

## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00 pm on 30 January 2014

### **Present:**

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

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)  
Linda Gabriel (Healthwatch) and Sue Southon (Chairman,  
Community Links Bromley)

### **Also Present:**

Dr Mandy Selby (Bromley GP Consortia) and Councillor Pauline  
Tunncliffe

### **1 Apologies for Absence**

Apologies were received from Councillor John Getgood and Councillor Peter Fookes acted as his alternate and from Dr Andrew Parson and Dr Mandy Selby acted as his alternate.

### **2 Minutes of Last Meeting and Matters Arising**

The Minutes were agreed subject to the following amendments:

Page 3: Meredith Collins is not a doctor

Page 5: National Insurance Numbers should be corrected to NHS Patient Record Numbers.

Page 7: FLO is a telephone messaging system

**RESOLVED that the minutes of the meeting held on 28<sup>th</sup> November 2013 are approved.**

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

Three questions were received from Ms Sue Sulis and the questions and answers are appended to these minutes.

#### **4 Bromley Youth Council- Mental Wellbeing**

Andrew Spears, Youth Council Chairman and Laila Khan, Youth Council Vice-Chairman addressed the Board. The Board viewed the short film that Bromley Youth Council (BYC) had produced for the launch. The film can be viewed at:

<http://www.youtube.com/watch?v=Eq31G4F3MLE>.

Mental Health was identified as the key priority issue at the Youth Council's manifesto event in March 2013 and the Board was provided with a summary and an update on the BYC's campaign on mental health. The campaign aimed to break the silence amongst young people about mental health issues and to raise awareness amongst young people of the services available to offer support. Each year the Youth Council hosted a youth manifesto event, to which all borough secondary schools and colleges were invited to send representation. It is planned, delivered and evaluated by youth councillors and supported by youth support work programme staff. Key decision makers in the borough, including elected Members, officers and service managers were invited as guests, to listen to the views and concerns and answer questions from young people either living, being educated or growing up in Bromley. The outcomes from this event contributed to and completed the BYC Manifesto for the forthcoming year.

At the manifesto event in March 2013, 81 young people from 15 schools and colleges identified their priority issues as a mandate for the Youth Council. Mental health was identified as the key issue. BYC applied and were awarded funding to support this campaign from Bromley Public Health and thanked Dr Ade Fowler, Dr Jenny Selway and Bromley Y for the support they have given to the campaign. The official launch of the campaign was 10<sup>th</sup> October, 'World Mental Health Day'. BYC ran a stall and a 'green' ribbon campaign and alongside this they launched their leaflet and film. The Youth Council had discussions with 628 young people and 239 adults about mental health and wellbeing and distributed over 1000 green ribbons.

The Board was able to consider the mid-term progress report and were informed that an End of Year Report looking at the impact of the campaign and reporting individual and group outcomes and achievements would be available from March 2014.

The Chairman thanked the representatives for the "powerful" film and expressed surprise that mental health was such an issue for young people.

The Board was informed that the information produced by BYC had been distributed to GP's in key areas. They recognised that the film and leaflet could not reach all young people.

Members requested copies of the information collated as a result of sending out questionnaires during the consultation process. These findings had been presented at the "Bromley Crime Summit" held on 28<sup>th</sup> September 2013.

BYC Members had also worked with Sue Southon to increase volunteering amongst young people. The youth workers were keen to get involved with

community schemes and welcomed suggestions by Members.

One Member of the Board noted that in the past the statistics for crimes against the under 16's were not reported and hoped this had changed. In response the Board was informed the Chairman of the Youth Council had been invited by the Borough Commander, Steph Roberts to meet to discuss youth issues.

The Chairman thanked the representatives and felt it was encouraging to see such confident and compassionate youth in the Borough.

**RESOLVED that the report and presentations are noted.**

## **5 Questions on Health and Wellbeing Information Briefing**

There were no questions received on the briefing prior to the 24 hour deadline.

## **6 Better Care Fund (formerly known as the Integration Transformation Fund) - Sign Off**

Following the presentation given at the previous Health and Wellbeing Board (HWB) meeting the Director had prepared a report which outlined a proposal for the joint use of the Better Care Fund (BCF), previously referred to by the Department of Health as the Integration Transformation Fund (ITF). The intention of the fund was to support an increase in the scale and pace of integration between health and social care and provide 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.

In addition to the overarching integration agenda a number of national conditions and measures are attached to the fund designed to move resources across the system towards prevention and short term care interventions and away from high cost care packages in residential or acute settings.

