BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

THE LONDON BOROUGH
www.bromley.gov.uk

TELEPHONE: 020 8464 3333 CONTACT: Helen Long
helen.long@bromley.gov.uk

DIRECT LINE: 020 8313 4595
FAX: 020 8290 0608 DATE: 23 January 2014

To: Members of the
HEALTH AND WELLBEING BOARD

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

London Borough of Bromley Officers:

Dr Nada Lemic	Director of Public Health
Terry Parkin	Executive Director: Education, Care & Health Services (Statutory DASS and DCS)

Clinical Commissioning Group:

Dr Angela Bhan	Chief Officer - Consultant in Public Health
Dr Andrew Parson	Clinical Chairman

Bromley Voluntary Sector:

Linda Gabriel	Healthwatch
Sue Southon	Chairman, Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 30 JANUARY 2014 AT 2.00 PM**

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from www.bromley.gov.uk/meetings

AGENDA

1 APOLOGIES FOR ABSENCE

2 MINUTES OF LAST MEETING AND MATTERS ARISING (Pages 1 - 12)

3 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Friday 24th January 2014.

4 BROMLEY YOUTH COUNCIL- MENTAL WELLBEING (Pages 13 - 34)

5 QUESTIONS ON HEALTH AND WELLBEING INFORMATION BRIEFING

The briefing comprises:

- Bromley Annual Public Health Annual Report 2013 – "Top Body, Top Mind"
- Bromley Safeguarding Children Board – Annual Report
  This item is for information only but will be included as an agenda item for discussion at the March meeting.
- Joint Strategic Needs Assessment
  This item will be included as part of the information briefing at each meeting

Members and Co-opted Members have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

This item will only be debated if a member of the Board 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.

6 BETTER CARE FUND (FORMERLY KNOWN AS THE INTEGRATION TRANSFORMATION FUND) - SIGN OFF (Pages 35 - 60)

7 2012 - 15 HEALTH & WELLBEING STRATEGY - ANNUAL REFRESH (Pages 61 - 74)

8 HWB COMMUNICATION & ENGAGEMENT STRATEGY (Pages 75 - 84)

9 BOARD MEMBER DEVELOPMENT AND ENGAGEMENT PROGRAMME (Pages 85 - 90)

10 FUTURE MEETINGS AND AGENDA ITEMS (Pages 91 - 102)

11 ANY OTHER BUSINESS

12 DATE OF NEXT MEETING

Date of Next meeting:

Thursday 20th March 2014

The meeting scheduled for Thursday 22nd May 2014 will need to be changed, an alternative date will be need to be considered at the meeting.

13 A&E PERFORMANCE (Pages 103 - 112)

Please note that this item will be considered as the first item on the Health Scrutiny Sub Committee Agenda. That meeting starts at 3.30pm. Board Members will be joined by their committee colleagues for this item. After which Board Members can leave whilst the Scrutiny committee continues with its agenda.

This item will include:

- Winter Pressures Update;
- Outcome of the meeting with Monitor in November;
- Outcome of the recent CQC inspection;
- Joint working to improve outcomes;

This page is left intentionally blank

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)

1 Apologies for Absence

Apologies for absence were received from Councillors Reg Adms and Ellie Harmer. Apologies ere 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 and 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 Dr 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.

- -

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

Report No.
CS 14017

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 30 January 2014**
Title:	**BROMLEY YOUTH COUNCIL - MENTAL WELLBEING**
Contact Officer:	Terry Parkin, Executive Director, Education, Care & Health Services Tel: 020 8313 4060 E-mail: Terry.Parkin@bromley.gov.uk
Chief Officer:	Executive Director of Education, Care & Health Services

1. SUMMARY

1.1. Mental Health was identified as the key priority issue at the Youth Council's manifesto event in March 2013.

1.2. This report and a presentation to the board provides a summary and an update on the Bromley Youth Council's campaign on Mental Health. The campaign aims 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.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. Public Health have supported this campaign. The Board is asked to note this report.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSITUTENT PARTNER ORGANISATIONS

3.1. No specific action is required by the Board.

Health & Wellbeing Strategy

1. Related priority: Children with Mental & Emotional Health Problems

---

Financial

1. Cost of proposal: n/a

2. Ongoing costs: n/a

3. Total savings (if applicable): n/a

4. Budget host organisation:

5. Source of funding: £4,500 from Public Health

6. Beneficiary/beneficiaries of any savings: n/a

Supporting Public Health Outcome Indicator(s)

---

4. COMMENTARY

4.1. Bromley Youth Council is the elected youth forum of the London Borough of Bromley, which enables young residents of the Borough to have a voice in local decision making and encourages young people to take part in campaigns and projects to address the issues that affect them. The work of the Bromley Youth Council is managed and supported by the Bromley Youth Support Programme's Youth Involvement staff team.

4.2. Bromley Youth Council (BYC) has an elected and co-opted membership of 29 young people aged 11-19 years old (up to 25 with a disability or special education need). Bromley Youth Council promotes key functions including youth leadership, volunteering, youth democracy, listening to young people and putting young people at the heart of decision making. The Youth Council hold biennial elections across Bromley Schools, colleges, Youth Clubs and Voluntary services. In addition the Youth Council has co-opted representatives from the Living in Care Council, Bromley Young Advisers. The Youth Council has representatives on the British Youth Council and the United Kingdom Youth Parliament.

4.3. Each year the Youth Council host a youth manifesto event, to which all borough secondary schools and colleges are invited to send representation. The event 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 are 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 contribute to and complete the BYC Manifesto for the forthcoming year. A copy of the 2013/14 Youth Manifesto is available from the lead contact for this report

4.4. 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, with Youth Activities, Staying safe and Tuition Fees as the next most prioritised concerns. The initial identification of issues at the manifesto event formed the basis from which campaign plans for these concerns were drawn up by youth council members.

4.5. Mental Health was identified to be the Youth Council's primary campaign for 2013 with the others as secondary campaigns. BYC applied for funding to support this campaign from Bromley Public Health and were awarded this funding. BYC would like to thank Dr Ade Fowler, Dr Jenny Selway and Bromley Y for the support they have given to the campaign.

4.6. The Youth Council have produced a midterm progress report (Enclosure 1).

4.7. 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. In addition BYC aimed to raise awareness in schools and provided copies of the leaflet they designed, along with a copy of the film they produced and a series of lesson plans to introduce the issue of mental health and wellbeing to all secondary schools in the borough. The official launch of the campaign was 10th October, 'World Mental Health Day'. BYC ran a stall and a 'green' ribbon campaign alongside this they launched their leaflet and film. BYC young people discussions with 628 young people and 239 adults about mental health and wellbeing and distributed over 1000 green ribbons. The film can be viewed on http://www.youtube.com/watch?v=Eq31G4F3MLE

4.8. The Youth Council will also produce an End of Year Report which will look at the impact of the campaign as well as reporting individual and group outcomes and achievements. This will be available from March 2014.

Non-Applicable Sections:	Financial implications, Legal implications, Implications for other Governance arrangements, Boards and Partnership arrangements
Background Documents: (Access via Contact Officer)	

Bromley Youth Council
Part 1 – Mid Year Report

Title: BYC Campaign Progress 2013 – 2014
Date: September 2013
Chairman: Andrew Spears
Contact Info: BYC@bromley.gov.uk
Report produced by Noel Chambers, Andrew Spears, Ross Stanford, Laila Khan, Sarah Bakare and Katie Chaplin on behalf of, and in consultation with, Bromley Youth Council.

1. Reason for report

This report is to inform Members and Officers of the London Borough of Bromley on the mid year progress of the 2013-14 Manifesto Campaign Objectives. The report will show progress made by Bromley Youth Council and its members in working on the primary campaign area of mental health well-being, and the secondary campaign areas of youth activities, tuition fees and staying safe

2. Introduction

Bromley Youth Council is a representative forum organised and supported by Bromley Council which enables young residents of the Borough to have a voice in local decision making and encourages young people to take part in campaigns and projects to address the issues that affect them.

The Youth Manifesto sets out the key priorities that have been identified at the year's Annual Manifesto Event and, in turn, that Bromley Youth Council has committed to address during its term of office.

In 2013 there were 81 young people from 15 schools and colleges represented at the annual manifesto event. The 2013-14 Youth Manifesto was launched in May 2013.

3. Manifesto Priorities-

The Youth Council was directed, as a result of the Youth Manifesto Event, to focus on the following key issues, to campaign and facilitate positive change for young people in Bromley:-

- Primary campaign Area:- Mental Health and well being
- Subsidiary/Secondary Campaign Areas:- Youth Activities, Tuition fees, and Staying Safe

4. Campaign Progress

4.1 Mental Health

Mental Health –Was voted the number one area of concern for young people attending the Youth Manifesto Event 2013. Particular areas of concern raised by young people at the manifesto event were highlighted as:-

- Young People felt that they were not aware of the breadth of mental health issues facing young people and that they often made assumptions about issues such as anxiety, depression, stress etc which were not accurate or helpful. They would like to raise awareness amongst young people of mental health issues.
- They were concerned that services available to support young people with mental health issues were not widely known and young people were not clear how they could go about accessing these services and who they could talk to if they had concerns or worries. They felt there needed to be better information available about services able to support young people who were concerned about mental health issues.
- Young people felt there was a lot of misinformation and myths surrounding mental health issues. They were concerned that some young people are reluctant to admit they have concerns as they are scared that people will judge them, make assumptions about them or treat them as 'mad'. Young people wanted to challenge the myths about mental health and the stigma attributed to people with mental health issues.
- Young people recognised that adolescence can be a confusing, pressured and stressful time for them. Many of them experience difficult and stressful situations such as exams, relationships, adolescence and transitions, some young people have additional stress e.g. from family relationship issues and breakdown problems etc. Young people where keen to look at the issues which affect mental health and wellbeing in young people and raise the profile of these 'life events' and the possible impact these can have.

Bromley Youth Council looked at the issues raised by young people at the manifesto event and in order to have the most impact possible in this campaign area they proposed working alongside Public Health and other key partners on this campaign area. They made an application for funding to Public health to support the campaign.

4.1.1 To address the issues the Youth Council proposed to:

- Design and distribute an information leaflet in partnership with Public Health to raise awareness of the signs and symptoms of mental health issues and the services available to support young people.
- Produce an information film for use in schools/colleges and community facilities to raise awareness of services and how to access them.

- Work alongside Public Health to offer training to schools, colleges and Governors about mental health issues in Adolescents.
- Deliver an awareness campaign with a focus around anti –bullying week *'I'm not Mad'* (This was later planned for World mental health Day 10/10/13). In addition explore using BYSP summer programme to speak to young people and distribute leaflets etc**.**
- Use BYSP Facebook to facilitate and support the campaign and signpost young people to appropriate help.

See the Mental health Campaign Full Work Plan Appendix 1

4.1.2 Outcomes/Outputs to date:-

- 6 youth councillors completed a draft campaign plan, and met with representatives from Public Health to discuss our proposed plan.
- 9 Bromley Youth Councillors launched the campaign plan at the manifesto launch event
- 5 Youth Councillors completed an application, which was successful, for supplementary funding from Bromley Public health
- The Youth council have sent details of the campaign to all secondary schools and colleges in the borough.
- 10 Bromley Youth Councillors undertook workshops to raise their own awareness of mental health issues.
- A representative from Young Minds has been invited to a BYC meeting to provide information on Mental Health in young people across the borough.
- Dr Jenny Selway from Public health attended a BYC meeting and gave young people information about the 'metal health issues' facing young people across the borough.
- 9 young people researched local and national organisations about mental health and the collated this information into a leaflet approved by Public Health and BYSP
- Bromley Youth Council worked alongside key partners, Bromley Public health, Bromley Y Counselling Service and Bromley CAMHS to collect accurate information and consult on this campaign.
- 12 young people worked alongside a designer to produce leaflets to support the campaign.
- 12 Young people were involved in story boarding and planning script ideas for the mental health film.
- 8 Young people completed two filming days alongside Chocolate Films
- 8 youth councillors helped raise awareness of the campaign through BYSP summer programme.
- The materials and Film will be launched alongside a green ribbon campaign on October 10th In Intu in Bromley. This is World mental health Day – Bromley Youth Council will be part of a consortium of groups offering mental health Information etc. in the Town centre on this day along with Bromley mental health Forum, Bromley Mind and other groups.

4.2 <u>Youth Activities</u>

Youth Activities – Was voted as a secondary campaign area for young people attending the Youth Manifesto Event 2013. Particular areas of concern raised by young at the manifesto event people included:

- Many young people felt leisure opportunities for young people in Bromley existed beyond those that you need to pay to access. It was felt that there was a need to raise awareness of leisure activities available to young people across the borough which are free and those for which there is a small cost.

- Youth volunteering opportunities were raised at several points in the day by participants. It was felt that there should be more opportunities for youth volunteering in the borough. The Youth Council had been working with Community Links recently regarding volunteering opportunities for young people and are aware of some of those already available and some which are in the process of being developed so are keen to increase young peoples knowledge of volunteering opportunities across the borough.

- Young People felt there was a lack of opportunity to engage in Youth Activities and Youth Services. With a limited resource it was felt that there was a need to raise awareness of positive activities and personal development opportunities for young people already in existence across the borough and ways young people can find out about these.

4.2.1 To address the issues the Youth Council proposed:

- BYC members to research other borough to see what mechanisms are in place to raise awareness of services.
- BYC to see if there are existing directories in Bromley and how these are Publicised/distributed
- BYC members to put a proposal together and to present to Bromley Council with findings and any recommended actions to support raising awareness amongst Young People

The Secondary campaign Plans are attached at Appendix 2

4.2.2 Outcomes/ Outputs to date:-

- 4 youth councillors drafted and discussed a campaign plan with guidance from Volunteer Centre Bromley
- 9 Bromley Youth Councillors Launched the campaign plan at manifesto launch event
- Over 15 hours of research has been completed by 6 Youth Councillors
- Over 60 Volunteer surveys completed
- Youth Councillors have promoted the campaign via Bromley Youth Support Programme.

- Youth Councillors have researched how other services , Local authorities and leisure facilities promote activities and events to young people
- Youth Councillors are in the process of writing up their findings along with recommendations and will present these to relevant services, departments and officers.

4.3 Tuition Fees

Tuition Fees – Was voted as a secondary area of concern for young people attending the Youth Manifesto Event 2013. Particular areas of concern raised by young at the manifesto event people included:

- Many young people were confused about how the current system actually works in practice. It was felt that to raise awareness and challenge misconceptions of the current system for tuition fees would at least ensure that young people had accurate information to enable them to make informed decisions.

- Young people felt no support was available with this issue and it would be helpful to raise awareness of services offering support, advice and assistance on this issue to empower informed decision making with accurate and supportive advice.

- Young people believed we should be challenging the tuition fees and campaigning about the costs and current policy.

Bromley Youth Council recognised that this is a national issue and recognised the limited influence they could have as regards effecting change. However they did feel that some young people were not in receipt of good, effective and correct information about this issue. They also recognised the need to escalate young people's concerns so decided to work alongside the United Kingdom Youth parliament to raise concerns they felt young people in Bromley may have about this issue.

4.3.1 To address the issues the Youth Council proposed:

- Research local/national services that offer information advice and guidance around tuition fees/ bursaries, hardship funding etc. This information would be collated and distributed to all School Councils and to Youth centers etc. for dissemination
- All school/ College councils contacted via letter asking them to summarise the issues for their students about Tuition fees, access to information, misunderstandings etc.
- If required will facilitate a meeting of school council representatives to share thoughts and concerns.
- Seek information from students/ young people in the borough via

facebook (BYSP) and the BYC email as to concerns for young people across the borough

- Collate information received from school councils and UKYP/BYC members will raise at local meeting – and draft a letter of concern to UKYP. Any response to this will be shared with participating schools.

4.3.2 Outcomes/Outputs to date:

- 4 youth councillors completed draft campaign plan and discussed proposed plan with UKYP
- 9 Youth Councillors Launched this campaign at the Manifesto Launch event
- Youth Councillors have raised awareness of this campaign to all local secondary schools, colleges and partner organisations.
- 4 UKYP members shared information at Convention 1 and received feedback from other UKYP members
- 6 young people researched local and national organisations and collated information around tuition fees and guidance and information available to Young people.
- 3 Youth Councillors created a facebook Post around Tuition Fees
- 3 Youth Councillors have asked for responses from schools around their thoughts on Tuition Fees
- Young people have planned the next steps and are awaiting information and feedback from school councils about issues their students have faced and are concerned about.

4.4 Staying Safe

Staying Safe – Was voted as a secondary area of concern for young people attending the Youth Manifesto Event 2013. Particular areas of concern raised by young at the manifesto event people included:

- Some young people said they felt unsafe when travelling on public transport and there was a need to raise awareness of personal safety on public transport.

- Young people were concerned that they were not aware of their rights and responsibilities with regards to being stopped and searched by police. They felt they needed to be in receipt of better information and would like to raise awareness of young peoples rights and responsibilities in relation to Stop and Search

- Young people felt that a significant number of young people who were victims of crime were still not reporting crimes and were not aware of the different mechanisms available to report crime. It was felt that there was a need to increase awareness of variety of ways in which young people can report crimes

4.4.1 To address the issues the Youth Council proposed:

- To meet with the Police and to establish current systems for communicating with young people on issues to ensure YP on Youth Council are properly informed of what already exists
- Design a questionnaire around staying safe in Bromley (incorporating the three areas from the Manifesto Event – Transport, Stop and Search and Reporting Crime). – this will get more information than the limited information we gained at the manifesto event and will inform who we need to speak with moving forward, Local Police, Transport Police or TFL
- Complete questionnaires with young people in each of the 4 areas of the borough during the summer via the BYSP parks programme.
- Work with the police to see if we can support, participate and promote current projects i.e. Stop and Search. – liaise with the Youth teams to see what work is being undertaken.
- Collate information from questionnaire and create a summary of findings – identify appropriate agencies to share this information with based on issues e.g. Local Police, Transport Police, TFL and /or Council.
- Present information to agencies/ services above and BYSP Management, BCEF and PPS PDS – with any recommendations for action.
- To progress to look at how BYC Crime and Community team could work alongside police in the long term to maintain and establish an ongoing rapport and dialogue.

