included in the work around case management and care packages and self managing lifestyle and obesity. The intention of ProMISE was to provide and non-recurring fund to reduce reliance on the acute sector.

RESOLVED that

The report is noted

1. **The Board supports the release of funds, specific to the programme related activities 2013/14 – subject to the ratification of the Executive of the Local Authority.**

2. **The Board supports the planned expenditure 2014/15 and 2015/16, recognising that whilst there may ne subsequent revisions to the breakdown or the investments these will not result in a material change to the overall expenditure plan. – Subject to ratification by the Executive of the Local Authority.**

3. **It is noted that further progress reports will be submitted to the Board at regular intervals.**

10 Questions on the Health and Wellbeing Board Information Briefing

The Public Health Report "Top Body, Top Mind" aimed at Men's Health was due to launched on 9th December. Members had received invitations to the launch.

The report would then be circulated to Members of the Board via an information briefing.

11 Future Meetings and Agenda Items

A work programme showing forthcoming items generated from matters arising at this meeting would be produced by Officers and included in future agendas.

12 Any Other Business

The Chairman asked the Board to support Councillor William Huntington-Thresher who was supporting "Mowvember" by growing a moustache to raise funds for Prostate Cancer.

13 Date of Next Meeting

The dates for the next meetings are:

- **30th January 2014**
- **20th March 2014**
- **22nd May 2014***

Officers would circulate a timetable showing the dates for report submission and agenda publication.

* As this meeting clashed with the Local and European Elections it has now been removed from the programme. An alternative date will be considered at the next

meeting.

14 Appendix A

Appendix A

Written questions for the Heath and Wellbeing Board meeting on 28th November 2014

Three questions from Mrs Tricia Choppin for Written Responses:

During the Public Questions section of the Clinical Commissioners meeting last week I asked a question and I also submitted a series of further questions all regarding the same subject matter and all have yet to be answered, however, I will receive a written response in due course. The subject matter was the decision by Bromley CCG and Kings to open a Clinical Decisions Unit in A&E at the PRUH and, after a maximum stay of 48 hours, discharge some (although the Dir of Soc Services did write 'many' in his comments to the Care Services ODS) elderly patients from A&E to care/residential homes. I have attached a copy of my questions to the CCG for information. The attachment marked extra question is the question I asked at the meeting itself.

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1. A&E/CDU admission is a maximum of 48 hours. What framework is in place ensuring that elderly patients discharged from A&E to care/residential homes have the time before discharge for their relatives/friends etc to locate the best home, arrange a suitability visit and then arrange for the patient to visit?

2. What are the criteria regarding patients for whom an appropriate nursing/residential home bed has not been found within the 48 hour period?

3. Specifically regarding elderly patients discharged from A&E after 48 hours: will the local authority assume financial responsibility for all placements pending completion of financial assessments or securing of alternative placements if requested by the patient and/or relatives?

Response from Bromley CCG:
The answer to Qs 1 and 2 is amalgamated.
The intention of a Clinical Decision Unit is to allow for short term assessment of patients, which allows for the most appropriate onward referral to an acute ward, intermediate care, or discharge to a care setting, or to home. It will manage adult patients of all ages. It is not intended to change the appropriateness of referral to a care/residential home, or the assessment and selection process for accessing this option. We expect that all patients,

whatever their age and condition, are treated with dignity and due care, whether their inpatient stay is on a ward or the CDU or both.

Q3 relates to the financial responsibilities of LBB, and should be properly answered by them.

Two questions from Mr Stuart Choppin:

1. How will the number of elderly patients discharged from A&E to a care/residential home be recorded and where will these numbers be published?

2. On 22nd November, BBC News reported that Croydon Trust has been told by the CQC (following an inspection) to reduce the number of night-time discharges of elderly patients. What steps are Bromley taking to ensure elderly patients are not discharged from A&E or wards after 6pm?

Response from Bromley CCG

The place of discharge for A+E attendances is recorded, including those to care/residential home, though in practice this relates to patients already located in that setting, rather than to new referrals to care/residential home. We are not aware that these numbers are routinely published, at hospital level, but they do inform national and local understanding of the management of urgent care services.

The CCG strongly discourages late discharge of patients from hospital, especially where patients are older and have complex conditions . We recognise that some patients, for example those who are in hospital for day case procedures and short stays, may be discharged later in the day. Sometimes these late discharges are expected and have been planned for. Occasionally, patients are discharged later in the day to ensure that beds are available for a patient with more urgent needs. We will continue to work with Kings College Hospital to minimise the number of these instances, and to ensure that appropriate arrangements are in place for the safety, support and comfort of patients where a late discharge is required.

Three Questions from Susan Sulis
Secretary, Community Care Protection Group

1. OPENNESS AND TRANSPARENCY IN COMMISSIONING OF INTERMEDIATE CARE BEDS BY BROMLEY COUNCIL & BROMLEY CLINICAL COMMISSIONING GROUP.

Neither LBB or BCCG have published the name; location; or the management company running the private nursing home for the provision of the new Intermediate Care Beds.

(a) Why will the CS PDS Committee not receive a report to enable scrutiny of how this complex joint service with many partners, will work?

2. AWARD OF CONTRACT FOR INTERMEDIATE CARE BEDS TO ORCHARD CARE'S LAURISTON HOUSE NURSING HOME: MEETING ESSENTIAL GOVERNMENT STANDARDS UNDER HSC ACT 2008, & BROMLEY SAFEGUARDING ADULTS BOARD PERFORMANCE MISSION STATEMENT FOR 'QUALITY COMMISSIONING'

In June 2013, Lauriston House was breaking Regulations 10, 11 and 18, and failed to meet 3 of the 5 Standards inspected, including "safeguarding people who use the service from abuse"; "consent to care and treatment"; and "assessing and monitoring the quality of service provision".

(a) How does its selection satisfy the requirement for "Quality Commissioning?"

3. LAURISTON HOUSE NURSING HOME: HISTORY OF FAILURES BY ADIEMUS CARE LTD.

Lauriston has, in recent years, had a high turnover of management, (including Southern Cross). This April, a careworker was jailed for assaulting, abusing and neglecting 3 patients, following CQC warnings that the home could be closed.

(a) Were any patients placed by Bromley during this period?
(b) What investigations took place?

(a) Response from Bromley CCG

Bromley CCG reported the award of preferred bidder status for the integrated Step Down service to Bromley Healthcare, following an open procurement process. This service provides integrated home based and bed based support for patients requiring rehabilitation following discharge from an acute hospital. Bromley Healthcare will be responsible for delivery of the complete service, although it is jointly funded by the CCG and LBB. The new service replaces existing intermediate care beds at Orpington Hospital and Elmwood, the CARTs home based service and PACE team.

The service will be known as Bromley Healthcare Rehabilitation Service, and is due to start on 12 December. The service will have up to 42 beds, which will be located at Lauriston House. The beds will be operated by Bromley Healthcare who will hold the CQC registration and be responsible for all aspects of clinical care and management. The Bromley Healthcare beds are located in dedicated ward space, which has now been significantly upgraded to meet the clinical standards of this service.

Following the allegations about the care worker, Bromley CCG placed no patients in Lauriston House while investigations were conducted.

(b) Response from Bromley

A police investigation into allegations was carried out by Bromley Metropolitan Police Service.

A safeguarding investigation was carried out under the procedure; Protecting Adults at Risk London multi-agency policy and procedures to safeguard adults from abuse published 2011.

CQC conducted at least three unannounced inspections of the registered site.

The Meeting ended at 3.01 pm

Chairman