Locally the Chairman of the Board and Directors from both the Local Authority and Bromley's Clinical Commissioning Group were proposing to use the Fund to:

- Fund services that came under the banner of 'short term interventions and preventative services' in the community in order to mitigate the pressures on long term care packages and admissions into secondary care that were putting considerable financial strain on the Health and Care system as a whole;
- Include services that helped both Health and Care deliver against some of their respective legislative duties as set out in the Health and Care Act 2012 and the Care Bill (currently going through parliament and likely to become an Act in 2014);
- 'Clean up' historical joint funding arrangements moving existing joint funded community services into a pooled budget of which the BCF would make up a core component.

Access to the BCF was dependent on agreement of a local 2-year plan for 2014/15 (the planning year) and 2015/16 (first full year). The plans had been first agreed jointly by the Local Authority and Bromley's Clinical Commissioning Group and authorised by their respective Executives.

A template has been produced nationally for local areas to complete their submissions to NHS England. This template had been completed locally and attached to the report for the Board's consideration.

The final sign off required before the Local Plan could be submitted to NHS England needed to be provided by the Board. One of the critical responsibilities for HWBs, as set out in the Health and Care Act 2012, was to encourage joint working and integration in their locality wherever there were clear benefits to the local population. The BCF provided a vehicle that could be used to sustain and accelerate this agenda as well as support the creation of a pooled budget.

The timetable for submission was very tight and Bromley's submission had to be with NHS England by 14<sup>th</sup> February. The final deadline was 4<sup>th</sup> April 2014 which gave officers time to finalise the indicative budgets.

The Board requested an outline setting out how the funding could be used. One of the areas of change would be moving funding from the acute sector to Community Health as the proposed measures should mean that there would be more care in the community leading to less demand on hospital beds.

The Board requested that as the next submission after February, was not until April, it would like to receive the document again prior to final submission. This would be brought to the March meeting.

One Member of the Board raised concerns as to how the fund would be managed if the Local Authority and the Health Authority had differing ideas. She also raised concerns about IT and sought reassurance that there would not be a need to purchase new IT systems at a time of budget constraint, and she was also concerned about unrealistic targets for dementia.

The Director explained that this was an evolving process and the Bromley and the CCG would be making appropriate changes although the role of NHS England in the process was still not clear. He Agreed that IT was a problem as the current "Care First" system was nearing the end its life, however, although other boroughs had spent in the region of £2- £3m on new IT system he had no intention of doing so.

In relation to dementia patients he explained that his aim was to ensure that dementia sufferers did not end their lives in hospital. Consideration was being given to all nursing homes, residential homes and dementia work in the borough to ensure the most appropriate residential care for sufferers,

Dr Bhan explained that one of the aims was to promote joint working to improve the delivery of services to Bromley residents to increase their ability to remain in their own homes. She recognised that all the relevant services needed to be linked and this would be one of the CCG's areas to focus on.

The Vice-Chairman reported that authorities could become “Dementia Friendly” authorities and encouraged Bromley to do so.

The Board was assured that the CCG had signed up to all the principles of the BCF but work was still ongoing to work through the detail.

**RESOLVED that:**

- 1. The Local Plan is authorised and approval is granted for the Plan to be submitted to NHS England allowing Bromley to meet the national deadline for submission of 14<sup>th</sup> February 2014.**
- 2. It be noted that this is the first submission to NHS England and that the planning year does allow both organisations to engage with partners, providers and service users on how the integration agenda should be delivered locally.**
- 3. It be agreed that the Local Plan is championed in the community and is communicated positively to colleagues, providers and service users.**

**7            2012 - 15 Health & Wellbeing Strategy - Annual Refresh**

Officers provided a report which gave the Board an opportunity to review the current Health and Wellbeing Strategy and begin the development of the future Strategy. The Strategy would underpin the Board’s work programme and communication and engagement Strategy (both covered in items on elsewhere on the agenda).

The current Health & Wellbeing Strategy commenced in 2012 for three years; it was agreed as part of the development that there would be an annual refresh of the data and priorities to reflect the latest evidence from the JSNA and monitoring reports. It was also the opportunity to outline current drivers especially as the Health and Social Care areas changed and became more fully integrated.

Board Members noted an update on each of the nine priorities with summary of the main achievements over the last two years, a red, amber and green rating (RAG) based on the progress against the three year outcomes and finally a summary of the planned actions for 2014/15. This was currently being finalised with key partners including the Council, Bromley CCG and third sector partners. It was planned that during 2014/15 all nine priorities would be monitored and reported to the HWB during the course of the year.