4.4.2 Outcomes/Outputs to date:-

- 3 Youth Councillors Met with local police services to discuss campaign plan
- 4 young people completed draft campaign plan
- 9 Youth Councillors launched campaign at manifesto launch event
- Youth Councillors have raised awareness of campaign to local schools/colleges/partners and the pubic.
- 6 young people undertook research to draw up the 'Crime' survey
- 4 Youth Councillors designed a staying safe survey to be completed with young people in Youth centres and the Bromley Youth Support programme Summer Parks Programme.
- 223 surveys were completed with young people.
- 8 young people spoke to young people about their feelings on safety in their local area.
- 7 Young People have collated information from surveys
- 8 Young people collated a report on the findings of the staying safe questionnaire and the reconditions from Bromley youth Council.

- 3 Young people produced a Power point presentation to be used at the Bromley Crime Summit 28th September 2013
- 2 young people presented a workshop summarising the findings of the campaign to approximately 75 adult attendees at the Crime Conference 28/9/13. (Copies of report and presentation available on request).

5. Next Steps

Bromley Youth Council and its members will continue to progress the worn on its primary campaign area and it secondary campaign areas. The Youth Council aim to complete the work on the campaigns by January/ February 2014.

We will draw up an end of year report in March 2014 showing overall progress made on each campaign area and outcomes and output as well as the skills gained by Youth Councillors through participation in these campaigns.

The Youth Council will hold its annual Manifesto Event on 11th March 2014 at Oakley House. At this event the Youth Council will facilitate 4 workshops to delegates detailing the campaigns and their outcomes. This will hopefully help inform next year's campaign issues.

Bromley Youth Council will hold its Biennial Elections in January and February 2014. This will elect a whole new group of Youth Councillors to the Youth Council from secondary schools, colleges and Youth organisations across the borough. Those young people whom have completed their two year term of office have the opportunity to apply to extend that term of office on the grounds of 'extraordinary contribution'.

Bromley Youth Council would like to thank all the Young People, Officers, Services and Members who have supported and helped the Youth Council in their 2013/2014 campaigns to date . We hope we can count on your continued support.

We would like to give a particular mention to Kai Hutson for his work in collating the Staying safe campaign questionnaires.

Appendix 1

Mental Health Campaign Plan.

Mental Health –Was voted the number one area of concern for young people attending the Youth Manifesto Event 2013. This therefore will be the primary campaign area for Bromley Youth Council for 2013/14. . Particular areas of concern raised by young people at the manifesto event included:

- Young People felt that they were not aware of the breadth of mental health issues facing young people and that they often made assumptions about issues such as anxiety, depression, stress etc. which were not accurate or helpful. They would like to raise awareness amongst young people of mental health issues.

- They were concerned that services available to support young people with mental health issues were not widely known and young people were not clear how they could go about accessing these services and who they could talk to if they had concerns or worries. They felt there needed to be better information available about services able to support young people who were concerned about mental health issues.

- Young people felt there was a lot of misinformation and myths surrounding mental health issues. They were concerned that some young people are reluctant to admit they have concerns as they are scared that people will judge them, make assumptions about them or treat them as 'mad'. Young people wanted to challenge the myths about mental health and the stigma attributed to people with mental health issues.

- Young people recognised that adolescence can be a confusing, pressured and stressful time for them. Many of them experience difficult and stressful situations such as exams, relationships, adolescence and transitions, some young people have additional stress e.g. from family relationship issues and breakdown problems etc. Young people where keen to look at the issues which affect mental health and wellbeing in young people and raise the profile of these 'life events' and the possible impact these can have.

Bromley Youth Council looked at the issues raised by young people at the manifesto event and in order to have the most impact possible in this campaign area they are proposing to work alongside Public Health on these issues.

To address the issues the Youth Council are proposing to:

- Design and distribute an information leaflet in partnership with Public Health to raise awareness of the signs and symptoms of mental health issues and the services available to support young people.
- Produce an information film for use in schools/colleges and community facilities to raise awareness of services and how to access them.
- Work alongside Public Health to offer training to schools, colleges and Governors about mental health issues in Adolescents.
- Deliver an awareness campaign with a focus around anti –bullying week *'I'm not Mad'*. In addition explore using BYSP summer programme to speak to young people and distribute leaflets etc.

- Use BYSP Facebook to facilitate and support the campaign and signpost young people to appropriate help.

What are the campaign Aims
• Raise awareness of the signs and symptoms of mental health issues • Raise awareness of the different mental illness young people may be affected by • Work with Public Health to ensure proper information is available to Professionals • Raise awareness of the services available to support young people and methods of access • To work to 'dispel' the myths … mental health is an 'illness'.
Steps to achieve the aims
• Research current campaigns for mental health awareness • Research local and national services working with young people with mental health issues • Research local referral routes and access to specialist services • Invite VIK – YoungMinds Project to a BYC meeting • Partner with Public Health to maximize campaign impact and specialist knowledge • Identify funding and commission a Leaflet to raise awareness and services. • Identify funding and commission a Film to raise awareness and services. • To promote the campaign and secure 'buy in' from schools, colleges and youth services.
Who will be our key partners
• Public Health • London Borough of Bromley • Locals Schools, Colleges, Youth Projects • Bromley Y/ CAMHS • Research National Services and potential partnership opportunities**.**
Resources and Support Required
• Specialist knowledge and support from Public Health • Admin resources – stationary, IT etc. • BYC Working Groups commitment and time • Youth Involvement team time and commitment • Funding for leaflet, design, production and distribution. • Funding for film, production, editing and distribution

- Support and commitment from Local Services, schools, colleges etc.
- Funding for 'awareness event' products

Possible Barriers and Solutions

Insufficient Funding for all desired elements of campaign

- Project plan completed with costing
- Talk to possible funders/ funding opportunities
- Review campaign aims – outputs

Insufficient support from schools and local projects

- Set realistic targets
- Raise awareness and motivation via BYC representatives to be involved.

Lack of support from BYC

- Motivate BYC Members via activities and increased knowledge
- Make meetings accessible
- Have a core team of dedicated young people to lead the work plan.

Time Line

- April 2013: complete draft campaign plan
- April/May 2013: meet with Public Health to discuss proposed plan
- May 2013: launch campaign plan at Manifesto Launch Event
- May/June 2013: raise awareness of and promote interest in campaign in schools, colleges etc.
- May/June 2013: BYC Yp undertake workshops to raise awareness of mental health issues – Youth Involvement, Health Improvement and Public Health
- June 2013: Invite VIK Young Minds project to BYC Meeting
- June 2013: Confirm Campaign Plan and Funding
- June 2013: Research local and National Organisations'
- June 2013: draft information for leaflets agreed with Public Health final approval BYSP
- June 2013: commission leaflets for production by July 2013
- July 2013: book Glades for 'Anti Bullying Week'/ October ½ term
- July 2013: identify film company and meet with them
- July/Aug 2013: promote via BYSP Summer programme
- July/Aug 2013: Film Script, storyboarding and production.
- September 2013: Organise and distribute campaign materials to schools, colleges and other projects
- Sept 2013: Midyear Report
- Sept 2013: Planning for Glades Event – secure resources, press etc.

- Nov 2013: look at how we can measure impact. Evaluate campaign in partnership with Public Health
- Dec 2013: Start End of year Report
- Jan 2013: EOY report to be completed
- Feb 2014: Submit EOY report to BYSP Management/ Public Health
- Feb 2013: Evaluate Campaign with BYC members
- March 2013: Present campaign and outcomes/ Outputs at Manifesto Event 2014

Measurements of Success

- Number of schools/ colleges/services distributing leaflets
- Number of leaflets distributed
- BYC Attendance and commitment
- Press Coverage throughout campaign
- Information from local services – via Public Health increase on uptake.
- Number training sessions run in schools/colleges/services.
- Reach of relevant facebook posts.
- Evaluations
- Numbers of young people reached via campaign
- Numbers of young people involved in campaign activities

Appendix 2

Secondary Campaign Plans

The Youth Council is committed and focused on the secondary campaigns voted as areas of concern for young people in Bromley. These include; Youth Activities, Staying Safe and Tuition Fees. The Youth Council will raise awareness across services working with and on behalf of young people.

Youth Activities
What are the campaign Aim
• **To raise awareness of the services in the Borough available to young people**
Steps to achieve the aims
• **BYC members to research other borough to see what mechanisms are in place to raise awareness of services.** • **BYC to see if there are existing directories in Bromley and how these are Publicised/distributed** • **BYC members to put a proposal together and to present to Bromley Council with findings and any recommended actions to support raising awareness amongst YP**
Who will be our key partners
• **Bromley Council.** • **BYSP.** • **Voluntary Services.** • **Uniformed groups.** • **MyTime.**
Outputs and Outcomes
• **6 young people will attend sessions on this secondary campaign.** • **8 sessions will be provided by Youth Involvement to research Youth Activities, contact local services and create and send a report to LBB. Report will be shared with relevant departments (i.e. Leisure, Youth Services, Bromley Knowledge etc.)** • **6 young people will develop their IT skills whilst researching local Youth Activities.** • **6 young people will increase their level of communication using e-mail, IT, web etc.** • **6 young people will attend research and planning sessions.** • **6 young people will have increase knowledge around planning and using**

SMART

objectives.

- **6 young people will have increased knowledge around managing a campaign.**
- **6 young people to gain AQA accreditation (Developing a group education campaign – Project Management 73757).**

Measurements of Success

- **A mechanism in place to raise awareness of Youth Activities available.**
- **Comprehensive report produced and provided to relevant Yp in Bromley Council.**
- **6 young people gaining AQA accreditation.**
- **6 young people's attendance and participation.**
- **Response/ action from the Local Authority.**

Notes

- ***Bromley Youth Council has already started some work with community links looking at volunteering opportunities for young people. This work will continue and we will continue to work in partnership with them***

Staying Safe
What are the campaign Aims
• **For Bromley Youth Council to work with the police to inform and to improve communications with young people around staying safe in Bromley.**
Steps to achieve the aims
• **To meet with the Police and to establish current systems for communicating with young people on issues to ensure YP on Youth Council are properly informed of what already exists** • **Design a questionnaire around staying safe in Bromley (incorporating the three areas from the Manifesto Event – Transport, Stop and Search and Reporting Crime). – this will get more information than the limited information we gained at the manifesto event and will inform who we need to speak with moving forward, Local Police, Transport Police or TFL** • **Complete questionnaires with young people in each of the 4 areas of the borough during the summer via the BYSP parks programme.** • **Work with the police to see if we can support, participate and promote current projects i.e. Stop and Search. – liaise with the Youth teams to see what work is being undertaken.** • **Collate information from questionnaire and create a summary of findings – identify appropriate agencies to share this information with based on issues e.g. Local Police, Transport Police, TFL and /or Council.** • **Present information to agencies/ services above and BYSP Management, BCEF and PPS PDS – with any recommendations for action.**

- **To progress to look at how BYC Crime and Community team could work alongside police in the long term to maintain and establish an ongoing rapport and dialogue.**

Who will be our key partners

- **Police**
- **Police Cadets**
- **BCEF**
- **TFL**

Outputs and Outcomes

- **6 young people will attend sessions on this campaign.**
- **10 sessions will be provided by Youth Involvement.**
- **6 young people will achieve AQA (community survey's 76546, introduction to Stop and Search 88958).**
- **6 young people will develop professional working relationship with the Police.**
- **6 young people will have increase knowledge around key staying safe issues raised by Yp at manifesto event.**
- **150 research questionnaires will be completed.**
- **6 young people will develop their knowledge around composing open and closed questions.**
- **6 young people will increase their confidence in speaking to their peers and surveying them.**

Measurements of Success

- **150 completed questionnaires.**
- **6 young people gaining 2 AQA accreditations.**
- **6 young people's attendance and participation.**
- **1 completed report of findings.**
- **Crime and Community Working Group role and relationship with Police to be established with regular liaison.**

Notes

- ***Depending upon the issues re Transport could look at sharing information gained with Transport Police and/or TFL***

Tuition Fees

What are the campaign Aims

- **To look at ways to raise awareness of information, advice and guidance on tuition fees making it accessible to all students and ensuring access to**

accurate information.

- To collate concerns and issues raised by Bromley Young people about current arrangements of student loans etc... for tuition fees and to escalate these concerns via UKYP to a national level.

Steps to achieve the aims

- Research local/national services that offer information advice and guidance around tuition fees/ bursaries, hardship funding etc. This information would be collated and distributed to all School Councils and to Youth centers etc. for dissemination
- All school/ College councils contacted via letter asking them to summarise the issues for their students about Tuition fees, access to information, misunderstandings etc.
- If required will facilitate a meeting of school council representatives to share thoughts and concerns.
- Seek information from students/ young people in the borough via facebook (BYSP) and the BYC email as to concerns for young people across the borough
- Collate information received from school councils and UKYP/BYC members will raise at local meeting – and draft a letter of concern to UKYP. Any response to this will be shared with participating schools.

Who will be our key partners

- School Councils
- BYSP
- Schools/Colleges
- UKYP/British Youth Council

Outputs and Outcomes

- 6 young people will attend sessions on this campaign.
- 8 sessions will be provided by Youth Involvement.
- All secondary school/ College councils to be contacted for a summary of issues.
- 12 responses from School/ College councils with a summary of issues representing their young people
- 6 young people to gain AQA accreditation (Developing a group education campaign – Project Management 73757).
- 6 young people will gain increased knowledge of the services that provide Information and advice around university and tuition fees.
- 6 young people will increase their personal knowledge around current support available around tuition fees.
- 6 young people will have increased knowledge around budgeting and finance.
- 6 young people will have increased knowledge around current policies and legislation.

Measurements of Success
• **6 young people gaining AQA accreditation.** • **6 young people attendance and participation.** • **Attendance of local partners at meetings.** • **Increased awareness of services offering information – information sent via school councils – school councils to report on the dissemination of this.** • **Actions/results from meeting.** • **Response from UKYP/ BYC (copy of letter raising concerns to be sent to each participating school/college council.**
Notes
• ***The Youth Council has had to recognise the limited influence they can have on national Policy. However do feel it is important to raise the concerns expressed by Bromley Youth People through the National Networks they are represented on – the issues will them be raised at UKYP and at British Youth Council***

This page is left intentionally blank

Report No.
HWB 14001

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 30 January 2014**

Report Title: **BETTER CARE FUND (Formerly Integration Transformation Fund ITF)**

Report Author: Terry Parkin, Education, Care & Health Services, London Borough of Bromley
Tel: 0208 313 4060 E-mail: terry.parkin@bromley.gov.uk

1. SUMMARY

1.1 Following the presentation given at the previous HWB meeting this report outlines a proposal for the joint use of the Better Care Fund (BCF). The fund was previously referred to by the Department of Health as the Integration Transformation Fund (ITF). The fund is intended to support an increase in the scale and pace of integration between health and social care. It is also 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.

1.2 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.

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

- Fund services that come 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 are putting considerable financial strain on the Health and Care system as a whole;
- Include services that help 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 will make up a core component.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 Access to the Better Care Fund (BCF) is dependent on agreement of a local 2-year plan for 2014/15 (the planning year) and 2015/16 (first full year). The plans have been first agreed

jointly by the Local Authority and Bromley's Clinical Commissioning Group and authorised by their respective Executives.

2.2 A template has been produced nationally for local areas to complete their submissions to NHS England. This template has been completed locally and is attached as Appendix one.

2.3 The final sign off required before the local plan can be submitted to NHS England needs to be provided by the HWB. One of the critical responsibilities for HWBs, as set out in the Health and Care Act 2012, is to encourage joint working and integration in their locality wherever there are clear benefits to the local population from so doing. The BCF provides a vehicle that can be used to support and accelerate this agenda supporting, as it does, the creation of a pooled budget.

---

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

That the HWB

- Authorise the Local Plan and grant their approval that the plan can be submitted to NHS England allowing Bromley to meet the national deadline for submission on 14th February 2014.
- Note that this is a first submission to NHS England and that the planning year does allow both organisations more time to engage with partners, providers and service users on how the integration agenda should be delivered locally.
- Champion the Local Plan in the community and support the positive communication of the plan to their respective colleagues, providers and service users

---

Health & Wellbeing Strategy

1. Related priority: BCF impacts on the direct local funding of health and care services it relates to all the priorities in the Health and Wellbeing Strategy. The two-year Local Plan requested by NHS England will need locally to reflect the priorities identified by the HWB in their strategy.

Financial

1. Cost of proposal: There are no additional costs - the fund is created through top slicing existing budgets and with minimal new funding included

2. Ongoing costs: The purpose of BCF it to create a pooled budget that supports better integration of services and allows both the CCG and LA to better meet the increasing cost pressures – e.g. demographic pressures, impact of the care bill, increased spending on acute services etc.

3. Total savings (if applicable): Savings are expected through integration and resource shift into community care and away from residential and secondary care services. Any savings need to be viewed as whole system savings and treated accordingly.