The Strategy developed in 2012 outlined the proposed changes in both health and social care organisations, these changes had now been implemented in part and in relation to further integration these plans had become more developed locally. The evidence base of the 2012 version of the Strategy had also been updated to reflect the 2012 JSNA and other more up to date sources. This document would be finalised and circulated for sign off at the HWB March meeting, with February

being used to collate feedback and comments on the content of this refreshed Strategy.

It was planned that work on the 2015 – 18 Health and Wellbeing Strategy will begin as soon as the 2013 JSNA was presented for sign off by the HWB (September 2014). A facilitated HWB workshop where the potential areas to be considered as priorities in the future Strategy, the draft Strategy would be developed for engagement events early in 2015 for launching and implementation from April 2015.

The Chairman was pleased to see the ratings included in the Strategy, this was one of the suggestions from the Board's "Away Day" in October. Councillor Jefferys felt that close attention needed to be paid to the wording and detail and that the issues contained needed to be cross referenced. He was aware that in relation to obesity and diabetes there are a number of other issues, in the instance of these two medical conditions he would expect to see the prevalence rise to indicate that patients are being identified. There were a number of other areas he would like to discuss and it was agreed that these discussions would take place outside the meeting.

Dr Lemic explained that the document being presented was the summary document and the full plan contained details on priority areas led by groups and action plans within these groups.

With regard to diagnosis of diabetes she was pleased to report that Bromley GP's were very good at identifying patients and the proportions of undiagnosed diabetes were less than elsewhere. She confirmed that it was likely that the incidence of diabetes may rise. Diabetes was a major problem and that was the reason for trying to develop a programme to address it.

The proposal was for the refresh Strategy to be circulated to the Board in mid-February for agreement and to ensure it contained the right targets. The Chairman reminded the Members of the Board that it was important that they fed into the Strategy.

The Board questioned the "Falls Service" but was informed that this was within the remit of the ProMISE service and contained in a report elsewhere on the agenda.

Officers reassured the Board that carers were being identified in all areas and that they were trying to stimulate more carers to register. This was an area where GP colleagues were providing help. However it was acknowledged that the full picture regarding carers was still not clear.

In relation to obesity, Councillor Evans questioned the reported activity targets of 69.1% and the nature of the sample of people questioned. Dr Lemic explained that activity was not necessarily just exercise it also referred to activities such as housework and gardening. She was not able to confirm the size of the sample and it was agreed that she would provide additional information outside of the meeting. She also confirmed that more detailed information was contained on the JSNA.

Officers would bring regular updates back to the Board.

**RESOLVED that:**

- 1. the report, 2012/14 achievements and 2014/15 planned actions be noted (appendix 1);**
- 2. the timescales for completing this refresh be agreed;**
- 3. the monitoring reports for the nine current priorities be agreed;**
- 4. the suggested approach for development of the next Strategy be endorsed.**

**8 HWB Communication & Engagement Strategy**

At the last meeting the Board, whilst considering the importance of communicating the ProMiSE programme to residents, had requested a report from Bromley's communication team.

Officers presented a report which outlined a draft Communications and Engagement Strategy to manage communications relating to local health and wellbeing issues following government health reforms. It included managing messages emanating from the work of the HWB, those relating to the Council's new Building a Better Bromley priority of 'A Healthy Bromley' and those relating to the Council's public health responsibilities. Such an approach would also cover messages reflecting the Council's and the Bromley Clinical Commissioning Group's business objectives concerning the further integration of health and social care services, particularly work relating to the Better Care Fund and the Proactive Management of Integrated Services for the Elderly (known as the ProMiSE programme).

Members were informed that a number of the "building blocks" were already in place and work was underway to raise awareness of the Board.

**RESOLVED that**

- 1. the draft communications and engagement Strategy including the overarching objectives and messages is endorsed; a communications and engagement plan is developed informed by a communication structure of target audiences and the Strategy's objectives and messages.**

**9 Board Member Development and Engagement Programme**

The Board was provided with an update on the development activity that had taken place with Members of the HWB. Further proposals were also outlined in order to progress Member development. The report suggested a continuing development and engagement programme, the development of ward-based profiles benchmarked alongside Bromley as a whole to give all elected Members a better understanding of health and wellbeing of residents locally in their wards and suggested a series of GP practice visits to be arranged for Board Members and elected Members to broaden the understanding of how the NHS operates in that

sector.

Board Members questioned if the ward summaries would be for all Ward Members or just those on HWB. In response the Chairman said that it was his intention to provide this information to all Ward Members. He also encouraged Members to get involved as he noted that the public liked to see Ward Members showing an interest in local priorities.

The Board also raised concerns about drawing comparisons across the ward profiles or any kind of “ranking” as these sorts of measures could be problematic. In addition it was felt that the Board should be looking for particular problems such as difficulty with access for certain groups. They were assured that the GP data and ward profiles would not be used to compile a “league table”.

The Board welcomed the suggestion of visiting GP practices and were keen that this was broadened to cover visits to other sites such as hospitals. Officers confirmed that discussions were taking place with the CCG and it was hoped to extend the visits to other area in due course.

**RESOLVED that it is noted that The Development & Engagement Programme will be led by the London Borough of Bromley, with required input and leadership from partner organisations including the CCG, Healthwatch and Community Links Bromley for specific actions.**

#### **10 Future Meetings and Agenda Items**

The meeting scheduled for 22<sup>nd</sup> May would be re-scheduled after the 4<sup>th</sup> June 2014. The Board would be advised of the revised date in due course.

#### **11 Any Other Business**

None

#### **12 Date of Next Meeting**

**Thursday 20<sup>th</sup> March at 1.30pm.**

#### **13 A&E Performance**

For consideration of this item the Board was joined by colleagues from the Health Scrutiny Sub-Committee (HSSC).

The Chairman of the HSSC made a statement:

I was greatly disappointed to learn on Monday morning that a summit had been arranged for today that Kings' would be attending and they would not therefore be present here to address this committee and members of the public to allay their concerns regarding The PRUH.

Staff here notably Angela Buchanan, did their utmost at this incredibly short notice to try and accommodate the meeting here at The Civic Centre, so that both Agendas' could be addressed. Kings' refused our efforts.

Staff in Care Services are already faced with an extremely heavy workload and it is not right that they had to spend valuable hours dealing with something that could have been avoided. I understand that the Portfolio Holder drew the date of today's meeting to their attention as early as 17<sup>th</sup> January 2014.

If we are going to successfully work together and give confidence to the residents of Bromley with regards to the health service, we need reassurance from Kings' that this situation will be avoided in the future.

Moving forward, we need Kings' to provide a full update on the impact their plans/changes have had on The PRUH, especially with regard to A&E performance and trolley breaches.

I am not prepared to spend valuable resources convening a separate meeting, so would ask with plenty of notice that all parties' concerned attend the next Care Services PDS on March 11<sup>th</sup> to provide this in a special item

I will be writing to Kings' to express the views of this committee regarding this meeting.

The Board and Members of the Health Scrutiny Sub-committee had raised concerns regarding the performance of the Accident and Emergency Department at the Princess Royal University Hospital (PRUH) for some time. The performance at the Hospital over the last quarter had been at levels below the agreed performance level, with some very significant daily and weekly fluctuations.

There were various steps in place to help improve the performance in order that it was brought back in line with the agreed trajectory. The CCG presented a briefing paper outlining, broadly the position in line with the trajectory in the previous quarter, highlighting some of the causes for the decline in performance in the previous quarter as well as describing current and planned actions.

Dr Bhan, from the CCG addressed Members. She had conveyed Members feelings about King's failure to attend and apologised that the situation had arisen.

She reported that the target for A&E patients was that 95% of patients should be in the department for no longer than 4 hours before they are either moved to a ward or discharged. This would only be achieved if all departments were functioning efficiently.

Dr Bhan then outlined the previous history of the PRUH prior to the takeover by King's. However even after the takeover the performance of A&E had not reached the 95% target and since December 2013 it was clear that the trajectory was not going to be met. It had been recognised at the outset that it would take some time before the hospital was able to meet the targets and the CCG therefore agreed with King's a lower trajectory of 87% for quarter 3 had 90% for quarter 4 of

2013/14. This was also agreed with monitor and NHS England as being realistic.

In addition there were a large number of trolley breaches. Both the CCG and King's found this unacceptable and were working hard with all agencies and community services to avoid future breaches.

There were a number of vacant posts at the hospital and King's were recruiting to fill vacancies; Advertising for additional staff meant there were now 2.6 fulltime equivalents (FTE) matrons in A&E, 3 new consultants and additional nurses. Further recruitment was still needed. Where appointments could not be made King's employed agency staff.

Improvements were also needed in patient pathways as there had been a decline in numbers and the system was becoming "disjointed". The reporting system had been improved as the previous system had not been clear when reporting the percentage of patients waiting longer than 4 hours in A&E.

Changes in the way facilities were used had seen a number of Queen Mary's patients being treated for elective procedures at the PRUH and a number of services were now linked; such as the Post Acute Care Enablement (PACE) Service provided by Bromley Healthcare.

Dr Bhan explained that action was being taken to recover the overall situation and there had been "shoots of improvement"; during the previous weekend over 90% of patients were seen within 4 hours.