4. Budget host organisation: Not yet confirmed by NHS England

5. Source of funding: Local plan authorised by NHS England and so they release the funds that have been top-sliced to create the BCF

6. Beneficiary/beneficiaries of any savings: Local residents. Any savings need to be viewed as whole system savings and treated accordingly. Effective redistribution of funding into remodelled community services delivers better services and savings across the system.

Supporting Public Health Outcome Indicator(s)

---

4. COMMENTARY

4.1 Appendix One contains the draft template that will be submitted to NHS England if approved by the Board. This first draft needs to be with NHS England by 14th February; however there is time to firm up indicative budgets prior to the final deadline of 4th April. The attached template benefits from some explanation of the local approach being adopted.

4.2 The Challenge

4.2.1 The government is clear that the fund must be used to address a set of national conditions including for example protecting social care by covering some of the demographic pressures and some of the costs associated with the upcoming Care Bill. It intends that the fund be used to transform local health and care systems by moving resources out into the community and away from a reliance on long term care packages and hospital admissions. This is widely accepted by the sector as the right way to move forward in reforming existing services and in making the system better for residents as well as being more financially sustainable.

4.2.2 The challenge is that central government has left local administrations the difficult task of how to make those reforms. The BCF offers localities very little by way of new funding to allow for double running while new services or increased capacity in existing community services can be piloted. Accepting that the fund is largely created by top slicing existing budgets (which can be tracked to existing spends) that are already overstretched the shared challenge becomes how the CCG and LA can free up enough capacity both in terms of staff and resources to be able to secure the reforms required.

4.2.3 Added to the challenge up until now has been the lack of hard evidence that prevention really works and can have a real impact. However, the driver to deliver services in this way has led to an increase in good practice examples. These include risk stratification as a way of identifying the most vulnerable, multi-disciplinary teams to run joint assessments and identifying a lead professional, as well as care planning with the resident to help them better self manage their conditions. A recent publication by the King's Fund (and referenced in the appendix of this document) identified a range of evidence practice that supports the broad direction of travel demanded by the BCF.

4.2.4 Work has been done to look at shared measures that best capture what successful integrated community services should result in when set against a set of clear deliverables:

Impacts on the Health and Care System

- Increase in the No. of initial contacts having their needs met through voluntary sector support
- Proportion of end of life service users enabled to die at home
- Proportion of people with Long term conditions able to self-manage their conditions
- No. of emergency admissions to hospital reduced
- No. of emergency hospital bed days reduced
- No. of emergency readmissions that occur within 30 days of discharge reduced
- No. of people supported at home with care packages as alternative to residential care increased
- No. of people supported to remain independent through a community intervention
- No. of permanent admissions to residential and nursing care homes reduced
- Whole system costs reduced
- Increased proportion of resources in community based provision

4.3 Community Services and integration - not new to Bromley

4.3.1 This is not a new agenda in Bromley. In terms of integration we already have, joint funded posts; joint funded contracts with the voluntary sector partners; jointly funded placements for individuals with a health and care need; as well as jointly funded services such as the short breaks service at Hollybank and our community equipment service. In 2013/14 alone, almost £10 million moved between the CCG and LA to fund joint services through legal agreements under the NHS Act 2006 to support core service delivery.

4.3.2 The concept of supporting independence in the community is also a long running corporate objective for both organisations. Our reablement service supports over 80% of those admitted for a six week reablement package to remain at home. The LAs dedicated single contact point for Social Care handles around 40,000 calls a year where over 75% of calls are supported by the team and signposted to appropriate support out in the community led by our strategic partners such as Carers Bromley, Age UK Bromley and Greenwich, Bromley Mind and Bromley Mencap. These contracts already have a contribution from the CCG.

4.3.3 These models of delivery have had an impact on spend and how we delivery adult social care. Resources have already shifted from traditional state funded bed-based care into community based care in the home. For example the number of older people in residential, nursing and extra care housing has reduced from 1150 in April 2003 to 870 in 2013 whilst at the same time the population of older people has increased considerably. Budgeted expenditure on older people residential, nursing and extra care housing has fallen by 23% in real terms (adjusted for inflation) since 2008 showing how a move to a more community based approach can also release significant sums of money.

4.3.4 However, the increasing demographic pressures coupled with the significant budget pressures are accelerating the view nationally that local models will need to go further and faster towards models 'front loading' remaining resources to support independence through a set of responsive community based services under a pooled budget. Commissioners will need to develop the community offer and support a diverse local market that can deliver what vulnerable adults need through innovative support planning and better use of personalised budgets.

4.4 **The Local Plan and Funding**

4.4.1 In response to this agenda and the practicalities of the BCF both the CCG and LA have worked within very tight timescales to produce a joint plan using the template provided. The plan needs to be understood in terms of the different expectations that need to be met in each year of the plan:

4.5 2014/15 - ***The planning Year***

4.5.1 In this first year the minimum sum that must be committed in the local plans nationally is the £1.1bn which is a result of the old Department of Health Social Care Grant (£0.9bn) plus the additional NHS transfer (0.2bn). This increase is there to be used to make progress on priorities and build momentum for 2015/16. Locally this equates to £5.456m.

4.5.2 The additional NHS transfer, which will equate to £1.196m locally is to prepare for the implementation of BCF in April 2015 and to make early progress against the national conditions including the performance measures set out in the locally agreed plan. This is important, since some of BCF for 2015/16 will be withheld and linked to national performance indicators. The four National Conditions are:

- Protecting Social Care Services
- 7 day service to support discharge

- Data Sharing via NHS number
- Joint assessments & accountable professional

4.5.5 The work already underway to redesign Adult Social Care as a response to the upcoming Care Bill also aims to deliver on these conditions. Consideration of the integration of the care management function with the CCG's community provider is a significant step in getting the structures right for the delivery of joint care and health assessments.

4.6 2015/16 – *Full Better Care Fund*

4.6.1 In the second year £20.837m is the minimum sum that must be committed locally. However, the success of the planning year will certainly impact on what a locality receives at the start of the full BCF year. The plan is that 25% of the BCF will be withheld against meeting, or having detailed plans in place to meet the national conditions. However up to half of this will be released at the start of 2015/16 subject to a successful planning year. The second half of the withheld monies will be released half way through 2015/16 subject to agreed criteria being met.

4.6.2 The expectation is that local organisations may wish to demonstrate their commitment to integrated services by committing more than the minimum amounts to the BCF.

4.6.3 Given the impact that both organisations are looking to achieve and the work which will have been undertaken throughout the planning year on joint commissioning and integrate services the CCG and the LA are planning to move the funding for many services into a pooled budget by the time that BCF comes into effect in 2015/16:

For Example:
- Reablement
- Intermediate Care
- Information, advice and guidance services
- Support to Carers
- Community equipment
- Respite
- Disabled facilities grant services
- Self management & training (inc. telehealth, telecare)
- Funding for any new services which deliver on BCF objectives (including Promise funding)

4.6.4 The vast majority of these services are already made up from financial contributions from both organisations. But it is a further step towards integration to fund these services from a pooled budget. These represent the services locally that need to continue to be developed and their impact measured in order to achieve that shift from long term care to interventions out in the community that can delay the requirement for higher cost care packages and assist residents in being able to maintain their independence for longer.

- 4.6.5 These prevention and intervention services currently account for less than 10% of the cost of delivering social care in Bromley. This percentage may need to grow in order to release funds further downstream, including funding new preventative services and making stronger more coordinated use of the voluntary sector solutions to provide alternatives to requiring long term state funded care wherever possible. Locally Bromley see this BCF as a tool for whole system reform across the CCG and LA. Therefore it is an important vehicle for the HWB to

utilise to deliver their local strategic objectives for our population. BCF provides a clear area of focus for H&WB strategic oversight linking across to the JSNA priorities.

5. FINANCIAL IMPLICATIONS

5.1 The Better Care Fund represents both an opportunity and a challenge for both organisations, both of whom are being pressed to find very significant savings over the next 5 years.

5.2 Funding for NHS Support for Social Care will increase by £1.196m in 2014/15 but is linked to delivering against the national conditions set out in the principles for the BCF. These conditions need to be met jointly from both organisations and access to this funding to meet those requirements will be important if both organisation are to be able to jointly access the performance related element of the BCF in 2015/16 which will make up £5.5m locally.

5.3 The pooled monies available for the Better Care Fund will be £20.837m from 2015/16. This will included the monies top-sliced from Bromley CCG budgets and various existing grant funding received by the Council.

6. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

6.1 Given the potential impact on existing funding arrangements, both the Local Authority and Clinical Commissioning Groups have sought and gained the approval of their respective local Executives before finalising this report for the Health and Wellbeing Board.

7. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

7.1 I would also refer HWB Members to the Executive report listed below, which includes more detail on the expectations placed on local government and Clinical Commissioning Groups by the Department of Health regarding the use of this new Better Care Fund.

Non-Applicable Sections:	**LEGAL IMPLICATIONS**
Background Documents: (Access via Contact Officer)	ADULT SOCIAL CARE – IMPACT OF THE CARE BILL AND FUTURE NHS FUNDING – report to Executive by the Executive Director of Education, Care and Health Services 20th November http://www.kingsfund.org.uk/sites/files/kf/field/field_related_document/making-best-use-of-the-better-care-fund-references-kingsfund-jan14.pdf

This page is left intentionally blank

Better Care Fund Template

Planning year 2014/15 £5.456m	
Part 1: £4.261m – Existing Section 256 NHS Social Care transfer	Maintaining existing spend and developing preventative and short term intervention services which support the system to allow residents to remain independent in the community: ➢ reablement ➢ intermediate care ➢ carers fund

Part 2: £1.195m Additional NHS transfer set aside for business redesign and implementation to deliver the preparatory work necessary to meet the national conditions and local requirements for further integration and joint commissioning.

Maintain provision of existing 7 day working and community equipment to support hospital discharge

Legal underpinning – Integration

1) Creation of one Section 75 agreement between the CCG and LA creating one pooled budget for all our jointly commissioned activity

Business Change – Care Bill and BCF requirements

2a) Funding the implementation work required to deliver new impacts of the Care Bill including double running costs. Part of the money created through BCF is specifically there to address these new requirements against:

- IT system changes
- Establishing Care accounts
- Increased responsibilities to carers and self funders
- Increased requirement for support planning

as the money created through BCF will need to be used to meet these new duties/ service pressures

2b) Full integration of care management into the existing community health providers

2c) Creating one joint assessment workflow so as residents can be assessed once for both their health and care needs

2d) Expand provision of seven-day health and social care services across the local health economy to allow for 7 day services right across primary and community based health provision.

Promoting independence

3a) The design and implementation of one joint front end for community health and care services referrals

3b) Procuring the necessary information, advice and guidance services to support people through effective care planning.

3c) Procuring care navigation and a menu of self-management options and jointly commission these services from the voluntary sector where possible.

3d) Expand the use of access to telehealth and health coaching to maximise independence and wellbeing

Better Care Fund 2015/16
£20.8m

It is recognised that the CCG and LA want to create a pooled fund for community services under which the BCF pot of £20.837m makes up a core component. Below is a breakdown of the BCF component:

Part 1: £8.76m Grants that must be transferred into the BCF	• £0.942m Disabled Facilities Grant • £0.663m ACS Capital Grant • £1.2m Reablement Funding (previously CCG Funding) • £0.5m Carers Breaks (previously CCG Funding) • £4.261m Section 256 funding • Additional £1.195m Section 256 funding from 14/15

Part 2: £12.07mThis remaining element of the fund is created through the CCG top-sliced their budgets and releasing spend on acute healthcare for reinvestment in community services

- £2m Maintaining eligibility criteria
- £4m Care Bill impact of new duties/ cost pressures
- £1m Demographic pressures across health and care
- £1m Targeted funding to JSNA priorities – dementia and diabetes intervention programmes
- £0.6m A new joint Information, advice and guidance services (commissioned from vol sector)
- £0.6m Extra Carers support to maintain independence and delay the need for state funded support packages
- £1m demand pressure on an integrated rehabilitation and reablement service dealing with hospital discharge and crisis prevention as spend on acute reduces
- £1m Increase the utilisation of telehealth/and self-management of long term conditions to maintain independence
- £0.6m Retendering our existing health and care databases and aligning our systems
- £0.27m contingency

Better Care Fund planning template

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**The London Borough of Bromley**
Clinical Commissioning Groups	**Bromley Clinical Commissioning Group**
Boundary Differences	**N/A**
Date agreed at Health and Well-Being Board:	**30/01/2014**
Date submitted:	**14/02/2014**
Minimum required value of ITF pooled budget: 2014/15	**£5.456m**
2015/16	**£20.837m**
Total agreed value of pooled budget: 2014/15	**TBD**
2015/16	**TBD**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	Bromley Clinical Commissioning Group
By	Angela Bhan
Position	Chief Officer
Date	<date>

Signed on behalf of the Council	The London Borough of Bromley
By	Terry Parkin
Position	Executive Director Education, Care & Health
Date	<date>

Signed on behalf of the Health and Wellbeing Board	Bromley Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Peter Fortune
Date	30th January 2014

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

We have been very fortunate in that we had already planned a major consultation event with adult service users and providers which were able to be used to inform this document. This 'House of Care' (integrated care) co-design event held on 3 December 2012, afforded an opportunity for discussion of our commissioning intentions with providers, who were able to both comment upon and help to shape those plans. However we will continue to engage with our providers across Health and Care Services throughout the 2014/15 planning year where there is more time to finalise and determine locally what services will be jointly funded through the BCF.
A joint event with our strategic providers in the voluntary sector early in 2014 will also allow us to engage on joint funding of community services through the ITF and how we can jointly commission effectively.

The annual NHS commissioning round will afford the opportunity to share and discuss plans with key health provider stakeholders in the New Year.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

At a recent joint adult social care conference, attended by over 150 service users and their representatives across the voluntary sector both the local authority and CCG described at a high level our commissioning plans before breaking into a series of workshops where delegates were afforded the opportunity to both comment on existing services and inform and shape our plans going forward.

The opportunity to share and discuss plans with service users at pre-arranged forums will be taken and there will be communication about plans with invitations to comment through GP practice Patient Participation Groups and via both the CCG and LA community information websites.

The opportunities for further meaningful engagement with service users before a local plan is submitted to NHS England will be limited. However we will continue to engage with service users, especially through Health Watch who sit on the local H&WBB, and within our Patient Advisory Group throughout the 2014/15 planning year where there is more time to finalise and determine how these new funding arrangements may impact on users and the possible benefits from greater integration.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Joint Strategic Needs Assessment	Link to the Bromley MyLife page with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy: http://bromley.mylifeportal.co.uk/JSNA-and-Health-and-Wellbeing-Strategy-Bromley.aspx
HWB Strategy	As above
Care Services Portfolio Holder Plan	http://www.bromley.gov.uk/downloads/file/1741/care_services_portfolio_plan
The CCG Integrated Commissioning Plan 2012 to 2015, 'Better health, better care, better value' which will be updated during the 2013/14 commissioning round	 Integrated commissioning plan.pc
The CCG ProMISE (Proactive Management and Integrated Services for the Elderly) Programme Plan detailing their change programme to support patients with long term conditions out in the community	 ProMISE Programme Plan.pdf

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The London Borough of Bromley serves a population of over a third of a million in partnership with a co-terminus CCG and two excellent community health providers. Together we had already agreed to refocus services on the needs of residents, not the convenience of providers or commissioners, reflecting the principles of the Better Care Fund. By the end of the summer 2014, staff providing social care assessments across mental health, learning disabilities, and services to older people will be working in fully integrated teams under a single management structure. This provides a solid platform to develop the resident focussed services agreed by all as being so necessary. We are very clear that we have a strong direction of travel here that will allow residents to remain for longer in their homes, reduce emergency admissions, particularly of our older residents and provide a greater clarity for residents around their involvement in their increasingly home-based care. It is anticipated that together these changes will release resources from the acute sector.

The Better Care Fund will allow us to build on these strong foundations and accelerate progress. We would also be looking to fully pool budgets for community health and social care for the next bidding round of provision, commencing in 2015. Resources will be more targeted towards early identification, prevention and intervention to support local residents in better understanding and managing their long term conditions. As part of this process we would want to see a much more supportive ‘front door’ with effective access to early information, advice guidance, robust joint assessment of those most in need, and more effective reablement targeted at those most likely to benefit and remain independent in their community. We are presently piloting a single front door approach in one of our six community health zones. This is likely to be implemented fully in year one of the BCF.

Residents will progressively see a single care manager and co-produce a single care plan over which they feel a real sense of ownership, (starting with our older and often our most complex patients) served by integrated teams focused on maintaining them in their homes safely and for as long as is possible. This will include further building community resilience through our already very effective third sector. But it will also mean building independence, a fundamental tenet of this Council, as we support and encourage residents to make greater use of personal budgets. Although the need for long term care can be delayed and independence maximised we will continue to require a strong residential supply from extra care housing units through to high quality nursing homes to provide the best possible care towards end of life.

We are already seeing reduced referrals to residential care and consequently reduced levels of hospital care as well as high levels of satisfaction and increased confidence in our pilot admissions avoidance scheme for our older, complex patients (locally called the ProMISE programme) and we will be extending the principles of this programme to all our residents throughout the pilot year.

There will need to be targeted investment in skills, capacity and infrastructure to support a more coordinated, integrated and person-centred approach to the delivery of health and social care. This will allow us to develop health and social care workers confident in working outside of their professional boundaries, allowing residents to work with fewer professionals but in a more targeted way.

There will be greater collaboration and coordination of delivery by providers overseen by a whole system commissioning approach delivered through pooled budgets. A clear focus upon outcomes and quality will need to become common place in structuring and organising the delivery of our local health and care system. The result of this collaboration over the next 5 years will be a significant shift of resources from emergency bed based secondary health care into community based health and care services.