She then outlined an exercise the hospital would be undertaking; "The Perfect Week". The hospital put itself in the position of dealing with a major incident. The exercise had been undertaken recently for 10 days at King's College Hospital and had seen performance reach 96%. As there was so much work at the PRUH it was decided to wait until after the changes had taken place and was therefore scheduled for the end of February.

Members then debated the item and asked questions; The HSSC Chairman asked if Social Workers were now working at the hospital at the weekends and the Director confirmed that they had always been available at the weekend or were on call. He added that he was aware there were still problems at the PRUH, one of which was no uniform system for discharging patients and this was more apparent at the weekends.

He re-iterated the hospital was understaffed but added that he could not fault the work Dr Bhan had achieved as a Chief Officer for the CCG even though it was not her role.

Dr Bhan explained that the crisis at the PRUH was acute and that there was a crisis support unit which provided daily updates. One particular issue was looking at patients who were medically or surgically fit but were not being discharged. The unit also talked to patients to ascertain their views on why they were being delayed. In addition a detailed weekly report on trolley breaches and breaches of the 4 hour A&E targets was provided and Dr Bhan agreed that this information

could be shared with the Board.

Members asked what the CCG was doing to involve GP's and Dr Bhan explained that GP's were commissioned by NHS England not the CCG but it was working with them to try to encourage patients to consider other routes for treatment rather than A&E; such as GP visits, talking to a pharmacist and using the Urgent Care Centres.

One Member asked how many staff had been lost at the PRUH and also sought clarification regarding reports of patients having to wait in ambulances as the A&E departments were too full to accept them. He also asked about GP's working at the hospital and the role of the Urgent Care Centres.

In response Dr Bhan explained under the South London Health Trust (SLHT) there had been a gradual reduction in staff and King's was now seeking to recruit an additional 200 staff across all areas both clinical and non-clinical. She confirmed that Beckenham Beacon had both a walk in centre and a minor injuries unit. An Urgent Care Centre was based at the PRUH staffed by GP's and consideration was being given to expanding this service.

In response to ambulance delays Dr Bhan explained that ambulance crews would divert to another hospital if one was at capacity. In addition if there were too many delays the service would send an Ambulance Manager to review the situation.

Concerns were raised about discharging patients too early, particularly vulnerable patients such as those suffering with dementia. Many were looked after by elderly carers. Dr Bhan said that it was not the hospitals intention to discharge patients before they were ready. As part of the "Perfect Week" exercise no-one would be discharged without a carers and a home assessment. She said she was happy to investigate individual cases if Members had concerns.

One of the areas that Members felt caused a delay in discharge was waiting for medications as the pharmacy appeared to be very slow. Dr Bhan reported that this was being addressed, it wasn't necessarily a problem at the pharmacy it was also a case of having to wait for a junior doctor to sign prescriptions. The Chairman of the HSSC asked for regular updates on this.

Members then asked about staff morale at the PRUH and were informed that King's was taking steps to raise morale. This included training and opportunities for staff. It was noted that morale would improve as performance increased.

Dr Bhan was unable to answer questions on patient transport, which King's commissioned on behalf of the CCG. It was agreed that a report on patient transport would be brought to the meeting of the Care Services Policy Development and Scrutiny Committee in March.

When considering how to reduce the demand for emergency services, many of the people were elderly and such patients could deteriorate very quickly. One Member suggested that care homes should be able to prescribe antibiotics. Dr Bhan explained that there could be a problem with this and that all care homes

had a visiting medical officer, usually a GP from the nearest practice. However she did acknowledge that more training was needed for care home staff to help them manage residents' health.

Members enquired about the numbers of out of borough residents who accessed the A&E department at the PRUH. Dr Bhan explained that the import/export ratio was about even. Bromley residents in the north and north west of the borough were closer to Lewisham or Croydon University hospitals so tended to go there. She also reported that the majority of Bexley residents tended to use Darenth Valley hospital or Queen Elizabeth Hospital.

Linda Gabriel, Healthwatch Bromley reported that they had set up some focus groups in autumn 2013. The issues raised included cleanliness and hand washing. Discharge of patients was also an issue and delays in writing up patients notes. Healthwatch was intending to do an "enter and view" at the PRUH. This had been scheduled for early February but the hospital asked if this could be delayed and so it was now scheduled for mid March. She would report on progress at the next meeting.

In relation to winter pressures Dr Bhan reported that there had been a monitoring meeting and all agencies were working collectively to provide one point for information. She was pleased to report that winter pressures had not been as bad as in previous years.

**RESOLVED that the report be noted.**

The Meeting ended at 3.24 pm

Chairman