The system as a whole will be scrutinised and held to account through our local Health and Wellbeing Board with representatives from all parts of the local health and care system including Healthwatch to secure a patient voice and community links to make sure the voluntary sector are integral to our local care systems.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Aims & Objectives:

- Promote independence and help people and their carers better manage their own health and social care needs
- Identify people's health and social care needs at an early stage and involve them in shaping a personalised care plan to meet those needs, helping people stay well longer
- Improve team working and coordination between professionals and voluntary agencies to deliver seamless care
- Deliver care in, or close to, the home wherever possible
- Develop actions that reduce urgent interventions and improve value for money

What will this mean to the residents of Bromley?

- Feeling more reassured because their needs and the needs of their carers have been shared with the professionals involved in supporting them
- Knowing that decisions about their care will be made with them and made more quickly
- Knowing their personal goals will inform these decisions and they will have more control over their health, helping them to live a full and independent life
- Making fewer trips to the GP and hospital

What will success look like?

- Reduced pressures on acute settings through shifting of resources to primary care services - from bed based care to community based care
- A shift to whole system joint commissioning across Health and Care
- People feel empowered to direct their care and support, and to receive the care they need in their homes or local community.
- A shift from block contracting to personalisation through to co-production of care plans
- Having the services in place that allow residents to spend longer in their family homes and less time in secondary care and care homes (including end of life care provision)
- Strengthening of new shared governance through H&WB
- GPs will be at the centre of organising and coordinating people's care, and have improved access to care managers, and individuals will hold single integrated care plans
- A thriving local health and care market that delivers on the needs of local people
- Stronger community resources delivering a joined up offer of low level interventions which prevents people entering into high cost, long-term care packages
- Carers feeling better supported and their own needs better met to continue care giving in the community
- A local care system that is fit for purpose against the new duties set out in the Care Bill and well prepared for its implementation.

Measures:

- Delayed transfers of care due to LBB social care
- Emergency admissions;
- Effectiveness of reablement;
- Admissions to residential and nursing care;
- Patient and service user experience;
- Reduction in whole system beds and bed days (acute, intermediate care and nursing/residential care homes);
- % Patients with LTCs with an integrated care plan;
- Reduction in proportion of deaths in hospital as a proportion of all deaths

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

It is our passionate belief that by developing a system more focused on the needs of the resident and driven by service integration, both service quality and efficiencies will improve. It is not, therefore, our intention to use the Better Care Fund purely as a vehicle for funding the back-fill of existing social care budgets. Rather, we want to build a modern integrated service and work jointly across health and social care and the third sector to reduce long-term dependency, promote independence and drive improvement in overall health and wellbeing. This should allow us to move from a reactive bed-based model (and often hospital bed-based) of provision to a proactive home and community-based model with a strong emphasis on self-care for and of the individual and their "community", with providers working collaboratively to deliver coordinated care in partnership with local people and their carers.

In building our Bromley 'House of Care', non-recurrent additional investment will be made in skills, capacity, behavioural and cultural change, equipment and infrastructure across health and social care to secure person-centred, safe, needs driven, high quality and integrated alternatives to secondary and nursing home care services and enhanced rehabilitation / reablement services which will reduce hospital readmissions and admissions to residential and nursing home care.

We will invest jointly in empowering local people through effective care navigation and a menu of self-management options ranging from advice and information, education, support for carers, access to telehealth and health coaching to maximise their independence and wellbeing. We also believe this will help identify and combat social isolation, a major influence on overall health and wellbeing, with initiatives such as the award winning Bromley leg club and through closer and more effective collaborative working with communities through our partners across the third sector.

The CCG will enhance its already effective risk stratification and care planning tools in health to work effectively across social care. We will do this by developing a single care planning tool that operates between all systems that will provide both real time information and managerial analytics, starting by ensuring that GP and Social Care systems across Bromley are integrated around the NHS number.

In summary, the BCF will enable the CCG to start to release health funding to establish accessible and integrated services that proactively work with current and future high risk individuals, irrespective of eligibility criteria.

This more coherent, joined up and proactive approach in both commissioning and provision will improve our efficiency and the management of demand within both the health and care systems and reduce the reliance upon high cost emergency care beds. In turn, this will enable us to work sustainably within our current and future organisational resources, in the face of an increasingly ageing population, whilst simultaneously expanding the range of services and improving the quality of outcomes for individuals.

The HWB will be key in making sure that all this activity will align to the needs of the local population as identified through the JSNA and turned into a local strategy through the HWB Strategy.

The Promise programme is a three year programme led by the CCG to move demand out into the community. Meeting the new national conditions that underpin the BCF will be a number of projects that will be linked to this corporate programme. Between now and April 2014 the joint integrated commissioning executive will be leading on establishing resource allocation and timeframes to meet these objectives.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The CCG is developing its commissioning intentions for its main NHS providers, which it will be sharing in the context of the 2014/15 commissioning round, during the final quarter of 2013/14.

The activity plans and associated contract value will be finalised in discussion with the NHS providers direct, if the CCG holds the contract locally, or through the relevant Commissioning Support Unit, i.e. for acute services. The case for any adjustments to the 2013/14 outturn position will be supported by clear and credible plans that demonstrate for providers the basis upon which activity is expected to change.

The CCG will be looking to establish contractual terms with NHS providers affected by the BCF and its other QIPP plans that help mitigate against the risk of any planned savings not materialising whilst maintaining quality and standards and the achievement of key delivery targets, for example by utilising the CQUIN component of the contract.

Thereafter, through regular and close monitoring of activity and cost in year, any material variation to the plans will be managed through the relevant and appropriate contractual terms.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Governance Arrangements for Bromley

<u>Nationally</u>
Accountable to national government through NHS England (especially with regard to the 25% performance related element in BCF)

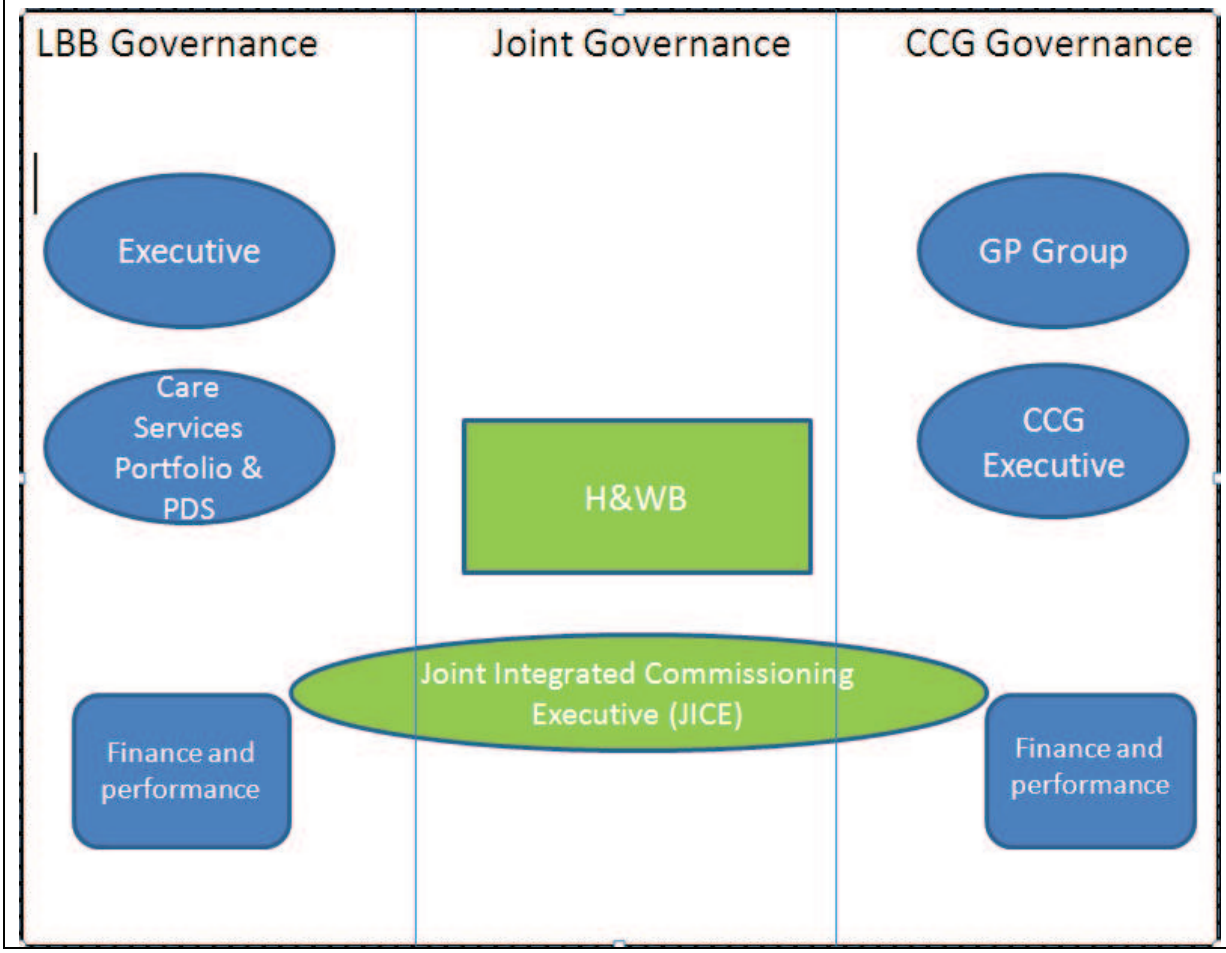
<u>Organisationally</u>
At the CCG through the CCG's Executive (delegated to them through their GP group)

At the London Borough of Bromley through LBB's Executive and the Portfolio Holder for care Services.

<u>Publically</u>
Through the H&WBB and aligned to the H&WBB strategy (delegated responsibility for scrutiny of the joint fund granted by each organisations Executive)

Managerially
Operational activity of the fund will be overseen and managed by senior directors through the Joint Integrated Commissioning Executive (JICE). This officer board takes responsibility for reporting back through the governance structures and delivering on the national and local conditions set out in the BCF.

The diagram below illustrates the governance arrangements:



3) NATIONAL CONDITIONS

a) Protecting social care services
Please outline your agreed local definition of protecting adult social care services.

Eligibility criteria in the London Borough of Bromley broadly match those described as meeting substantial need in the national guidance on fair access to care services (FACS), with a small number of legacy clients receiving services broadly in-line with moderate needs following a Member decision not to change services to those at the point of change already in receipt of services from a lower threshold. The London Borough of Bromley therefore with this grant can commit that the thresholds will be retained at our current levels

Whilst maintaining current eligibility criteria is one aspect of this, our primary focus is on developing new forms of joined up care which help ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and the local health and care economy as a whole.

By proactively intervening to support people at the earliest opportunity and ensuring that they remain well, are engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focussing on the supply of services.

Please explain how local social care services will be protected within your plans.

Local Social Care Services will be protected to be able to fully deliver the new duties and responsibilities as set out in the new Care Bill. The services being proposed for the BCF will help Social Care deliver the new duties including:

- Preventing needs for care and support: A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support.

- Promoting integration of care and support with health services. A local authority must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support,

A commitment from the CCG not to see resources for social care reduced as a result of the BCF and the top slicing of Social Services spend is clearly required to create the fund. The local authority is able to give the commitment that unless there are significant changes to the presently proposed funding streams, including the Better Care Fund, it would not be looking to change the FACS criteria from 'substantial'. Any consideration of such a change would be made in full consultation with all partners across the borough.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Both organisations are committed to providing 7 day services to support discharge. Care management support at the hospital presently offers a 24/7 service but this will be expanded to allow for 7 day discharge into intermediate care or reablement and rehabilitation services. The CCG is investigating how to provide 7 day services right across primary and community based health provision and will be utilising the BCF to achieve this national condition.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Yes all health and care systems will use the NHS Number following a period of investment by the local authority in 2013/14.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

The current programme of work to populate the NHS number in CareFirst has commenced and will be completed by the 31st March 2014. This will be the first full matching of current clients to the MACS service. Regular matching programmes will then be implemented to ensure that as new clients receive services, the Social Care information system will hold the correct NHS number and continue to be a primary identifier.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Bromley is committed to adopting systems that are based on Open API and Open Standards. The Councils Social Care Information System, CareFirst, is delivered by OLM Systems Ltd and they are also committed to full integration.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Both organisations have designated Caldicott Guardians, including the Director of Adults fulfilling that role for the local authority. The requirements of the Caldicott2 review are also fully supported by both organisations.

The CCG has established an IG group, led by its Chief Finance Officer, and is undertaking a comprehensive review and where appropriate rewrite of all IG protocols, policies and procedures to ensure compliance with all NHS requirements, in particular Caldicott2.

The Council does have a current approved IG Toolkit in place, and is currently reviewing progress made on the Improvement plan to ensure that the IG toolkit V 11 will be submitted for approval by the 31st March 2014. The Council has an Information Governance Board, which meets 4 times a year, to manage Information Governance, ensuring that all policies, procedures and controls are followed by staff.

To strengthen the IG arrangements and to facilitate effective data sharing, the Council and CCG will be looking to co-opt a representative to join each other's respective governance groups as the first step towards planning the establishment of a single integrated information governance group and associated shared plan for data sharing

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

In Bromley, GP practices have been risk stratifying using a predictive risk tool and producing associated care plans, using a bespoke template, for three years. Thirty-nine of 46 GP practices in Bromley are participating in the risk stratification and case management Direct Enhanced Service Scheme (DES) in 2013/14. The CCG has set the

participating practices a target to identify and produce care plans for 2% of their registered patients, approximately 6,000 care plans Bromley-wide. However, new limitations on the sharing of patient identifiable information have impacted on the risk prediction tool and since April 2013 participating GP practices have been relying solely on clinical judgement to identify patients at risk of deterioration and requiring proactive intervention. Twenty-four of the participating practices are further participating in the CCG ProMISE (integrated care) programme pilot, whereby patients identified are referred to a community matron for a comprehensive, home-based assessment, care coordination and care planning.

The CCG is now working with EMIS who provide the primary care information system to 43 of 46 GP practices and will be providing the information system for the community provider, to develop a new predictive risk tool to link with an EMIS assessment and care planning tool. Changes to the GP contract and associated DES in 2014/15 are expected to set GP practices targets for care planning. The CCG will be setting GP practices its own target of 4.15% (or 2,400) of all over 65s to be referred for community matron assessment and care planning in 14/15 and is planning to invest further in community matron capacity to support this. The CCG focus on over 65s is informed by the risk stratification work in 2013/14, where almost 500 patients have been referred for assessment, case management and care planning by the 24 practices participating in the ProMISE programme.

The community provider, a very effective social enterprise originally established by the GPs, is reorganising its teams to operate as six, co-located locality teams comprising a dedicated team leader and team coordinator, community matron, district nurses, physiotherapists, occupational therapists, nurse rehabilitation assistants, healthcare assistants and physiotherapy assistants. In one of the six localities, the team has already been joined by a co-located social care manager and community psychiatric nurse to support joint assessment via a single point of entry, the allocation of a lead professional based upon prevailing/overriding need and the improved coordination of care and care planning. All centrally relevant frontline adult social services staff will be seconded into one or more of those teams from Easter, 2014.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
That the success of the services in the BCF will not have the desired effect of moving resources out into the community and spend is not be freed up from acute care and nursing care	High	CCG are looking at new commissioning models with acute to try and mitigate this problem which is a national rather than local barrier (especially where the acute and community providers are different). Good communications plan with key providers, Kings, Bromley HealthCare, Oxleas, voluntary sector to engage them in the structural changes
Our local acute Trust has been subject to Special Administration is working its way back to a more stable position. Risk of diverting attention from necessary resource switch from acute to community if hospital continues to underperform.	Medium	Fully integrated support package in place around the new provider (King's)
CCG/LA working relations tested in debates over which part of the system funds what part of the service – e.g. when is it a health cost, when is it a care cost etc.	Medium	Strengthening relations through regular meetings, workshops and 1:1 numbers to establish positive working relationships Move to a more mature funding position that evaluates whole system spend and moves funds flexibly according to need and where the money can achieve the best outcomes
Understanding across all agencies of the scale of change and priority of this work	Medium	Presentations given at the H&WBB, Cabinet, member briefings, on Executive agendas for both organisations
Resources and capacity within timeframe and engaging service users	Medium	Very tight but been made a key deliverable for officers within Commissioning at the LA Can utilise the planning year to increase service user engagement
Reliability of the funding year-on-year to be able to build a sustainable delivery model while both organisations have to make savings and fund not identified beyond 2015/16	High	A risk from NHS England that the funding is not sustained making is difficult to forward plan and putting intervention services at risk. Continue to make this position/ risk know to government
Recognition by all parties of the local political imperatives and ensuring they are used to inform the	Medium	The local political agenda is new to CCGs and the Executive Director is working with senior CCG colleagues to make sure that local political drivers inform any plans for

Risk	Risk rating	Mitigating Actions
integration processes		integration
Quality and level of data and evidence readily available for commissioners	Medium	Both organisations committed to data sharing but some national blockers. Also the scale of IT investment makes this prohibitive. Looking for solutions already working and tested by other local health and care partnerships. Continue to highlight this issue to government
The introduction of the Care Bill, currently going through Parliament and expected to receive Royal Assent in 2014, will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	High	An initial impact assessment of the effects of the Care Bill is being undertaken and we will continue to refine our assumptions around this as we develop our final BCF response.

Outcomes and metrics

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Source	Outcome Measures	Current Baseline (as at 2012/13)	14/15 Projected delivery	15/16 Projected delivery
NATIONAL MEASURES				
LBB	2c(1)Delayed transfers of care From Hospital per 100,000 of population	4	2	2
LBB	2c(2) Delayed transfers of care From Hospital attributable to Adult Social Care per 100,000 of population NB hospital covers several boroughs and so clarity about responsibilities for DD required.	1.7	1	1
CCG	Emergency admissions			
LBB	Effectiveness of reablement 2b(1) % of 65 and over still at home 91 days after discharge from hospital into reablement service	80.6%		
LBB	Admissions to residential and nursing care 2a(1) 18-64 permanent admissions to resi/nursing homes per 100,000 of population	17.9		
LBB	Admissions to residential and nursing care 2a(2) 65 and over permanent admissions to resi/nursing homes per 100,000 of population(50,000 in Bromley)	347.3		
LBB	3a % of Adult Service users who are satisfied with their care	60.8%	65%	65%
LBB	3b Overall satisfaction of carers with social services as a %	36.2%	40%	TBD
LBB	3c % of carers who report that they have been included or consulted	68.2%	70%	TBD
LBB	3d % of people who use services and carers who find it easy to find information about services	74.3%	75%	75%
CCG	Patient and service-user experience (GP practice Survey) Q21d. Rating of GP involving patient in decisions about their care – very good/good Q23d. Rating of nurse involving patients in decisions about their care – very good/good Q32. Last 6 months, enough support from local services/organisations to help manage long-term conditions – yes, definitely Q33. Confidence in managing own health – very confident (Bromley Carers Survey) % of carers contacted by their GP practice about their caring role in the last 6 months % of carers satisfied that their own health needs are being met	 71% 61% 34% 42% 17% 49%	 73% 63% 36% 44% 22% 51%	 75% 65% 38% 46% 26% 53%

LOCAL MEASURES				
CCG/LBB	Reduction in whole system beds and bed days	Social Care 341,255 bed days 832 beds Health 125,145 emergency bed days equating to 343 beds		
CCG	% patients with LTCs with a care plan	1%	TBD (2%?)	
CCG	Reduction in proportion of deaths in hospital as a % of all deaths	56%	49%	42%

Note: LBB Baseline taken from ASCOF 2012-13

Finance

Please summarize the total health and care spend for each commissioner in your area. Please include sub-totals for each organising where there is more than one type of organisation involved

Organisation	**2013/14 Spend**	**2014/15 Spend**	**2015/16 Spend**
Local Authority Social Services (Adults)	£80m		
Bromley Clinical Commissioning Group	£350m		
NHS England (GPs, Dentists and Pharmacy)	Est. £100m		
NHS England – Specialist Commissioning	Est. £50m		
Local Authority Public Health	£12m		
Total	**Est. £600m**		

Report No.
HWB14003

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday, 30 January 2014**

Report Title: **Annual Refresh of the 2012 Health & Wellbeing Strategy**

Report Author: Nada Lemic, Public Health, ECHS Department, LBB
Tel: 020 8313 4220 E-mail: nada.lemic@bromley.gov.uk

1. SUMMARY

The current Health & Wellbeing strategy was developed as a three year strategy 2012 – 15 this report provides the Health & Wellbeing Board (HWB) with an update on the 2013/14 annual refresh. Attached to this report (as appendix 1) is the summary of the progress made during the last two years on the nine priorities. It is planned that the main strategy document be updated to reflect the 2012 Joint Strategic Needs Assessment (JSNA) and changes that are being made in relation to health and social care integration and this will be circulated to HWB members prior to sign off at the March HWB.

During 2014/15 the HWB will receive an update on the current priorities at each meeting using the summary document. Plans for the development of the next three year strategy are also outlined in section 4.4.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

This report provides the HWB with an opportunity to review the current strategy and begins the development of the future strategy. The strategy will underpin the boards work programme and communication and engagement strategy (both covered in items on this agenda).

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSITUTENT PARTNER ORGANISATIONS

The HWB are asked to:

- note the contents of this report – with particular reference to 2012/14 achievements and 2014/15 planned actions (appendix 1);
- agree the timescales for completing this refresh (section 4.3);
- comment on areas they think need to be highlighted within this refresh and agree the monitoring reports for the nine current priorities;
- comment and endorse the suggested approach for development of the next strategy (section 4.4)

Health & Wellbeing Strategy

1. Related priority: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers

---

Financial

1. Cost of proposal:	existing budgets and resources
2. Ongoing costs:	existing budgets and resources
3. Total savings (if applicable):	not applicable
4. Budget host organisation:	not applicable
5. Source of funding:	existing budgets and resources
6. Beneficiary/beneficiaries of any savings:	not applicable

Supporting Public Health Outcome Indicator(s)

Where appropriate the nine priorities are linked back to the relevant Public Health Outcome Indicators.

---

4. COMMENTARY

4.1 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 is also the opportunity to outline current drivers especially as the Health and Social Care areas change and become more fully integrated.

4.2 Appendix 1 provides the HWB with 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 is currently being finalised with key partners including LBB, Bromley CCG and third sector partners. It is planned that during 2014/15 all nine priorities will be monitored and reported to the HWB during the course of the year.

4.3 The planned developed in 2012 outlined the proposed changes in both health and social care organisations, these changes have now been implemented in part and in relation to further integration these plans have become more developed locally. The evidence base of the 2012 version of the strategy has also been updated to reflect the 2012 JSNA and other more up to date sources. This document will 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.

4.4 It is planned that work on the 2015 – 18 Health and Wellbeing strategy will begin as soon as the 2013 JSNA is 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 will be developed for engagement events early in 2015 for launching and implementation from April 2015.

5. LEGAL IMPLICATIONS

Duties and powers under the 2007 Act (as amended by the Act)4

5.1 Who is responsible for Joint Health & Wellbeing Strategies (JHWS)?

Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JHWS, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole.

5.2 What are Joint Health and Wellbeing Strategies (JHWS)?

JHWSs are strategies for meeting the needs identified in JSNAs21. As with JSNAs, they are produced by health and wellbeing boards22, are unique to each local area, and there is no mandated standard format. In preparing JHWSs, health and wellbeing boards must have regard to the Secretary of State's mandate to the NHS CB24 which sets out the Government's priorities for the NHS.

They should explain what priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs. Again, it would not be appropriate to specify or dictate issues which should be prioritised. This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

The importance of JSNA and JHWS lies in how they are used locally – as well as identifying the local community's needs, they also provide a significant opportunity to tackle and make a real impact on extreme inequalities experienced by some vulnerable and seldom heard groups, and to integrate local services around their users.

Non-Applicable Sections:	Financial/Governance, Board and Partnership Arrangements
Background Documents: (Access via Contact Officer)	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

APPENDIX 1 DRAFT 2013/14 Annual Review of the Health and Wellbeing Strategy Priorities

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Diabetes	Halt rise in incidence and prevalence; improvement of 10% in identifying those at risk; Reduction in diabetes complications & 10% reduction in mortality for people aged under 75yrs; Improved medicine optimisation; Improved hospital care for patients with diabetes with consequent reduction in hospital stay; 20% improvement in Glycosylated Haemoglobin levels; Improved support for children with diabetes and their parents;	Bromley CCG has commissioned new Diabetes Service across primary, community and secondary care to be led by Bromley Healthcare. Training programme in progress to enable staff to implement new service.	**Amber**	The new Diabetes Service to be fully implemented by March 2015 it aims to improve all aspects of Diabetes management. New service to include: • Most patients will continue to be managed in Primary Care • Some GP Practices will also offer additional Advanced Care • Complex patients will continue to be managed in specialist clinics - more accessible across borough. • Improvements made to hospital care • Whole service will have an integrated team approach with improved links and joint working across all Providers
		NICE guidelines published for 'Prevention of Type 2 Diabetes'. Providing Bromley with guidance of best practice to inform baseline audit planning	**Amber**	Assessment of Bromley performance against NICE guidelines recommendations
		Prevention of Diabetes project in progress Funding secured. Audit commenced to identification and management of those at high risk.	**Amber**	Utilise audit results to identify improvements to be made in both identification and management of people identified at high risk of Diabetes. Utilise this information to improve patient's pathway, target education and inform commissioning.
Hypertension	Better blood pressure technique across the borough; Improved communication between organisations through patients; Increased identification of people who may have hypertension;	Having hypertension as a priority within the Health & Wellbeing strategy has raised the profile of the importance of blood pressure;	**Green**	To identify all opportunities to raise awareness of blood pressure at events.
		Re-energised CVD Working Group into CVD Strategy group with all stakeholders meeting quarterly. CVD Strategy Group developed and monitors the Hypertension Action Plan where one of the domains was a Baseline Assessment. This was completed by each organisation resulting in the development of the Hypertension Action Group (HAG) where - *Improving Blood Pressure Together* focuses on getting the basics right. Two initial actions detailed below:	**Amber**	Bromley Hypertension Action Group will focus on: Deliver and review actions to improve blood pressure technique and early identification by: • Agreement of Bromley Standard for blood pressure technique with a training programme to underpin • Printing and distribution of patient BP results cards • Evaluation of uptake and use of BP results cards and of training programme.

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
	Improve the recorded prevalence of hypertension; Increased blood pressure control from 74% to 79%; Reduction in hypertension complications & maintaining downward trend for stroke mortality;	**Blood pressure technique** measurement underpins subsequent investigation, diagnosis and treatment. It is therefore essential that wherever possible the best technique is used and should be done to the same standard. Each organisation to agree and implement the Bromley standard for blood pressure technique.	**Amber**	Undertake a patient survey into perceptions and understanding of blood pressure, which will help to underpin future Actions
		Early identification communication of blood pressure results across and between organisations is key. Therefore having a simple BP results card given to any patient who has a blood pressure recording of >140/90mmHg indicating they should make a routine appointment at their GP practice for repeat measurement. Each organisation to agree and use the BP results cards wherever blood pressure is taken.	**Amber**	Monitor any change in prevalence Monitor blood pressure control Monitor complications
		In 2012-2013 there was a pilot across 21 practices using home and 24hour blood pressure monitoring to diagnose hypertension. This was evaluated in 2013-2014 and the learning shared across the borough.	**Green**	
		The Clinical Commissioning Group are trialling a Telehealth 'Flo' system for patients to manage their blood pressure. Telehealth is the use of electronic information and technology to help people manage their health independently whilst being monitored remotely by health professionals	**Green**	

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Obesity	*Reduce prevalence of obesity in adults from 21% to 18%. Children (reception) from 8% to 7% and year 6 from 17% to 13%;* *Increase the:* *~ capacity of weight loss service to cover 3% of the obese population in 2012/13;* *~ efficiency of weight loss service from 11% to 30%* *~ cost effectiveness of the weight loss service by reducing the average cost per person by 50% (compared to 2011)* *~ HENRY increase the number of trained health visiting staff from 50% (2011/12) to 90% in 2015;* *Increase adult participation in physical activity & sport;* *Maintain percentage of physically active adults (achieving at least 150minutes per week) 62% target (PHOF 2013);* *Decrease number of physically inactive adults 24.1% by 1% annually (PHOF 2013);* *Children (maintain 3hrs of physical participation activity in children aged 5-16 years at 53% and aim to increase by 1% annually;*	***Adults*** *BMI recording has increased from 29% in 2009, to 55% in 2013.* ***Adults*** *Tier 2 service has been reviewed and re-commissioned, with increased capacity – covering 2.6% of the obese population, increased efficiency from 11% to >40% and increased cost effectiveness by 82%. 2014/15 will focus on designing and implementing the Tier 3 element of the obesity pathway.*	***Amber***	*Work continues in establishing a pathway for the management of obese adults.* ***Tier 1*** *– Commitment to engage with universal services including national campaigns such as Change 4 Life and Smart Swaps.* ***Tier 2*** *– Now established. Efficient and effective programme in place. Under continuous review.* ***Tier 3*** *– Priority to establish specialised intervention adhering to NICE guidance to reduce the need for* ***Tier 4*** *services (bariatric surgery). Work continues to capitalise on partnership opportunities to create an environment in Bromley which will support achievement of healthy weight.*
		Children and Young People: Healthy Schools Bromley now in place and 33 schools signed up, with two already achieving Bronze award. HENRY training of Health Visiting staff on target.	**Amber**	There are also key workstreams to address the increasing trend of childhood obesity: ○ Reducing prevalence of obesity in children (reception) from 8% to 7% and year 6 from 17% to 13%. ○ Focus on early years and children to ensure more emphasis on prevention with providers and partners; ○ Set up a Bromley Healthy Schools programme to support schools in obesity prevention ○ Ensure the environment plays a key role in helping children to stay healthy.
		Adults Exercise: Continue working with Pro-Active Bromley to increase physical activity participation. Unfortunately, national measure has changed and not possible to assess % improvement. Public Health Programme Manager chairs the Adult's and Older People's subgroup, this role makes the link between the latest physical activity developments and relevant healthy eating programmes to maximise the impact on healthy lifestyles.	**Amber**	○ Maintain the percentage of physically active adults (achieving at least 150minutes per week) 62.1% (Public Health Outcomes Framework 2013). ○ Decrease the number of physically inactive adults 24.1% by 1% annually (Public Health Outcomes Framework 2013).
		Children and Young People: Members of the healthy weight programme board are also represented on the Children and Young People's Pro-Active subgroup.	**Amber**	○ Maintain 3hrs of physical participation activity in children aged 5-16 years at 53% and aim to increase by 1% annually

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Depression and Anxiety (mental health)	Increased access to NICE approved psychological therapies to 15% of the pop with depression/ mild mental health problems; Increased number of patients entering treatment with reduced waiting times; An improvement of the mental and emotional wellbeing of the population; Evidence clients remaining in or returning to employment; Improved client satisfaction with the Bromley Working For Wellbeing Service; Positive impact on the numbers diagnosed, in primary care, with Medically Unexplained Symptoms. Measuring numbers of people *recovering* after treatment i.e. no longer judged as requiring further treatment;	Increase of coverage from 5% to 9% (3000 cases) of Bromley Population.	**Green**	From 2014-2015 the Bromley working for wellbeing service will cover 9% of the population and will work towards achieving 15% coverage by 2015-2016.
		The Bromley working for Wellbeing Service has been identified as a service with very good recovery rates compared to other areas in both London and England, however, referrals into the service need to be increased.	**Green**	Increased investment agreed from BCCG to reach increased service for 14/15 and 15/16. The Bromley working for Wellbeing Service needs to increase number of referrals. A plan has been developed by BCCG to address this issue and increase referrals in 2014-2015.
		Self-referral is now established. Current waiting time for initial triage is within 14 days (currently 8 days).	**Green**	Single point of access from April 2014 for IAPT and counselling service.
		The service is just about to launch its new website. www.workingforwellbeing.org.uk	**Green**	
		Bromley has one of the higher reported levels of supporting people off benefits and back to work. With 100 back into work as at the 30th September 2013. The other area now being monitored is those who have stayed in employment as a result of our intervention. April 2012 – March 2013 there were 114 referrals into employment support 48 clients successfully completed treatment 29 were job retention clients.	**Green**	

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Children with Complex Needs and Disabilities	The Council and health services provide a joint approach which ensures that service provision is increased within the Borough to meet the growing needs of children and young people, within the reducing financial context of public sector funding, whilst ensuring that the quality of service provision is maintained.	As at the end of July 2013, 75 families registered with National Pathfinder evaluators for the new Education, Health and Care (EHC) Plan, with 63 EHC plans completed as at the end of September 2013.	**Green**	Continue to implement Phase 5 of the Special Educational Needs provision review to increase in borough provision - including the delivery of a capital scheme as part of an invest to save project which is being developed to provide in-borough places for secondary aged pupils with ASD.
		The launch of new facilities at Bromley College to support learners with complex learning disabilities took place on 21st June 2013. The college achieved full capacity (121 learners) for their September 2013 intake.	**Green**	Implement the joint Pathfinder Bid for the Special Educational Needs and Disabilities Green Paper with the London Borough of Bexley.
		Expanded Riverside school by 52 places from September 2013 to support the increasing numbers of secondary aged pupils presenting with Autistic Spectrum Disorder (ASD) in the borough;	**Green**	Increase joint working between the Council and health services to improve the co-ordination of support to families through the joint disability service across Health, Education and Social Care.
		Expanded the Glebe School by two forms of entry from September 2014 to extend high quality provision for children with Autistic Spectrum Disorder (ASD) in borough;	**Amber**	Work with Croydon, Merton and Bexley, to proactively manage SEN educational placements with the independent market by using the collective 'voice' to negotiate consistency in practice as well as seeking increased value for money.
		The Bromley Local Offer, for children and young people (from birth to 25 years) with Special Educational Needs and Disabilities was published on MyLife on 18th December 2013. The Bromley Local Offer can be accessed at Local Offer	**Green**	Work with stakeholders to ensure that the online local offer information is accessible and develop an electronic Education Health and Care Plan.

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Children with Mental & Emotional Health Problems	A joint approach by organisations within the statutory sector, together with support from voluntary and community sector organisations will ensure that service provision meets the growing needs of children and young people, within the reducing financial context of public sector funding, whilst ensuring that the quality of service provision is maintained.	Undertook a robust Needs Assessment of Mental Health in Children and Young People in Bromley was undertaken in 2012. This then fed into the commissioning plans for the CAMHS	**Green**	Continue to improve provision of emotional wellbeing, mental health services, substance misuse and counselling services for children and young people.
		To enable a new service model for provision of services for Children and Adolescent Mental Health Issues (CAMHS) that targets prevention/ early intervention and encompasses a single point of access contracts with Bromley Y and Oxleas have been extended to September 2014	**Amber**	Re-commission the CAMHS framework in the borough based on early intervention and prevention.
		Oxleas NHS Foundation Trust have established a service for children under the age of 5.	**Green**	Implement the joint family nurse programme
		The Bromley Youth Council ran a very successful bullying awareness campaign during 2012/13 and identified emotional health as a priority for 2013/14.	**Green**	
		Developed a joint Family Nurse Programme with Bexley for implementation from April 2014.	**Green**	
Vulnerable Children (Children's Social Care)	Ensure that service provision is appropriate to meet the increasing numbers and complexity of needs of children and young people referred to Children's Social Care, within the context of reducing public sector funding, whilst ensuring that the quality of service provision is maintained. ~ Reduce referrals to children's social care services	22 new sets of in house foster carers were recruited during 2012/13 against a target of 20. 4 new foster carers (units) have been approved in first half of 2013/14 a further 10 currently been assessed for presentation to panel in early 2014.	**Green**	Continue to improve partnership working at case-level across the Borough to ensure that different organisations continue to work together to improve outcomes for children and young people.
		In the first half of 2013/14, 6 children have been subject to an adoption order. Current indications are that the number of children adopted during 2013/14 will exceed the 17 in 2012/13.	**Green**	Further develop and embed the use of the MASH system.
		87% of all adopter assessments are completed within the statutory timeframe of eight months. Significant work has been undertaken, including increasing capacity within the team, to ensure that the revised timescale of six months is met.	**Green**	Continue to increase the number of foster carer placements within the borough for the most challenging children and young people.
		MASH team established with full range of partners involved in July 2013	**Green**	

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
		Focused on improving early intervention support for families: The number of new referrals to Outreach Family Support (including Step Down to Social Care) has increased from 193 in the first six months of 2012/13 to 276 in 2013/14 Footfall and numbers of families using Children's Centre services continues to rise with 40,147 visits (8,714 unique users), during the first half of this year compared with 35,173 (7,629) for the same period last year. 335 Common Assessment Framework forms were completed in 2012/13. As referrals from schools have reduced, targeted meetings and training have taken place to further support the use of the new shortened Common Assessment Framework form and associated training at the beginning of July.	**Green**	
Dementia	The expected outcomes, which are in line with the National Dementia Strategy priorities, include: improving public and professional awareness and understanding of dementia; early intervention diagnoses increased further reduction in time between referral and diagnosis; enabling easy access to care, support and advice following diagnosis; improved quality of care for	Increased capacity at the Memory Clinic. A multi-disciplinary team is in place and caseload increased by over 1,000 since October 2012. An average of 94 referrals per month.	**Green**	Many of the projects currently being undertaken will continue into 2014/15. Other initiatives are covered below:
		Integrated Dementia Care Pathway improved and tested. Enabled a Care Manager Assistant, based in the Memory Clinic, to ensure 90% of 220 people worked with remained in the community using assistive technology, day care and, for some, domiciliary care. Original sample of clients being tracked to see if further improvements are needed.	**Green**	The roll-out of the ProMISE programme's GP based integrated care teams which will identify people with dementia and their carers and refer, as appropriate, to the Memory Clinic for formal diagnosis together with information provision on the disease and current and future support options.
		Staff in 14 care homes have been trained and supported to work with people with dementia to enhance their care and prevent hospital admission. 154 staff in new Extra Care Housing schemes have received training to help them support residents and delay the need for more intensive services. Both schemes will continue into 2014/5.	**Green**	Enhance the Psychiatric Liaison Team at the PRUH to work with older adults to identify people with dementia, support staff with their care and facilitate diagnosis.

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
		5 GP practices have begun training in dementia to encourage early referral and enable them to support carers, manage severe distress and end of life care.	Green	Review the feasibility of CSV volunteers supporting people in their own homes to enable them to retain their independence.
		BME communities have received information on dementia.	Green	Continue to establish the integrated dementia care pathway and explore best practice which could be implemented in Bromley.
		The Coping with Caring programme has provided training for carers to understand the impact of dementia and provide support and advice. 290 carers have taken part in a series of workshops, received training at home or been given 1-1 support and advice.	Green	Respite Care, including respite at home, will be reviewed in the context of requirements in the new Care Bill around carer assessments, services for carers and personal budgets. This will include respite for carers of people with dementia.
		Training to become Dementia Friends has been given at the PRUH, to fire-fighters, staff at libraries, Carers Bromley, housing associations and church volunteers.	Green	The private sector is trialling the use of Elderly Mentally Infirm (EMI) beds for respite to assess demand.
		Use of anti-psychotic drugs in primary and secondary care was reviewed and found to be in line with NICE guidelines. The Prescribing Advisor will continue to review usage in primary care regularly.	Green	Non-statutory organisations working together to develop community services.
		The Falls Service has begun working with Mindcare to run clinics for people with dementia.	Green	Alzheimer's Society is refocussing on support in the community through Dementia Advisers.
		Working with St Christopher's Hospice to prevent unnecessary admissions to hospital during the last year of life and allow death in the place of choice – this will include people with dementia.	Green	Where appropriate the relevant links will be made with the supporting carers health and wellbeing priority to ensure that family carers of people with dementia are considered.

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
Supporting Carers of all ages	Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages; Enabling those with caring responsibilities to fulfil their educational and employment potential; Personalised support both for carers and those they support, enabling them to have a family and community life; Supporting carers to remain mentally and physically well;	Although confidentiality issues prevented the sharing of carers' information between the council and voluntary organisations, a wide-ranging survey of adult carers was carried out in autumn 2013 which will inform the JSNA and Bromley Carers Strategy.	**Amber**	Identification of hidden carers & carers undergoing increased pressure through: front-line domiciliary care staff; GP Practices via the Patient Liaison Officers and Carer Registers and Community Matrons. Exploring a neighbourhood/ community approach.
		The number of carer assessments increased from 30% to 32% in 2012/13 following work within Care Management to promote carer assessments and improve recording methods;	**Amber**	Carer assessments - improve the number and quality of assessments and improve the awareness of carers assessments among carers
		The first Adult Services Stakeholder Conference held in November 2013 theme was 'Building Better Support for Carers'.	**Green**	Training - promote training on back care and identification of urinary tract infections. Review carer training for care management staff.
		The Carers Forum, supported by Carers Bromley, has been revitalised. They have contributed to the planning and content of the Carers Survey; attended Adult Stakeholder Conference and have provided feedback on the ProMISE programme.	**Green**	A new Bromley Carers Strategy will be compiled and published. Underpinned by the recent carers surveys and engagement events. Undertake a survey with young carers in spring 2014.
		Information available to carers on Bromley MyLife is continually reviewed and updated. Now includes 'Talking Head' videos on a range of subjects. Links to information and services provided by partners including training, aids and adaptations, benefits and legal advice were strengthened following the Carers Survey;	**Green**	Information - improve information available on the impact of the condition of the person cared for on the carer, aids and adaptations and benefits. Mental Wellbeing - promote the new Bromley Working for Wellbeing website and service to carers via the voluntary sector.
		The issue of hidden carers is ongoing: the Carers Partnership Group reviewed referrals to Carers Bromley highlighting the low level of referrals from health services. An audit of GP support to carers in Bromley was carried out to explore this further.	**Amber**	Respite - promote use of Direct Payments for better targeted respite.
		The commissioning of the Patient Liaison Officers at GP practices is helping to identify carers and provide information and support. GP Practices are being funded to establish Carers Registers containing 6,000 carers.	**Green**	Review the impact of the Care Bill and Children and Families Bill on assessments and services for all carers including respite and use of personal budgets.
		Bromley Healthcare Single Point of Entry (GP contact point) now includes a direct referral system to Carers Bromley	**Green**	

Priority Area	By 2015 we will have achieved:	Summarise Main Achievements 2012 – 14	RAG Rating	What do we intend to do 2014/15?
		The young carers (YC) included in redesigning the YC Information and YC training is now included in the Bromley Safeguarding Children Board calendar of events. Internal processes to ensure that YC are supported when moving between workers/ teams have been improved.	**Green**	

Report No.
CE 01401

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 30 January 2014**

Report Title: **Communications and Engagement Strategy**

Report Author: Amanda Day, Communications, Chief Executives
Tel: 020 8313 4390
E-mail: amanda.day@bromley.gov.uk

1. SUMMARY

Attached is a draft Communications and Engagement Strategy to manage communications relating to local health and wellbeing issues following government health reforms. This includes managing messages emanating from the work of the Health and Wellbeing Board, 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 should 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).

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

To ensure health and wellbeing communications and engagement is aligned to the governance of how work is managed in this area through the Bromley Health and Wellbeing Board.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

To agree the following recommendations:

- Endorse the attached draft communications and engagement strategy including the overarching objectives and messages
- Agree a communications and engagement plan is developed informed by a communication structure of target audiences and the strategy's objectives and messages

Health & Wellbeing Strategy

1. Related priority: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers, Not applicable

---

Financial

1. Cost of proposal: This would be from existing budgets and resources

2. Ongoing costs:

3. Total savings (if applicable):

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

Not applicable

4. COMMENTARY

It is important to ensure robust communications planning around health and wellbeing messages in Bromley is aligned to the existing communications strategy and planning of the Council. Any communication strategy and planning will need to be reviewed in a timely manner to ensure it evolves alongside the work and priorities of the Bromley Health and Wellbeing Board.

5. FINANCIAL IMPLICATIONS

There are no financial implications as this will be funded through existing budgets.

Non-Applicable Sections:	Financial/Legal/Governance, Board and Partnership Arrangements
Background Documents: (Access via Contact Officer)	Communication's Foundation Strategy

This page is left intentionally blank

Draft

Health and Wellbeing - Communications and Engagement Strategy

1. Introduction

1.1 Following legislative changes affecting health and wellbeing, this paper sets out a proposed communications and engagement strategy to reflect these changes in Bromley.

1.2 What is developing is a matrix local health model with responsibility for health outcomes cutting across the business objectives of the Council, the Bromley Clinical Commissioning Group (BCCG) and other key health and voluntary sector partners. The communications pertaining to local health and wellbeing issues will inevitably reflect this complexity. An effective approach to communications in this area is important to reduce risks from a lack of clarity around these developments and managing key health and wellbeing messages, some of which may be of a sensitive nature.

1.3 Building relationships across the Council, the BCCG and other partners through existing engagement channels and including the newly formed Healthwatch Bromley, will be central to developing effective communications in this area.

1.4 Any approach to communications in this area, including proactively and reactively managing the media, needs to align to the Council's existing Communication Foundation Strategy. It also needs to be aligned to the communication planning across the Council.

2. Background

2.1 The Government's health reforms being implemented through the Health and Social Care Act 2012 have resulted in new relationships and responsibilities in terms of improving health and wellbeing across the borough. Certain public health responsibilities have been transferred to the Council and the statutory Bromley Health and Wellbeing Board (HWB) now operates as a Council Committee. The Board's decisions have the same public scrutiny as other Council Committees.

2.2 Under these health reforms, Health and Wellbeing Boards bring together the Council, the CCG and through the newly established Healthwatch Bromley, patient representatives. The Board's role is to develop a shared understanding of the health and wellbeing needs of the borough through a Joint Strategic Needs Assessment (JSNA) and how those needs are met through a Health and Wellbeing Strategy. This includes recommendations for joint commissioning and integrating services across health and care. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

2.3 Commissioners are already working together on joint programmes such as the elderly admissions avoidance scheme (known as the Proactive Management of Integrated Services for the Elderly – ProMISE). The HWB has been given strategic oversight of health and social care integration by central Government, and there will be a need to ensure the public understand this new responsibility and the relationships it implies.

2.4 At a national level the Government has identified £3.8 billion for the Better Care Fund to support the integration of health and social care. Plans need to be agreed by the respective Executives of the BCCG and the Council with the HWB having overall authorisation. The plans will be submitted to NHS England.

2.5 The Council recently agreed a new Building a Better Bromley priority of a 'Healthy Bromley'. The overarching aim of 'Healthy Bromley' is to ensure health and wellbeing and relevant public health outcomes are integrated in all areas of the Council's Building a Better Bromley framework. An aim of the Communications Strategy will be to raise awareness with the public about the four distinct functions of public health – education and advice (to both commissioners and the public), surveillance, intervention (eg in pandemics) and commissioning (eg sexual health).

2.6 The 'Healthy Bromley' priority reflects the need to work effectively with health partners and other voluntary and community partners on priority health issues for Bromley identified in the Health and Wellbeing Strategy and as set out in the Joint Strategic Needs Assessment (JSNA). The 'Healthy Bromley' priority also reflects the need for effective community engagement through Healthwatch Bromley to help shape local health services.

3. Strategic Role of Communications

3.1 Given this complexity, nothing can be seen as standing alone in terms of communications. To effectively manage communications in this area the aim of this strategy is to:

- take account and reflect the governance of health and wellbeing issues in Bromley
- develop communication objectives and messages that support the relevant business objectives of the HWB through the Health and Wellbeing Strategy and Joint Strategic Needs Assessment; and of Bromley Council in respect of the new Building a Better Bromley priority of 'Healthy Bromley'
- recognise and reflect the BCCG and the Council's business objectives in terms of the further integration of health and social care services through the strategic commissioning of shared care pathways (including ProMISE)
- develop pro-active communications planning utilising existing channels of communication to reach audiences identified in a stakeholder analysis.

4. Scope and Objectives

4.1 The scope of the work will include:

- mapping and fully utilising the network of existing communications channels for both the Council and health partners including Healthwatch Bromley, Community Links Bromley, Experts by Experience, Age UK, Bromley Healthcare, Bromley Mind, Carers Bromley and other key partners
- Considering how the existing Bromley Patient and Public Community Engagement Strategy 2011-12 developed by the BCCG and public health prior to transition, continues to be implemented to ensure consistency in terms of messages about health in Bromley
- Building and implementing a pro-active communication and engagement plan to support the Communication and Engagement strategy
- Working with the BCCG on the communication and engagement strategy, planning and implementation to support the ProMISE programme.

4.2 Communication objectives need to be developed to reflect the cross-cutting nature of health and wellbeing at a local level that cover the 'Bromley' priority areas for health as identified by the JSNA, which is a technical document identifying the local health needs/issues. The health and wellbeing strategy that arises out of it may not address all the issues highlighted in the JSNA: there may simply be too many, or it may be that those highlighted reflect manifesto or other local priorities. The overarching objectives of this communications strategy are as follows:

- to develop effective communications to give confidence to Bromley residents, healthcare providers and key stakeholders that achieving health and wellbeing outcomes is being managed well through the Bromley HWB
- to raise awareness amongst key audiences that certain public health responsibilities now form an integral part of Council work and where appropriate to promote the message of how well these services are being provided
- To raise awareness with key audiences about the work of the HWB and how it is addressing health and wellbeing issues in Bromley
- where appropriate to actively promote the work of the Bromley HWB

- to develop effective communications and engagement with key stakeholders regarding relevant and specific health initiatives, including those relating to the ProMISE programme
- teflect the aims of Bromley Council's Communications Foundation Strategy and Council communications planning, including how the media is managed, both actively and pro-actively.

4.3 To achieve a joined up approach to communication, to reflect the existing governance arrangements around driving health and wellbeing improvements in the borough and to avoid duplication of resources, it is suggested the HWB act as the Stakeholder Reference Group to own the Communication and Engagement Strategy and the development of the communication and engagement planning.

4.4 These are a basic set of objectives but there may be others the HWB identify, which would be developed with the Communication Lead.

4.5 It is proposed that the communications work stream will be led by Amanda Day, Bromley Council Corporate Communications with a public health representative. There will also be close liaison and input from the BCCG through the Bromley ProMISE programme Communications and Engagement Steering Group. In terms of capacity, the overarching approach to developing the strategy and its implementation will be resourced from within existing budgets. In terms of the specific work around ProMISE the BCCG have commissioned the Council's Corporate Communications team to support this work.

5. Work Programme

Messages

5.1 To support the communication objectives, messages will need to be developed with and by the Bromley HWB to achieve consistency around those relating to Bromley health priorities. They should be developed and written to inform and engage the same audiences and where appropriate encourage feedback. They should be accessible and jargon free.

5.2 The overarching key messages, to run through all communications, can be characterised as follows:

- the Council has responsibility for certain public health provision in Bromley
- this is how we are working with partners across the borough to make these public health priorities integral to existing Council work
- we are managing these public health functions well
- this is how we are working through the HWB to address health and wellbeing in Bromley

- this is how we are working with our partners in health and the voluntary sector to address the following health issues that have been identified as priorities for our borough (Health and Wellbeing Strategy)
    - Diabetes
    - Hypertension
    - Obesity
    - Anxiety & Depression
    - Children with Complex Needs and Disabilities
    - Children with Mental & Emotional Health Problems
    - Children Referred to Children's Social Care
    - Dementia
    - Supporting Carers
- this is how we are working with the BCCG to achieve better health and quality of life outcomes for the elderly through integrated care pathways to help keep residents out of hospital where possible and appropriate.

Target Audience

5.3 A communications structure around all target audiences is being built to inform the communication and engagement planning. This will be aligned to existing and developing communication channels of the Council, the BCCG and key partners. Healthwatch Bromley will have a key role in targeting communications and engagement.

5.4 The communications structure should encompass the public and health sector, voluntary and community groups, partner groups, the public and media. All messages will be developed against the target audience in the communications structure to ensure they are tailored to that audience and support the objectives.

5.5 It should also encompass internal audiences many of whom will act as key advocates in terms of health and wellbeing and health and social care messages. These audiences include elected Members, Care Managers, public health staff, Education and Care Services staff and Council staff generally. The communications structure should also include contractors and providers.

5.6 In terms of communication channels and activities these will include:

- existing Council and BCCG channels and publications such as Update
- voluntary sector publications and channels
- community groups
- existing stakeholder groups
- local media
- trade press
- local government press
- internal channels of communication for the Council and BCCG.

6. Next Steps

6.1 To deliver this strategy it is suggested the Corporate Communications lead develop a communications and engagement plan for consideration by the HWB. The plan should encompass:

- clearly defined objectives and messages
- targeted audiences based on the communications structure
- existing channels of communications and engagement for the Council and the Bromley Clinical Commissioning Group:
- support for the ProMISE programme including continuing to work with the BCCG to develop effective communications and engagement .

7. Equality Impact Assessment

7.1 This would be part of the overall Equality Impact Assessment of the work of the Health and Wellbeing Board.

Amanda Day
150114

Report No.
CS14022

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 30 January 2014**
Title:	**HWB MEMBER DEVELOPMENT & ENGAGEMENT PROGRAMME**
Contact Officer:	Steven Heeley, Public Health Transition Manager, Education, Care & Health Services. Tel: 0208 461 7472 E-mail: steven.heeley@bromley.gov.uk
Chief Officer:	Executive Director of Education, Care & Health Services

1. SUMMARY

This report provides an update on the development activity that has taken place to date with members of the Health & Wellbeing Board (HWB). It also proposes:

1) A continuing development and engagement programme;

2) 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;

3) 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.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

1) To update the Board on progress made to date on the development work with Board members and the future programme of activity.

2) To seek interest from the Board for the proposal to develop health and wellbeing ward profiles and to understand what data or information needs to be specifically included.

3) To gauge interest from members of the Board in participation of GP practice visits.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The development & engagement programme will be led by the London Borough of Bromley, with required input and leadership from partner organisations including the Bromley Clinical Commissioning Group (BCCG), Healthwatch and Community Links Bromley for specific actions.

Health & Wellbeing Strategy

1. Related priority: **All priorities:** Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers.

Financial

1. Cost of proposal: The proposal has no new costs but has to fulfil statutory requirements. However there is a potential for not accessing funding and the greatest possible cohesion by the Board is part of the necessary local infrastructure to make sure that the funding is allocated back to Bromley. The Integrated Transition Fund (ITF) – now called the Better Care Fund – is a top slice off existing funding – mainly that of the BCCG but also an element from the Council. The funding can only be gained for Bromley from NHS England when it is signed off by both the Council and BCCG.

2. Ongoing costs: N/A

3. Total savings (if applicable): N/A

4. Budget host organisation: The Council is responsible for providing the necessary administrative and other support needed to make sure that the HWB can function effectively in its own right and as part of the wider system of joint working across Bromley to maximise the wellbeing of the borough's residents.

5. Source of funding: N/A

6. Beneficiary/beneficiaries of any savings: To the extent that improved integration of commissioning and provision of services leads to financial savings in the future, then these will be apportioned through discussion as part of the joint arrangements between the Local Authority (LA) and BCCG.

Supporting Public Health Outcome Indicator(s)

The HWB is responsible for developing the Health and Wellbeing Strategy for the borough. The Strategy is based on the Joint Strategic Needs Assessment (JSNA), a technical document that sets out by ward and the borough as a whole how Bromley compares to London and England across a wide range of health and wellbeing indicators.

---

3. COMMENTARY

3.1. Bromley's Health & Wellbeing Board (HWB) has been fully operational since its statutory inception on 1st April 2013 following a period of operation in shadow format. In this time, the new Board has developed and established itself, strengthening relationships in particular between the BCCG, the LA and the Third sector.

3.2. It is important for the Board to build on the investment made in its development during the shadow year. The NHS planning framework for 2013/14 described Health & Wellbeing Boards as, '...the key partnership forum for determining local priorities and providing oversight on their delivery.' HWBs also have a core function to promote integration with this being reinforced through policy changes including the new Better Care Fund (formerly Integration Transformation Fund) of £3.8bn from 2015 which will require joint sign off by the LA and CCGs of local plans.

3.3. To date, three development events have taken place, all facilitated by an external facilitator, Peter Gluckman. This report summarises the headline messages, recommendations, conclusions and next steps of these activities as well as proposals for future development activity and engagement.

1st Development Workshop, 4th July 2012

3.4. All members of the Board were invited to this first event with an aim to begin the programme of developing the capacity of the Bromley HWB. It also aimed to collaborate effectively in delivering joint commissioning and health improvement after April 2013 by strengthening a shared view of the leadership agenda, joint priorities and combined effort to implement the Health and Wellbeing Strategy.

3.5. The workshop enabled members to have mature and open discussions about complex and tricky issues that have tripped up other Health and Wellbeing Boards (e.g. the role of Members and Officers sitting on the same Council subcommittee within a statutory framework that does not fit local government governance arrangements). Further thinking was required on this topic to agree arrangements that would work for Bromley.

3.6. Board members also acknowledged that BCCG and London Borough of Bromley strategies needed to be aligned with the Health & Wellbeing Strategy's priorities and objectives. Commitment was made to create a rolling programme of all priorities, to review the Strategy and be prepared to make changes and identifying champions and associated clinical leads for individual priority areas.

3.7. Those attending the workshop agreed to the need for reviewing partnership schemes, clarifying the role of the Voluntary Sector Partnership Board in engaging partners more effectively, supporting the establishment of the BCCG, and clarifying governance structures for the Board within the Council and within NHS structures.

3.8. Finally, the workshop recommended further events for Cabinet and the HWB to discuss the relationship between the Council Cabinet, HWB as a subcommittee of the Executive, and the wider body of elected Members. An event for elected Members who are not part of the HWB was also recommended to understand its role, its relationship to the Council, the BCCG and its place in the wider range of health and social care organisations in Bromley. The workshop also felt a 2nd development event to reflect on the Board's development was necessary.

2nd Development Meeting, 10th October 2013

3.9. The second development session was a meeting for senior officers from the LA and BCCG to discuss the barriers, enablers and potential additional solutions in order to achieve the Board Chairman's ambition for '*the Bromley Health and Wellbeing Board to work as a collaborative board with as much evidence-based effort as possible and whose purpose is set out in an ambitious and practical implementation plan that impacts positively in improving the health of local people.*' This meeting was also used to plan for the third development workshop for all members at the end of October 2013 (see below).

3.10. The meeting agreed on the HWB being the engine room of integration and the future work programme needed to reflect this aspiration. A new level of trust was acknowledged as being required and was essential if real progress was to be made. Budget discussions continued to be a block to success; however progress was being made to resolve the several budget-related issues identified. The new Chairman of the HWB was considered a strong base on which to take forward integrated commissioning and provision.

3.11. It was agreed that a member development and engagement work programme was developed, specifically to look at reviewing the existing funding arrangement to reduce budgetary tensions, to ensure the opportunities arising in the near future are exploited in partnership with BCCG and the Council, co-ordinated activity for integrated commissioning underwritten in a Section 75 agreement, and to overcome cultural differences through a programme of initiatives to champion integration and partnership working along with raising the profile and work of the HWB across the borough.

3rd Development Workshop, 31st October 2013

3.12. The most recent development workshop brought together all members (who were available) of the Board with an aim to exploring how to add value to existing thinking, proposals and plans. It aimed to agree future process for determining Health & Wellbeing priorities and to create an environment in which candid but courteous inter-agency discussions could take place maximising the achievement of agreed goals and ensuring the combined impact of joint investment. The workshop also aimed to agree on how the Board could add material value to existing thinking, proposals and plans so that it enhances the health and wellbeing of local residents.

3.13. The workshop discussed the core role of the Board in that its primary responsibility was to set strategy. The high expectations of HWBs nationally was noted along with the need for the Board to stay flexible, focused and to provide strong leadership. The reality of different values and cultures needed to be seen as useful rather than a difficulty and the importance of trust and strong working relationships was critical to future success.

3.14. The need to make the Board's work interesting to elected Members and clinical leads who are not members of the Board is critical along with how best to engage with the hospital sector. Optimal balance was still not yet in place between transparent decision-making, the opportunity for the Board to discuss matters in a workshop format and capacity for the Council to fund public engagement around the strategy.

3.15. Governance formed a key part of the discussions particularly with how decisions are endorsed back at each partner's governing body. Budget tensions were acknowledged as still remaining and identified as a continuing blocker to future progress of the Board's ambitions. The BCF is a great opportunity to put the relationships on the right footing for the future.

3.16. The Third sector summarised the involvement of the voluntary, community and social enterprise sector in five words: connectivity, involvement, responsive, innovative and commitment.

Future Development & Engagement Programme

3.17. The third and most recent workshop acknowledged that development of trust and strong working relationships between Board members and their organisations is central to achieving anything beyond the bare statutory minimum. It was therefore agreed that a continuing programme of development activity took place.

3.1. The programme is currently being drafted and working towards the following aims:

1. To promote joint working across the widest possible spectrum of health and social care, including supporting moves to both pooled budgets and joint commissioning as appropriate'

2. To ensure the BCF opportunities arising in the near future are exploited in partnership with the BCCG and the Council through development of a joint approach;

3. To overcome cultural differences through a programme of initiatives to champion integration and partnership working between the BCCG and the LA;

4. To raise the profile and work of the Health & Wellbeing Board across the borough.

3.2. Specific actions arising from this programme might include:

- Lead officers from the BCCG and the Council to work towards pooling budgets using the opportunities provided by the BCF.
- Agree in principle integrated commissioning approach underwritten through an overarching Section 75 agreement and starting with mental health services for approval by HWB in March 2014;
- To hold a fourth development session for both board members and elected Members with a specific focus on respective governance arrangements of each organisation – possibly in the summer 2014;
- For the BCCG to consider inviting another senior elected Member to join its governing body;
- To develop ward-based profiles for elected Members to better understand health and wellbeing of their residents;
- To engage Board members in strategic work such as sub groups and delivery groups reporting to the Board in order to ensure buy-in and to allow a detailed focus on certain aspects of work;
- To review the size and composition of the Board following its first statutory year and how it links to the wider health, care and other systems;
- Arrange a series of GP practice visits for Board members and elected Members;
- Consider how patient, service user and public engagement take place within the framework recently developed for Bromley and so far as possible, using existing forums and arrangements.

Ward-based Health and Wellbeing profiles

3.3. It is important to raise the profile of health and wellbeing across the borough particularly for elected Members to understand local need, prevalence and activity that is benchmarked against the borough as a whole. In tandem with the development of the 2014 JSNA, ward health profiles are proposed which will show the levels of a range of health outcome indicators for each ward and provide a comparison between wards and the borough. Alongside each profile will sit a map showing key features of the ward where data allows.

3.4. The ward profiles are based on similar profiles developed for GPs. They will include indicators specific to each ward across two key areas, determinants of health and health outcomes. Determinants of health include areas such as demography, housing, deprivation and employment and lifestyle indicators. Health outcomes will present life expectancy, disease prevalence and other social care indicators as they become available. Ward profiles will be accompanied by a definitions document setting out the specific description, source and unit of each indicator.

3.5. The profiles will also include a rank across all 22 Bromley wards for each indicator. It is however important to note that a high or low rank does not necessarily determine good or bad performance, it is a positional score of that ward compared to other wards in the borough. Percentile rank will also be presented to illustrate low, medium or high need/outcome.

GP practice visits

3.6. As part of the development and engagement programme, a series of visits to GP practices are to be arranged for primary care professionals to informally meet board members and ward representatives to develop mutual understanding of the range of primary care services in Bromley and their relationship with social care, acute health and specialist health services.

3.7. GP practices are to be invited to voluntarily participate in the visits through the BCCG's weekly GP bulletin. Ideally, visits will take place between February and April 2014 at a mutually convenient date and time.

3.8. Board members are invited to express their interest in these visits and also to recommend other health services in the borough they may wish to informally speak to.

4. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The London Borough of Bromley is committed to the integration of health and social care, and welcomes the role of the HWB in promoting that aim. The work plan described within this Report will certainly facilitate that, and along with the Executive of the London Borough of Bromley, should play a key role in reducing duplication and overlap in both commissioning and provision of services.

Non-Applicable Sections:	**FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS, PERSONNEL IMPLICATIONS.**
Background Documents: (Access via Contact Officer)	

Report No.
RES14032

London Borough of Bromley

Decision Maker: **HEALTH AND WELLBEING BOARD**

Date: **Thursday 30th January 2014**

Title: **Health and Wellbeing Board Matters Arising and Work Programme**

Contact Officer: Helen Long, Democratic Services Officer
Tel: 0208 313 4595 E-mail: helen.long@bromley.gov.uk

Chief Officer: Director of Resources

---

1. Reason for report

1.1 Members of the Board are asked to review the Health and Wellbeing Board's work programme for 2013/14 and to consider progress on matters arising from previous meetings of the Board.

1.2 The Administration protocol, action list (Matters Arising) and Glossary of terms, all requested by the Chairman at the last meeting, are also attached.

---

2. RECOMMENDATION(S)

The Board is requested to:

2.1 consider its work programme and matters arising and indicate any changes that it wishes to make.

2.2 comment on the Administration protocol.

2.3 Note that the Action List and Glossary of terms will be included in this report for each meeting.

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council stream within Building a Better Bromley, PDS Committees should plan and prioritise their workload to achieve the most effective outcomes.
2. BBB Priority: Excellent Council

Financial

1. Cost of proposal: No Cost:
2. Ongoing costs:: N/A
3. Budget head/performance centre: Democratic Services
4. Total current budget for this head: £363, 070
5. Source of funding: 213/14 revenue budget

Staff

1. Number of staff (current and additional): There are 10 posts (8.55fte) in the Democratic Services Team
2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting

---

Legal

1. Legal Requirement: No statutory requirement or Government guidance
2. Call-in:: This report does not require an executive decision

---

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Committee to use in controlling their on-going work.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The Board's Matters Arising table is attached at **Appendix 1** this report updates Members on recommendations from previous meetings which continue to be "live". Members will note that two items are ongoing but other items are included elsewhere on this agenda.

3.3 The draft 203/14 Work Programme is attached as **Appendix 2.** It reflects the areas identified at the beginning of the year. Other reports may come into the programme or there may be references from other Committees, the Portfolio Holder or the Executive.

3.4 The Glossary of terms is attached at **Appendix 3**. This will be updated as necessary and will form part of this report oat each meeting.

3.5 The Administration Protocol is attached at **Appendix 4.**

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous work programme reports

Appendix 1

Health and Wellbeing Board

Action List – 28th November 2013

Agenda Item	Action	Officer	Notes	Complete
Winterbourne View Updated	Glossary of terms	Terry Parkin	**Ongoing**	
	This report to every second meeting	Terry Parkin	**Report Needed – 20th March 2013.**	
A&E Performance (Q3) – Expected multi-agency	Report on the Performance of PRUH A&E Representatives be requested to attend the January meeting of the Board This section of the January meeting to be joint with the Health Scrutiny Committee	 Angela Bhan Chairman	**Report Needed – 30th January 2014.** **Councillor Fortune to agree with Councillor Tunnicliffe**	
JSNA	Voluntary Sector requested an easy to read executive summary	Nada Lemic/ Angela Bhan	**Action Needed**	
Integration Transformation Fund (ITF)	Slides to be circulated. Report back in January.	Helen Long Richard Hills	**With minutes for 28th November 2013** **Report needed 30th January 2014**	
Board Member Development and Engagement Programme	Report to January Meeting.	Steve Heeley	**Report needed 30th January 2014**	
ProMISE rogramme	Report on the communication strategy to the January meeting Regular ProMISE Update reports	Amanda Day/ Susie Clark	**Report needed 30th January 2014** **Report needed – 20th March 2014?**	
Information Item – Public	Being launched on 9th December		**Report Needed – 30th January 2014**	

Health Report	2013. Information item January 2014			

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14

Title	Report Author	Notes
Health and Wellbeing Board – 20th March 2014 (1.30pm)		
Winterbourne View - Update	TP	
Information Briefing – JSNA - Update	AM	
Health Scrutiny Sub-Committee- April 2014 (4.30pm)		
Urgent Care Pathway – PRUH Performance Update	CCG Kings FNHST	Standing Items
Falls Prevention	TBC	
Integrated Services Programme	TBC	
Health Checks Programme	TBC	
Health and Wellbeing Board – 22nd May 2014 (1.30pm) **This meeting will be re-scheduled**		

Glossary of abbreviations – Health & Wellbeing Board

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Cardiovascular Disease	(CVD)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Community Learning Disability Team	(CLDT)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Emergency Hormonal Contraception	(EHC)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)
Health & Wellbeing Strategy	(HWS)
Hypertension Action Group	(HAG)
Improving Access to Psychological Therapies programme	(IAPT)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Long Acting Reversible Contraception	(LARC)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)

Multi-Agency Safeguarding Hubs	(MASH)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Policy Development & Scrutiny committee	(PDS)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)
Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Sexually transmitted infections	(STIs)
South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)

Health and Wellbeing Board

Administration Protocol

1. The agenda will be published in line with the attached timetable.

2. Officers have been informed that late items, i.e. those that are too late for making it onto the agenda by the Friday prior to agenda publication, will be considered in Any Other Business. This will only be in cases where no specific action is required by the Board and that it is received four working days in advance of the meeting.

3. The electronic distribution of agenda papers will follow the standard protocol adopted by all other Council committees. The agenda pack link will be distributed via email five clear working days prior to the meeting date. Hard copies will be circulated in the van delivery at least two working days prior to the meeting.

4. In between meetings Officers will circulate information briefings where necessary, to enable Board Members to keep up to date with developments rather than waiting until the next meeting. Briefings will be distributed electronically. All information briefings circulated in this way will be included on the next agenda.

5. Following the meeting an action sheet and the minutes will be produced and distributed to the Chairman within 3 working days of the meeting. Once the Chairman has cleared the minutes they will be distributed to all Board Members.

6. Officers will produce a glossary of terms as a reference guide for Board Members. This will be updated and included in each agenda pack. Further copies will be available from the clerk.

Health and Wellbeing Board

Board Meeting and Publication Dates

Agenda Published & Electronic Dispatch	Van Dispatch Date	Meeting Date
Wednesday 22 January	Tuesday 28 January	Thursday 30 January
Wednesday 5 March	Tuesday 13 March	Thursday 20 March
Wednesday 12 May	Tuesday 15 May	Thursday 22 May

Glossary of terms

This page is left intentionally blank

Report No.
CS14020

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD
Care Services PDS - Health Scrutiny Committee

Date: **Thursday 26 September 2013**

Report Title: **A&E PERFORMANCE AT PRUH BRIEFING PAPER**

Report Author: Dr Angela Bhan Bromley Clinical Commissioning Group
Rey Aziz Corporate Governance Bromley Clinical Commissioning Group
Tel: 01689 866530
E-mail: angela.bhan@bromleyccg.nhs.uk rey.aziz@nhs.net

---

1. SUMMARY

A&E performance at the PRUH over the last quarter has been at levels below the agreed performance level, with some very significant daily and weekly fluctuations.

There are various steps in place to help improve the performance in order that it is brought back in line with the agreed trajectory. This briefing paper outlines 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.

---

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD & CARE SERVICES PDS HEALTH SCRUTINY MEETING

Members of the HWB and Care Services PDS Health Scrutiny Committee are asked to note and comment on the actions that are planned and currently in progress.

---

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSITUTENT PARTNER ORGANISATIONS

Bromley CCG and Kings College Hospital Foundation Trust working collaboratively with key NHS stakeholders will be responsible for ensuring all actions stated are undertaken and the commitment to returning to the agreed performance levels are attained.

Health & Wellbeing Strategy

1. Related priority: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers, Not applicable

---

Financial

N/A

Supporting Public Health Outcome Indicator(s)

N/A

---

4. COMMENTARY

Please see attached report for details

Non-Applicable Sections:	Financial, Legal and Governance implications Comment from the Director of Public Health
Background Documents: (Access via Contact Officer)	[Title of document and date]

This page is left intentionally blank

A&E PERFORMANCE AT PRUH BRIEFING PAPER

1. Background

The national four hour wait target requires A&E departments to see 95% of attending patients within four hours of their arrival at A&E. Although ostensibly an A&E waiting time target, this standard is regarded as a health and care economy measure. All agencies, commissioners and providers, including local authorities, are expected to work with hospitals to share the common responsibility of ensuring the target is met. This approach is continuing now with King's College Hospital (KCH) having taken over the Princess Royal University Hospital (PRUH) from October 2013.

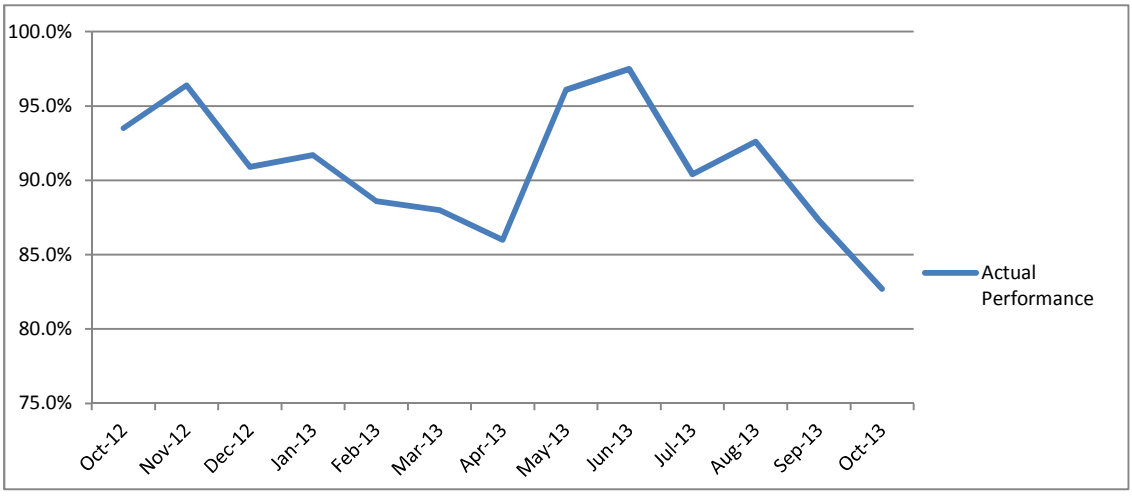
Locally in Bromley, the 4 hour A&E target has often been a challenge in recent years, but the whole health and social care economy has worked together to support the target, and it has often been possible to pull performance back to good levels. In recent months, the reconfiguration of acute services in South East London has seen some concurrent reductions in delivery of the 4 hour target.

For the purposes of measurement and comparison, patients attending A&E are divided into three categories – type 1, 2 and 3. Type 1 patients are the most severely ill and type 3 patients are the ones that might normally be seen and managed in the Urgent Care Centre.

Because of the challenges associated with taking over the PRUH, the CCG agreed with King's, a performance trajectory of 87% average (all types) for Quarter 3 and 90% (all types) for Quarter 4 of 2013/14. This was also agreed with Monitor and NHS England (London) as a realistic trajectory. Commissioners would ideally have preferred a trajectory that delivered a higher level of performance, but given the trend during Q2 and the change in management and staffing immediately prior to October, a more ambitious target was felt to be unrealistic.

Graph 1

The graph below covering the period October 2012 to October 2013 demonstrates the overall downward trend in performance.



2. Urgent Care Facilities in Bromley

A number of services are in place to help patients who need urgent health care, both in and out of hours.

In Bromley, the main A&E department is located at the Princess Royal Hospital in Locksbottom and is co-located with an Urgent Care Centre. Once a patient enters the building, they are streamed by a senior nurse to A&E or Urgent Care. In the A&E department, there is a triage nurse who can start investigation and treatment if necessary. There is another urgent care facility at Beckenham Beacon. Surrounding A&E departments include those in Lewisham, Greenwich and Croydon, with an Urgent Care Centre at Queen Mary's Sidcup.

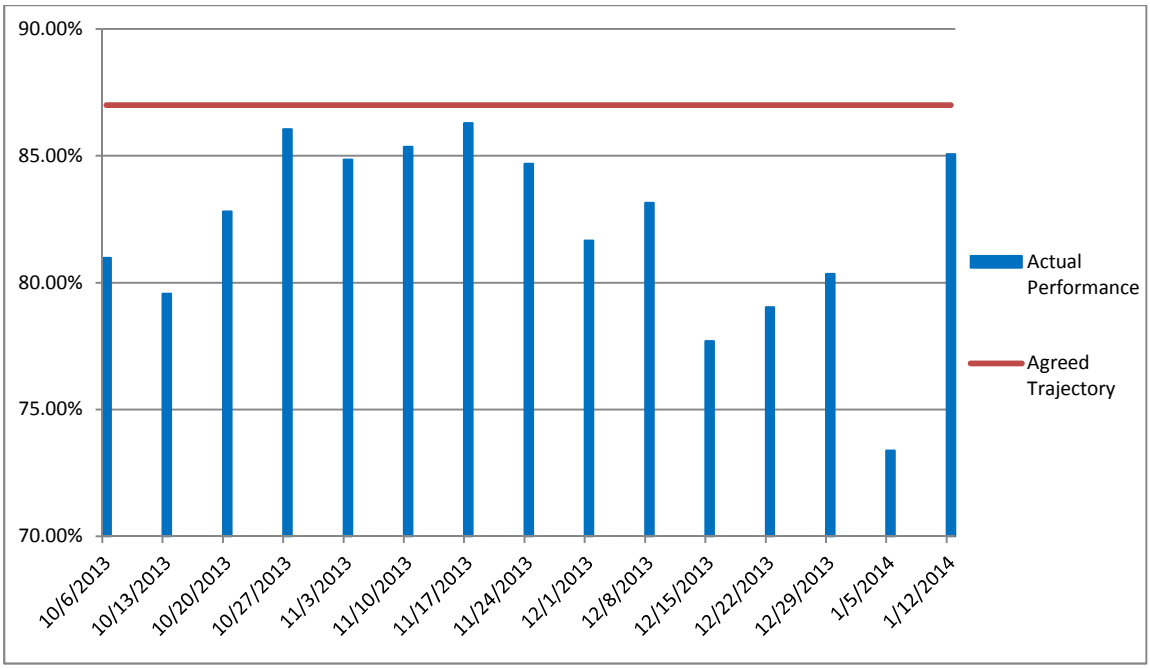
In addition to this, GPs are expected to see patients registered with them on an urgent basis according to need, within surgery hours. An out of hospital GP service is available and accessed through the 111 service which also provides telephone advice on health problems.

3. Summary of Current Performance

Performance for Q3 year to date was at an average of 82.5% for all type attendances with some very significant daily and weekly fluctuations. Graph 2 gives the weekly performance from the beginning of October 2013.

Graph 2

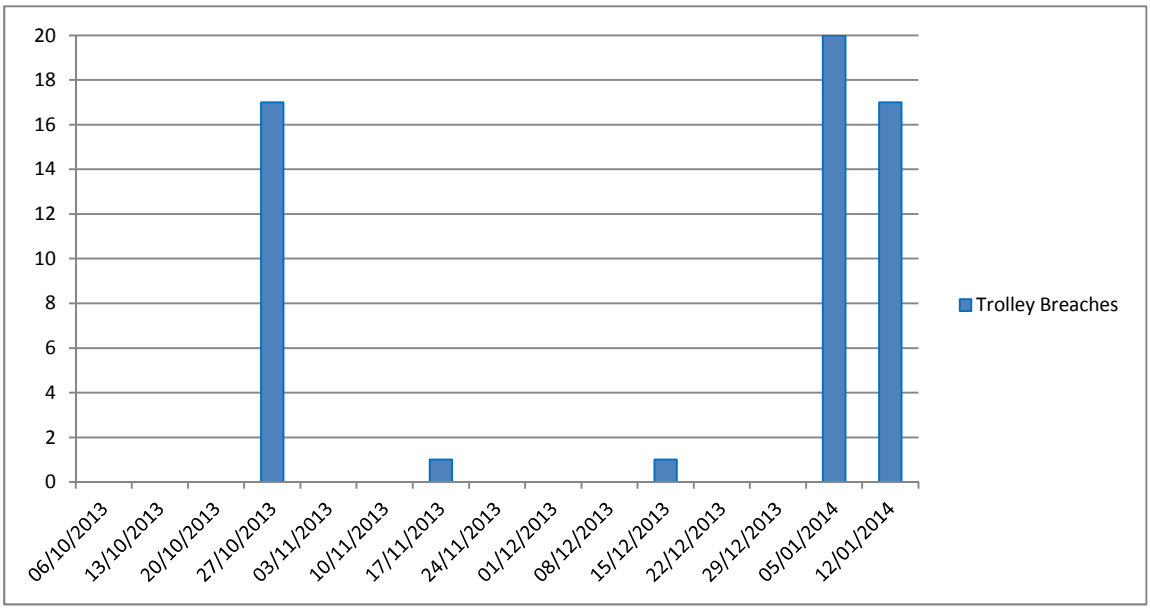
The graph below illustrates performance in Q3 leading into Q4 against the jointly agreed trajectory.



Fluctuations in performance over early January culminated in a number of 12 hour trolley breaches as demonstrated in graph 3. There were also a number of 12 hour breaches in October.

Graph 3

Weekly 12 hour trolley breaches taking place at the PRUH during Q3 entering into the first week of Q4.



KCH colleagues have undertaken detailed analyses for the reasons for the significant number of breaches; this includes a detailed root cause analysis and action planning to ensure lessons are learned and the likelihood of such occurrences occurring again are reduced.

4. Factors for Challenging Performance

The following factors are responsible for the challenged performance at the PRUH:

- Reduced staffing establishment, as a result of staff changing jobs or leaving during the three month period leading up to KCH acquisition, and prior to the changes taking place (and even before the acquisition was agreed). This was probably as a result of uncertainty about the future within South London Healthcare Trust (SLHT) during that time. KCH is has recruited a number of new staff and is in the process of recruiting more. Some temporary staff have also been recruited to meet some of the staffing challenges.

- Over the months prior to the acquisition, there had been some reduction in the cohesion of some patient pathways; these will take some time to re-organise and improve.

- Improved reporting systems since KCH took over the PRUH have helped give a clearer picture of the patient pathways in the ED.

- Changes in the use of other local facilities that were part of the SLHT that enabled some patients to be treated elsewhere, for example some inpatient surgery at Queen Mary's Sidcup.

- Interface issues that have arisen partly as a result of transition, and partly because of new services being put in place. Actions are being taken to ensure that all agencies work together at all levels for the benefit of local patients

5. Actions to Improve local systems

All agencies are working on a whole system and collaborative basis to improve patient pathways in A&E, in terms of enhancing quality, ensuring safety and improving performance of the 4 hour target. A multi-agency A&E Recovery and Improvement Plan has been developed for 2014/15. Senior leadership from all agencies are committed to, and greatly involved in, the drive for improvement. Joint ownership has been taken of the issues and the need to achieve the performance targets.

Plans are constantly being reviewed and key actions fall under the following key categories:

- **ED Recovery and Improvement Plan**
  - Will contribute to both sustained A&E performance but also a high quality emergency care service at the PRUH.

- **Winter Plan**
  - Winter monies funded schemes for the PRUH will have an impact on performance over this winter.

- **Out of hospital investment**
  - Addressing key historic pressure points and ensuring appropriate utilisation of A&E and hospital services

Commitment across the health economy is further illustrated in the following actions that have already been taken:

- Re-commissioning of Intermediate Care Beds providing enhanced step down intermediate care services
- Re-commissioning of the PRUH Urgent Care Centre (UCC) which will enable enhanced and coordinated UCC and primary care out of hours. There has also been the provision for additional GP sessions in the UCC.
- A new step up community based service which is a combination of Rapid Response services and former intermediate care services.

- PACE (Post Acute Care Enablement) is facilitating the discharge of additional patients from the hospital on a daily basis, by providing enhanced support to patients in their own homes.
- Additional equipment and staff to install equipment are in position to enable all necessary modifications to be made to a patient's home to allow a more rapid and easy discharge. This has helped to support the independence of patients.
- There is additional staffing capacity in social care in order to provide emergency interim care, facilitate discharge of patients who are medically stable but have not been able to be discharged for non-clinical reasons.
- Implementation of new senior leadership team for the PRUH site to enable strong hospital management and clinical leadership.
- The introduction of additional nursing shifts in the emergency department and more portering shifts to help improve patient pathways and reduce waiting time and 12 hour trolley breaches, and to give improved access to diagnostics respectively.

Additional actions to help the situation will take place over the coming weeks and will include the following:

- The opening of additional 8 beds in Planned Investigation Unit (PIU) at the PRUH site - 10 beds opened with a further 6 beds planned from 14 February.
- The opening of two modular theatres at Orpington (in addition to the three already opened) to provide a shift of elective day cases from PRUH and enable the establishment of rapid access to surgery.
- Three additional paediatric beds opened and regularly staffed (already started).
- The Urgent Care Centre will be open 24/7 from the 24 January 2014.
- The Clinical Decision Unit (CDU) will be opened in mid-February and this will be fully staffed.
- Enhanced clinical leadership and staffing at PRUH in Medicine and Surgery with support provided by CCG Clinical Chair.
- Intensive Support Team (IST) representative working alongside senior ED staff to implement changes and improve A&E Pathway
- CCG Chief Officer leadership in senior stakeholder meetings to address current issues, especially those identified with discharges.
- New Fractured Neck of Femur (NoF) pathway implemented in late January.

6. Performance Assurance

In order to ensure that all these actions are on track, there is significant effort invested in providing assurance, for example:

- Normal twice weekly (currently daily) multi agency conference calls to review pressures and performance, and to trouble shoot any agency interface issues
- KCH internal PRUH site specific weekly Emergency Care Board meetings, which the CCG officers attend and daily breach meetings.
- Monthly performance meetings between CCG commissioners and KCH to review all key performance targets and recovery plan delivery.

- Monthly (currently two weekly) Urgent Care Working Groups and Network, review acute performance and ensure wider whole system actions to support admission avoidance and discharge processes are in place.
- Monthly Clinical Quality Review Group, which focuses specifically on issues related to patient safety and quality, and includes A&E as a specific standing item.
- Monthly Clinical Summit meeting, this provides the forum for senior leadership (Chief Executive and Medical Director) review and discussion as well as an escalation point. .
- KCH producing a fortnightly update for CCGs, NHSE and Monitor on ED performance at both sites.

7. Summary

There is a great deal of commitment to improve the quality and standard of urgent care services for Bromley patients across the whole health and care economy. There is confidence amongst agencies that the short term plans will be achieved, which will assist in ensuring the fluctuations in performance are reduced and the increased pressures are manageable.

The system wide outlook continues to focus on ensuring that arrangements for the longer term are sustainable in managing pressures in the future.

The way forward for longer term improvement includes implementing all agreed actions and reviewing their impact:

1. Implementing recommendations following the NHSE safety and quality visit, the CQC report and the IST review.
2. Ensuring assessment of the Recovery Plan after Q3 and Q4 and agreeing 14/15 performance trajectories and funding agreements as part of the 14/15 contracts.
3. Robust system management and assurance mechanisms as per the arrangements already in place

Rey Aziz
Angela Bhan
January 2014